

CareFirst Formulary 2 (ACA Plans)

2018

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for:

- Individuals or families purchasing their own plan with an effective date of January 1, 2017 or after, and
- Members of an employer group with less than 51 employees purchasing a plan with an effective date of January 1, 2017 or after

This formulary was updated 12/01/2018. For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit www.carefirst.com/rx.

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of four drug tiers which determines the price you pay. Check your benefits information to see which tiers are covered in your plan.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**. If the brand drug has a generic drug option available, it is listed under the brand-name drug.

You may search the formulary for a drug by pressing “CTRL” and “F” at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization**—Helps ensure the appropriate use of drugs by requiring provider to request approval for members to obtain certain drugs.
- **Step Therapy**—Promotes the use of clinically and cost-effective drugs before members try equally effective, but more costly brand-name drugs.
- **Quantity Limits**—Address safety concerns and minimize waste by setting limits on the amount of a covered drug that can be dispensed.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at www.carefirst.com/myaccount and click under *Quick Links to Drug and Pharmacy Resources* and click the *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: \$0 Drugs	<ul style="list-style-type: none"> ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none"> ■ Preferred brand drugs are brand-name medications that do not have a generic equivalent. ■ They are chosen for their cost-effectiveness to alternatives. ■ Your cost-share will be more than generic drugs but less than non-preferred brand drugs. ■ If a generic drug becomes available, the preferred brand drug will be moved to the non-preferred brand tier.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none"> ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Self-Injectible Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Self-injectible drugs (excluding insulin) are drugs that do not require professional administration. Insulin is covered at the generic, preferred brand or non-preferred brand drug tier.

CareFirst ACA Formulary - 4-Tier eff 12/1/2018

Drug Name Drug Tier Requirements/Limits ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

COX-II INHIBITORS

CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TAB 0.6MG	2	
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	
ULORIC TAB 80MG	2	
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	

NON-OPIOID ANALGESICS

BUPAP TAB 50-300MG	3	
BUTAL/APAP CAP 50-300MG	3	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	PA
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	PA
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
EQUAGESIC TAB 200-325	3	
ESGIC TAB	2	
FIORICET CAP	3	PA
FIORINAL CAP	2	
LEVACET TAB	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
VANATOL LQ SOL	3	

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

ANAPROX DS TAB 550MG	2	
ANAPROX TAB 275MG	2	
<i>choline & magnesium salicylates tab 1000 mg</i>	1	
DAYPRO TAB 600MG	2	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diflunisal tab 500 mg</i>	1	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
<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	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<i>fenoprofen calcium cap 400 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
KETOPROFEN CAP 25 MG	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
MOBIC SUS 7.5/5ML	2	
MOBIC TAB 7.5MG	2	
MOBIC TAB 15MG	2	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPRELAN TAB 375MG CR	3	PA
NAPRELAN TAB 500MG CR	3	PA
NAPRELAN TAB 750MG CR	3	PA
NAPROSYN TAB 250MG	2	
NAPROSYN TAB 375MG	2	
NAPROSYN TAB 500MG	2	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	1	
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
PONSTEL CAP 250MG	3	
SPRIX SPR 15.75MG	3	PA; MNPA
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
ZIPSOR CAP 25MG	3	
ZORVOLEX CAP 18MG	3	
ZORVOLEX CAP 35MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>NSAIDS, COMBINATIONS</i>		
ARTHROTEC 50 TAB	3	PA
ARTHROTEC 75 TAB	3	PA
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
<i>NSAIDS, TOPICAL</i>		
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	QL (150 ml per 21 days), PA
PENNSAID SOL 2%	3	QL (112 grams per 21 days), PA
VOLTAREN GEL 1%	3	
<i>OPIOID ANALGESICS - DRUGS TO TREAT PAIN</i>		
ABSTRAL SUB 100MCG	3	PA
ABSTRAL SUB 200MCG	3	PA
ABSTRAL SUB 300MCG	3	PA
ABSTRAL SUB 400MCG	3	PA
ABSTRAL SUB 600MCG	3	PA
ABSTRAL SUB 800MCG	3	PA
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL per month)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs per month)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs per month)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs per month)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL (300 caps per month)
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
<i>aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg</i>	1	QL (300 caps per month)

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Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 75MCG	2	QL (60 films per month)
BELBUCA MIS 150MCG	2	QL (60 films per month)
BELBUCA MIS 300MCG	2	QL (60 films per month)
BELBUCA MIS 450MCG	2	QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 inhalers per month)
BUTRANS DIS 5MCG/HR	2	QL (4 patches per month)
BUTRANS DIS 7.5/HR	2	QL (4 patches per month)
BUTRANS DIS 10MCG/HR	2	QL (4 patches per month)
BUTRANS DIS 15MCG/HR	2	PA
BUTRANS DIS 20MCG/HR	2	PA
CAPITAL/COD SUS 120-12/5	3	QL (2700 mL per month)
<i>codeine sulfate tab 15 mg</i>	1	QL (42 tabs per month)
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs per month)
<i>codeine sulfate tab 60 mg</i>	1	QL (42 tabs per month)
CONZIP CAP 100MG	3	QL (30 tabs per month)
CONZIP CAP 200MG	3	PA
CONZIP CAP 300MG	3	PA
DILAUDID LIQ 1MG/ML	3	QL (600 mL per month)
DILAUDID TAB 2MG	3	QL (180 tabs per month)
DILAUDID TAB 4MG	3	QL (150 tabs per month)
DILAUDID TAB 8MG	3	QL (60 tabs per month)
DOLOPHINE TAB 5MG	3	QL (90 tabs per month)
DOLOPHINE TAB 10MG	3	QL (90 tabs per month)
DURAGESIC DIS 12MCG/HR	3	QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	QL (10 patches per month)

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Drug Name	Drug Tier	Requirements/Limits
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
EXALGO TAB 8MG	3	QL (30 tabs per month)
EXALGO TAB 12MG	3	QL (30 tabs per month)
EXALGO TAB 16MG	3	QL (30 tabs per month)
EXALGO TAB 32MG	3	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
FENTANYL DIS 37.5MCG	3	QL (10 patches per month)
FENTANYL DIS 62.5MCG	3	PA
FENTANYL DIS 87.5MCG	3	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches per month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches per month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA
FENTORA TAB 100MCG	2	PA
FENTORA TAB 200MCG	2	PA
FENTORA TAB 400MCG	2	PA
FENTORA TAB 600MCG	2	PA
FENTORA TAB 800MCG	2	PA
FIORICET CAP CODEINE	3	
FIORINAL/COD CAP 30MG	3	
HYCET SOL 7.5-325	3	QL (2700 mL per month)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL per month)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL (2700 mL per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs per month)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (240 tabs per month)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs per month)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL (50 tabs per month)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (50 tabs per month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (50 tabs per month)
HYDROMORPHON SUP 3MG	3	QL (120 supps per month)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 mL per month)
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs per month)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (150 tabs per month)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 30 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 40 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 60 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 80 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
KADIAN CAP 10MG ER	3	QL (60 caps per month)
KADIAN CAP 20MG ER	3	QL (60 caps per month)
KADIAN CAP 30MG ER	3	QL (60 caps per month)
KADIAN CAP 40MG ER	3	QL (60 caps per month)

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Drug Name	Drug Tier	Requirements/Limits
KADIAN CAP 50MG ER	3	QL (30 caps per month)
KADIAN CAP 60MG ER	3	QL (30 caps per month)
KADIAN CAP 80MG ER	3	QL (30 caps per month)
KADIAN CAP 100MG ER	3	PA
KADIAN CAP 200MG ER	3	PA
LAZANDA SPR 100MCG	3	PA
LAZANDA SPR 300MCG	3	PA
LAZANDA SPR 400MCG	3	PA
<i>levorphanol tartrate tab 2 mg</i>	1	QL (120 tabs per month)
LORTAB ELX 10-300MG	3	QL (2025 mL per month)
<i>methadone hcl conc 10 mg/ml</i>	1	QL (90 mL per month)
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (450 mL per month)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (450 mL per month)
<i>methadone hcl tab 5 mg</i>	1	QL (90 tabs per month)
<i>methadone hcl tab 10 mg</i>	1	QL (90 tabs per month)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	QL (90 mL per month)
MORPHINE SUL SUP 30MG	3	QL (90 supps per month)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (900 mL per month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (675 mL per month)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (135 mL per month)
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 supps per month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 supps per month)
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supps per month)
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs per month)
<i>morphine sulfate tab 30 mg</i>	1	QL (90 tabs per month)
<i>morphine sulfate tab er 15 mg</i>	1	QL (180 tabs per month)
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tabs per month)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	QL (180 tabs per month)
MS CONTIN TAB 30MG ER	3	QL (90 tabs per month)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NORCO TAB 5-325MG	3	QL (240 tabs per month)
NORCO TAB 7.5-325	3	QL (180 tabs per month)
NORCO TAB 10-325MG	3	QL (180 tabs per month)
NUCYNTA ER TAB 50MG	2	QL (60 tabs per month)
NUCYNTA ER TAB 100MG	2	QL (60 tabs per month)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	QL (120 tabs per month)
NUCYNTA TAB 75MG	2	QL (90 tabs per month)
NUCYNTA TAB 100MG	2	QL (60 tabs per month)
OPANA ER TAB 5MG	3	QL (60 tabs per month)
OPANA TAB 5MG	3	QL (180 tabs per month)
OPANA TAB 10MG	3	QL (90 tabs per month)
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps per month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (90 mL per month)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 mL per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs per month)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs per month)
<i>oxycodone hcl tab 15 mg</i>	1	QL (120 tabs per month)
<i>oxycodone hcl tab 20 mg</i>	1	QL (90 tabs per month)
<i>oxycodone hcl tab 30 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	QL (120 tabs per month), PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	QL (60 tabs per month), PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	QL (60 tabs per month), PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 mL per month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs per month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs per month)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs per month)
OXYCONTIN TAB 10MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 15MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 20MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 30MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 40MG CR	2	QL (120 tabs per month), PA
OXYCONTIN TAB 60MG CR	2	QL (60 tabs per month), PA
OXYCONTIN TAB 80MG CR	2	QL (60 tabs per month), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tabs per month)
<i>oxymorphone hcl tab 10 mg</i>	1	QL (90 tabs per month)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA
PERCOCET TAB 2.5-325	3	QL (360 tabs per month)
PERCOCET TAB 5-325MG	3	QL (360 tabs per month)
PERCOCET TAB 7.5-325	3	QL (240 tabs per month)
PERCOCET TAB 10-325MG	3	QL (180 tabs per month)
PERCODAN TAB	3	QL (360 tabs per month)
PRIMLEV TAB 5-300MG	3	QL (360 tabs per month), PA; MNPA
PRIMLEV TAB 7.5-300	3	QL (240 tabs per month), PA; MNPA
PRIMLEV TAB 10-300MG	3	QL (180 tabs per month), PA; MNPA
REPREXAIN TAB 5-200MG	3	QL (50 tabs per month)
ROXICET SOL 5-325/5	2	QL (1800 mL per month)
ROXICODONE TAB 5MG	3	QL (180 tabs per month)
ROXICODONE TAB 15MG	3	QL (120 tabs per month)
ROXICODONE TAB 30MG	3	QL (60 tabs per month)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
SYNALGOS-DC CAP	3	QL (300 caps per month)

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Drug Name	Drug Tier	Requirements/Limits
TRAMADOL HCL CAP 150MG ER	3	QL (30 tabs per month)
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	1	QL (30 tabs per month)
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	1	PA
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs per month)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (30 tabs per month)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	QL (30 tabs per month)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (40 tabs per month)
TREZIX CAP	3	QL (300 caps per month)
TYLENOL/COD TAB #3	3	QL (360 tabs per month)
TYLENOL/COD TAB #4	3	QL (180 tabs per month)
ULTRACET TAB 37.5-325	3	QL (40 tabs per month)
ULTRAM ER TAB 100MG	3	QL (30 tabs per month)
ULTRAM ER TAB 200MG	3	PA
ULTRAM ER TAB 300MG	3	PA
ULTRAM TAB 50MG	2	QL (180 tabs per month)
VERDROCET TAB 2.5-325	3	QL (360 tabs per month)
VICOPROFEN TAB 7.5-200	3	QL (50 tabs per month)
XARTEMIS XR TAB 7.5-325	3	QL (120 tabs per month)
XODOL TAB 5-300MG	3	QL (240 tabs per month)
XODOL TAB 7.5-300	3	QL (180 tabs per month)
XODOL TAB 10-300MG	3	QL (180 tabs per month)
XTAMPZA ER CAP 9MG	3	QL (60 caps / 25 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 13.5MG	3	QL (60 caps / 25 days)
XTAMPZA ER CAP 18MG	3	QL (60 caps / 25 days)
XTAMPZA ER CAP 27MG	3	QL (60 caps / 25 days)
XTAMPZA ER CAP 36MG	3	PA
ZOHYDRO ER CAP 10MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 15MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 20MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 30MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 40MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 50MG	3	PA

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES

ARIKAYCE SUS	4	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	

ANTIBACTERIALS, CEPHALOSPORINS, First Generation

<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
KEFLEX CAP 250MG	3	
KEFLEX CAP 500MG	3	
KEFLEX CAP 750MG	3	

ANTIBACTERIALS, CEPHALOSPORINS, Second Generation

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CEFTIN SUS 125/5ML	3	
CEFTIN SUS 250/5ML	3	
CEFTIN TAB 250MG	3	
CEFTIN TAB 500MG	3	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	

ANTIBACTERIALS, CEPHALOSPORINS, Third Generation

CEDAX CAP 400MG	3	
CEDAX SUS 90MG/5ML	3	
CEDAX SUS 180/5ML	3	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>ceftibuten cap 400 mg</i>	1	
<i>ceftibuten for susp 180 mg/5ml</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
BIAXIN SUS 250/5ML	3	
BIAXIN TAB 250MG	3	
BIAXIN TAB 500MG	3	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	
E.E.S. GRAN SUS 200/5ML	3	PA
ERYPED SUS 200/5ML	3	PA
ERYPED SUS 400/5ML	3	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB 600MG	3	
ZMAX SUS 2GM	3	
<i>ANTIBACTERIALS, FLUOROQUINOLONES</i>		
AVELOX TAB 400MG	3	
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
CIPRO XR TAB 500MG	3	
CIPRO XR TAB 1000MG	3	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
FACTIVE TAB 320MG	3	
LEVAQUIN TAB 250MG	3	
LEVAQUIN TAB 500MG	3	
LEVAQUIN TAB 750MG	3	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<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>	1	
ANTIBACTERIALS, PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200- 28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400- 57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>amoxicillin (trihydrate) tab er 24hr 775 mg</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
AUGMENTIN TAB 875MG	3	
AUGMENTIN XR TAB 12HR	3	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
MOXATAG TAB 775MG	3	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
ANTIBACTERIALS, SULFONAMIDES		
BACTRIM DS TAB 800-160	2	
BACTRIM TAB 400-80MG	2	
SULFADIAZINE TAB 500MG	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIBACTERIALS, TETRACYCLINES		
ACTICLATE TAB 75MG	3	
ACTICLATE TAB 150MG	3	
ADOXA CAP 150MG	3	
ADOXA PAK 1/ TAB 100MG	3	
ADOXA PAK 1/ TAB 150MG	3	
ADOXA TAB 50MG	3	
ADOXA TAB 75MG	3	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
DORYX TAB 200MG	3	PA; MNPA
<i>doxycycline hyclate cap 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline hyclate tab delayed release 200 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
MINOCIN CAP 50MG	3	PA
MINOCIN CAP 75MG	3	PA
MINOCIN CAP 100MG	3	PA
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr 45 mg</i>	1	
<i>minocycline hcl tab er 24hr 65 mg</i>	1	
<i>minocycline hcl tab er 24hr 90 mg</i>	1	
<i>minocycline hcl tab er 24hr 115 mg</i>	1	
<i>minocycline hcl tab er 24hr 135 mg</i>	1	
MONODOX CAP 75MG	3	PA; MNPA
MONODOX CAP 100MG	3	PA; MNPA
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
TARGADOX TAB 50MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
<i>clotrimazole troche 10 mg</i>	1	
CRESEMBA CAP 186 MG	3	
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
GRIS-PEG TAB 125MG	2	
GRIS-PEG TAB 250MG	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
LAMISIL GRA 125MG	3	
LAMISIL GRA 187.5MG	3	
LAMISIL TAB 250MG	3	
NOXAFIL SUS 40MG/ML	3	
NOXAFIL TAB 100MG	3	
<i>*nystatin oral powder*</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
ONMEL TAB 200MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ORAVIG TAB 50MG	3	
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
<i>terbinafine hcl tab 250 mg</i>	1	
VFEND SUS 40MG/ML	2	
VFEND TAB 50MG	2	
VFEND TAB 200MG	2	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ARALEN TAB 500MG	2	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	3	

ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS

TYBOST TAB 150MG	3	
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ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	
ATRIPLA TAB	2	
BIKTARVY TAB	2	
COMBIVIR TAB 150-300	3	
COMPLERA TAB	2	
DESCOVY TAB 200/25	2	
EPZICOM TAB 600-300	3	
EVOTAZ TAB 300-150	2	
GENVOYA TAB	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
STRIBILD TAB	2	
TRIUMEQ TAB	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR TAB	3	
TRUVADA TAB 100-150	2	
TRUVADA TAB 133-200	2	
TRUVADA TAB 167-250	2	
TRUVADA TAB 200-300	2	
ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS		
SELZENTRY SOL 20MG/ML	3	
SELZENTRY TAB 25MG	3	
SELZENTRY TAB 75MG	3	
SELZENTRY TAB 150MG	3	
SELZENTRY TAB 300MG	3	
ANTIRETROVIRALS, FUSION INHIBITORS		
FUZEON INJ 90MG	4	PA
ANTIRETROVIRALS, INTEGRASE INHIBITORS		
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
VITEKTA TAB 85MG	3	
VITEKTA TAB 150MG	3	
ANTIRETROVIRALS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT TAB 25MG	2	
<i>efavirenz cap 50 mg</i>	1	
<i>efavirenz cap 200 mg</i>	1	
<i>efavirenz tab 600 mg</i>	1	
INTELENCE TAB 25MG	2	
INTELENCE TAB 100MG	2	
INTELENCE TAB 200MG	2	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 100 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
SUSTIVA CAP 50MG	3	
SUSTIVA CAP 200MG	3	
SUSTIVA TAB 600MG	3	

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Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE SUS 50MG/5ML	2	
VIRAMUNE TAB 200MG	2	
VIRAMUNE XR TAB 400MG	2	

ANTIRETROVIRALS, NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
<i>didanosine delayed release capsule 125 mg1</i>		
<i>didanosine delayed release capsule 200 mg1</i>		
<i>didanosine delayed release capsule 250 mg1</i>		
<i>didanosine delayed release capsule 400 mg1</i>		
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	3	
EPIVIR TAB 150MG	3	
EPIVIR TAB 300MG	3	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
RETROVIR CAP 100MG	2	
RETROVIR SYP 50MG/5ML	2	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
<i>stavudine for oral soln 1 mg/ml</i>	1	
VIDEX EC CAP 125MG	2	
VIDEX EC CAP 200MG	2	
VIDEX EC CAP 250MG	2	
VIDEX EC CAP 400MG	2	
VIDEX SOL 2GM	3	
VIDEX SOL 4GM	3	
ZERIT CAP 15MG	2	
ZERIT CAP 20MG	2	
ZERIT CAP 30MG	2	
ZERIT CAP 40MG	2	
ZERIT SOL 1MG/ML	2	
ZIAGEN SOL 20MG/ML	3	
ZIAGEN TAB 300MG	3	
<i>zidovudine cap 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	

ANTIRETROVIRALS, NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VIREAD TAB 300MG	2	

ANTIRETROVIRALS, PROTEASE INHIBITORS

APTIVUS CAP 250MG	3	
APTIVUS SOL	3	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	
INVIRASE CAP 200MG	3	
INVIRASE TAB 500MG	3	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
REYATAZ POW 50MG	2	

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TAB 250MG	3	
VIRACEPT TAB 625MG	3	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 100MG	2	
MYAMBUTOL TAB 400MG	2	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
RIFADIN CAP 150MG	2	
RIFADIN CAP 300MG	2	
RIFAMATE CAP	3	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
RIFATER TAB	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	
ANTIVIRALS, CYTOMEGALOVIRUS AGENTS		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	3	PA
VALCYTE TAB 450MG	3	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
ANTIVIRALS, HEPATITIS AGENTS, Hepatitis B		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL .05MG/ML	2	
BARACLUDE TAB 0.5MG	2	
BARACLUDE TAB 1MG	2	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
EPIVIR HBV SOL 5MG/ML	2	
EPIVIR HBV TAB 100MG	2	
HEPSERA TAB 10MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine tab 100 mg (hbv)</i>	1	
TYZEKA TAB 600MG	3	
VEMLIDY TAB 25MG	2	

ANTIVIRALS, HEPATITIS AGENTS, Hepatitis C

EPCLUSA TAB 400-100	4	PA; Genotypes 1, 2, 3, 4, 5, 6
HARVONI TAB 90-400MG	4	PA; Genotypes 1, 4, 5 ,6
MAVYRET TAB 100-40MG	4	PA; MNPA
MODERIBA PAK 800/DAY	4	PA
MODERIBA PAK 1200/DAY	4	PA
MODERIBA TAB 600/DAY	4	PA
MODERIBA TAB 1000/DAY	4	PA
OLYSIO CAP 150MG	4	PA; MNPA
REBETOL CAP 200MG	4	PA
REBETOL SOL 40MG/ML	4	PA
<i>ribavirin cap 200 mg</i>	4	PA
<i>ribavirin tab 200 mg</i>	4	PA
<i>ribavirin tab 400 mg</i>	4	PA
<i>ribavirin tab 600 mg</i>	4	PA
SOVALDI TAB 400MG	4	PA; MNPA
VIEKIRA PAK TAB	4	PA; MNPA
VOSEVI TAB	4	PA; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

ANTIVIRALS, HERPES AGENTS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
FAMVIR TAB 125MG	3	
FAMVIR TAB 250MG	3	
FAMVIR TAB 500MG	3	
SITAVIG TAB 50MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALTREX TAB 1GM	3	PA
VALTREX TAB 500MG	3	PA
ZOVIRAX CAP 200MG	3	
ZOVIRAX SUS 200/5ML	3	
ZOVIRAX TAB 400MG	3	
ZOVIRAX TAB 800MG	3	

ANTIVIRALS, INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (3 bottles / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (3 bottles / 90 days)

MISCELLANEOUS

ALBENZA TAB 200MG	3	QL (335 tabs per year)
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs per year)
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DARAPRIM TAB 25MG	3	
EMVERM CHW 100MG	2	QL (12 tabs per year)
FLAGYL CAP 375MG	3	
FLAGYL ER TAB 750MG	3	
FLAGYL TAB 250MG	3	
FLAGYL TAB 500MG	3	
FURADANTIN SUS 25MG/5ML	3	
HIPREX TAB 1GM	3	
IMPAVIDO CAP 50MG	3	
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
MACROBID CAP 100MG	2	
MACRODANTIN CAP 25MG	3	PA
MACRODANTIN CAP 50MG	3	PA
MACRODANTIN CAP 100MG	3	PA
MEPRON SUS	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
MYCOBUTIN CAP 150MG	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs per year)
PRIMSOL SOL 50MG/5ML	3	
<i>rifabutin cap 150 mg</i>	1	
SIVEXTRO TAB 200MG	3	
STROMECTOL TAB 3MG	3	
TINDAMAX TAB 250MG	2	
TINDAMAX TAB 500MG	2	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
VANCOCIN HCL CAP 125MG	2	
VANCOCIN HCL CAP 250MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	
ZYVOX TAB 600MG	3	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

ALKERAN TAB 2MG	0	
CYCLOPHOSPH CAP 25MG	0	
CYCLOPHOSPH CAP 50MG	0	
EMCYT CAP 140MG	0	
GLEOSTINE CAP 5MG	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
HEXALEN CAP 50MG	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 5MG	0	PA
TEMODAR CAP 20MG	0	PA
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
VALCHLOR GEL 0.016%	3	PA

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	4	PA
<i>capecitabine tab 150 mg</i>	0	PA
<i>capecitabine tab 500 mg</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
PURIXAN SUS 20MG/ML	0	
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
VIDAZA INJ 100MG	4	PA
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA
XELODA TAB 500MG	0	PA

HORMONAL ANTINEOPLASTICS, ANTIANDROGENS

<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
ERLEADA TAB 60MG	0	PA
<i>flutamide cap 125 mg</i>	0	
NILANDRON TAB 150MG	0	PA
<i>nilutamide tab 150 mg</i>	1	
XTANDI CAP 40MG	0	PA
ZYTIGA TAB 250MG	0	PA
ZYTIGA TAB 500MG	0	PA

HORMONAL ANTINEOPLASTICS, ANTIESTROGENS

FARESTON TAB 60MG	0	
SOLTAMOX SOL 10MG/5ML	3	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer

HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS

<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>exemestane tab 25 mg</i>	0	
FEMARA TAB 2.5MG	0	
<i>letrozole tab 2.5 mg</i>	0	

HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>HORMONAL ANTINEOPLASTICS, PROGESTINS</i>		
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>IMMUNOMODULATORS</i>		
POMALYST CAP 1MG	0	PA
POMALYST CAP 2MG	0	PA
POMALYST CAP 3MG	0	PA
POMALYST CAP 4MG	0	PA
REVLIMID CAP 2.5MG	0	PA
REVLIMID CAP 5MG	0	PA
REVLIMID CAP 10MG	0	PA
REVLIMID CAP 15MG	0	PA
REVLIMID CAP 20MG	0	PA
REVLIMID CAP 25MG	0	PA
THALOMID CAP 50MG	0	PA
THALOMID CAP 100MG	0	PA
THALOMID CAP 150MG	0	PA
THALOMID CAP 200MG	0	PA
<i>KINASE INHIBITORS</i>		
AFINITOR DIS TAB 2MG	0	PA
AFINITOR DIS TAB 3MG	0	PA
AFINITOR DIS TAB 5MG	0	PA
AFINITOR TAB 2.5MG	0	PA
AFINITOR TAB 5MG	0	PA
AFINITOR TAB 7.5MG	0	PA
AFINITOR TAB 10MG	0	PA
ALECENSA CAP 150MG	0	PA
ALUNBRIG PAK	0	PA
ALUNBRIG TAB 30MG	0	PA
ALUNBRIG TAB 90MG	0	PA
ALUNBRIG TAB 180MG	0	PA
BOSULIF TAB 100MG	0	PA
BOSULIF TAB 400MG	0	PA
BOSULIF TAB 500MG	0	PA
BRAFTOVI CAP 50MG	0	
BRAFTOVI CAP 75MG	0	
CABOMETYX TAB 20MG	0	PA
CABOMETYX TAB 40MG	0	PA
CABOMETYX TAB 60MG	0	PA
CALQUENCE CAP 100MG	0	PA
CAPRELSA TAB 100MG	0	PA

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TAB 300MG	0	PA
COMETRIQ KIT 60MG	0	PA
COMETRIQ KIT 100MG	0	PA
COMETRIQ KIT 140MG	0	PA
COTELLIC TAB 20MG	0	PA
GILOTRIF TAB 20MG	0	PA
GILOTRIF TAB 30MG	0	PA
GILOTRIF TAB 40MG	0	PA
GLEEVEC TAB 100MG	0	PA
GLEEVEC TAB 400MG	0	PA
IBRANCE CAP 75MG	0	PA
IBRANCE CAP 100MG	0	PA
IBRANCE CAP 125MG	0	PA
ICLUSIG TAB 15MG	0	PA
ICLUSIG TAB 45MG	0	PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA
IMBRUVICA CAP 70MG	0	PA
IMBRUVICA CAP 140MG	0	PA
IMBRUVICA TAB 280MG	0	PA
IMBRUVICA TAB 420MG	0	PA
IMBRUVICA TAB 560MG	0	PA
INLYTA TAB 1MG	0	PA
INLYTA TAB 5MG	0	PA
IRESSA TAB 250MG	0	PA
JAKAFI TAB 5MG	0	PA
JAKAFI TAB 10MG	0	PA
JAKAFI TAB 15MG	0	PA
JAKAFI TAB 20MG	0	PA
JAKAFI TAB 25MG	0	PA
KISQALI 200 PAK FEMARA	0	PA
KISQALI 400 PAK FEMARA	0	PA
KISQALI 600 PAK FEMARA	0	PA
KISQALI TAB 200DOSE	0	PA
KISQALI TAB 400DOSE	0	PA
KISQALI TAB 600DOSE	0	PA
LENVIMA CAP 4MG	0	PA
LENVIMA CAP 10 MG	0	PA
LENVIMA CAP 12MG	0	PA
LENVIMA CAP 14 MG	0	PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 20 MG	0	PA
LENVIMA CAP 24 MG	0	PA
MEKINIST TAB 0.5MG	0	PA
MEKINIST TAB 2MG	0	PA
MEKTOVI TAB 15MG	0	
NERLYNX TAB 40MG	0	PA
NEXAVAR TAB 200MG	0	PA
RYDAPT CAP 25MG	0	PA
SPRYCEL TAB 20MG	0	PA
SPRYCEL TAB 50MG	0	PA
SPRYCEL TAB 70MG	0	PA
SPRYCEL TAB 80MG	0	PA
SPRYCEL TAB 100MG	0	PA
SPRYCEL TAB 140MG	0	PA
STIVARGA TAB 40MG	0	PA
SUTENT CAP 12.5MG	0	PA
SUTENT CAP 25MG	0	PA
SUTENT CAP 37.5MG	0	PA
SUTENT CAP 50MG	0	PA
TAFINLAR CAP 50MG	0	PA
TAFINLAR CAP 75MG	0	PA
TAGRISSE TAB 40MG	0	PA
TAGRISSE TAB 80MG	0	PA
TARCEVA TAB 25MG	0	PA
TARCEVA TAB 100MG	0	PA
TARCEVA TAB 150MG	0	PA
TASIGNA CAP 150MG	0	PA
TASIGNA CAP 200MG	0	PA
TYKERB TAB 250MG	0	PA
VERZENIO TAB 50MG	0	PA
VERZENIO TAB 100MG	0	PA
VERZENIO TAB 150MG	0	PA
VERZENIO TAB 200MG	0	PA
VOTRIENT TAB 200MG	0	PA
XALKORI CAP 200MG	0	PA
XALKORI CAP 250MG	0	PA
ZELBORAF TAB 240MG	0	PA
ZYDELIG TAB 100MG	0	PA
ZYDELIG TAB 150MG	0	PA
ZYKADIA CAP 150MG	0	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	0	PA
DROXIA CAP 200MG	0	
DROXIA CAP 300MG	0	
DROXIA CAP 400MG	0	
ERIVEDGE CAP 150MG	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
IDHIFA TAB 50MG	0	PA
IDHIFA TAB 100MG	0	PA
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
LYNPARZA CAP 50MG	0	PA
LYNPARZA TAB 100MG	0	PA
LYNPARZA TAB 150MG	0	PA
LYSODREN TAB 500MG	0	
MATULANE CAP 50MG	0	
MESNEX TAB 400MG	0	
NINLARO CAP 2.3MG	0	PA
NINLARO CAP 3MG	0	PA
NINLARO CAP 4MG	0	PA
ODOMZO CAP 200MG	0	PA
RUBRACA TAB 200MG	0	PA
RUBRACA TAB 250MG	0	PA
RUBRACA TAB 300MG	0	PA
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	
TARGRETIN CAP 75MG	0	PA
TARGRETIN GEL 1%	4	PA
TIBSOVO TAB 250MG	0	
<i>tretinoin cap 10 mg</i>	0	
VENCLEXTA TAB 10MG	0	PA
VENCLEXTA TAB 50MG	0	PA
VENCLEXTA TAB 100MG	0	PA
VENCLEXTA TAB START PK	0	PA
VISTOGARD PAK 10GM	2	
ZEJULA CAP 100MG	0	PA
ZOLINZA CAP 100MG	0	PA

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Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>		
<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	
LOTREL CAP 2.5-10MG	2	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
TARKA TAB 1-240 CR	2	
TARKA TAB 2-180 CR	2	
TARKA TAB 2-240 CR	2	
TARKA TAB 4-240 CR	2	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITOR/DIURETIC COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ACEON TAB 4MG	3	
ACEON TAB 8MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
MAVIK TAB 1MG	3	
MAVIK TAB 2MG	3	
MAVIK TAB 4MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
PRINIVIL TAB 5MG	3	
PRINIVIL TAB 10MG	3	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
ADRENOLYTICS, CENTRAL		
CATAPRES TAB 0.1MG	2	
CATAPRES TAB 0.2MG	2	
CATAPRES TAB 0.3MG	2	
CATAPRES-TTS DIS 0.1/24HR	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	
<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>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa tab 500 mg</i>	1	
TENEX TAB 1MG	2	
TENEX TAB 2MG	2	

ADRENOLYTICS, CENTRAL/DIURETIC COMBINATIONS

<i>clonidine & chlorthalidone tab 0.1-15 mg</i>	1	
<i>clonidine & chlorthalidone tab 0.2-15 mg</i>	1	
<i>clonidine & chlorthalidone tab 0.3-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>		
<i>methyldopa & hydrochlorothiazide tab 250-125 mg</i>		

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPIRA TAB 25MG	2	
INSPIRA TAB 50MG	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-40 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-40 mg</i>		
<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	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	3	
EXFORGE TAB 5-160MG	3	PA
EXFORGE TAB 5-320MG	3	PA
EXFORGE TAB 10-160MG	3	PA
EXFORGE TAB 10-320MG	3	PA
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS		
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-320-25 mg</i>	1	
EXFORGE HCT TAB 5-160-12.5	3	PA
EXFORGE HCT TAB 5-160-25	3	PA
EXFORGE HCT TAB 10-160-12.5	3	PA
EXFORGE HCT TAB 10-160-25	3	PA
EXFORGE HCT TAB 10-320-25	3	PA
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-25 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	

ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS

ATACAND HCT TAB 16-12.5	3	PA
ATACAND HCT TAB 32-12.5	3	PA
ATACAND HCT TAB 32-25MG	3	PA
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
BENICAR HCT TAB 20-12.5	3	PA; MNPA
BENICAR HCT TAB 40-12.5	3	PA; MNPA
BENICAR HCT TAB 40-25MG	3	PA; MNPA
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-25 mg</i>	1	
DIOVAN HCT TAB 80/12.5	3	PA

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Drug Name	Drug Tier	Requirements/Limits
DIOVAN HCT TAB 160-12.5	3	PA
DIOVAN HCT TAB 160-25MG	3	PA
DIOVAN HCT TAB 320-12.5	3	PA
DIOVAN HCT TAB 320-25MG	3	PA
EDARBYCLOR TAB 40-12.5	3	PA
EDARBYCLOR TAB 40-25MG	3	PA
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
<i>olmesartan medoxomil-hydrochlorothiazide 1 tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 1 tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 1 tab 40-25 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	
TEVETEN HCT TAB 600-12.5	3	PA
TEVETEN HCT TAB 600-25MG	3	PA
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.51 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 320-12.51 mg</i>		
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

ATACAND TAB 4MG	3	PA
ATACAND TAB 8MG	3	PA
ATACAND TAB 16MG	3	PA
ATACAND TAB 32MG	3	PA
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	PA; MNPA
BENICAR TAB 20MG	3	PA; MNPA
BENICAR TAB 40MG	3	PA; MNPA
<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	
COZAAR TAB 25MG	3	
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
DIOVAN TAB 40MG	3	PA
DIOVAN TAB 80MG	3	PA
DIOVAN TAB 160MG	3	PA
DIOVAN TAB 320MG	3	PA
EDARBI TAB 40MG	3	PA
EDARBI TAB 80MG	3	PA
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
MICARDIS TAB 20MG	3	
MICARDIS TAB 40MG	3	
MICARDIS TAB 80MG	3	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
TEVETEN TAB 600MG	3	PA
<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 - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
BETAPACE AF TAB 80MG	3	PA
BETAPACE AF TAB 120MG	3	PA
BETAPACE AF TAB 160MG	3	PA
BETAPACE TAB 80MG	3	PA
BETAPACE TAB 120MG	3	PA
BETAPACE TAB 160MG	3	PA
CORDARONE TAB 200MG	2	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	PA
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
MULTAQ TAB 400MG	2	
NORPACE CAP 100MG	2	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG	2	
NORPACE CAP 150MG CR	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
RYTHMOL TAB 150MG	2	
RYTHMOL TAB 225MG	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
TIKOSYN CAP 125MCG	4	PA
TIKOSYN CAP 250MCG	4	PA
TIKOSYN CAP 500MCG	4	PA

ANTILIPEMICS, BILE ACID RESINS

<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	

ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	PA; MNPA

ANTILIPEMICS, FIBRATES

ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 40 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 120 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FENOGLIDE TAB 120MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOFIBRA CAP 67MG	3	
LOFIBRA CAP 134MG	3	
LOFIBRA CAP 200MG	3	
LOFIBRA TAB 54MG	3	
LOFIBRA TAB 160MG	3	
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	PA
TRICOR TAB 145MG	3	PA
TRIGLIDE TAB 160MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	

**ANTILIPEMICS, HMG-COA REDUCTASE
INHIBITORS/COMBINATIONS**

ALTOPREV TAB 20MG ER	3	PA
ALTOPREV TAB 40MG ER	3	PA
ALTOPREV TAB 60MG ER	3	PA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
CRESTOR TAB 5MG	3	PA
CRESTOR TAB 10MG	3	PA
CRESTOR TAB 20MG	3	PA
CRESTOR TAB 40MG	3	PA
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>fluvastatin sodium cap 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg</i>	0	\$0 copay for members age 40 through 75
LESCOL XL TAB 80MG	3	PA
LIPITOR TAB 10MG	3	PA
LIPITOR TAB 20MG	3	PA
LIPITOR TAB 40MG	3	PA
LIPITOR TAB 80MG	3	PA
LIVALO TAB 1MG	3	PA
LIVALO TAB 2MG	3	PA
LIVALO TAB 4MG	3	PA
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
MEVACOR TAB 40MG	3	
PRAVACHOL TAB 20MG	3	
PRAVACHOL TAB 40MG	3	
PRAVACHOL TAB 80MG	3	
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ZOCOR TAB 5MG	3	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	

ANTILIPEMICS, MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS

JUXTAPID CAP 5MG	4	PA
JUXTAPID CAP 10MG	4	PA
JUXTAPID CAP 20MG	4	PA
JUXTAPID CAP 30MG	4	PA
JUXTAPID CAP 40MG	4	PA
JUXTAPID CAP 60MG	4	PA

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

KYNAMRO INJ 200MG/ML	4	PA
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ANTILIPEMICS, NIACINS

<i>niacin (antihyperlipidemic) tab 500 mg</i>	1	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	

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Drug Name	Drug Tier	Requirements/Limits
NIASPAN TAB 1000 ER	3	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
LOVAZA CAP 1GM	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	PA
VASCEPA CAP 1GM	2	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT INJ 75MG/ML	4	PA; MNPA
PRALUENT INJ 150MG/ML	4	PA; MNPA
REPATHA INJ 140MG/ML	4	PA
REPATHA SURE INJ 140MG/ML	4	PA
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<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	
CORZIDE TAB 40-5MG	3	
CORZIDE TAB 80-5MG	3	
DUTOPROL TAB 25-12.5	3	PA
DUTOPROL TAB 50-12.5	3	PA
DUTOPROL TAB 100-12.5	3	PA
LOPRESS HCT TAB 50-25MG	2	
LOPRESS HCT TAB 100-25MG	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	2	
TENORETIC TAB 100	2	

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Drug Name	Drug Tier	Requirements/Limits
ZIAC TAB 2.5/6.25	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<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	
COREG CR CAP 10MG	2	
COREG CR CAP 20MG	2	
COREG CR CAP 40MG	2	
COREG CR CAP 80MG	2	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	
INDERAL LA CAP 80MG	3	
INDERAL LA CAP 120MG	3	

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Drug Name	Drug Tier	Requirements/Limits
INDERAL LA CAP 160MG	3	
KERLONE TAB 10MG	3	
KERLONE TAB 20MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
LEVATOL TAB 20MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
SECTRAL CAP 200MG	3	
SECTRAL CAP 400MG	3	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	

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Drug Name	Drug Tier	Requirements/Limits
TENORMIN TAB 100MG	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
TOPROL XL TAB 25MG	3	
TOPROL XL TAB 50MG	3	
TOPROL XL TAB 100MG	3	
TOPROL XL TAB 200MG	3	
ZEBETA TAB 5MG	3	
ZEBETA TAB 10MG	3	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
CADUET TAB 2.5-10MG	3	
CADUET TAB 2.5-20MG	3	
CADUET TAB 2.5-40MG	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 10-80MG	3	
CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES		
ADALAT CC TAB 30MG ER	3	
ADALAT CC TAB 60MG ER	3	
ADALAT CC TAB 90MG ER	3	
<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>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NORVASC TAB 2.5MG	3	PA
NORVASC TAB 5MG	3	PA
NORVASC TAB 10MG	3	PA
NYMALIZE SOL 60/20ML	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	

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Drug Name	Drug Tier	Requirements/Limits
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	

CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES

CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
CALAN TAB 80MG	3	
CALAN TAB 120MG	3	
CARDIZEM CD CAP 120MG/24	3	PA
CARDIZEM CD CAP 180MG/24	3	PA
CARDIZEM CD CAP 240MG/24	3	PA
CARDIZEM CD CAP 300MG/24	3	PA
CARDIZEM CD CAP 360MG/24	3	PA
CARDIZEM LA TAB 120MG	3	PA
CARDIZEM LA TAB 180MG	3	PA
CARDIZEM LA TAB 240MG	3	PA
CARDIZEM LA TAB 300MG/24	3	PA
CARDIZEM LA TAB 360MG	3	PA
CARDIZEM LA TAB 420MG/24	3	PA
CARDIZEM TAB 30MG	3	PA
CARDIZEM TAB 60MG	3	PA
CARDIZEM TAB 120MG	3	PA
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 1 mg</i>		
<i>diltiazem hcl coated beads cap er 24hr 180 1 mg</i>		
<i>diltiazem hcl coated beads cap er 24hr 240 1 mg</i>		
<i>diltiazem hcl coated beads cap er 24hr 300 1 mg</i>		
<i>diltiazem hcl coated beads cap er 24hr 360 1 mg</i>		
<i>diltiazem hcl coated beads tab er 24hr 180 1 mg</i>		PA

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	1	PA
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	1	PA
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	1	PA
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	1	PA
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<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	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.25MG	3	PA
LANOXIN TAB 0.125MG	3	PA
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
<i>DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS</i>		
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
TEKTURNA TAB 150MG	2	
TEKTURNA TAB 300MG	2	
<i>DIURETICS, CARBONIC ANHYDRASE INHIBITORS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
DIAMOX SEQUE CAP 500MG CR	2	
KEVEYIS TAB 50MG	4	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
NEPTAZANE TAB 25MG	3	
NEPTAZANE TAB 50MG	3	
<i>DIURETICS, DIURETIC COMBINATIONS</i>		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
DYAZIDE CAP 37.5-25	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

DIURETICS, LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
DEMADEX TAB 5MG	3	
DEMADEX TAB 10MG	3	
DEMADEX TAB 20MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
FUROSEMIDE SOL 8MG/ML	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	

DIURETICS, POTASSIUM-SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	1	
DYRENIUM CAP 50MG	3	PA
DYRENIUM CAP 100MG	3	PA

DIURETICS, THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
MICROZIDE CAP 12.5MG	3	
HEART FAILURE		
BIDIL TAB	2	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
MISCELLANEOUS		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
NORTHERA CAP 100MG	4	PA
NORTHERA CAP 200MG	4	PA
NORTHERA CAP 300MG	4	PA
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
RANEXA TAB 500MG	2	
RANEXA TAB 1000MG	2	
<i>reserpine tab 0.1 mg</i>	1	
<i>reserpine tab 0.25 mg</i>	1	
NITRATES, ORAL		
DILATRATE SR CAP 40MG	3	
ISORDIL TAB 5MG	2	
ISORDIL TAB 40MG	2	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab er 40 mg</i>	1	
<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>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRATES, SUBLINGUAL/TRANSLINGUAL		
<i>nitroglycerin lingual aerosol 400 mcg/spray</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR PUMPSRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	PA
NITROSTAT SUB 0.4MG	3	PA
NITROSTAT SUB 0.6MG	3	PA
NITRATES, TRANSDERMAL		
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB 5MG	4	PA
LETAIRIS TAB 10MG	4	PA
OPSUMIT TAB 10MG	4	PA
TRACLEER TAB 32MG	4	PA
TRACLEER TAB 62.5MG	4	PA
TRACLEER TAB 125MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITORS		

ADCIRCA TAB 20MG	4	PA
REVATIO SUS 10MG/ML	4	PA
REVATIO TAB 20MG	4	PA
<i>sildenafil citrate tab 20 mg</i>	4	PA

PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONISTS		
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UPTRAVI TAB 200/800	4	PA
UPTRAVI TAB 200MCG	4	PA
UPTRAVI TAB 400MCG	4	PA
UPTRAVI TAB 600MCG	4	PA
UPTRAVI TAB 800MCG	4	PA
UPTRAVI TAB 1000MCG	4	PA
UPTRAVI TAB 1200MCG	4	PA
UPTRAVI TAB 1400MCG	4	PA
UPTRAVI TAB 1600MCG	4	PA

PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS		
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ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
TYVASO START SOL 0.6MG/ML	4	PA
VENTAVIS SOL 10MCG/ML	4	PA
VENTAVIS SOL 20MCG/ML	4	PA

PULMONARY ARTERIAL HYPERTENSION, SOLUBLE GUANYLATE CYCLASE STIMULATORS		
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ADEMPAS TAB 0.5MG	4	PA
ADEMPAS TAB 1.5MG	4	PA
ADEMPAS TAB 1MG	4	PA
ADEMPAS TAB 2.5MG	4	PA
ADEMPAS TAB 2MG	4	PA

VASOPRESSORS		
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<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	

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Drug Name **Drug Tier** **Requirements/Limits**
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANKXIETY, BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1
<i>alprazolam orally disintegrating tab 1 mg</i>	1
<i>alprazolam orally disintegrating tab 2 mg</i>	1
<i>alprazolam tab 0.5 mg</i>	1
<i>alprazolam tab 0.25 mg</i>	1
<i>alprazolam tab 1 mg</i>	1
<i>alprazolam tab 2 mg</i>	1
<i>alprazolam tab er 24hr 0.5 mg</i>	1
<i>alprazolam tab er 24hr 1 mg</i>	1
<i>alprazolam tab er 24hr 2 mg</i>	1
<i>alprazolam tab er 24hr 3 mg</i>	1
ATIVAN TAB 0.5MG	2
ATIVAN TAB 1MG	2
ATIVAN TAB 2MG	2
<i>chlordiazepoxide hcl cap 5 mg</i>	1
<i>chlordiazepoxide hcl cap 10 mg</i>	1
<i>chlordiazepoxide hcl cap 25 mg</i>	1
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1
<i>clonazepam orally disintegrating tab 1 mg</i>	1
<i>clonazepam orally disintegrating tab 2 mg</i>	1
<i>clonazepam tab 0.5 mg</i>	1
<i>clonazepam tab 1 mg</i>	1
<i>clonazepam tab 2 mg</i>	1
<i>clorazepate dipotassium tab 3.75 mg</i>	1
<i>clorazepate dipotassium tab 7.5 mg</i>	1
<i>clorazepate dipotassium tab 15 mg</i>	1
<i>diazepam conc 5 mg/ml</i>	1
<i>diazepam oral soln 1 mg/ml</i>	1
<i>diazepam tab 2 mg</i>	1
<i>diazepam tab 5 mg</i>	1
<i>diazepam tab 10 mg</i>	1

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Drug Name	Drug Tier	Requirements/Limits
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
NIRAVAM TAB 0.25MG	3	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 3.75MG	3	
TRANXENE T TAB 7.5MG	3	
TRANXENE T TAB 15MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	
VALIUM TAB 10MG	2	
XANAX TAB 0.5MG	2	
XANAX TAB 0.25MG	2	
XANAX TAB 1MG	2	
XANAX TAB 2MG	2	
XANAX XR TAB 0.5MG	3	
XANAX XR TAB 1MG	3	
XANAX XR TAB 2MG	3	
XANAX XR TAB 3MG	3	
ANTIANSXIETY, MISCELLANEOUS		
ANAFRANIL CAP 25MG	2	
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
CELONTIN CAP 300MG	3	
DEPAKENE CAP 250MG	3	
DEPAKENE SOL 250/5ML	3	
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal gel delivery system 20 mg</i>	1	
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
EPIDIOLEX SOL 100MG/ML	4	PA
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
KEPPRA SOL 100MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
LAMICTAL CHW 2MG	3	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (35) starter kit</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 25 mg (84) & 100 mg (14) starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
SABRIL POW 500MG	4	PA
SABRIL TAB 500MG	4	PA
STAVZOR CAP 125MG	3	
STAVZOR CAP 250MG	3	
STAVZOR CAP 500MG	3	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	4	PA
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
ZONEGRAN CAP 25MG	3	PA
ZONEGRAN CAP 100MG	3	PA
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON CAP 1.5MG	3	
EXELON CAP 3MG	3	
EXELON CAP 4.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
EXELON CAP 6MG	3	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
NAMENDA SOL 10MG/5ML	3	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMENDA XR CAP TITRATIO	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
RAZADYNE TAB 4MG	3	

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Drug Name	Drug Tier	Requirements/Limits
RAZADYNE TAB 8MG	3	
RAZADYNE TAB 12MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
ANTIDEPRESSANTS, MISCELLANEOUS		
ALENZIN TAB 174MG	3	
ALENZIN TAB 348MG	3	
ALENZIN TAB 522MG	3	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
FORFIVO XL TAB 450MG	3	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<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	
OLEPTRO TAB 24HR150	3	PA
OLEPTRO TAB 24HR300	3	PA
REMERON SLTB TAB 15MG	3	

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Drug Name	Drug Tier	Requirements/Limits
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
REMERON TAB 45MG	3	
<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>trazodone hcl tab 300 mg</i>	1	
WELLBUTRIN TAB 75MG	3	
WELLBUTRIN TAB 100MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
ANTIDEPRESSANTS, MONOAMINE OXIDASE INHIBITORS (MAOIs)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	2	
PARNATE TAB 10MG	2	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<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>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl (pmdd) cap 10 mg</i>	1	
<i>fluoxetine hcl (pmdd) cap 20 mg</i>	1	
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	1	
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	1	
<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 cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	1	
FLUOXETINE TAB 60MG	3	
LEXAPRO SOL 5MG/5ML	3	
LEXAPRO TAB 5MG	3	
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PEXEVA TAB 10MG	3	
PEXEVA TAB 20MG	3	
PEXEVA TAB 30MG	3	
PEXEVA TAB 40MG	3	
PROZAC CAP 10MG	3	
PROZAC CAP 20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
PROZAC CAP 40MG	3	
PROZAC WEEKL CAP 90MG	3	
SARAFEM TAB 10MG	3	
SARAFEM TAB 20MG	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	

ANTIDEPRESSANTS, SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

CYMBALTA CAP 20MG	3	PA
CYMBALTA CAP 30MG	3	PA
CYMBALTA CAP 60MG	3	PA
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>desvenlafaxine tab er 24hr 50 mg</i>	1	
<i>desvenlafaxine tab er 24hr 100 mg</i>	1	
<i>duloxetine hcl enteric coated pellets cap 201 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 301 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 401 mg (base eq)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)	1	
<i>duloxetine hcl enteric coated pellets cap 601 mg (base eq)</i>		
EFFEXOR XR CAP 37.5MG	3	PA; MNPA
EFFEXOR XR CAP 75MG	3	PA; MNPA
EFFEXOR XR CAP 150MG	3	PA; MNPA
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
KHEDEZLA TAB 50MG ER	3	
KHEDEZLA TAB 100MG ER	3	
PRISTIQ TAB 25MG	3	
PRISTIQ TAB 50MG	3	
PRISTIQ TAB 100MG	3	
<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</i>	1	
<i>venlafaxine hcl tab 37.5 mg</i>	1	
<i>venlafaxine hcl tab 50 mg</i>	1	
<i>venlafaxine hcl tab 75 mg</i>	1	
<i>venlafaxine hcl tab 100 mg</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	PA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	PA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	PA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
VENLAFAXINE TAB 37.5 ER	3	PA
VENLAFAXINE TAB 75MG ER	3	PA
VENLAFAXINE TAB 150MG ER	3	PA
VENLAFAXINE TAB 225MG ER	3	
ANTIDEPRESSANTS, TRICYCLIC ANTIDEPRESSANTS (TCAs)		
<i>amitriptyline hcl tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
NORPRAMIN TAB 50MG	2	
NORPRAMIN TAB 75MG	2	
NORPRAMIN TAB 100MG	2	
NORPRAMIN TAB 150MG	2	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	

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Drug Name	Drug Tier	Requirements/Limits
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
SURMONTIL CAP 25MG	3	
SURMONTIL CAP 50MG	3	
SURMONTIL CAP 100MG	3	
TOFRANIL TAB 10MG	2	
TOFRANIL TAB 25MG	2	
TOFRANIL TAB 50MG	2	
TOFRANIL-PM CAP 75MG	3	
TOFRANIL-PM CAP 100MG	3	
TOFRANIL-PM CAP 125MG	3	
TOFRANIL-PM CAP 150MG	3	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	4	PA
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
COMTAN TAB 200MG	3	
ELDEPRYL CAP 5MG	3	
<i>entacapone tab 200 mg</i>	1	
LODOSYN TAB 25MG	3	
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.25MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1.5MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
REQUIP TAB 0.5MG	3	
REQUIP TAB 0.25MG	3	
REQUIP TAB 1MG	3	
REQUIP TAB 2MG	3	
REQUIP TAB 3MG	3	
REQUIP TAB 4MG	3	
REQUIP TAB 5MG	3	
REQUIP XL TAB 2MG	3	
REQUIP XL TAB 4MG	3	
REQUIP XL TAB 6MG	3	
REQUIP XL TAB 8MG	3	
REQUIP XL TAB 12MG	3	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
SINEMET CR TAB 25-100MG	3	
SINEMET CR TAB 50-200MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
SINEMET TAB 25-250MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ZELAPAR TAB 1.25MG	3	

ANTIPSYCHOTICS, ATYPICALS

ABILIFY TAB 2MG	3	PA
ABILIFY TAB 5MG	3	PA
ABILIFY TAB 10MG	3	PA
ABILIFY TAB 15MG	3	PA
ABILIFY TAB 20MG	3	PA
ABILIFY TAB 30MG	3	PA
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
ARIPIPRAZOLE TAB 10MG ODT	1	
<i>aripiprazole tab 15 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ARIPIPRAZOLE TAB 15MG ODT	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 100MG	3	
FANAPT PAK	3	PA
FANAPT TAB 1MG	3	PA
FANAPT TAB 2MG	3	PA
FANAPT TAB 4MG	3	PA
FANAPT TAB 6MG	3	PA
FANAPT TAB 8MG	3	PA
FANAPT TAB 10MG	3	PA
FANAPT TAB 12MG	3	PA
FAZACLO TAB 12.5 ODT	3	
FAZACLO TAB 25MG ODT	3	
FAZACLO TAB 100 ODT	3	
FAZACLO TAB 150 ODT	3	
FAZACLO TAB 200 ODT	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	4	PA
NUPLAZID TAB 10MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
RISPERDAL M TAB 0.5MG	3	
RISPERDAL M TAB 1MG	3	
RISPERDAL M TAB 2MG	3	
RISPERDAL M TAB 3MG	3	
RISPERDAL M TAB 4MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 0.25MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	PA; MNPA
SEROQUEL XR TAB 150MG	3	PA; MNPA
SEROQUEL XR TAB 200MG	3	PA; MNPA
SEROQUEL XR TAB 300MG	3	PA; MNPA
SEROQUEL XR TAB 400MG	3	PA; MNPA
VERSACLOZ SUS 50MG/ML	3	
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE INH 10MG	3	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
ORAP TAB 1MG	3	
ORAP TAB 2MG	3	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

ADDERALL TAB 5MG	3	
ADDERALL TAB 7.5MG	3	
ADDERALL TAB 10MG	3	
ADDERALL TAB 12.5MG	3	
ADDERALL TAB 15MG	3	
ADDERALL TAB 20MG	3	
ADDERALL TAB 30MG	3	
ADDERALL XR CAP 5MG	3	PA
ADDERALL XR CAP 10MG	3	PA
ADDERALL XR CAP 15MG	3	PA
ADDERALL XR CAP 20MG	3	PA
ADDERALL XR CAP 25MG	3	PA
ADDERALL XR CAP 30MG	3	PA
ADZENYS ER SUS 1.25MG	3	
ADZENYS XR TAB 3.1MG	3	
ADZENYS XR TAB 6.3MG	3	
ADZENYS XR TAB 9.4MG	3	
ADZENYS XR TAB 12.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ADZENYS XR TAB 15.7 MG	3	
ADZENYS XR TAB 18.8MG	3	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	
APTENSIO XR CAP 10MG	2	
APTENSIO XR CAP 15MG	2	
APTENSIO XR CAP 20MG	2	
APTENSIO XR CAP 30MG	2	
APTENSIO XR CAP 40MG	2	
APTENSIO XR CAP 50MG	2	
APTENSIO XR CAP 60MG	2	
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	
CONCERTA TAB 18MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CONCERTA TAB 27MG	3	
CONCERTA TAB 36MG	3	
CONCERTA TAB 54MG	3	
DAYTRANA DIS 10MG/9HR	3	
DAYTRANA DIS 15MG/9HR	3	
DAYTRANA DIS 20MG/9HR	3	
DAYTRANA DIS 30MG/9HR	3	
DESOXYN TAB 5MG	3	
DEXEDRINE CAP 5MG CR	3	
DEXEDRINE CAP 10MG CR	3	
DEXEDRINE CAP 15MG CR	3	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	
<i>dexmethylphenidate hcl tab 5 mg</i>	1	
<i>dexmethylphenidate hcl tab 10 mg</i>	1	
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	
<i>dextroamphetamine sulfate tab 5 mg</i>	1	
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	
<i>dextroamphetamine sulfate tab 10 mg</i>	1	
<i>dextroamphetamine sulfate tab 15 mg</i>	1	
<i>dextroamphetamine sulfate tab 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tab 30 mg</i>	1	
DYANAVEL XR SUS 2.5MG/ML	3	
EVEKEO TAB 5MG	3	
EVEKEO TAB 10MG	3	
FOCALIN TAB 2.5MG	3	
FOCALIN TAB 5MG	3	
FOCALIN TAB 10MG	3	
FOCALIN XR CAP 5MG	3	
FOCALIN XR CAP 10MG	3	
FOCALIN XR CAP 15MG	3	
FOCALIN XR CAP 20MG	3	
FOCALIN XR CAP 25MG	3	
FOCALIN XR CAP 30MG	3	
FOCALIN XR CAP 35MG	3	
FOCALIN XR CAP 40MG	3	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
INTUNIV TAB 1MG	3	PA
INTUNIV TAB 2MG	3	PA
INTUNIV TAB 3MG	3	PA
INTUNIV TAB 4MG	3	PA
METADATE CD CAP 10MG	3	
METADATE CD CAP 20MG	3	
METADATE CD CAP 30MG	3	
METADATE CD CAP 40MG	3	
METADATE CD CAP 50MG	3	
METADATE CD CAP 60MG	3	
METHYLIN CHW 2.5MG	2	
METHYLIN CHW 5MG	2	
METHYLIN CHW 10MG	2	
METHYLIN SOL 5MG/5ML	3	
METHYLIN SOL 10MG/5ML	3	
<i>methylphenid tab 72mg er</i>	1	
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	
<i>methylphenidate hcl chew tab 5 mg</i>	1	
<i>methylphenidate hcl chew tab 10 mg</i>	1	
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	
<i>methylphenidate hcl tab 5 mg</i>	1	
<i>methylphenidate hcl tab 10 mg</i>	1	
<i>methylphenidate hcl tab 20 mg</i>	1	
<i>methylphenidate hcl tab er 10 mg</i>	1	
<i>methylphenidate hcl tab er 20 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release 1 (osm) 18 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release 1 (osm) 27 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release 1 (osm) 36 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release 1 (osm) 54 mg</i>	1	
MYDAYIS CAP 12.5MG	2	
MYDAYIS CAP 25MG	2	
MYDAYIS CAP 37.5MG	2	
MYDAYIS CAP 50MG	2	
PROCENTRA SOL 5MG/5ML	3	
QUILLICHEW CHW 20MG ER	3	
QUILLICHEW CHW 30MG ER	3	
QUILLICHEW CHW 40MG ER	3	

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Drug Name	Drug Tier	Requirements/Limits
QUILLIVANT SUS 25MG/5ML	2	
RITALIN LA CAP 10MG	3	
RITALIN LA CAP 20MG	3	
RITALIN LA CAP 30MG	3	
RITALIN LA CAP 40MG	3	
RITALIN LA CAP 60MG	3	
RITALIN TAB 5MG	3	
RITALIN TAB 10MG	3	
RITALIN TAB 20MG	3	
STRATTERA CAP 10MG	3	
STRATTERA CAP 18MG	3	
STRATTERA CAP 25MG	3	
STRATTERA CAP 40MG	3	
STRATTERA CAP 60MG	3	
STRATTERA CAP 80MG	3	
STRATTERA CAP 100MG	3	
VYVANSE CAP 10MG	2	
VYVANSE CAP 20MG	2	
VYVANSE CAP 30MG	2	
VYVANSE CAP 40MG	2	
VYVANSE CAP 50MG	2	
VYVANSE CAP 60MG	2	
VYVANSE CAP 70MG	2	
VYVANSE CHW 10MG	2	
VYVANSE CHW 20MG	2	
VYVANSE CHW 30MG	2	
VYVANSE CHW 40MG	2	
VYVANSE CHW 50MG	2	
VYVANSE CHW 60MG	2	
FIBROMYALGIA		
LYRICA CAP 25MG	2	
LYRICA CAP 50MG	2	
LYRICA CAP 75MG	2	
LYRICA CAP 100MG	2	
LYRICA CAP 150MG	2	
LYRICA CAP 200MG	2	
LYRICA CAP 225MG	2	
LYRICA CAP 300MG	2	
LYRICA SOL 20MG/ML	2	
SAVELLA MIS TITR PAK	2	
SAVELLA TAB 12.5MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA TAB 25MG	2	
SAVELLA TAB 50MG	2	
SAVELLA TAB 100MG	2	
HUNTINGTON'S DISEASE AGENTS		
AUSTEDO TAB 6MG	4	PA
AUSTEDO TAB 9MG	4	PA
AUSTEDO TAB 12MG	4	PA
<i>tetrabenazine tab 12.5 mg</i>	4	PA
<i>tetrabenazine tab 25 mg</i>	4	PA
XENAZINE TAB 12.5MG	4	PA
XENAZINE TAB 25MG	4	PA
HYPNOTICS, BENZODIAZEPINES		
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
HALCION TAB 0.25MG	3	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
HYPNOTICS, NON-BENZODIAZEPINES		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
BUTISOL SOD TAB 30MG	3	
BUTISOL SOD TAB 50MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	
<i>eszopiclone tab 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
HETLIOZ CAP 20MG	3	PA
INTERMEZZO SUB 1.75MG	3	PA
INTERMEZZO SUB 3.5MG	3	PA
LUNESTA TAB 1MG	3	PA
LUNESTA TAB 2MG	3	PA
LUNESTA TAB 3MG	3	PA
ROZEREM TAB 8MG	3	PA
SONATA CAP 5MG	3	
SONATA CAP 10MG	3	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
ZOLPIMIST SPR 5MG	3	
HYPNOTICS, TRICYCLICS		
SILENOR TAB 3MG	2	
SILENOR TAB 6MG	2	
MIGRAINE, ERGOTAMINE DERIVATIVES		
CAFERGOT TAB 1-100MG	3	PA
D.H.E. 45 INJ 1MG/ML	2	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	QL (8 per month)
ERGOMAR SUB 2MG	3	
<i>ergotamine w/ caffeine suppos 2-100 mg</i>	1	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
MIGRANAL SPR 4MG/ML	2	QL (8 per month)
MIGRAINE, MISCELLANEOUS		
CAMBIA POW 50MG	3	
MIGRAINE, SELECTIVE SEROTONIN AGONIST/NSAID COMBINATIONS		
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	QL (9 tabs per month)
TREXIMET TAB 10-60MG	2	QL (9 tablets / 25 days)
TREXIMET TAB 85-500MG	2	QL (9 tabs per month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE, SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs per month)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs per month)
ALSUMA INJ 6MG/0.5	3	QL (12 inj per month)
AMERGE TAB 1MG	3	QL (12 tabs per month)
AMERGE TAB 2.5MG	3	QL (12 tabs per month)
AXERT TAB 6.25MG	3	QL (12 tabs per month)
AXERT TAB 12.5MG	3	QL (12 tabs per month)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
FROVA TAB 2.5MG	3	QL (18 tabs per month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs per month)
IMITREX INJ 4MG/0.5	3	QL (12 inj per month)
IMITREX INJ 6MG/0.5	3	QL (12 inj per month)
IMITREX SPR 5MG/ACT	3	QL (24 per month)
IMITREX SPR 20MG/ACT	3	QL (12 per month)
IMITREX TAB 25MG	3	QL (12 tabs per month)
IMITREX TAB 50MG	3	QL (12 tabs per month)
IMITREX TAB 100MG	3	QL (12 tabs per month)
MAXALT TAB 5MG	3	QL (18 tabs per month)
MAXALT TAB 10MG	3	QL (18 tabs per month)
MAXALT-MLT TAB 5MG	3	QL (18 ea per month)
MAXALT-MLT TAB 10MG	3	QL (18 ea per month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs per month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs per month)
ONZETRA XSAI MIS 11MG	2	QL (1 kit per month)
RELPAK TAB 20MG	3	QL (12 tabs per month)
RELPAK TAB 40MG	3	QL (12 tabs per month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 ea per month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 ea per month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs per month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs per month)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 per month)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 per month)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 inj per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs per month)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs per month)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs per month)
SUMAVEL DOSE INJ 4MG/0.5	3	QL (12 per month), PA; MNPA
SUMAVEL DOSE INJ 6MG/0.5	3	QL (12 per month), PA; MNPA
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 inj per month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 ea per month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 ea per month)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs per month)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs per month)
ZOMIG SPR 2.5MG	2	QL (12 units per month)
ZOMIG SPR 5MG	2	QL (12 units per month)
ZOMIG TAB 2.5MG	3	QL (12 tabs per month)
ZOMIG TAB 5MG	3	QL (12 tabs per month)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 ea per month)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 ea per month)
MISCELLANEOUS		
GUANIDINE TAB 125MG	3	
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
MOOD STABILIZERS		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
<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>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	2	

MULTIPLE SCLEROSIS

AMPYRA TAB 10MG	4	PA
AUBAGIO TAB 7MG	4	PA
AUBAGIO TAB 14MG	4	PA
AVONEX KIT 30MCG	4	PA
AVONEX PEN KIT 30MCG	4	PA
AVONEX PREFL KIT 30MCG	4	PA
BETASERON INJ 0.3MG	4	PA
COPAXONE INJ 20MG/ML	4	PA
COPAXONE INJ 40MG/ML	4	PA
EXTAVIA INJ 0.3MG	4	PA; MNPA
GILENYA CAP 0.5MG	4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA
PLEGRIDY INJ	4	PA
PLEGRIDY INJ PEN	4	PA
PLEGRIDY INJ STARTER	4	PA
PLEGRIDY PEN INJ STARTER	4	PA
REBIF INJ 22/0.5	4	PA
REBIF INJ 44/0.5	4	PA
REBIF REBIDO INJ 22/0.5	4	PA
REBIF REBIDO INJ 44/0.5	4	PA
REBIF REBIDO INJ TITRATN	4	PA
REBIF TITRTN INJ PACK	4	PA
TECFIDERA CAP 120MG	4	PA
TECFIDERA CAP 240MG	4	PA
TECFIDERA MIS STARTER	4	PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

AMRIX CAP 15MG	3	PA
AMRIX CAP 30MG	3	PA
BACLOFEN TAB 5MG	3	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	
<i>carisoprodol w/ aspirin tab 200-325 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
DANTRIUM CAP 25MG	2	
DANTRIUM CAP 50MG	2	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
FEXMID TAB 7.5MG	3	
LORZONE TAB 375MG	3	
LORZONE TAB 750MG	3	
<i>metaxalone tab 400 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	1	
PARAFON FORT TAB 500MG	2	
ROBAXIN TAB 500MG	2	
ROBAXIN-750 TAB 750MG	2	
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	
SOMA TAB 350MG	3	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	2	
MYASTHENIA GRAVIS		
MESTINON SYP 60MG/5ML	2	
MESTINON TAB 60MG	2	
MESTINON TAB TIMESPAN	2	
<i>pyridostigmine bromide tab 60 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tab er 180 mg</i>	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
NUVIGIL TAB 50MG	3	PA; MNPA
NUVIGIL TAB 150MG	3	PA; MNPA
NUVIGIL TAB 200MG	3	PA; MNPA
NUVIGIL TAB 250MG	3	PA; MNPA
PROVIGIL TAB 100MG	3	PA
PROVIGIL TAB 200MG	3	PA
XYREM SOL 500MG/ML	4	PA
POSTHERPETIC NEURALGIA (PHN)		
GRALISE STAR MIS 300/600	2	
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
HORIZANT TAB 300MG ER	3	PA; MNPA
HORIZANT TAB 600MG ER	3	PA; MNPA
PSYCHOTHERAPEUTIC-MISCELLANEOUS, ALCOHOL DETERRENTS		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
ANTABUSE TAB 250MG	2	
ANTABUSE TAB 500MG	2	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, OPIOID ANTAGONISTS		
EVZIO INJ	3	PA
EVZIO INJ 2/0.4ML	3	PA
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS		
BUNAVAIL MIS 2.1-0.3	3	
BUNAVAIL MIS 4.2-0.7	3	
BUNAVAIL MIS 6.3-1MG	3	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
SUBOXONE MIS 2-0.5MG	2	
SUBOXONE MIS 4-1MG	2	
SUBOXONE MIS 8-2MG	2	
SUBOXONE MIS 12-3MG	2	
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	

PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	

PSYCHOTHERAPEUTIC-MISCELLANEOUS, PSEUDOBULBAR AFFECT AGENTS

NUDEXTA CAP 20-10MG	2	
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PSYCHOTHERAPEUTIC-MISCELLANEOUS, SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL INH	0	\$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	\$0 limited to 2 treatment cycles/year
ZYBAN TAB 150MG SR	2	

PSYCHOTHERAPEUTIC-MISCELLANEOUS, VASOMOTOR SYMPTOM AGENTS

BRISDELLE CAP 7.5MG	3	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ACROMEGALY

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA
SANDOSTATIN INJ 50MCG/ML	4	PA
SANDOSTATIN INJ 100MCG	4	PA
SANDOSTATIN INJ 200MCG	4	PA
SANDOSTATIN INJ 500MCG	4	PA
SANDOSTATIN INJ 1000MCG	4	PA
SOMAVERT INJ 10MG	4	PA
SOMAVERT INJ 15MG	4	PA
SOMAVERT INJ 20MG	4	PA
SOMAVERT INJ 25MG	4	PA
SOMAVERT INJ 30MG	4	PA

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1%(25MG)	3	PA
ANDROGEL GEL 1%(50MG)	3	PA
ANDROGEL GEL 1.62%	2	
ANDROGEL GEL PUMP 1%	3	PA
AXIRON SOL 30MG/ACT	3	
FORTESTA GEL 10MG/ACT	3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
NATESTO GEL 5.5MG	3	PA
OXANDRIN TAB 2.5MG	3	
OXANDRIN TAB 10MG	3	
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
STRIANT MIS 30MG	3	
TESTIM GEL 1%(50MG)	3	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	PA; Listing reflects the authorized generics for TESTIM and VOGELXO.
<i>testosterone td soln 30 mg/act</i>	1	
VOGELXO GEL 1%(50MG)	3	PA
VOGELXO GEL PUMP 1%	3	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
GLYSET TAB 25MG	3	
GLYSET TAB 50MG	3	
GLYSET TAB 100MG	3	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
PRECOSE TAB 25MG	2	
PRECOSE TAB 50MG	2	
PRECOSE TAB 100MG	2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	
ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
GLUCOVANCE TAB 1.25-250	3	
GLUCOVANCE TAB 2.5-500	3	
GLUCOVANCE TAB 5-500MG	3	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
ANTIDIABETICS, BIGUANIDES		
FORTAMET TAB 500MG	3	PA
FORTAMET TAB 1000MG	3	PA
GLUCOPHAGE TAB 500MG	3	
GLUCOPHAGE TAB 500MG XR	3	
GLUCOPHAGE TAB 750MG XR	3	
GLUCOPHAGE TAB 850MG	3	
GLUCOPHAGE TAB 1000MG	3	
GLUMETZA TAB 500MG	3	PA
GLUMETZA TAB 1000MG	3	PA
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<i>metformin hcl tab er 24hr modified release 500 mg</i>	1	PA
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	1	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	1	PA
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	1	
RIOMET SOL	3	PA
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS		
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR	2	
KAZANO 12.5- TAB 500MG	3	PA
KAZANO 12.5- TAB 1000MG	3	PA
KOMBIGLYZ XR TAB 2.5-1000	3	PA
KOMBIGLYZ XR TAB 5-500MG	3	PA
KOMBIGLYZ XR TAB 5-1000MG	3	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/INSULIN SENSITIZER COMBINATIONS		
OSENI TAB 12.5-15	3	PA
OSENI TAB 12.5-30	3	PA
OSENI TAB 12.5-45	3	PA
OSENI TAB 25-15MG	3	PA
OSENI TAB 25-30MG	3	PA
OSENI TAB 25-45MG	3	PA
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
NESINA TAB 6.25MG	3	PA
NESINA TAB 12.5MG	3	PA
NESINA TAB 25MG	3	PA
ONGLYZA TAB 2.5MG	3	PA
ONGLYZA TAB 5MG	3	PA
TRADJENTA TAB 5MG	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENT/INSULIN COMBINATIONS		
SOLIQUA INJ 100/33	2	
XULTOPHY INJ 100/3.6	3	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON INJ 2MG	3	PA
BYDUREON PEN INJ 2MG	3	PA
BYETTA INJ 5MCG	3	PA
BYETTA INJ 10MCG	3	PA
OZEMPIC INJ 2/1.5ML	2	
TRULICITY INJ 0.75/0.5	2	
TRULICITY INJ 1.5/0.5	2	
VICTOZA INJ 18MG/3ML	2	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
ACTOPLUS MET TAB XR	3	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATIONS		
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZERS		
ACTOS TAB 15MG	3	PA
ACTOS TAB 30MG	3	PA
ACTOS TAB 45MG	3	PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
ANTIDIABETICS, INSULINS		
APIDRA INJ SOLOSTAR	3	PA
APIDRA INJ U-100	3	PA
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
HUMALOG INJ 100/ML	3	PA
HUMALOG KWIK INJ 100/ML	3	PA
HUMALOG KWIK INJ 200/ML	3	PA
HUMALOG MIX INJ 50/50	3	PA
HUMALOG MIX INJ 50/50KWP	3	PA
HUMALOG MIX INJ 75/25KWP	3	PA
HUMALOG MIX SUS 75/25	3	PA
HUMULIN INJ 70/30KWP	3	PA
HUMULIN N INJ U-100KWP	3	PA
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	3	PA
LANTUS INJ SOLOSTAR	3	PA
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTouc	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ FLEXPEN	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO SOLO INJ 300IU/ML	3	PA
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATIONS		
PRANDIMET TAB 1-500MG	3	
PRANDIMET TAB 2-500MG	3	
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
ANTIDIABETICS, MEGLITINIDES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
PRANDIN TAB 0.5MG	3	
PRANDIN TAB 1MG	3	
PRANDIN TAB 2MG	3	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
STARLIX TAB 60MG	3	
STARLIX TAB 120MG	3	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR/BIGUANIDE COMBINATIONS		
INVOKAMET TAB 50-500MG	2	
INVOKAMET TAB 50-1000	2	
INVOKAMET TAB 150-500	2	
INVOKAMET TAB 150-1000	2	
INVOKAMET XR TAB 50-500MG	2	
INVOKAMET XR TAB 50-1000	2	
INVOKAMET XR TAB 150-500	2	
INVOKAMET XR TAB 150-1000	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	2	
INVOKANA TAB 300MG	2	

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Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TAB 10MG	3	PA; MNPA
JARDIANCE TAB 25MG	3	PA; MNPA
ANTIDIABETICS, SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>chlorpropamide tab 100 mg</i>	1	
<i>chlorpropamide tab 250 mg</i>	1	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL TAB 5MG	3	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
<i>tolbutamide tab 500 mg</i>	1	
ANTIDIABETICS, SUPPLIES		
ACCU-CHEK TES AVIVA PL	0	QL (204 test strips per month), PA
ACETEST TAB TABLETS	0	
ACTIVE 1ST MIS LANC 30G	0	
AUTOLET LITE KIT STARTER	0	
BAYER BREEZE MIS 2 TEST	3	PA
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	

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Drug Name	Drug Tier	Requirements/Limits
CARDIO CHEK MIS KIT	0	
CONTOUR TES BLD GLUC	0	QL (204 test strips per month), PA
CONTOUR TES NEXT	0	QL (204 test strips per month), PA
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
DIASTIX TES STRIPS	0	
FINGERSTIX MIS LANCETS	0	
FORA LANCETS MIS 30G	0	
FREESTYLE TES	0	QL (204 test strips per month), PA
FREESTYLE TES INSULINX	0	QL (204 test strips per month), PA
FREESTYLE TES LITE	0	QL (204 test strips per month), PA
FREESTYLE TES PREC NEO	0	QL (204 test strips per month), PA
G4 PLAT PED MIS RVC/SHAR	2	
G4 PLATINUM MIS PEDIATRC	2	
G4 PLATINUM MIS RCV/SHAR	2	
G4 PLATINUM MIS RECEIVER	2	
G4 PLATINUM MIS TRANSMIT	2	
G4 SENSOR MIS	2	
G5/G4 MIS SENSOR	2	
GOODSENSE MIS LANC 30G	0	
HUMAPEN MIS LUXURA	0	
INCONTROL MIS LANC 33G	0	
KETO-DIASTIX TES	0	
MONOJECTOR MIS END CAPS	0	
ONETOUCH TES ULTRA BL	0	QL (204 test strips per month)
ONETOUCH TES VERIO	0	QL (204 test strips per month)
PEN NEEDLES MIS 31GX8MM	0	
PTS PANELS TES KETONE	0	
READYLANC MIS 30G	0	
RELION KETON TES	0	
SAFETY 28G MIS LANCETS	0	

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Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS ADV 28G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
ANTIDOTES		
CA-DTPA SOL 1000MG	3	
CHEMET CAP 100MG	3	
RADIOGARDASE CAP 0.5GM	3	
ZN-DTPA SOL 1000MG	3	
ANTIOBESITY AGENTS, INJECTABLE		
SAXENDA INJ 18MG/3ML	2	
ANTIOBESITY AGENTS, ORAL		
BELVIQ TAB 10MG	2	
BELVIQ XR TAB 20MG	2	
<i>benzphetamine hcl tab 25 mg</i>	1	
<i>benzphetamine hcl tab 50 mg</i>	1	
CONTRAVE TAB 8-90MG	2	PA
<i>diethylpropion hcl tab 25 mg</i>	1	
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	
<i>phendimetrazine tartrate cap er 24hr 105 mg</i>	1	
<i>phendimetrazine tartrate tab 35 mg</i>	1	
<i>phentermine hcl cap 15 mg</i>	1	
<i>phentermine hcl cap 30 mg</i>	1	
<i>phentermine hcl cap 37.5 mg</i>	1	
<i>phentermine hcl tab 37.5 mg</i>	1	
QSYMIA CAP 3.75-23	3	PA
QSYMIA CAP 7.5-46MG	3	PA
QSYMIA CAP 11.25-69	3	PA
QSYMIA CAP 15-92MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE		
PARATHYROID LEVELS		
SENSIPAR TAB 30MG	4	PA
SENSIPAR TAB 60MG	4	PA
SENSIPAR TAB 90MG	4	PA
CALCIUM REGULATORS, BISPHOSPHONATES		
ACTONEL TAB 5MG	3	
ACTONEL TAB 30MG	3	
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<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	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
CALCIUM REGULATORS, CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTICAL SPR 200/ACT	3	
MIACALCIN INJ 200/ML	2	PA
MIACALCIN SPR 200/ACT	3	PA
CALCIUM REGULATORS, PARATHYROID HORMONES		
FORTEO SOL 600/2.4	4	PA
NATPARA INJ 25MCG	4	PA
NATPARA INJ 50MCG	4	PA
NATPARA INJ 75MCG	4	PA
NATPARA INJ 100MCG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS INJ	4	PA
CARNITINE DEFICIENCY AGENTS		
CARNITOR SF SOL 1GM/10ML	3	PA
CARNITOR SOL 1GM/10ML	3	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
CONTRACEPTIVES, BIPHASIC		
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>		
LO LOESTRIN TAB 1-10-10	0	
MIRCETTE TAB 28 DAY	2	
NECON TAB 10/11-28	0	
CONTRACEPTIVES, CONTINUOUS		
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
CONTRACEPTIVES, EMERGENCY CONTRACEPTION		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
CONTRACEPTIVES, EXTENDED CYCLE		
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
QUARTETTE TAB	0	
CONTRACEPTIVES, FOUR PHASE		
NATAZIA TAB	0	
CONTRACEPTIVES, IMPLANT		
NEXPLANON IMP 68MG	0	
CONTRACEPTIVES, INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	2	
DEPO-SQ PROV INJ 104	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	
CONTRACEPTIVES, MISCELLANEOUS		
CAYA DPR	0	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ENCARE SUP 100MG	0	OTC
FC FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 26MM	0	
FEMCAP MIS 30MM	0	
GYNOL II GEL 3%	0	OTC
<i>nonoxynol-9 gel 4%</i>	0	OTC
OMNIFLEX DPR	0	
ORTHO COIL DPR KIT 50	0	
ORTHO COIL DPR KIT 100	0	
ORTHO COIL DPR KIT 105	0	
ORTHO FLAT DPR KIT 55	0	
ORTHO FLAT DPR KIT 60	0	
ORTHO FLAT DPR KIT 65	0	
ORTHO FLAT DPR KIT 70	0	
ORTHO FLAT DPR KIT 75	0	
ORTHO FLAT DPR KIT 80	0	
ORTHO FLAT DPR KIT 85	0	
ORTHO FLAT DPR KIT 90	0	
ORTHO FLAT DPR KIT 95	0	
PRENTIF MIS 22MM	0	
PRENTIF MIS 25MM	0	
PRENTIF MIS 28MM	0	
PRENTIF MIS 31MM	0	
PRENTIF MIS FITTING	0	
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
WIDE-SEAL DPR KIT 60	0	
WIDE-SEAL DPR KIT 65	0	
WIDE-SEAL DPR KIT 70	0	
WIDE-SEAL DPR KIT 75	0	
WIDE-SEAL DPR KIT 80	0	
WIDE-SEAL DPR KIT 85	0	
WIDE-SEAL DPR KIT 90	0	
WIDE-SEAL DPR KIT 95	0	
CONTRACEPTIVES, MONOPHASIC, 20 mcg Estrogen		
BALCOLTRA TAB 0.1-20	0	
BEYAZ TAB	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
FALESSA KIT	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
LOESTRIN FE TAB 1/20	3	
LOESTRIN TAB 1/20-21	3	
MINASTRIN 24 CHW FE	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
YAZ TAB 3-0.02MG	3	
CONTRACEPTIVES, MONOPHASIC, 25 mcg Estrogen		
GENERESS FE CHW	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
CONTRACEPTIVES, MONOPHASIC, 30 mcg Estrogen		
DESOGEN-28 TAB	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
LOESTRIN 21 TAB 1.5/30	3	
LOESTRIN FE TAB 1.5/30	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
SAFYRAL TAB	0	
YASMIN 28 TAB 3-0.03MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES, MONOPHASIC, 35 mcg Estrogen		
<i>ethynodiol diacetate & ethinyl estradiol tab 0.1 mg-35 mcg</i>	0	
FEMCON FE CHW	3	
MODICON TAB 0.5/35	3	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-0.35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
ORTHO-CYCLEN TAB 0.25/35	3	
ORTHO-NOVUM TAB 1/35	3	
OVCON-35 TAB	3	
CONTRACEPTIVES, MONOPHASIC, 50 mcg Estrogen		
<i>ethynodiol diacetate & ethinyl estradiol tab 0.1 mg-50 mcg</i>	0	
<i>norethindrone & mestranol tab 1 mg-50 mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i>	0	
NORINYL TAB 1+50-28	3	
CONTRACEPTIVES, PROGESTIN ONLY		
<i>norethindrone tab 0.35 mg</i>	0	
ORTHO MICRON TAB 0.35MG	2	
CONTRACEPTIVES, TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
CONTRACEPTIVES, TRIPHASIC		
CYCLESSA PAK	3	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
ESTROSTEP FE TAB	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
ORTHO TRI- TAB CYCLEN	3	
ORTHO TRI- TAB CYCLN LO	3	
ORTHO-NOVUM TAB 7/7/7	3	
TRI-NORINYL TAB 28	3	
CONTRACEPTIVES, VAGINAL		
NUVARING MIS	0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
SYNAREL SOL 2MG/ML	3	
ESTROGEN/PROGESTIN, ORAL		
ACTIVELLA TAB 0.5-0.1	3	
ACTIVELLA TAB 1-0.5MG	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.51 mg</i>		
FEMHRT TAB 0.5-2.5	3	
JEVANTIQUE L TAB 0.5-2.5	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 0.5 mg-2.5 mcg</i>		
<i>norethindrone acetate-ethinyl estradiol tab 1 1 mg-5 mcg</i>		
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
PREMPRO TAB .625-2.5	2	
ESTROGEN/PROGESTIN, TRANSDERMAL		
CLIMARA PRO DIS WEEKLY	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH DIS .05/.14	2	
COMBIPATCH DIS .05/.25	2	

ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS

DUAVEE TAB 0.45-20	2	
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ESTROGENS, ORAL

ENJUVIA TAB 0.3MG	3	
ENJUVIA TAB 0.9MG	3	
ENJUVIA TAB 0.45MG	3	
ENJUVIA TAB 0.625MG	3	
ENJUVIA TAB 1.25MG	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estropipate tab 0.75 mg</i>	1	
<i>estropipate tab 1.5 mg</i>	1	
<i>estropipate tab 3 mg</i>	1	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENEST TAB 2.5MG	3	
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	

ESTROGENS, TRANSDERMAL

ALORA DIS 0.1MG	3	
ALORA DIS 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DIVIGEL GEL 0.5MG	2	

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Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	2	
MINIVELLE DIS 0.05MG	2	
MINIVELLE DIS 0.025MG	2	
MINIVELLE DIS 0.075MG	2	
MINIVELLE DIS 0.0375MG	2	
VIVELLE-DOT DIS 0.1MG	3	
VIVELLE-DOT DIS 0.05MG	3	
VIVELLE-DOT DIS 0.025MG	3	
VIVELLE-DOT DIS 0.075MG	3	
VIVELLE-DOT DIS 0.0375MG	3	
ESTROGENS, VAGINAL		
ESTRACE VAG CRE 0.01%	2	
<i>estradiol vaginal tab 10 mcg</i>	1	
ESTRING MIS 2MG	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
FERTILITY REGULATORS, GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	4	
GANIRELIX AC INJ	4	
FERTILITY REGULATORS, OVULATION STIMULANTS, GONADOTROPINS		
BRAVELLE INJ 75UNIT	4	
CHOR GONADOT INJ 10000UNT	4	PA
<i>chorionic gonadotropin for im inj 10000 unit</i>	4	PA
FOLLISTIM AQ INJ 75UNIT	4	PA; MNPA
FOLLISTIM AQ INJ 300UNIT	4	PA; MNPA
FOLLISTIM AQ INJ 600UNIT	4	PA; MNPA
FOLLISTIM AQ INJ 900UNIT	4	PA; MNPA
GONAL-F INJ 450UNIT	4	PA
GONAL-F INJ 1050UNIT	4	PA
GONAL-F RFF INJ 75UNIT	4	PA
GONAL-F RFF INJ 300	4	PA
GONAL-F RFF INJ 450	4	PA
GONAL-F RFF INJ 900	4	PA
MENOPUR INJ 75UNIT	4	
NOVAREL INJ 10000UNT	4	PA
OVIDREL INJ	4	
FERTILITY REGULATORS, OVULATION STIMULANTS, SYNTHETIC		
<i>clomiphene citrate tab 50 mg</i>	1	
GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA
<i>miglustat cap 100 mg</i>	4	PA
ZAVESCA CAP 100MG	3	PA
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
<i>cortisone acetate tab 25 mg</i>	1	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
DEXPAK PAK 10 DAY	3	PA
FLO-PRED SUS	3	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
MILLIPRED DP PAK 5MG	3	PA
MILLIPRED SOL 10MG/5ML	3	PA
MILLIPRED TAB 5MG	3	PA
ORAPRED ODT TAB 10MG	2	
ORAPRED ODT TAB 15MG	2	
ORAPRED ODT TAB 30MG	2	
PEDIAPRED SOL 6.7/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
RAYOS TAB 1MG	3	PA
RAYOS TAB 2MG	3	PA
RAYOS TAB 5MG	3	PA
VERIPRED 20 SOL 20MG/5ML	3	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
PROGLYCEM SUS 50MG/ML	3	

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

NITYR TAB 2MG	4	PA
NITYR TAB 5MG	4	PA
NITYR TAB 10MG	4	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA

HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES

GENOTROPIN INJ 0.2MG	4	PA
GENOTROPIN INJ 0.4MG	4	PA
GENOTROPIN INJ 0.6MG	4	PA
GENOTROPIN INJ 0.8MG	4	PA
GENOTROPIN INJ 1.2MG	4	PA
GENOTROPIN INJ 1.4MG	4	PA
GENOTROPIN INJ 1.6MG	4	PA
GENOTROPIN INJ 1.8MG	4	PA
GENOTROPIN INJ 1MG	4	PA
GENOTROPIN INJ 2MG	4	PA
GENOTROPIN INJ 5MG	4	PA
GENOTROPIN INJ 12MG	4	PA
HUMATROPE INJ 5MG	4	PA
HUMATROPE INJ 6MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
NUTROPIN AQ INJ 10MG/2ML	4	PA
NUTROPIN AQ INJ 20MG/2ML	4	PA
NUTROPIN AQ INJ NUSPIN 5	4	PA
OMNITROPE INJ 5.8MG	4	PA
SAIZEN INJ 5MG	4	PA
SAIZEN INJ 8.8MG	4	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
HECTOROL CAP 0.5MCG	2	
HECTOROL CAP 1MCG	2	
HECTOROL CAP 2.5MCG	2	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
RAYALDEE CAP 30MCG	3	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	

INSULIN-LIKE GROWTH FACTORS

INCRELEX INJ 40MG/4ML	4	PA
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MINERALOCORTICOIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	1	
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MISCELLANEOUS

BUPHENYL POW	4	PA
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Drug Name	Drug Tier	Requirements/Limits
BUPHENYL TAB 500MG	4	PA
<i>cabergoline tab 0.5 mg</i>	1	
CARBAGLU TAB 200MG	3	PA
CERVIDIL VAG MIS 10MG INS	3	
CYSTADANE POW	3	
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
EGRIFTA SOL 1MG	4	PA
EGRIFTA SOL 2MG	4	PA
H.P. ACTHAR INJ 80UNIT	4	PA
KORLYM TAB 300MG	3	PA
METHERGINE TAB 0.2MG	3	
<i>methylergonovine maleate tab 0.2 mg</i>	1	
MIFEPREX TAB 200MG	3	
MYALEPT INJ 11.3MG	4	PA
PREPIDIL GEL 0.5MG/3G	3	
PROCYSBI CAP 25MG	3	PA
PROCYSBI CAP 75MG	3	PA
PROSTIN E2 SUP 20MG	3	
RAVICTI LIQ 1.1GM/ML	4	PA
SIGNIFOR INJ 0.3MG/ML	3	PA
SIGNIFOR INJ 0.6MG/ML	3	PA
SIGNIFOR INJ 0.9MG/ML	3	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	4	PA
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
SYPRINE CAP 250MG	3	
<i>trientine hcl cap 250 mg</i>	1	
PHENYLKETONURIA TREATMENT AGENTS		
KUVAN POW 100MG	4	PA
KUVAN POW 500MG	4	PA
KUVAN TAB 100MG	4	PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
ELIPHOS TAB 667MG	3	
FOSRENOL CHW 500MG	3	PA
FOSRENOL CHW 750MG	3	PA
FOSRENOL CHW 1000MG	3	PA
FOSRENOL POW 750MG	3	PA
FOSRENOL POW 1000MG	3	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
PHOSLO CAP 667MG	3	
PHOSLYRA SOL	2	
RENAGEL TAB 400MG	3	
RENAGEL TAB 800MG	3	
REVELA PAK 0.8GM	3	
REVELA PAK 2.4GM	3	
REVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO CHW 500MG	2	
POTASSIUM-REMOVING AGENTS		
KAYEXALATE POW	3	
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGESTINS, ORAL		
AYGESTIN TAB 5MG	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
MEGACE ES SUS 625/5ML	0	
MEGACE ORAL SUS 40MG/ML	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate susp 625 mg/5ml</i>	0	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	
PROMETRIUM CAP 100MG	3	
PROMETRIUM CAP 200MG	3	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PROGESTINS, VAGINAL		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
EVISTA TAB 60MG	3	
OSPHENA TAB 60MG	2	
<i>raloxifene hcl tab 60 mg</i>	0	
THYROID AGENTS, ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	
THYROID AGENTS, THYROID SUPPLEMENTS		
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
CYTOMEL TAB 5MCG	2	
CYTOMEL TAB 25MCG	2	
CYTOMEL TAB 50MCG	2	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 45-15MG	4	PA
JYNARQUE PAK 60-30MG	4	PA
JYNARQUE PAK 90-30MG	4	PA
SAMSCA TAB 15MG	4	PA
SAMSCA TAB 30MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	3	
DDAVP SOL 0.01%	2	
DDAVP SPR 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIDIARRHEALS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	2	
MOTOFEN TAB	3	

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

AKYNZEO CAP 300-0.5	3	
ANZEMET TAB 50MG	3	QL (6 tabs per 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs per 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps per 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps per 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps per 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs per 21 days)
CESAMET CAP 1MG	3	
COMPAZINE PAK 5MG	3	
COMPAZINE TAB 10MG	3	
DICLEGIS TAB 10-10MG	2	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
EMEND CAP 40MG	3	QL (3 caps per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
EMEND CAP 80MG	3	QL (4 caps per 21 days)
EMEND CAP 125MG	3	QL (2 caps per 21 days)
EMEND SOL 150MG	3	QL (2 vials per 21 days)
EMEND SUS 125MG	3	QL (6 kits per 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (2 packs per 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs per 21 days)
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
METOCLOPRAMI TAB 10MG ODT	3	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
METOZOLV ODT TAB 5MG	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200ml per 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs per 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs per 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs per 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs per 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs per 21 days)
<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>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
SANCUSO DIS 3.1MG	2	QL (2 patches per 21 days)
TIGAN CAP 300MG	3	
TRANSDERM-SC DIS 1.5MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI TAB 90MG	2	QL (4 tabs per 21 days)
ZOFRAN SOL 4MG/5ML	3	QL (200ml per 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs per 21 days)
ZOFRAN TAB 4MG ODT	3	QL (18 tabs per 21 days)
ZOFRAN TAB 8MG	3	QL (18 tabs per 21 days)
ZOFRAN TAB 8MG ODT	3	QL (18 tabs per 21 days)
ZUPLENZ MIS 4MG	3	QL (18 tabs per 21 days)
ZUPLENZ MIS 8MG	3	QL (18 tabs per 21 days)

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

ANASPAZ TAB 0.125MG	2	
BENTYL CAP 10MG	2	
BENTYL TAB 20MG	2	
CANTIL TAB 25MG	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
LEVBID TAB 0.375 ER	2	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
PAMINE FORTE TAB 5MG	3	
PAMINE TAB 2.5MG	3	
<i>propantheline bromide tab 15 mg</i>	1	
ROBINUL FORT TAB 2MG	3	
ROBINUL TAB 1MG	3	
SYMAX DUOTAB TAB	3	
CHOLELITHOLYTICS		
ACTIGALL CAP 300MG	2	
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
AXID CAP 300MG	3	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
PEPCID SUS 40MG/5ML	3	
PEPCID TAB 40MG	3	
<i>ranitidine hcl cap 300 mg</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
ZANTAC TAB 300MG	3	
INFLAMMATORY BOWEL DISEASE, ORAL AGENTS		
APRISO CAP 0.375GM	2	
ASACOL HD TAB 800MG	3	PA
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
COLAZAL CAP 750MG	3	PA
DELZICOL CAP 400MG	3	PA
DIPENTUM CAP 250MG	3	
ENTOCORT EC CAP 3MG DR	3	
GIAZO TAB 1.1GM	3	
LIALDA TAB 1.2GM	2	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
UCERIS TAB 9MG	2	
INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS		
CANASA SUP 1000MG	2	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
UCERIS AER 2MG/ACT	3	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION/CHRONIC IDIOPATHIC CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
TRULANCE TAB 3MG	3	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosectron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosectron hcl tab 1 mg (base equiv)</i>	1	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
<i>viberzi tab 75mg</i>	2	
<i>viberzi tab 100mg</i>	2	
LAXATIVES		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 50 through 74

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Drug Name	Drug Tier	Requirements/Limits
CASCARA EXT SAGRADA	3	
CLENPIQ SOL	0	\$0 copay for members age 50 through 74
COLYTE/FLAVR SOL PACKS	3	
GOLYTELY SOL	3	
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	0	\$0 copay for members age 50 through 74
NULYTELY SOL FLAV PKS	3	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PREPOPIK PAK	0	\$0 copay for members age 50 through 74
SUPREP BOWEL SOL PREP KIT	0	\$0 copay for members age 50 through 74

MISCELLANEOUS

CARAFATE SUS 1GM/10ML	2	
CARAFATE TAB 1GM	2	
CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
CUVPOSA SOL 1MG/5ML	3	
ENTEREG CAP 12MG	3	
GASTROCROM CON 100/5ML	3	
GATTEX KIT 5MG	4	PA
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
OALIVA TAB 5MG	4	PA
OALIVA TAB 10MG	4	PA
RECTIV OIN 0.4%	3	
RESTORA RX CAP 60-1.25	3	
SUCRAID SOL 8500/ML	3	
SUCRALFATE SUS 1GM/10ML	2	
<i>sucralfate tab 1 gm</i>	1	
XERMELO TAB 250MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
OPIOID-INDUCED CONSTIPATION		
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
RELISTOR INJ 8/0.4ML	3	PA
RELISTOR INJ 12/0.6ML	3	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000	2	
ZENPEP CAP 40000UNT	2	
PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX SPR CAP 5MG	3	
ACIPHEX SPR CAP 10MG	3	
ACIPHEX TAB 20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
DEXILANT CAP 30MG DR	2	
DEXILANT CAP 60MG DR	2	
<i>esomeprazole cap 24.65mg</i>	3	
<i>esomeprazole cap 49.3mg</i>	3	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	
<i>lansoprazole cap delayed release 15 mg</i>	1	
<i>lansoprazole cap delayed release 30 mg</i>	1	
NEXIUM CAP 20MG	3	PA
NEXIUM CAP 40MG	3	PA
NEXIUM GRA 2.5MG DR	3	PA
NEXIUM GRA 5MG DR	3	PA
NEXIUM GRA 10MG DR	3	PA
NEXIUM GRA 20MG DR	3	PA
NEXIUM GRA 40MG DR	3	PA
<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>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	PA
<i>omeprazole-sodium bicarbonate powd pack1 for susp 20-1680 mg</i>	1	PA
<i>omeprazole-sodium bicarbonate powd pack1 for susp 40-1680 mg</i>	1	PA
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
PREVACID CAP 15MG DR	3	PA
PREVACID CAP 30MG DR	3	PA
PREVACID TAB 15MG STB	3	PA
PREVACID TAB 30MG STB	3	PA
PRILOSEC CAP 10MG	3	
PRILOSEC CAP 20MG	3	
PRILOSEC CAP 40MG	3	
PRILOSEC POW 2.5MG	3	
PRILOSEC POW 10MG	3	
PROTONIX PAK	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PROTONIX TAB 20MG	3	PA
PROTONIX TAB 40MG	3	PA
<i>rabeprazole sodium ec tab 20 mg</i>	1	
ZEGERID CAP 20-1100	3	PA
ZEGERID CAP 40-1100	3	PA
ZEGERID POW 20-1680	3	PA
ZEGERID POW 40-1680	3	PA
SALIVA STIMULANTS		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	2	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
STEROIDS, RECTAL		
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
ANALPRM SNGL CRE HC 2.5-1	3	
ANUSOL-HC CRE 2.5%	2	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone acetate w/ pramoxine rectal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%</i>	1	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>hydrocortisone rectal cream 1%</i>	1	
<i>hydrocortisone rectal cream 2.5%</i>	1	
PROCORT CRE	3	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
PROCTOFOAM AER HC 1%	2	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
OMECLAMOX- MIS PAK	3	
PREVPAC MIS	3	
PYLERA CAP	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name Drug Tier Requirements/Limits
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT
CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED
PROSTATE

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	PA
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	2	
RAPAFLO CAP 8MG	2	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	PA

ERECTILE DYSFUNCTION, ALPROSTADIL AGENTS

CAVERJECT INJ 20MCG	3	QL (6 per month)
CAVERJECT INJ 40MCG	3	QL (6 per month)
CAVERJECT KIT 10MCG	3	QL (6 per month)
CAVERJECT KIT 20MCG	3	QL (6 per month)
EDEX KIT 40MCG	3	QL (6 per month)
MUSE SUP 125MCG	2	QL (6 per month)
MUSE SUP 250MCG	2	QL (6 per month)
MUSE SUP 500MCG	2	QL (6 per month)
MUSE SUP 1000MCG	2	QL (6 per month)

ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS

CIALIS TAB 2.5MG	2	QL (30 tabs per month)
CIALIS TAB 5MG	2	QL (30 tabs per month)
CIALIS TAB 10MG	2	QL (6 tabs per month)
CIALIS TAB 20MG	2	QL (6 tabs per month)
LEVITRA TAB 2.5MG	3	QL (6 tabs / 25 days)
LEVITRA TAB 5MG	3	QL (6 tabs / 25 days)
LEVITRA TAB 10MG	3	QL (6 tabs / 25 days)
LEVITRA TAB 20MG	3	QL (6 tabs / 25 days)
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs per month)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs per month)
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs per month)
STAXYN TAB 10MG	3	QL (6 ea per month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
STENDRA TAB 50MG	3	QL (6 tabs per month), PA; MNPA
STENDRA TAB 100MG	3	QL (6 tabs per month), PA; MNPA
STENDRA TAB 200MG	3	QL (6 tabs per month), PA; MNPA
<i>tadalafil tab 2.5 mg</i>	1	QL (30 tabs per month)
<i>tadalafil tab 5 mg</i>	1	QL (30 tabs per month)
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs per month)
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs per month)
VIAGRA TAB 25MG	3	QL (6 tabs per month), PA
VIAGRA TAB 50MG	3	QL (6 tabs per month), PA
VIAGRA TAB 100MG	3	QL (6 tabs per month), PA

MISCELLANEOUS

<i>acetic acid-oxyquinoline vaginal gel 0.9-0.025%</i>	1	
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
INTRAROSA SUP 6.5MG	3	
K-PHOS TAB	3	
K-PHOS TAB NEUTRAL	3	
K-PHOS TAB NO 2	3	
LITHOSTAT TAB 250MG	3	
ORACIT SOL	3	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>pot & sod citrates w/ cit ac syrup 550-500-334 mg/5ml</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
PYRIDIUM TAB 100MG	2	
PYRIDIUM TAB 200MG	2	
SHOHL'S SOL MODIFIED	3	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
THIOLA TAB 100MG	3	
URECHOLINE TAB 5MG	2	
URECHOLINE TAB 10MG	2	
URECHOLINE TAB 25MG	2	
URECHOLINE TAB 50MG	2	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL LA CAP 2MG	3	PA
DETROL LA CAP 4MG	3	PA
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
DITROPAN XL TAB 15MG	3	
ENABLEX TAB 7.5MG	3	PA
ENABLEX TAB 15MG	3	PA
GELNIQUE GEL 3%	3	
GELNIQUE GEL 10%	3	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
OXYTROL DIS 3.9MG/24	3	PA
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>trosipium chloride cap er 24hr 60 mg</i>	1	
<i>trosipium chloride tab 20 mg</i>	1	
VESICARE TAB 5MG	2	
VESICARE TAB 10MG	2	

VAGINAL ANTI-INFECTIVES

AVC CRE 15%	3	
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
METROGEL-VAG GEL 0.75%	2	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
TERAZOL 3 CRE 0.8%	2	
TERAZOL 7 CRE 0.4%	2	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS, INJECTABLE

ARIXTRA INJ 2.5/0.5	2	
ARIXTRA INJ 5/0.4ML	2	
ARIXTRA INJ 7.5/0.6	2	
ARIXTRA INJ 10/0.8ML	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	2	
FRAGMIN INJ 5000/0.2	2	
FRAGMIN INJ 7500/0.3	2	
FRAGMIN INJ 10000/ML	2	
FRAGMIN INJ 12500UNT	2	
FRAGMIN INJ 15000UNT	2	
FRAGMIN INJ 18000UNT	2	
FRAGMIN INJ 95000UNT	2	
LOVENOX INJ 30/0.3ML	2	
LOVENOX INJ 40/0.4ML	2	
LOVENOX INJ 60/0.6ML	2	
LOVENOX INJ 80/0.8ML	2	
LOVENOX INJ 100MG/ML	2	
LOVENOX INJ 120/0.8	2	
LOVENOX INJ 150MG/ML	2	
LOVENOX INJ 300/3ML	2	

ANTICOAGULANTS, ORAL

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 TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
PRADAXA CAP 75MG	3	PA
PRADAXA CAP 110MG	3	PA
PRADAXA CAP 150MG	3	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
EPOGEN INJ 2000/ML	4	PA
EPOGEN INJ 3000/ML	4	PA
EPOGEN INJ 4000/ML	4	PA
EPOGEN INJ 10000/ML	4	PA
EPOGEN INJ 20000/ML	4	PA
GRANIX INJ 300/0.5	4	PA
GRANIX INJ 480/0.8	4	PA
LEUKINE INJ 250MCG	4	PA
NEULASTA INJ 6MG/0.6M	4	PA
NEULASTA KIT 6MG/0.6M	4	PA
NEUPOGEN INJ 300/0.5	4	PA
NEUPOGEN INJ 300MCG	4	PA
NEUPOGEN INJ 480/0.8	4	PA
NEUPOGEN INJ 480MCG	4	PA
PROCRIT INJ 40000/ML	4	PA
ZARXIO INJ 300/0.5	4	PA
ZARXIO INJ 480/0.8	4	PA

HEMOSTATICS, SYSTEMIC

AMICAR SYP 25%	3	
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
LYSTEDA TAB 650MG	3	
<i>tranexamic acid tab 650 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
HEREDITARY ANGIOEDEMA AGENTS		
BERINERT INJ 500UNIT	4	PA
CINRYZE SOL 500 UNIT	4	PA
FIRAZYR INJ 30MG/3ML	4	PA
HAEGARDA INJ 2000UNIT	4	PA
HAEGARDA INJ 3000UNIT	4	PA
KALBITOR INJ 10MG/ML	4	PA
RUCONEST INJ 2100UNIT	4	PA
IRON CHELATING AGENTS		
EXJADE TAB 125MG	4	PA
EXJADE TAB 250MG	4	PA
EXJADE TAB 500MG	4	PA
FERRIPROX TAB 500MG	3	PA
JADENU SPRKL GRA 90MG	4	PA
JADENU SPRKL GRA 180MG	4	PA
JADENU SPRKL GRA 360MG	4	PA
JADENU TAB 90MG	4	PA
JADENU TAB 180MG	4	PA
JADENU TAB 360MG	4	PA
MISCELLANEOUS		
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
ENDARI POW 5GM	4	PA
<i>pentoxifylline tab er 400 mg</i>	1	
PLETAL TAB 50MG	2	
PLETAL TAB 100MG	2	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX CAP 25-200MG	3	
<i>aspirin chew tab 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PERSANTINE TAB 25MG	2	
PERSANTINE TAB 50MG	2	
PERSANTINE TAB 75MG	2	
PLAVIX TAB 75MG	3	PA
PLAVIX TAB 300MG	3	PA
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
ZONTIVITY TAB 2.08MG	3	

PLATELET SYNTHESIS INHIBITOR

AGRYLIN CAP 0.5MG	2	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	

THROMBOCYTOPENIA AGENTS

PROMACTA TAB 12.5MG	4	PA
PROMACTA TAB 25MG	4	PA
PROMACTA TAB 50MG	4	PA
PROMACTA TAB 75MG	4	PA

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	

AUTOIMMUNE AGENTS

ACTEMRA INJ 162/0.9	4	PA; MNPA
CIMZIA KIT	4	PA; MNPA
CIMZIA KIT STARTER	4	PA; MNPA
CIMZIA PREFL KIT 200MG/ML	4	PA; MNPA
COSENTYX INJ 150MG/ML	4	PA
COSENTYX PEN INJ 300DOSE	4	PA
ENBREL INJ 25/0.5ML	4	PA
ENBREL INJ 25MG	4	PA
ENBREL INJ 50MG/ML	4	PA
ENBREL MINI INJ 50MG/ML	4	PA
ENBREL SRCLK INJ 50MG/ML	4	PA
HUMIRA INJ 10/0.1ML	4	PA
HUMIRA INJ 10MG/0.2	4	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 20/0.2ML	4	PA
HUMIRA INJ 40/0.4ML	4	PA
HUMIRA KIT 20MG/0.4	4	PA
HUMIRA KIT 40MG/0.8	4	PA
HUMIRA PEDIA INJ CROHNS	4	PA
HUMIRA PEN INJ 40/0.4ML	4	PA
HUMIRA PEN INJ 40MG/0.8	4	PA
HUMIRA PEN KIT CD/UC/HS	4	PA
HUMIRA PEN KIT PS/UV	4	PA
KEVZARA INJ 150/1.14	4	PA
KEVZARA INJ 200/1.14	4	PA
KINERET INJ	4	PA; MNPA
ORENCIA INJ 125MG/ML	4	PA; MNPA
OTEZLA TAB 10/20/30	4	PA; MNPA
OTEZLA TAB 30MG	4	PA; MNPA
SIMPONI INJ 50/0.5ML	4	PA; MNPA
SIMPONI INJ 100MG/ML	4	PA; MNPA
STELARA INJ 45MG/0.5	4	PA; MNPA; after failure of Humira
STELARA INJ 90MG/ML	4	PA; MNPA; after failure of Humira
<i>taltz inj 80mg/ml</i>	4	PA; MNPA
XELJANZ TAB 5MG	4	PA; MNPA
XELJANZ XR TAB 11MG	4	PA; MNPA

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)

ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
CUPRIMINE CAP 250MG	3	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
OTREXUP INJ 7.5/0.4	4	PA
OTREXUP INJ 10MG	4	PA
OTREXUP INJ 15MG	4	PA
<i>otrexup inj 17.5/0.4</i>	4	PA
OTREXUP INJ 20MG	4	PA
<i>otrexup inj 22.5/0.4</i>	4	PA
OTREXUP INJ 25MG	4	PA
PLAQUENIL TAB 200MG	2	
RASUVO INJ 7.5MG	4	PA
RASUVO INJ 10MG	4	PA
RASUVO INJ 12.5MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 15MG	4	PA
RASUVO INJ 17.5MG	4	PA
RASUVO INJ 22.5MG	4	PA
RASUVO INJ 25MG	4	PA
RASUVO INJ 27.5MG	4	PA
RASUVO INJ 30MG	4	PA
RHEUMATREX TAB 2.5MG	0	
<i>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)</i>		
OTREXUP INJ 12.5/0.4	4	PA
<i>IMMUNOMODULATORS, INTERFERONS</i>		
ACTIMMUNE INJ 2MU/0.5	4	PA
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
PEGASYS INJ	4	PA
PEGASYS INJ 180MCG/M	4	PA
PEGASYS INJ PROCLICK	4	PA
SYLATRON KIT 200MCG	4	PA
SYLATRON KIT 300MCG	4	PA
SYLATRON KIT 600MCG	4	PA
<i>IMMUNOMODULATORS, MISCELLANEOUS</i>		
ARCALYST INJ 220MG	4	PA
<i>IMMUNOSUPPRESSANTS, ANTIMETABOLITES</i>		
AZASAN TAB 75 MG	2	
AZASAN TAB 100MG	2	
<i>azathioprine tab 50 mg</i>	1	
CELLCEPT CAP 250MG	2	
CELLCEPT SUS 200MG/ML	2	
CELLCEPT TAB 500MG	2	
IMURAN TAB 50MG	2	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	2	
MYFORTIC TAB 360MG	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
NEORAL CAP 25MG	2	
NEORAL CAP 100MG	2	
NEORAL SOL 100MG/ML	2	
PROGRAF CAP 0.5MG	2	
PROGRAF CAP 1MG	2	
PROGRAF CAP 5MG	2	
SANDIMMUNE CAP 25MG	2	
SANDIMMUNE CAP 100MG	2	
SANDIMMUNE SOL 100MG/ML	2	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE		
RAPAMUNE SOL 1MG/ML	2	
RAPAMUNE TAB 0.5MG	2	
RAPAMUNE TAB 1MG	2	
RAPAMUNE TAB 2MG	2	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
VACCINES		
FLUMIST QUAD SUS 2014-15	0	
NUTRITIONAL / SUPPLEMENTS		
ELECTROLYTES, POTASSIUM		
K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	

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Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M15 TAB 15MEQ ER	3	
KLOR-CON/25 POW 25MEQ	3	PA
MICRO-K CAP 8MEQ CR	2	
MICRO-K CAP 10MEQ CR	2	
<i>pot bicarbonate & chloride effer tab 25 meq</i>	1	
<i>potassium bicarbonate effer tab 25 meq</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

VITAMINS AND MINERALS, FOLIC ACID AGENTS

<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC; \$0 copay for women ages 55 and under
<i>folic acid tab 800 mcg</i>	0	OTC; \$0 copay for women ages 55 and under

VITAMINS AND MINERALS, IRON/COMBINATIONS

<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	0	
FER-IN-SOL DRO 15MG/ML	0	
FERROUS SUL LIQ 220/5ML	0	
FERROUS SULF SYP 300/5ML	0	
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	0	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	0	
ICAR PEDS SUS GRAPE	0	
MYKIDZ IRON SUS 15/1.5ML	0	

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS AND MINERALS, MISCELLANEOUS		
BABY DDROPS LIQ 400UNIT	0	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol cap 400 unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol chew tab 400 unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol drops 400 unit/0.03ml (per drop)</i>	0	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol oral liquid 400 unit/ml</i>	0	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol tab 400 unit</i>	0	OTC; \$0 applies for ages 65 and older
D-VI-SOL LIQ 400UNIT	0	OTC; \$0 applies for ages 65 and older
DRISDOL CAP 50000UNT	2	
<i>ergocalciferol cap 50000 unit</i>	1	
FLUORABON DRO	0	\$0 applies for ages 5 and under
LURIDE CHW 0.5MG F	0	\$0 applies for ages 5 and under
LURIDE CHW 0.25MG F	0	\$0 applies for ages 5 and under
LURIDE DRO 0.5MG/ML	0	\$0 applies for ages 5 and under
MEPHYTON TAB 5MG	3	
NASCOBAL SPR 500MCG	3	
<i>phytonadione tab 5 mg</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
VITAMIN D2 TAB 400UNIT	0	OTC; \$0 applies for ages 65 and older
VITAMIN D3 LIQ 1000UNIT	0	OTC; \$0 applies for ages 65 and older

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Drug Name	Drug Tier	Requirements/Limits
VITAMIN D3 LIQ 1200UNIT	0	OTC; \$0 applies for ages 65 and older

VITAMINS AND MINERALS, PRENATAL VITAMINS

ACTIVE OB CAP	3
ATABEX EC TAB	3
C-NATE DHA CAP 28-1-200	3
CITRANATAL CAP HARMONY	2
CITRANATAL CAP MEDLEY	2
CITRANATAL MIS 90 DHA	2
CITRANATAL MIS B-CALM	2
CITRANATAL PAK ASSURE	2
CITRANATAL PAK DHA	2
CITRANATAL TAB BLOOM	2
CITRANATAL TAB RX	2
CO-NATAL FA TAB 29-1MG	3
COMPLETE NAT PAK DHA	3
COMPLETENATE CHW	3
DUET DHA 400 MIS 25-1-400	3
DUET DHA MIS BALANCED	3
FOLET DHA PAK	3
FOLET ONE CAP 38-1-225	3
FOLIVANE-OB CAP	3
HEMENATAL OB MIS + DHA	3
INFANATE CAP BALANCE	3
LEVOMEFOLATE CAP DHA	3
MARNATAL-F CAP	3
MYNATAL CAP	3
MYNATE 90 TAB PLUS	3
NATACHEW CHW	3
NATALVIT TAB 75-1MG	3
NATELLE ONE CAP	3
NEEVO DHA CAP 27-1.13	3
NESTABS ABC MIS	3
NEWGEN TAB 32-1MG	3
NEXA PLUS CAP	3
O-CAL FA TAB	3
O-CAL TAB PRENATAL	3
OB COMPLETE CAP ONE	3
OB COMPLETE CAP PETITE	3
OB COMPLETE TAB	3
OB COMPLETE TAB PREMIER	3
OB COMPLETE/ CAP DHA	3

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Drug Name	Drug Tier	Requirements/Limits
OBSTETRIX EC TAB	3	
OBSTETRIX PAK DHA	3	
PAIRE OB MIS	3	
PNV-TOTAL CAP	3	
PR NATAL 400 PAK EC	3	
PR NATAL 430 PAK	3	
PR NATAL 430 PAK EC	3	
PREFERAOB CAP ONE	3	
PREMESISRX TAB	3	
PRENAISSANCE CAP BALANCE	3	
PRENAISSANCE CAP PLUS	3	
PRENAISSANCE MIS HARMONY	3	
PRENAISSANCE TAB NEXT	3	
PRENAISSANCE TAB NEXT-B	3	
<i>*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>		
PRENATA CHW 29-1MG	3	
PRENATAL MIS COMPLEAT	3	
PRENATAL VIT TAB LOW IRON	3	
<i>*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg***</i>		
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***</i>	1	
<i>*prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg***</i>	1	
<i>*prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg***</i>	1	
<i>*prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg***</i>	1	
PRENATAL-U CAP 106.5-1	3	
PRENATE AM TAB 1MG	3	

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Drug Name	Drug Tier	Requirements/Limits
PRENATE CAP ENHANCE	3	
PRENATE CAP ESSENTIA	3	
PRENATE CAP PIXIE	3	
PRENATE CAP RESTORE	3	
PRENATE CHW 0.6-0.4	3	
PRENATE DHA CAP	3	
PRENATE MINI CAP	3	
PRENATE STAR TAB 20-1MG	3	
PRENATE TAB ELITE	3	
PREQUE 10 TAB	3	
PROVIDA OB CAP	3	
PUREFE OB CAP PLUS	3	
REDICHEW RX CHW	3	
RELNATE DHA CAP	3	
SE-NATAL 19 TAB	3	
SE-TAN DHA CAP	3	
SELECT-OB CHW	3	
SELECT-OB+ PAK DHA	3	
TARON-BC MIS	3	
TARON-C DHA CAP	3	
TARON-PREX CAP	3	
TL FOLATE TAB	3	
TL-CARE DHA CAP 27-1-500	3	
TL-SELECT CAP	3	
TRI-TABS DHA MIS	3	
TRINATAL GT TAB	3	
TRINATAL RX TAB 1	3	
TRIVEEN-DUO PAK DHA	3	
TRIVEEN-PRX CAP RNF	3	
ULTIMATECARE CAP ONE	3	
ULTIMATECARE CAP ONE NF	3	
VEMAVITE- CAP PRX 2	3	
VENA-BAL MIS DHA	3	
VINATE C TAB	3	
VINATE CAL TAB	3	
VINATE CARE CHW 40-1MG	3	
VINATE II TAB	3	
VINATE M TAB	3	
VIRT-PN TAB	3	
VITA-PREN TAB	3	
VITAFOL CAP ULTRA	3	
VITAFOL-NANO TAB	3	

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Drug Name	Drug Tier	Requirements/Limits
VITAFOL-OB PAK +DHA	3	
VITAFOL-OB TAB 65-1MG	3	
VITAFOL-ONE CAP	3	
VITAMEDMD CAP ONE RX	3	
VITAMEDMD MIS PLUS RX	3	
VITAPEARL CAP	3	
VOL-NATE TAB	3	
VOL-TAB RX TAB	3	
VP-PNV-DHA CAP	3	
ZATEAN-CH CAP	3	
ZATEAN-PN CAP DHA	3	
ZATEAN-PN CAP PLUS	3	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANAPHYLAXIS TREATMENT AGENTS

ADRENACLICK INJ 0.3MG	3	PA
ADRENACLICK INJ 0.15MG	3	PA
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, LONG ACTING

ANORO ELLIPT AER 62.5-25	2	
STIOLTO AER 2.5-2.5	2	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, Long Acting

BEVESPI AER 9-4.8MCG	2	
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ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, SHORT ACTING

COMBIVENT AER 20-100	2	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	

ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

TRELEGY AER ELLIPTA	2	
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ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	3	
INCRUSE ELPT INH 62.5MCG	2	
<i>ipratropium bromide inhal soln 0.02%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
TUDORZA PRES AER 400/ACT	3	PA
ANTI-HISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
DECON-A ELX 2-5MG/5M	3	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
RELHIST CHW	3	
SEMPREX-D CAP 8-60MG	3	
ANTI-HISTAMINES, NONSEDATING		
CLARINEX RDT TAB 2.5MG	3	
CLARINEX RDT TAB 5MG	3	
CLARINEX SYP 0.5MG/ML	3	
CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
ANTI-HISTAMINES, SEDATING		
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
KARBINAL ER SUS 4MG/5ML	3	
RESPA-BR TAB 11MG	3	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
ANTITUSSIVE COMBINATIONS, NON-OPIOID		
CARBAPHEN 12 LIQ	3	
CARBAPHEN 12 SUS PED	3	

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Drug Name	Drug Tier	Requirements/Limits
NEOTUSS PLUS LIQ	3	
NORTUSS-EX LIQ 200-20/5	3	
PEDIATEX TDM SUS	3	
<i>phenylephrine-chlorphen-dm liquid 1.75-0.75-2.75 mg/ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-101 mg/5ml</i>	1	
TGQ 15DM/5PE SYP H/2CPM	3	
TGQ 30/ SYP 150/15	3	
TGQ 30/PSE/3 SYP BRM/15DM	3	
ANTITUSSIVE COMBINATIONS, OPIOID		
CODAR AR LIQ 2-8/5ML	3	
FLOWTUSS SOL 2.5-200	3	
GILTUSS LIQ PED-C	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	3	
HYCOFENIX SOL	3	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	3	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	1	
REZIRA SOL 60-5/5ML	3	
SUTTAR-SF SYP	3	
TUSSICAPS CAP 5-4MG	3	
TUSSICAPS CAP 10-8MG	3	
TUSSIONEX SUS 10-8/5ML	3	
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	
ZUTRIPRO LIQ 60-4-5MG	3	
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
TESSALON PER CAP 100MG	2	
ZONATUSS CAP 150MG	3	

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Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS, INHALANTS, Long Acting: Hand-held Active		
Inhalation		
ARCAPTA CAP 75MCG	3	
SEREVENT DIS AER 50MCG	2	
STRIVERDI AER 2.5MCG	2	
BETA AGONISTS, INHALANTS, Long Acting: Nebulized Passive		
Inhalation		
BROVANA NEB 15MCG	3	
PERFOROMIST NEB 20MCG	2	
BETA AGONISTS, INHALANTS, SHORT ACTING		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	
PROAIR HFA AER	2	
PROVENTIL AER HFA	3	PA
VENTOLIN HFA AER	3	PA
XOPENEX CONC NEB 1.25/0.5	3	
XOPENEX HFA AER	3	PA
XOPENEX NEB 0.31MG	3	
XOPENEX NEB 0.63MG	3	
XOPENEX NEB 1.25/3ML	3	
BETA AGONISTS, ORAL AGENTS		
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
VOSPIRE ER TAB 4MG	2	
VOSPIRE ER TAB 8MG	2	

CYSTIC FIBROSIS

BETHKIS NEB 300/4ML	4	PA
CAYSTON INH 75MG	3	PA
KALYDECO PAK 50MG	4	PA
KALYDECO PAK 75MG	4	PA
KALYDECO TAB 150MG	4	PA
KITABIS PAK NEB 300/5ML	4	PA
ORKAMBI GRA 100-125	4	PA
ORKAMBI GRA 150-188	4	PA
ORKAMBI TAB 100-125	4	PA
ORKAMBI TAB 200-125	4	PA
PULMOZYME SOL 1MG/ML	4	PA
SYMDEKO TAB 100-150	4	PA
TOBI NEB 300/5ML	4	PA
TOBI PODHALR CAP 28MG	4	PA
<i>tobramycin nebu soln 300 mg/5ml</i>	4	PA

LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 1 mg (base equiv)</i>		
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
SINGULAIR CHW 4MG	3	
SINGULAIR CHW 5MG	3	
SINGULAIR GRA 4MG	3	
SINGULAIR TAB 10MG	3	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<i>zileuton tab er 12hr 600 mg</i>	1	
ZYFLO CR TAB 600MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZYFLO TAB 600MG	3	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
ATROVENT NAS SOL 0.03%	2	
ATROVENT NAS SOL 0.06%	2	
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
HYPER-SAL NEB 7%	3	
HYPERSAL NEB 3.5%	3	
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NEBUSAL NEB 6%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
SURFAXIN SUS 30MG/ML	3	
NASAL ANTIHISTAMINES		
ASTEPRO SPR 0.15%	3	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
PATANASE SPR 0.6%	3	
NASAL DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
TYZINE PED DRO 0.05%	3	
TYZINE SOL 0.1%	3	
NASAL STEROIDS/COMBINATIONS		
BECONASE AQ SUS 0.042%	3	PA
<i>budesonide nasal susp 32 mcg/act</i>	1	
DYMISTA SPR 137-50	2	
FLONASE SPR 0.05%	3	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
NASONEX SPR 50MCG/AC	3	
OMNARIS SPR	3	PA
QNASL AER 80MCG	3	PA
QNASL CHILD SPR 40MCG	3	PA
RHINOCORT SUS AQUA	3	PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	3	PA
PHOSPHODIESTERASE-4 INHIBITORS		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	4	PA
ESBRIET TAB 267MG	4	PA
ESBRIET TAB 801MG	4	PA
OFEV CAP 100MG	4	PA
OFEV CAP 150MG	4	PA
RESPIRATORY SYNCYTIAL VIRUS		
<i>ribavirin for inhal soln 6 gm</i>	1	
VIRAZOLE INH 6GM	3	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
AEROSPAN AER 80MCG	3	PA
ALVESCO AER 80MCG	3	PA
ALVESCO AER 160MCG	3	PA
ARNUITY ELPT INH 50MCG	3	
ARNUITY ELPT INH 100MCG	3	
ARNUITY ELPT INH 200MCG	3	
ASMANEX 30 AER 110MCG	2	
ASMANEX 120 AER 220MCG	2	
ASMANEX HFA AER 100 MCG	2	
ASMANEX HFA AER 200 MCG	2	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
QVAR AER 40MCG	2	
QVAR REDIIHA AER 80MCG	2	
QVAR REDIIHAL AER 40MCG	2	

STEROID/BETA AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	2	
ADVAIR DISKU AER 250/50	2	
ADVAIR DISKU AER 500/50	2	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 100-25	2	
DULERA AER 100-5MCG	3	PA; MNPA
DULERA AER 200-5MCG	3	PA; MNPA
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	

XANTHINES - DRUGS TO TREAT COPD

<i>dyphylline-guaifenesin liqd 100-100 mg/5ml</i>	1	
ELIXOPHYLLIN ELX 80/15ML	3	
LUFYLLIN TAB 400MG	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 100 mg</i>	1	
<i>theophylline tab er 12hr 200 mg</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE, Oral

ABSORICA CAP 10MG	3	
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Drug Name	Drug Tier	Requirements/Limits
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ISOTRETINOIN CAP 10 MG	1	
ISOTRETINOIN CAP 20 MG	1	
<i>isotretinoin cap 30 mg</i>	1	
ISOTRETINOIN CAP 40 MG	1	

DERMATOLOGY, ACNE, Topical

ACANYA GEL 1.2-2.5%	2	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>adapalene lotion 0.1%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
ATRALIN GEL 0.05%	2	PA
AZELEX CRE 20%	3	
BENZ PEROXID GEL 6.5%	2	
BENZACLIN GEL 1-5%	3	
BENZAMYCIN GEL 5-3%	3	
BENZAMYCIN GEL PAK	3	
BENZIQL GEL 5.25%	3	
BENZIQL LS GEL 2.75%	3	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
CLEOCIN-T GEL 1%	3	
CLEOCIN-T LOT 1%	3	
CLEOCIN-T PAD 1%	3	
CLEOCIN-T SOL 1%	3	
CLINDAGEL GEL 1%	3	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
DIFFERIN CRE 0.1%	2	
DIFFERIN GEL 0.1%	2	
DIFFERIN GEL 0.3%	2	
DIFFERIN LOT 0.1%	2	
DUAC GEL 1.2-5%	3	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
EVOCLIN AER 1%	3	
FABIOR AER 0.1%	3	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	2	PA
RETIN-A MICR GEL 0.04%	2	PA
RETIN-A MICR GEL 0.08%	2	PA
SOD SUL/SULF EMU 10-5%	3	PA
SOD SUL/SULF SUS 10-5%	3	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
SULFOAM SHA 2%	3	
<i>tazarotene cream 0.1%</i>	1	
TAZORAC CRE 0.1%	2	
TAZORAC CRE 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
TRETIN-X CRE 0.075%	3	PA
TRETIN-X CRE 0.0375%	3	PA
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
VANOXIDE-HC LOT 5-0.5%	3	PA
VELTIN GEL	3	PA
ZACLIR LOT 8%	3	

DERMATOLOGY, ACTINIC KERATOSIS

CARAC CRE 0.5%	3	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	PA
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	
METVIXIA CRE 16.8%	3	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
SOLARAZE GEL 3% W/W	3	PA
TOLAK CRE 4%	2	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	

DERMATOLOGY, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS

CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
NEO-SYNALAR CRE	3	

DERMATOLOGY, ANTIBIOTICS

ALTABAX OIN 1%	3	
BACTROBAN CRE 2%	2	
BACTROBAN OIN 2%	3	
BACTROBAN OIN NASAL 2%	3	
CENTANY OIN 2%	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin calcium cream 2%</i>	1	
<i>mupirocin oint 2%</i>	1	
SILVADENE CRE 1%	2	
<i>silver sulfadiazine cream 1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
ECOZA AER 1%	3	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	
EXELDERM SOL 1%	3	
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	
HALOTIN CRE 1%	3	
JUBLIA SOL 10%	2	PA
KERYDIN SOL 5%	3	PA
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
LOPROX SHA 1%	3	
LUZU CRE 1%	2	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
NAFTIN CRE 1%	2	
NAFTIN CRE 2%	2	
NAFTIN GEL 1%	2	
NAFTIN GEL 2%	2	
NIZORAL SHA 2%	3	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
OXISTAT CRE 1%	3	
OXISTAT LOT 1%	3	
VUSION OIN	3	
XOLEGEL GEL 2%	3	
DERMATOLOGY, ANTIPSORIATICS, ORAL		
<i>acitretin cap 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
8-MOP CAP 10MG	3	
OXSORALEN-UL CAP 10MG	3	
SORIATANE CAP 10MG	3	
SORIATANE CAP 17.5MG	3	
SORIATANE CAP 25MG	3	
DERMATOLOGY, ANTIPSORIATICS, TOPICAL		
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	
DOVONEX CRE 0.005%	3	
ENSTILAR AER	3	
SORILUX AER 0.005%	3	
TACLONEX OIN	3	
TACLONEX SUS	3	
VECTICAL OIN 3MCG/GM	3	
DERMATOLOGY, ANTISEBORRHEICS		
PROMISEB KIT COMPLETE	3	
<i>selenium sulfide lotion 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH	3	
DERMATOLOGY, ANTISEPTICS/DISINFECTANTS		
BENZALKONIUM SOL 50%	3	
CHLORHEX GLU SOL 20%	3	
DERMATOLOGY, ATOPIC DERMATITIS, Injectable		
DUPIXENT INJ 300/2ML	4	PA
DERMATOLOGY, ATOPIC DERMATITIS, Topical		
ELIDEL CRE 1%	2	
EUCRISA OIN 2%	3	
PROTOPIC OIN 0.1%	3	
PROTOPIC OIN 0.03%	3	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
DERMATOLOGY, CORTICOSTEROID COMBINATIONS		
EPIFOAM AER 1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
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DERMATOLOGY, CORTICOSTEROIDS, High Potency

<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
AMCINONIDE OIN 0.1%	3	
APEXICON E CRE 0.05%	3	PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>diflorasone diacetate cream 0.05%</i>	1	
DIPROLENE AF CRE 0.05%	3	
DIPROLENE LOT 0.05%	3	
<i>fluocinonide cream 0.1%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
HALOG CRE 0.1%	3	
HALOG OIN 0.1%	3	
PSORCON CRE 0.05%	3	
TOPICORT CRE 0.25%	3	
TOPICORT GEL 0.05%	2	
TOPICORT OIN 0.25%	2	
TOPICORT SPR 0.25%	3	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
VANOS CRE 0.1%	3	

DERMATOLOGY, CORTICOSTEROIDS, Low Potency

ACLOVATE CRE 0.05%	2	
ALA SCALP LOT 2%	3	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
CAPEX SHA 0.01%	2	
DERMA-SMOOTH OIL /FS BODY	2	
DERMA-SMOOTH OIL /FS SCLP	2	

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Drug Name	Drug Tier	Requirements/Limits
DESONATE GEL 0.05%	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
DESOWEN CRE 0.05%	2	
DESOWEN LOT 0.05%	2	
DESOWEN OIN 0.05%	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
SYNALAR SOL 0.01%	2	
TEXACORT SOL 2.5%	2	
VERDESO AER 0.05%	3	
DERMATOLOGY, CORTICOSTEROIDS, Medium Potency		
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base 1 equivalent)</i>		
<i>betamethasone valerate lotion 0.1% (base 1 equivalent)</i>		
<i>betamethasone valerate oint 0.1% (base 1 equivalent)</i>	1	
<i>clocortolone pivalate cream 0.1%</i>	1	
CLODERM CRE 0.1% PMP	3	
CORDRAN 24X3 TAP 4MCG/CM	3	
CORDRAN CRE 0.05%	3	
CORDRAN LOT 0.05%	3	
CORDRAN OIN 0.05%	3	
CUTIVATE CRE 0.05%	3	
CUTIVATE LOT 0.05%	3	
DERMATOP CRE 0.1%	3	
DERMATOP OIN 0.1%	3	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
ELOCON CRE 0.1%	3	
ELOCON LOT 0.1%	3	
ELOCON OIN 0.1%	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>flurandrenolide cream 0.05%</i>	1	
<i>flurandrenolide lotion 0.05%</i>	1	
<i>flurandrenolide oint 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
KENALOG AER SPRAY	3	
LOCOID CRE 0.1%	3	
LOCOID LIPO CRE 0.1%	3	
LOCOID LOT 0.1%	3	
LOCOID OIN 0.1%	3	
LOCOID SOL 0.1%	3	
LUXIQ AER 0.12%	3	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
PANDEL CRE 0.1%	3	
<i>prednicarbate cream 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
SYNALAR CRE 0.025%	3	
SYNALAR OIN 0.025%	3	
TOPICORT CRE 0.05%	3	
TOPICORT OIN 0.05%	2	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
TRIANEX OIN 0.05%	3	

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Drug Name	Drug Tier	Requirements/Limits
WESTCORT OIN 0.2%	2	
DERMATOLOGY, CORTICOSTEROIDS, Very High Potency		
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clobetasol propionate spray 0.05%</i>	1	PA
CLOBEX LOT 0.05%	2	
CLOBEX SHA 0.05%	2	
CLOBEX SPR 0.05%	3	PA
<i>diflorasone diacetate oint 0.05%</i>	1	
DIPROLENE OIN 0.05%	2	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
OLUX AER 0.05%	3	
OLUX-E AER 0.05%	3	PA
TEMOVATE CRE 0.05%	2	
TEMOVATE E CRE 0.05%EML	2	
TEMOVATE GEL 0.05%	2	
TEMOVATE OIN 0.05%	2	
TEMOVATE SOL 0.05%	3	
ULTRAVATE CRE 0.05%	2	
ULTRAVATE OIN 0.05%	2	
DERMATOLOGY, EMOLLIENTS		
HPR PLUS MB KIT HYDROGEL	3	
<i>hyaluronate sodium (emollient) gel 0.2%</i>	1	
HYLIRA GEL 0.2%	3	
HYLIRA LOT 0.1%	3	
DERMATOLOGY, LOCAL ANALGESICS		
<i>lidocaine patch 5%</i>	1	PA
LIDODERM DIS 5%	2	PA

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Drug Name	Drug Tier	Requirements/Limits
QUTENZA KIT 8% 1-PCH	3	
DERMATOLOGY, LOCAL ANESTHETICS		
ANACAINE OIN	3	
EMLA CRE 2.5-2.5%	3	QL (30 gms per 25 days)
<i>lidocaine hcl gel 2%</i>	1	QL (30 gms per 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 ml per 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gms per 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gms per 25 days)
<i>lidocaine-tetracaine cream 7-7%</i>	1	QL (30 gms per 25 days)
PLIAGLIS CRE 7-7%	3	QL (30 gms per 25 days)
SYNERA DIS 70-70MG	3	QL (2 patches per 25 days)
XYLOCAINE SOL 4%	3	QL (50 ml per 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir oint 5%</i>	1	
ALDARA CRE 5%	3	
ARNICA TIN FLOWER	3	
BENSAL HP OIN	3	PA
DENAVIR CRE 1%	3	
<i>doxepin hcl cream 5%</i>	1	QL (90 grams per month), ST
DRYSOL SOL 20%	3	
HYLATOPIC AER	3	
<i>imiquimod cream 5%</i>	1	
NUVAIL SOL 16%	3	
OXSORALEN LOT 1%	3	
PANRETIN GEL 0.1%	3	
<i>podofilox soln 0.5%</i>	1	
<i>prudoxin cre 5%</i>	1	QL (90 grams per month), ST
SANTYL OIN 250/GM	3	
SILVER NITRA OIN 10%	3	
XERAC-AC SOL 6.25%	3	
XERESE CRE 5-1%	3	
ZONALON CRE 5%	3	QL (90 grams per month), ST

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Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
DERMATOLOGY, ROSACEA		
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	1	
FINACEA AER 15%	2	
FINACEA GEL 15%	2	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	
NORITATE CRE 1%	3	PA
ORACEA CAP 40MG	2	
RHOFADE CRE 1%	3	
SOOLANTRA CRE 1%	2	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
ELIMITE CRE 5%	2	
EURAX CRE 10%	3	
EURAX LOT 10%	3	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
<i>permethrin cream 5%</i>	1	
SKLICE LOT 0.5%	3	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
ULESFIA LOT 5%	3	
DERMATOLOGY, WOUND CARE PRODUCTS		
REGANEX GEL 0.01%	3	
MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS		
AQUORAL AER	3	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
FLUORIDEX GEL SENSITIV	3	
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
LTA 360 KIT SOL 4%	3	
NAFRINSE DLY SOL /NEUTRAL	3	

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Drug Name	Drug Tier	Requirements/Limits
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
PERIDEX SOL 0.12%	3	
PREVDNT 5000 PST 1.1%	3	
PREVDNT 5000 PST 1.1-5%	3	
PREVIDENT CRE 5000 PLS	3	
PREVIDENT GEL 1.1%	3	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride-potassium nitrate paste 1.1-5%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	

MOUTH/THROAT/DENTAL AGENTS, PROTECTANTS

EPISIL LIQ	2	
MUGARD LIQ	2	
ORAFATE PST 10%	3	

OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS

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

OPHTHALMIC, ANTI-INFECTIVES

AZASITE SOL 1%	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
CILOXAN OIN 0.3% OP	2	
CILOXAN SOL 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
GARAMYCIN SOL 0.3% OP	3	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
NEOSPORIN SOL OP	3	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC, ANTI-INFLAMMATORY, Nonsteroidal		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	2	
<i>bromfenac sodium ophth soln 0.09% (base 1 equiv) (once-daily)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium ophth soln 0.09% (base 1 equivalent)</i>		
BROMSITE DRO 0.075%	3	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
NEVANAC SUS 0.1%	2	
OCUFEN SOL 0.03% OP	3	
PROLENSA SOL 0.07%	3	
OPHTHALMIC, ANTI-INFLAMMATORY, Steroidal		
ALREX SUS 0.2%	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
FLAREX SUS 0.1% OP	2	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML LIQUIFLM SUS 0.1% OP	3	
FML OIN 0.1% OP	2	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
MAXIDEX SUS 0.1% OP	2	
OMNIPRED SUS 1% OP	3	
PRED FORTE SUS 1% OP	3	PA
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
VEXOL SUS 1% OP	3	
OPHTHALMIC, ANTIALLERGICS		
ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
ELESTAT DRO 0.05%	3	
EMADINE SOL 0.05% OP	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
LASTACFT SOL 0.25%	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PATADAY SOL 0.2%	3	
PATANOL SOL 0.1% OP	3	
PAZEO DRO 0.7%	2	
OPHTHALMIC, ANTIFUNGALS		
NATACYN SUS 5% OP	3	
OPHTHALMIC, ANTIVIRALS		
<i>trifluridine ophth soln 1%</i>	1	
VIROPTIC SOL 1% OP	2	
ZIRGAN GEL 0.15%	3	
OPHTHALMIC, ARTIFICIAL TEARS/LUBRICANTS		
LACRISERT MIS 5MG OP	3	
OPHTHALMIC, BETA-BLOCKERS, Nonselective		
BETAGAN SOL 0.5% OP	3	
BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
<i>carteolol hcl ophth soln 1%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>levobunolol hcl ophth soln 0.25%</i>	1	
<i>metipranolol ophth soln 0.3%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
OPHTHALMIC, BETA-BLOCKERS, Selective		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS		
COSOPT PF SOL	3	
COSOPT SOL 22.3-6.8	3	
<i>dorzolamide hcl-timolol maleate ophth soln 1 22.3-6.8 mg/ml</i>	1	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/SYMPATHOMIMETIC COMBINATIONS		
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS		
AZOPT SUS 1% OP	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
TRUSOPT SOL 2% OP	3	
OPHTHALMIC, DRY EYE DISEASE		
RESTASIS EMU 0.05%	2	
XIIDRA DRO 5%	2	
OPHTHALMIC, MISCELLANEOUS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
CYSTARAN SOL 0.44%	3	PA
GELFILM MIS OP	3	
<i>naphazoline hcl ophth soln 0.1%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RHOPRESSA SOL 0.02%	3	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC, MYDRIATICS		
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOMYDRIL SOL OP	3	
ISO HYOSCINE SOL 0.25% OP	3	
MYDRIACYL SOL 1% OP	3	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
OPHTHALMIC, PARASYMPATHOMIMETICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC, PROSTAGLANDINS		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>bimatoprost soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	
TRAVATAN Z DRO 0.004%	2	
<i>travoprost ophth soln 0.004%</i>	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OPHTHALMIC, SYMPATHOMIMETIC/BETA-BLOCKER COMBINATIONS		
COMBIGAN SOL 0.2/0.5%	2	
OPHTHALMIC, SYMPATHOMIMETICS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS		
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
<i>coly-mycin s sus otic</i>	3	
CORTISPORIN SOL 1% OTIC	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC, ANTI-INFECTIVES		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC, MISCELLANEOUS		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	

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abacavir sulfate-lamivudine tab 600-300 mg	20
abacavir sulfate soln 20 mg/ml (base equiv)	22
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ABILIFY TAB 10MG	78
ABILIFY TAB 15MG	78
ABILIFY TAB 20MG	78
ABILIFY TAB 2MG	78
ABILIFY TAB 30MG	78
ABILIFY TAB 5MG	78
ABSORICA CAP 10MG	154
ABSORICA CAP 20MG	155
ABSORICA CAP 25MG	155
ABSORICA CAP 30MG	155
ABSORICA CAP 35MG	155
ABSORICA CAP 40MG	155
ABSTRAL SUB 100MCG	4
ABSTRAL SUB 200MCG	4
ABSTRAL SUB 300MCG	4
ABSTRAL SUB 400MCG	4
ABSTRAL SUB 600MCG	4
ABSTRAL SUB 800MCG	4
acamprosate calcium tab delayed release 333 mg	95
ACANYA GEL 1.2-2.5%	155
acarbose tab 100 mg	98
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ACCOLATE TAB 10MG	151
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acetaminophen w/ codeine soln 120-12 mg/5ml	4
acetaminophen w/ codeine tab 300-15 mg	4
acetaminophen w/ codeine tab 300-30 mg	4
acetaminophen w/ codeine tab 300-60 mg	4
acetazolamide cap er 12hr 500 mg	55
acetazolamide tab 125 mg	55
acetazolamide tab 250 mg	55
ACETEST TAB TABLETS	103
acetic acid-oxyquinoline vaginal gel 0.9-		

0.025%	132	ADALAT CC TAB 30MG ER	52
<i>acetic acid 2% in aluminum acetate otic soln</i>	171	ADALAT CC TAB 60MG ER	52
<i>acetic acid otic soln 2%</i>	171	ADALAT CC TAB 90MG ER	52
<i>acetylcysteine inhal soln 10%</i>	152	<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	155
<i>acetylcysteine inhal soln 20%</i>	152	<i>adapalene cream 0.1%</i>	155
ACIPHEX SPR CAP 10MG	128	<i>adapalene gel 0.1%</i>	155
ACIPHEX SPR CAP 5MG	128	<i>adapalene gel 0.3%</i>	155
ACIPHEX TAB 20MG	128	<i>adapalene lotion 0.1%</i>	155
<i>acitretin cap 10 mg</i>	158	ADASUVE INH 10MG	82
<i>acitretin cap 17.5 mg</i>	159	ADCIRCA TAB 20MG	59
<i>acitretin cap 25 mg</i>	159	ADDERALL TAB 10MG	83
ACLOVATE CRE 0.05%	160	ADDERALL TAB 12.5MG	83
ACTEMRA INJ 162/0.9	138	ADDERALL TAB 15MG	83
ACTICLATE TAB 150MG	17	ADDERALL TAB 20MG	83
ACTICLATE TAB 75MG	17	ADDERALL TAB 30MG	83
ACTIGALL CAP 300MG	125	ADDERALL TAB 5MG	83
ACTIMMUNE INJ 2MU/0.5	140	ADDERALL TAB 7.5MG	83
ACTIQ LOZ 1200MCG	4	ADDERALL XR CAP 10MG	83
ACTIQ LOZ 1600MCG	4	ADDERALL XR CAP 15MG	83
ACTIQ LOZ 200MCG	4	ADDERALL XR CAP 20MG	83
ACTIQ LOZ 400MCG	4	ADDERALL XR CAP 25MG	83
ACTIQ LOZ 600MCG	4	ADDERALL XR CAP 30MG	83
ACTIQ LOZ 800MCG	4	ADDERALL XR CAP 5MG	83
ACTIVE 1ST MIS LANC 30G	103	<i>adefovir dipivoxil tab 10 mg</i>	24
ACTIVELLA TAB 0.5-0.1	111	ADEMPAS TAB 0.5MG	59
ACTIVELLA TAB 1-0.5MG	111	ADEMPAS TAB 1.5MG	59
ACTIVE OB CAP	144	ADEMPAS TAB 1MG	59
ACTONEL TAB 150MG	106	ADEMPAS TAB 2.5MG	59
ACTONEL TAB 30MG	106	ADEMPAS TAB 2MG	59
ACTONEL TAB 35MG	106	ADOXA CAP 150MG	17
ACTONEL TAB 5MG	106	ADOXA PAK 1/ TAB 100MG	17
ACTOPLUS MET TAB 15-500MG	100	ADOXA PAK 1/ TAB 150MG	17
ACTOPLUS MET TAB 15-850MG	100	ADOXA TAB 50MG	17
ACTOPLUS MET TAB XR	100	ADOXA TAB 75MG	17
ACTOS TAB 15MG	101	ADRENACLICK INJ 0.15MG	147
ACTOS TAB 30MG	101	ADRENACLICK INJ 0.3MG	147
ACTOS TAB 45MG	101	ADRENALIN SOL 1:1000	152
ACULAR LS SOL 0.4%	167	ADVAIR DISKU AER 100/50	154
ACULAR SOL 0.5% OP	167	ADVAIR DISKU AER 250/50	154
ACUVAIL SOL 0.45%	167	ADVAIR DISKU AER 500/50	154
<i>acyclovir cap 200 mg</i>	25	ADVAIR HFA AER 115/21	154
<i>acyclovir oint 5%</i>	164	ADVAIR HFA AER 230/21	154
<i>acyclovir susp 200 mg/5ml</i>	25	ADVAIR HFA AER 45/21	154
<i>acyclovir tab 400 mg</i>	25	ADZENYS ER SUS 1.25MG	83
<i>acyclovir tab 800 mg</i>	25	ADZENYS XR TAB 12.5MG	83
ACZONE GEL 5%	155	ADZENYS XR TAB 15.7 MG	84
ACZONE GEL 7.5%	155	ADZENYS XR TAB 18.8MG	84

ADZENYS XR TAB 3.1MG	83	<i>alendronate sodium tab 70 mg</i>	106
ADZENYS XR TAB 6.3MG	83	<i>alfuzosin hcl tab er 24hr 10 mg</i>	131
ADZENYS XR TAB 9.4MG	83	ALINIA SUS 100/5ML	26
AEROSPAN AER 80MCG	153	ALINIA TAB 500MG	26
AFINITOR DIS TAB 2MG	30	ALKERAN TAB 2MG	28
AFINITOR DIS TAB 3MG	30	<i>allopurinol tab 100 mg</i>	1
AFINITOR DIS TAB 5MG	30	<i>allopurinol tab 300 mg</i>	1
AFINITOR TAB 10MG.....	30	<i>almotriptan malate tab 12.5 mg</i>	91
AFINITOR TAB 2.5MG.....	30	<i>almotriptan malate tab 6.25 mg</i>	91
AFINITOR TAB 5MG	30	ALOCRI SOL 2%.....	168
AFINITOR TAB 7.5MG.....	30	ALOMIDE SOL 0.1% OP	168
AGGRENOX CAP 25-200MG	137	ALORA DIS 0.025MG	112
AGRYLIN CAP 0.5MG	138	ALORA DIS 0.05MG.....	112
AKTEN GEL 3.5%	170	ALORA DIS 0.075MG	112
AKYNZEO CAP 300-0.5	122	ALORA DIS 0.1MG	112
ALA SCALP LOT 2%.....	160	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	126
ALBENZA TAB 200MG.....	26	<i>alose tron hcl tab 1 mg (base equiv)</i> ..	126
<i>albuterol sulfate soln nebu 0.083% (2.5</i>		ALPHAGAN P SOL 0.1%	171
<i>mg/3ml)</i>	150	ALPHAGAN P SOL 0.15%	171
<i>albuterol sulfate soln nebu 0.5% (5</i>		ALPRAZOLAM CON 1 MG/ML.....	60
<i>mg/ml)</i>	150	<i>alprazolam orally disintegrating tab 0.25</i>	
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>		<i>mg</i>	60
<i>(base equiv)</i>	150	<i>alprazolam orally disintegrating tab 0.5</i>	
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>		<i>mg</i>	60
<i>(base equiv)</i>	150	<i>alprazolam orally disintegrating tab 1 mg</i>	
<i>albuterol sulfate syrup 2 mg/5ml</i>	150	.....	60
<i>albuterol sulfate tab 2 mg</i>	150	<i>alprazolam orally disintegrating tab 2 mg</i>	
<i>albuterol sulfate tab 4 mg</i>	150	.....	60
<i>albuterol sulfate tab er 12hr 4 mg</i>	150	<i>alprazolam tab 0.25 mg</i>	60
<i>albuterol sulfate tab er 12hr 8 mg</i>	150	<i>alprazolam tab 0.5 mg</i>	60
ALCAINE SOL 0.5% OP	170	<i>alprazolam tab 1 mg</i>	60
<i>alclometasone dipropionate cream 0.05%</i>		<i>alprazolam tab 2 mg</i>	60
.....	160	<i>alprazolam tab er 24hr 0.5 mg</i>	60
<i>alclometasone dipropionate oint 0.05%</i>		<i>alprazolam tab er 24hr 1 mg</i>	60
.....	160	<i>alprazolam tab er 24hr 2 mg</i>	60
ALDACTAZIDE TAB 25/25	55	<i>alprazolam tab er 24hr 3 mg</i>	60
ALDACTAZIDE TAB 50/50	55	ALREX SUS 0.2%	168
ALDACTONE TAB 100MG.....	38	ALSUMA INJ 6MG/0.5.....	91
ALDACTONE TAB 25MG	38	ALTABAX OIN 1%	157
ALDACTONE TAB 50MG	38	ALTACE CAP 1.25MG	36
ALDARA CRE 5%	164	ALTACE CAP 10MG.....	36
ALECENSA CAP 150MG	30	ALTACE CAP 2.5MG	36
<i>alendronate sodium oral soln 70</i>		ALTACE CAP 5MG	36
<i>mg/75ml</i>	106	ALTOPREV TAB 20MG ER	45
<i>alendronate sodium tab 10 mg</i>	106	ALTOPREV TAB 40MG ER	45
<i>alendronate sodium tab 35 mg</i>	106	ALTOPREV TAB 60MG ER	45
<i>alendronate sodium tab 40 mg</i>	106	ALUNBRIG PAK.....	30
<i>alendronate sodium tab 5 mg</i>	106	ALUNBRIG TAB 180MG	30

ALUNBRIG TAB 30MG.....	30
ALUNBRIG TAB 90MG.....	30
ALVESCO AER 160MCG.....	153
ALVESCO AER 80MCG.....	153
<i>amantadine hcl cap 100 mg</i>	75
<i>amantadine hcl syrup 50 mg/5ml</i>	75
<i>amantadine hcl tab 100 mg</i>	75
AMARYL TAB 1MG	103
AMARYL TAB 2MG	103
AMARYL TAB 4MG	103
AMBIEN CR TAB 12.5MG.....	89
AMBIEN CR TAB 6.25MG.....	89
AMBIEN TAB 10MG	89
AMBIEN TAB 5MG	89
<i>amcinonide cream 0.1%</i>	160
<i>amcinonide lotion 0.1%</i>	160
AMCINONIDE OIN 0.1%.....	160
AMERGE TAB 1MG	91
AMERGE TAB 2.5MG.....	91
AMICAR SYP 25%	136
AMICAR TAB 1000MG.....	136
AMICAR TAB 500MG.....	136
<i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i>	55
<i>amiloride hcl tab 5 mg</i>	56
<i>amiodarone hcl tab 100 mg</i>	43
<i>amiodarone hcl tab 200 mg</i>	43
<i>amiodarone hcl tab 400 mg</i>	43
AMITIZA CAP 24MCG.....	126
AMITIZA CAP 8MCG	126
<i>amitriptyline hcl tab 100 mg</i>	74
<i>amitriptyline hcl tab 10 mg</i>	73
<i>amitriptyline hcl tab 150 mg</i>	74
<i>amitriptyline hcl tab 25 mg</i>	74
<i>amitriptyline hcl tab 50 mg</i>	74
<i>amitriptyline hcl tab 75 mg</i>	74
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-160-12.5 mg</i>	40
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-160-25 mg</i>	40
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-320-25 mg</i>	40
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 5-160-12.5 mg</i>	39
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 5-160-25 mg</i>	39
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-10 mg</i>	51

<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-20 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-40 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-80 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-10 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-20 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-40 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-10 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-20 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-40 mg</i>	51
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>	51
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>10 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>20 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>40 mg</i>	34
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	39
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	39
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	39
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	39
<i>amlodipine besylate-valsartan tab 10-</i> <i>160 mg</i>	39
<i>amlodipine besylate-valsartan tab 10-</i> <i>320 mg</i>	39
<i>amlodipine besylate-valsartan tab 5-160</i> <i>mg</i>	39
<i>amlodipine besylate-valsartan tab 5-320</i> <i>mg</i>	39

<i>amlodipine besylate tab 10 mg (base equivalent)</i>	52
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	52
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	52
<i>amoxapine tab 100 mg</i>	74
<i>amoxapine tab 150 mg</i>	74
<i>amoxapine tab 25 mg</i>	74
<i>amoxapine tab 50 mg</i>	74
<i>amoxicillin (trihydrate) cap 250 mg</i>	16
<i>amoxicillin (trihydrate) cap 500 mg</i>	16
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	16
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	16
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	16
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	16
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	16
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	16
<i>amoxicillin (trihydrate) tab 500 mg</i>	17
<i>amoxicillin (trihydrate) tab 875 mg</i>	17
<i>amoxicillin (trihydrate) tab er 24hr 775 mg</i>	17
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	16
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	16
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	16
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	16
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	16
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	16
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	16

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	130
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	84
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	84
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	84
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	84
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	84
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	84
<i>amphetamine-dextroamphetamine tab 10 mg</i>	84
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	84
<i>amphetamine-dextroamphetamine tab 15 mg</i>	84
<i>amphetamine-dextroamphetamine tab 20 mg</i>	84
<i>amphetamine-dextroamphetamine tab 30 mg</i>	84
<i>amphetamine-dextroamphetamine tab 5 mg</i>	84
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	84
<i>ampicillin cap 250 mg</i>	17
<i>ampicillin cap 500 mg</i>	17
<i>ampicillin for susp 125 mg/5ml</i>	17
<i>ampicillin for susp 250 mg/5ml</i>	17
<i>AMPYRA TAB 10MG</i>	93
<i>AMRIX CAP 15MG</i>	93
<i>AMRIX CAP 30MG</i>	93
<i>ANACAINE OIN</i>	164
<i>ANAFRANIL CAP 25MG</i>	61
<i>ANAFRANIL CAP 50MG</i>	61
<i>ANAFRANIL CAP 75MG</i>	61
<i>anagrelide hcl cap 0.5 mg</i>	138
<i>anagrelide hcl cap 1 mg</i>	138
<i>ANALPRAM-HC CRE 1-1%</i>	130
<i>ANALPRAM-HC LOT 2.5%</i>	130
<i>ANALPRAM HC CRE 2.5-1%</i>	130
<i>ANALPRM SNGL CRE HC 2.5-1</i>	130
<i>ANAPROX DS TAB 550MG</i>	2
<i>ANAPROX TAB 275MG</i>	2
<i>ANASPAZ TAB 0.125MG</i>	124

<i>anastrozole tab 1 mg</i>	29	ARANESP INJ 300MCG	136
ANDRODERM DIS 2MG/24HR	97	ARANESP INJ 40MCG.....	136
ANDRODERM DIS 4MG/24HR	97	ARANESP INJ 500MCG	136
ANDROGEL GEL 1.62%.....	97	ARANESP INJ 60MCG.....	136
ANDROGEL GEL 1%(25MG).....	97	ARAVA TAB 10MG	139
ANDROGEL GEL 1%(50MG).....	97	ARAVA TAB 20MG	139
ANDROGEL GEL PUMP 1%	97	ARCALYST INJ 220MG	140
ANORO ELLIPT AER 62.5-25	147	ARCAPTA CAP 75MCG.....	150
ANTABUSE TAB 250MG.....	95	ARICEPT TAB 10MG	67
ANTABUSE TAB 500MG.....	95	ARICEPT TAB 23MG	67
ANTARA CAP 30MG	44	ARICEPT TAB 5MG	67
ANTARA CAP 90MG	44	ARIKAYCE SUS.....	13
ANUSOL-HC CRE 2.5%	130	ARIMIDEX TAB 1MG.....	29
ANZEMET TAB 100MG	122	<i>aripiprazole orally disintegrating tab 10</i>	
ANZEMET TAB 50MG	122	<i>mg</i>	78
APEXICON E CRE 0.05%	160	<i>aripiprazole orally disintegrating tab 15</i>	
APIDRA INJ SOLOSTAR.....	101	<i>mg</i>	78
APIDRA INJ U-100	101	<i>aripiprazole oral solution 1 mg/ml</i>	78
ALENZIN TAB 174MG.....	69	<i>aripiprazole tab 10 mg</i>	78
ALENZIN TAB 348MG.....	69	ARIPIPAZOLE TAB 10MG ODT.....	78
ALENZIN TAB 522MG.....	69	<i>aripiprazole tab 15 mg</i>	78
APOKYN INJ 10MG/ML.....	75	ARIPIPAZOLE TAB 15MG ODT.....	79
<i>aprepitant capsule 125 mg</i>	122	<i>aripiprazole tab 20 mg</i>	79
<i>aprepitant capsule 40 mg</i>	122	<i>aripiprazole tab 2 mg</i>	78
<i>aprepitant capsule 80 mg</i>	122	<i>aripiprazole tab 30 mg</i>	79
<i>aprepitant capsule therapy pack 80 &</i>		<i>aripiprazole tab 5 mg</i>	78
<i>125 mg</i>	122	ARIXTRA INJ 10/0.8ML	134
APRISO CAP 0.375GM	125	ARIXTRA INJ 2.5/0.5	134
APTENSIO XR CAP 10MG	84	ARIXTRA INJ 5/0.4ML.....	134
APTENSIO XR CAP 15MG	84	ARIXTRA INJ 7.5/0.6	134
APTENSIO XR CAP 20MG	84	<i>armodafinil tab 150 mg</i>	95
APTENSIO XR CAP 30MG	84	<i>armodafinil tab 200 mg</i>	95
APTENSIO XR CAP 40MG	84	<i>armodafinil tab 250 mg</i>	95
APTENSIO XR CAP 50MG	84	<i>armodafinil tab 50 mg</i>	95
APTENSIO XR CAP 60MG	84	ARMOUR THYRO TAB 30MG.....	120
APTIOM TAB 200MG.....	62	ARMOUR THYRO TAB 60MG.....	120
APTIOM TAB 400MG.....	62	ARNICA TIN FLOWER.....	164
APTIOM TAB 600MG.....	62	ARNUITY ELPT INH 100MCG	153
APTIOM TAB 800MG.....	62	ARNUITY ELPT INH 200MCG	153
APTIVUS CAP 250MG	23	ARNUITY ELPT INH 50MCG.....	153
APTIVUS SOL.....	23	AROMASIN TAB 25MG	29
AQUORAL AER.....	165	ARTHROTEC 50 TAB.....	4
ARALEN TAB 500MG.....	20	ARTHROTEC 75 TAB.....	4
ARANESP INJ 100MCG	136	ASACOL HD TAB 800MG	125
ARANESP INJ 10MCG.....	136	ASMANEX 120 AER 220MCG	153
ARANESP INJ 150MCG	136	ASMANEX 30 AER 110MCG.....	153
ARANESP INJ 200MCG.....	136	ASMANEX HFA AER 100 MCG.....	153
ARANESP INJ 25MCG.....	136	ASMANEX HFA AER 200 MCG.....	153

<i>aspirin-caffeine-dihydrocodeine cap</i>	84
<i>356.4-30-16 mg</i>	4
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	137
<i>aspirin chew tab 81 mg</i>	137
<i>aspirin tab delayed release 81 mg</i>	137
ASTAGRAF XL CAP 0.5MG	141
ASTAGRAF XL CAP 1MG	141
ASTAGRAF XL CAP 5MG	141
ASTEPRO SPR 0.15%	152
ATABEX EC TAB	144
ATACAND HCT TAB 16-12.5	40
ATACAND HCT TAB 32-12.5	40
ATACAND HCT TAB 32-25MG	40
ATACAND TAB 16MG	42
ATACAND TAB 32MG	42
ATACAND TAB 4MG	42
ATACAND TAB 8MG	42
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	23
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	23
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	23
ATELVIA TAB	106
<i>atenolol & chlorthalidone tab 100-25 mg</i>	48
<i>atenolol & chlorthalidone tab 50-25 mg</i>	48
<i>atenolol tab 100 mg</i>	49
<i>atenolol tab 25 mg</i>	49
<i>atenolol tab 50 mg</i>	49
ATIVAN TAB 0.5MG	60
ATIVAN TAB 1MG	60
ATIVAN TAB 2MG	60
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	84
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	84
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	84
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	84
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	84
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	84
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	84
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	45
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	45
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	45
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	46
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	20
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	20
<i>atovaquone susp 750 mg/5ml</i>	26
ATRALIN GEL 0.05%	155
ATRIPLA TAB	20
<i>atropine sulfate ophth soln 1%</i>	170
ATROVENT HFA AER 17MCG	147
ATROVENT NAS SOL 0.03%	152
ATROVENT NAS SOL 0.06%	152
AUBAGIO TAB 14MG	93
AUBAGIO TAB 7MG	93
AUGMENTIN SUS 125/5ML	17
AUGMENTIN SUS 250/5ML	17
AUGMENTIN SUS ES-600	17
AUGMENTIN TAB 500MG	17
AUGMENTIN TAB 875MG	17
AUGMENTIN XR TAB 12HR	17
AURYXIA TAB 210MG	118
AUSTEDO TAB 12MG	89
AUSTEDO TAB 6MG	89
AUSTEDO TAB 9MG	89
AUTOLET LITE KIT STARTER	103
AVALIDE TAB 150-12.5	40
AVALIDE TAB 300-12.5	40
AVAPRO TAB 150MG	42
AVAPRO TAB 300MG	42
AVAPRO TAB 75MG	42
AVC CRE 15%	134
AVELOX TAB 400MG	15
AVODART CAP 0.5MG	131
AVONEX KIT 30MCG	93
AVONEX PEN KIT 30MCG	93
AVONEX PREFL KIT 30MCG	93
AXERT TAB 12.5MG	91
AXERT TAB 6.25MG	91
AXID CAP 300MG	125
AXIRON SOL 30MG/ACT	97

AYGESTIN TAB 5MG	119	BARACLUDGE TAB 1MG	24
<i>azacitidine for inj 100 mg</i>	28	BASAGLAR INJ 100UNIT	101
AZASAN TAB 100MG	140	BAXDELA TAB 450MG.....	15
AZASAN TAB 75 MG	140	BAYER BREEZE MIS 2 TEST	103
AZASITE SOL 1%.....	166	BD ULTRAFINE INSULIN	
<i>azathioprine tab 50 mg</i>	140	SYRINGES/NEEDLES	103
<i>azelastine hcl nasal spray 0.1% (137</i>		BD ULTRAFINE PEN NEEDLES	103
<i>mcg/spray)</i>	152	BECONASE AQ SUS 0.042%	152
<i>azelastine hcl nasal spray 0.15% (205.5</i>		BELBUCA MIS 150MCG.....	5
<i>mcg/spray)</i>	152	BELBUCA MIS 300MCG.....	5
<i>azelastine hcl ophth soln 0.05%</i>	168	BELBUCA MIS 450MCG.....	5
AZELEX CRE 20%	155	BELBUCA MIS 600MCG.....	5
AZILECT TAB 0.5MG	75	BELBUCA MIS 750MCG.....	5
AZILECT TAB 1MG	75	BELBUCA MIS 75MCG	5
<i>azithromycin for susp 100 mg/5ml</i>	14	BELBUCA MIS 900MCG.....	5
<i>azithromycin for susp 200 mg/5ml</i>	14	BELSOMRA TAB 10MG	89
<i>azithromycin powd pack for susp 1 gm</i>	14	BELSOMRA TAB 15MG	89
<i>azithromycin tab 250 mg</i>	14	BELSOMRA TAB 20MG	89
<i>azithromycin tab 500 mg</i>	14	BELSOMRA TAB 5MG.....	89
<i>azithromycin tab 600 mg</i>	14	BELVIQ TAB 10MG	105
AZOPT SUS 1% OP	170	BELVIQ XR TAB 20MG	105
AZOR TAB 10-20MG.....	39	<i>benazepril & hydrochlorothiazide tab 10-</i>	
AZOR TAB 10-40MG.....	39	<i>12.5 mg</i>	34
AZOR TAB 5-20MG	39	<i>benazepril & hydrochlorothiazide tab 20-</i>	
AZOR TAB 5-40MG	39	<i>12.5 mg</i>	35
AZULFIDINE TAB 500MG.....	125	<i>benazepril & hydrochlorothiazide tab 20-</i>	
AZULFIDINE TAB 500MG EN	125	<i>25 mg</i>	35
B		<i>benazepril & hydrochlorothiazide tab 5-</i>	
BABY DDROPS LIQ 400UNIT	143	<i>6.25 mg</i>	34
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		<i>benazepril hcl tab 10 mg</i>	36
<i>oint 1%</i>	166	<i>benazepril hcl tab 20 mg</i>	36
<i>bacitracin-polymyxin b ophth oint</i>	167	<i>benazepril hcl tab 40 mg</i>	36
<i>bacitracin ophth oint 500 unit/gm</i>	167	<i>benazepril hcl tab 5 mg</i>	36
<i>baclofen tab 10 mg</i>	93	BENICAR HCT TAB 20-12.5	40
<i>baclofen tab 20 mg</i>	93	BENICAR HCT TAB 40-12.5	40
BACLOFEN TAB 5MG	93	BENICAR HCT TAB 40-25MG	40
BACTRIM DS TAB 800-160.....	17	BENICAR TAB 20MG.....	42
BACTRIM TAB 400-80MG	17	BENICAR TAB 40MG.....	42
BACTROBAN CRE 2%	157	BENICAR TAB 5MG	42
BACTROBAN OIN 2%.....	157	BENSAL HP OIN	164
BACTROBAN OIN NASAL 2%	157	BENTYL CAP 10MG	124
BALCOLTRA TAB 0.1-20	108	BENTYL TAB 20MG	124
<i>balsalazide disodium cap 750 mg</i>	125	BENZAACLIN GEL 1-5%.....	155
BANZEL SUS 40MG/ML.....	62	BENZALKONIUM SOL 50%	159
BANZEL TAB 200MG.....	62	BENZAMYCIN GEL 5-3%	155
BANZEL TAB 400MG.....	62	BENZAMYCIN GEL PAK.....	155
BARACLUDGE SOL .05MG/ML	24	BENZIQL GEL 5.25%	155
BARACLUDGE TAB 0.5MG	24	BENZIQL LS GEL 2.75%	155

BENZNIDAZOLE TAB 100MG	26	<i>betaxolol hcl ophth soln 0.5%</i>	169
BENZNIDAZOLE TAB 12.5MG	26	<i>betaxolol hcl tab 10 mg</i>	49
<i>benzonatate cap 100 mg</i>	149	<i>betaxolol hcl tab 20 mg</i>	49
<i>benzonatate cap 150 mg</i>	149	<i>bethanechol chloride tab 10 mg</i>	132
<i>benzonatate cap 200 mg</i>	149	<i>bethanechol chloride tab 25 mg</i>	132
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	155	<i>bethanechol chloride tab 50 mg</i>	132
<i>benzoyl peroxide liq 7%</i>	155	<i>bethanechol chloride tab 5 mg</i>	132
BENZ PEROXID GEL 6.5%	155	BETHKIS NEB 300/4ML	151
<i>benzphetamine hcl tab 25 mg</i>	105	BETIMOL SOL 0.25%.....	169
<i>benzphetamine hcl tab 50 mg</i>	105	BETIMOL SOL 0.5%	169
<i>benztropine mesylate tab 0.5 mg</i>	75	BETOPTIC-S SUS 0.25% OP	169
<i>benztropine mesylate tab 1 mg</i>	75	BEVESPI AER 9-4.8MCG.....	147
<i>benztropine mesylate tab 2 mg</i>	75	<i>bexarotene cap 75 mg</i>	33
BEPREVE DRO 1.5%.....	168	BEYAZ TAB	108
BERINERT INJ 500UNIT	137	BIAXIN SUS 250/5ML.....	14
BESIVANCE SUS 0.6%.....	167	BIAXIN TAB 250MG.....	14
BETADINE SOL 5% OP.....	167	BIAXIN TAB 500MG.....	14
BETAGAN SOL 0.5% OP.....	169	<i>bicalutamide tab 50 mg</i>	29
<i>betamethasone dipropionate augmented cream 0.05%</i>	160	BIDIL TAB	57
<i>betamethasone dipropionate augmented gel 0.05%</i>	163	BIKTARVY TAB	20
<i>betamethasone dipropionate augmented lotion 0.05%</i>	160	BILTRICIDE TAB 600MG	26
<i>betamethasone dipropionate augmented oint 0.05%</i>	163	<i>bimatoprost ophth soln 0.03%</i>	171
<i>betamethasone dipropionate cream 0.05%</i>	160	<i>bimatoprost soln 0.03%</i>	171
<i>betamethasone dipropionate lotion 0.05%</i>	160	BINOSTO TAB 70MG.....	106
<i>betamethasone dipropionate oint 0.05%</i>	160	BIO-STATIN CAP 1000000	19
<i>betamethasone valerate aerosol foam 0.12%</i>	161	BIO-STATIN CAP 500000	19
<i>betamethasone valerate cream 0.1%</i> (base equivalent).....	161	<i>bisacodyl tab & peg 3350-kcl-sod bicarb- nacl for soln kit</i>	126
<i>betamethasone valerate lotion 0.1%</i> (base equivalent).....	161	<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	48
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	161	<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	48
BETAPACE AF TAB 120MG.....	43	<i>bisoprolol & hydrochlorothiazide tab 5- 6.25 mg</i>	48
BETAPACE AF TAB 160MG.....	43	<i>bisoprolol fumarate tab 10 mg</i>	49
BETAPACE AF TAB 80MG	43	<i>bisoprolol fumarate tab 5 mg</i>	49
BETAPACE TAB 120MG	43	BLEPH-10 SOL 10% OP.....	167
BETAPACE TAB 160MG	43	BLEPHAMIDE OIN S.O.P.....	166
BETAPACE TAB 80MG.....	43	BLEPHAMIDE SUS OP	166
BETASERON INJ 0.3MG	93	BONIVA TAB 150MG	106
		BOSULIF TAB 100MG	30
		BOSULIF TAB 400MG	30
		BOSULIF TAB 500MG	30
		BRAFTOVI CAP 50MG	30
		BRAFTOVI CAP 75MG	30
		BRAVELLE INJ 75UNIT	114
		BREO ELLIPTA INH 100-25.....	154
		BRILINTA TAB 60MG	137

BRILINTA TAB 90MG	137	12hr 150 mg.....	96
<i>brimonidine tartrate ophth soln 0.15%</i>		<i>bupropion hcl tab 100 mg</i>	69
.....	171	<i>bupropion hcl tab 75 mg</i>	69
<i>brimonidine tartrate ophth soln 0.2%</i>	171	<i>bupropion hcl tab er 12hr 100 mg</i>	69
BRISDELLE CAP 7.5MG	97	<i>bupropion hcl tab er 12hr 150 mg</i>	69
BRIVIACT TAB 100MG	62	<i>bupropion hcl tab er 12hr 200 mg</i>	69
BRIVIACT TAB 10MG	62	<i>bupropion hcl tab er 24hr 150 mg</i>	69
BRIVIACT TAB 25MG	62	<i>bupropion hcl tab er 24hr 300 mg</i>	69
BRIVIACT TAB 50MG	62	<i>buspirone hcl tab 10 mg</i>	61
BRIVIACT TAB 75MG	62	<i>buspirone hcl tab 15 mg</i>	61
<i>bromfenac sodium ophth soln 0.09%</i>		<i>buspirone hcl tab 30 mg</i>	61
<i>(base equiv) (once-daily)</i>	167	<i>buspirone hcl tab 5 mg</i>	61
<i>bromfenac sodium ophth soln 0.09%</i>		<i>buspirone hcl tab 7.5 mg</i>	61
<i>(base equivalent)</i>	168	BUTAL/APAP CAP 50-300MG	1
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>butalbital-acetaminophen-caffeine cap</i>	
<i>equivalent)</i>	75	<i>50-300-40 mg</i>	1
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>butalbital-acetaminophen-caffeine cap</i>	
<i>equivalent)</i>	75	<i>50-325-40 mg</i>	1
<i>brompheniramine tannate chew tab 12</i>		<i>butalbital-acetaminophen-caffeine tab</i>	
<i>mg</i>	148	<i>50-325-40 mg</i>	1
BROMSITE DRO 0.075%	168	<i>butalbital-acetaminophen-caff w/ cod cap</i>	
BROVANA NEB 15MCG	150	<i>50-300-40-30 mg</i>	5
<i>budesonide delayed release particles cap</i>		<i>butalbital-acetaminophen-caff w/ cod cap</i>	
<i>3 mg</i>	125	<i>50-325-40-30 mg</i>	5
<i>budesonide inhalation susp 0.25 mg/2ml</i>		<i>butalbital-acetaminophen tab 50-325 mg</i>	
.....	153	.....	1
<i>budesonide inhalation susp 0.5 mg/2ml</i>		<i>butalbital-aspirin-caffeine cap 50-325-40</i>	
.....	153	<i>mg</i>	1
<i>budesonide inhalation susp 1 mg/2ml</i>	153	<i>butalbital-aspirin-caff w/ codeine cap 50-</i>	
<i>budesonide nasal susp 32 mcg/act</i>	152	<i>325-40-30 mg</i>	5
<i>bumetanide tab 0.5 mg</i>	56	BUTISOL SOD TAB 30MG	89
<i>bumetanide tab 1 mg</i>	56	BUTISOL SOD TAB 50MG	89
<i>bumetanide tab 2 mg</i>	56	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	
BUNAVAIL MIS 2.1-0.3	95	.....	5
BUNAVAIL MIS 4.2-0.7	95	BUTRANS DIS 10MCG/HR	5
BUNAVAIL MIS 6.3-1MG	95	BUTRANS DIS 15MCG/HR	5
BUPAP TAB 50-300MG	1	BUTRANS DIS 20MCG/HR	5
BUPHENYL POW	117	BUTRANS DIS 5MCG/HR	5
BUPHENYL TAB 500MG	118	BUTRANS DIS 7.5/HR	5
<i>buprenorphine hcl-naloxone hcl sl tab 2-</i>		BYDUREON INJ 2MG	100
<i>0.5 mg (base equiv)</i>	95	BYDUREON PEN INJ 2MG	100
<i>buprenorphine hcl-naloxone hcl sl tab 8-</i>		BYETTA INJ 10MCG	100
<i>2 mg (base equiv)</i>	96	BYETTA INJ 5MCG	100
<i>buprenorphine hcl sl tab 2 mg (base</i>		BYSTOLIC TAB 10MG	49
<i>equiv)</i>	96	BYSTOLIC TAB 2.5MG	49
<i>buprenorphine hcl sl tab 8 mg (base</i>		BYSTOLIC TAB 20MG	49
<i>equiv)</i>	96	BYSTOLIC TAB 5MG	49
<i>bupropion hcl (smoking deterrent) tab er</i>			

C	
C-NATE DHA CAP 28-1-200	144
CA-DTPA SOL 1000MG.....	105
<i>cabergoline tab 0.5 mg</i>	118
CABOMETYX TAB 20MG	30
CABOMETYX TAB 40MG	30
CABOMETYX TAB 60MG	30
CADUET TAB 10-10MG	51
CADUET TAB 10-20MG	51
CADUET TAB 10-40MG	51
CADUET TAB 10-80MG	52
CADUET TAB 2.5-10MG	51
CADUET TAB 2.5-20MG	51
CADUET TAB 2.5-40MG	51
CADUET TAB 5-10MG	51
CADUET TAB 5-20MG	51
CADUET TAB 5-40MG	51
CADUET TAB 5-80MG	51
CAFERGOT TAB 1-100MG.....	90
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	152
CALAN SR TAB 120MG.....	53
CALAN SR TAB 180MG.....	53
CALAN SR TAB 240MG.....	53
CALAN TAB 120MG	53
CALAN TAB 80MG	53
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	159
<i>calcipotriene cream 0.005%</i>	159
<i>calcipotriene oint 0.005%</i>	159
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	159
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	106
<i>calcitriol cap 0.25 mcg</i>	117
<i>calcitriol cap 0.5 mcg</i>	117
<i>calcitriol oint 3 mcg/gm</i>	159
<i>calcitriol oral soln 1 mcg/ml</i>	117
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	118
<i>calcium acetate (phosphate binder) tab 667 mg</i>	119
CALQUENCE CAP 100MG.....	30
CAMBIA POW 50MG	90
CANASA SUP 1000MG	126
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	40
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	40
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	40
<i>candesartan cilexetil tab 16 mg</i>	42
<i>candesartan cilexetil tab 32 mg</i>	42
<i>candesartan cilexetil tab 4 mg</i>	42
<i>candesartan cilexetil tab 8 mg</i>	42
CANTIL TAB 25MG	124
<i>capecitabine tab 150 mg</i>	28
<i>capecitabine tab 500 mg</i>	28
CAPEX SHA 0.01%.....	160
CAPITAL/COD SUS 120-12/5.....	5
CAPRELSA TAB 100MG	30
CAPRELSA TAB 300MG	31
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	35
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	35
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	35
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	35
<i>captopril tab 100 mg</i>	36
<i>captopril tab 12.5 mg</i>	36
<i>captopril tab 25 mg</i>	36
<i>captopril tab 50 mg</i>	36
CARAC CRE 0.5%	157
CARAFATE SUS 1GM/10ML.....	127
CARAFATE TAB 1GM.....	127
CARBAGLU TAB 200MG.....	118
<i>carbamazepine cap er 12hr 100 mg</i> ...	62
<i>carbamazepine cap er 12hr 200 mg</i> ...	62
<i>carbamazepine cap er 12hr 300 mg</i> ...	62
<i>carbamazepine chew tab 100 mg</i>	62
<i>carbamazepine susp 100 mg/5ml</i>	62
<i>carbamazepine tab 200 mg</i>	62
<i>carbamazepine tab er 12hr 200 mg</i>	62
<i>carbamazepine tab er 12hr 400 mg</i>	62
CARBAPHEN 12 LIQ.....	148
CARBAPHEN 12 SUS PED	148
CARBATROL CAP 100MG.....	62
CARBATROL CAP 200MG.....	62
CARBATROL CAP 300MG.....	62
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	76
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	76
<i>carbidopa-levodopa-entacapone tabs 25-</i>	

100-200 mg.....	76	<i>carisoprodol tab 350 mg</i>	93
<i>carbidopa-levodopa-entacapone tabs</i>		<i>carisoprodol w/ aspirin & codeine tab</i>	
31.25-125-200 mg	76	200-325-16 mg	94
<i>carbidopa-levodopa-entacapone tabs</i>		<i>carisoprodol w/ aspirin tab 200-325 mg</i>	
37.5-150-200 mg	76	.....	94
<i>carbidopa-levodopa-entacapone tabs 50-</i>		CARNITOR SF SOL 1GM/10ML	107
<i>200-200 mg</i>	76	CARNITOR SOL 1GM/10ML.....	107
<i>carbidopa & levodopa orally</i>		<i>carteolol hcl ophth soln 1%</i>	169
<i>disintegrating tab 10-100 mg</i>	75	<i>carvedilol phosphate cap er 24hr 10 mg</i>	
<i>carbidopa & levodopa orally</i>		.....	49
<i>disintegrating tab 25-100 mg</i>	75	<i>carvedilol phosphate cap er 24hr 20 mg</i>	
<i>carbidopa & levodopa orally</i>		.....	49
<i>disintegrating tab 25-250 mg</i>	75	<i>carvedilol phosphate cap er 24hr 40 mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i> ..	75	.....	49
<i>carbidopa & levodopa tab 25-100 mg</i> ..	75	<i>carvedilol phosphate cap er 24hr 80 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i> ..	75	.....	49
<i>carbidopa & levodopa tab er 25-100 mg</i>		<i>carvedilol tab 12.5 mg</i>	49
.....	75	<i>carvedilol tab 25 mg</i>	49
<i>carbidopa & levodopa tab er 50-200 mg</i>		<i>carvedilol tab 3.125 mg</i>	49
.....	76	<i>carvedilol tab 6.25 mg</i>	49
<i>carbidopa tab 25 mg</i>	76	CASCARA EXT SAGRADA.....	127
<i>carbinoxamine maleate soln 4 mg/5ml</i>		CASODEX TAB 50MG.....	29
.....	148	CATAPRES-TTS DIS 0.1/24HR	37
<i>carbinoxamine maleate tab 4 mg</i>	148	CATAPRES-TTS DIS 0.2/24HR	37
<i>carbonyl iron susp 15 mg/1.25ml</i>		CATAPRES-TTS DIS 0.3/24HR	37
<i>(elemental iron)</i>	142	CATAPRES TAB 0.1MG	37
CARDIO CHEK MIS KIT	104	CATAPRES TAB 0.2MG.....	37
CARDIZEM CD CAP 120MG/24	53	CATAPRES TAB 0.3MG	37
CARDIZEM CD CAP 180MG/24	53	CAVERJECT INJ 20MCG.....	131
CARDIZEM CD CAP 240MG/24	53	CAVERJECT INJ 40MCG.....	131
CARDIZEM CD CAP 300MG/24	53	CAVERJECT KIT 10MCG	131
CARDIZEM CD CAP 360MG/24	53	CAVERJECT KIT 20MCG	131
CARDIZEM LA TAB 120MG	53	CAYA DPR.....	107
CARDIZEM LA TAB 180MG	53	CAYSTON INH 75MG	151
CARDIZEM LA TAB 240MG	53	CEDAX CAP 400MG	14
CARDIZEM LA TAB 300MG/24.....	53	CEDAX SUS 180/5ML	14
CARDIZEM LA TAB 360MG	53	CEDAX SUS 90MG/5ML.....	14
CARDIZEM LA TAB 420MG/24.....	53	<i>cefaclor cap 250 mg</i>	13
CARDIZEM TAB 120MG.....	53	<i>cefaclor cap 500 mg</i>	13
CARDIZEM TAB 30MG	53	CEFACLOR ER TAB 500MG	13
CARDIZEM TAB 60MG	53	<i>cefaclor for susp 125 mg/5ml</i>	13
CARDURA TAB 1MG	38	<i>cefaclor for susp 250 mg/5ml</i>	13
CARDURA TAB 2MG	38	<i>cefaclor for susp 375 mg/5ml</i>	13
CARDURA TAB 4MG	38	<i>cefadroxil cap 500 mg</i>	13
CARDURA TAB 8MG	38	<i>cefadroxil for susp 250 mg/5ml</i>	13
CARDURA XL TAB 4MG	131	<i>cefadroxil for susp 500 mg/5ml</i>	13
CARDURA XL TAB 8MG	131	<i>cefadroxil tab 1 gm</i>	13
<i>carisoprodol tab 250 mg</i>	93	<i>cefdinir cap 300 mg</i>	14

<i>cefdinir for susp 125 mg/5ml</i>	14	CETRAXAL SOL 0.2%	171
<i>cefdinir for susp 250 mg/5ml</i>	14	CETROTIDE KIT 0.25MG	114
<i>cefixime for susp 100 mg/5ml</i>	14	<i>cevimeline hcl cap 30 mg</i>	130
<i>cefixime for susp 200 mg/5ml</i>	14	CHANTIX PAK 0.5& 1MG	96
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	14	CHANTIX PAK 1MG	96
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	14	CHANTIX TAB 0.5MG	96
<i>cefpodoxime proxetil tab 100 mg</i>	14	CHEMET CAP 100MG	105
<i>cefpodoxime proxetil tab 200 mg</i>	14	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	69
<i>cefprozil for susp 125 mg/5ml</i>	13	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	69
<i>cefprozil for susp 250 mg/5ml</i>	13	<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	124
<i>cefprozil tab 250 mg</i>	13	<i>chlordiazepoxide hcl cap 10 mg</i>	60
<i>cefprozil tab 500 mg</i>	13	<i>chlordiazepoxide hcl cap 25 mg</i>	60
<i>ceftibuten cap 400 mg</i>	14	<i>chlordiazepoxide hcl cap 5 mg</i>	60
<i>ceftibuten for susp 180 mg/5ml</i>	14	CHLORHEX GLU SOL 20%	159
CEFTIN SUS 125/5ML	14	<i>chlorhexidine gluconate soln 0.12%</i> ..	165
CEFTIN SUS 250/5ML	14	<i>chloroquine phosphate tab 250 mg</i>	20
CEFTIN TAB 250MG	14	<i>chloroquine phosphate tab 500 mg</i>	20
CEFTIN TAB 500MG	14	<i>chlorothiazide tab 250 mg</i>	56
<i>cefuroxime axetil tab 250 mg</i>	14	<i>chlorothiazide tab 500 mg</i>	56
<i>cefuroxime axetil tab 500 mg</i>	14	<i>chlorpromazine hcl tab 100 mg</i>	82
CELEBREX CAP 100MG	1	<i>chlorpromazine hcl tab 10 mg</i>	82
CELEBREX CAP 200MG	1	<i>chlorpromazine hcl tab 200 mg</i>	82
CELEBREX CAP 400MG	1	<i>chlorpromazine hcl tab 25 mg</i>	82
CELEBREX CAP 50MG	1	<i>chlorpromazine hcl tab 50 mg</i>	82
<i>celecoxib cap 100 mg</i>	1	<i>chlorpropamide tab 100 mg</i>	103
<i>celecoxib cap 200 mg</i>	1	<i>chlorpropamide tab 250 mg</i>	103
<i>celecoxib cap 400 mg</i>	1	<i>chlorthalidone tab 25 mg</i>	56
<i>celecoxib cap 50 mg</i>	1	<i>chlorthalidone tab 50 mg</i>	56
CELEXA TAB 10MG	70	<i>chlorzoxazone tab 500 mg</i>	94
CELEXA TAB 20MG	70	CHOLBAM CAP 250MG	127
CELEXA TAB 40MG	70	CHOLBAM CAP 50MG	127
CELLCEPT CAP 250MG	140	<i>cholecalciferol cap 400 unit</i>	143
CELLCEPT SUS 200MG/ML	140	<i>cholecalciferol chew tab 400 unit</i>	143
CELLCEPT TAB 500MG	140	<i>cholecalciferol drops 400 unit/0.03ml (per drop)</i>	143
CELONTIN CAP 300MG	62	<i>cholecalciferol oral liquid 400 unit/ml</i> ..	143
CENTANY OIN 2%	157	<i>cholecalciferol tab 400 unit</i>	143
<i>cephalexin cap 250 mg</i>	13	<i>cholestyramine light powder 4 gm/dose</i>	44
<i>cephalexin cap 500 mg</i>	13	<i>cholestyramine light powder packets 4 gm</i>	44
<i>cephalexin cap 750 mg</i>	13	<i>cholestyramine powder 4 gm/dose</i>	44
<i>cephalexin for susp 125 mg/5ml</i>	13	<i>cholestyramine powder packets 4 gm</i> ..	44
<i>cephalexin for susp 250 mg/5ml</i>	13	<i>choline & magnesium salicylates tab 1000 mg</i>	2
<i>cephalexin tab 250 mg</i>	13		
<i>cephalexin tab 500 mg</i>	13		
CERDELGA CAP 84MG	114		
CERVIDIL VAG MIS 10MG INS	118		
CESAMET CAP 1MG	122		

<i>choline fenofibrate cap dr 135 mg</i>	15
<i>(fenofibric acid equiv)</i>	44
<i>choline fenofibrate cap dr 45 mg</i>	15
<i>(fenofibric acid equiv)</i>	44
CHOR GONADOT INJ 10000UNT.....	114
<i>chorionic gonadotropin for im inj 10000</i>	114
<i>unit</i>	114
CIALIS TAB 10MG	131
CIALIS TAB 2.5MG	131
CIALIS TAB 20MG	131
CIALIS TAB 5MG.....	131
<i>ciclopirox gel 0.77%</i>	158
<i>ciclopirox olamine cream 0.77% (base</i>	158
<i>equiv)</i>	158
<i>ciclopirox olamine susp 0.77% (base</i>	158
<i>equiv)</i>	158
<i>ciclopirox shampoo 1%</i>	158
<i>cilostazol tab 100 mg</i>	137
<i>cilostazol tab 50 mg</i>	137
CILOXAN OIN 0.3% OP.....	167
CILOXAN SOL 0.3% OP.....	167
<i>cimetidine hcl soln 300 mg/5ml</i>	125
<i>cimetidine tab 300 mg</i>	125
<i>cimetidine tab 400 mg</i>	125
<i>cimetidine tab 800 mg</i>	125
CIMZIA KIT	138
CIMZIA KIT STARTER	138
CIMZIA PREFL KIT 200MG/ML.....	138
CINRYZE SOL 500 UNIT	137
CIPRO (10%) SUS 500MG/5.....	15
CIPRO (5%) SUS 250MG/5	15
CIPRODEX SUS 0.3-0.1%	171
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>	16
<i>1000 mg(base eq)</i>	16
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>	16
<i>500 mg (base eq)</i>	16
<i>ciprofloxacin for oral susp 250 mg/5ml</i>	15
<i>(5%) (5 gm/100ml)</i>	15
<i>ciprofloxacin for oral susp 500 mg/5ml</i>	15
<i>(10%) (10 gm/100ml)</i>	15
<i>ciprofloxacin hcl ophth soln 0.3%</i>	167
<i>ciprofloxacin hcl otic soln 0.2% (base</i>	171
<i>equivalent)</i>	171
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	15
.....	15
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	15
.....	15
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	15
.....	15
CIPRO HC SUS OTIC	171
CIPRO TAB 250MG.....	15
CIPRO TAB 500MG.....	15
CIPRO XR TAB 1000MG	15
CIPRO XR TAB 500MG	15
<i>citalopram hydrobromide oral soln 10</i>	70
<i>mg/5ml</i>	70
<i>citalopram hydrobromide tab 10 mg</i>	70
<i>(base equiv)</i>	70
<i>citalopram hydrobromide tab 20 mg</i>	70
<i>(base equiv)</i>	70
<i>citalopram hydrobromide tab 40 mg</i>	70
<i>(base equiv)</i>	70
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CITRANATAL CAP MEDLEY.....	144
CITRANATAL MIS 90 DHA	144
CITRANATAL MIS B-CALM	144
CITRANATAL PAK ASSURE.....	144
CITRANATAL PAK DHA.....	144
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CLARINEX RDT TAB 2.5MG.....	148
CLARINEX RDT TAB 5MG.....	148
CLARINEX SYP 0.5MG/ML.....	148
CLARINEX TAB 5MG	148
<i>clarithromycin for susp 125 mg/5ml</i>	14
<i>clarithromycin for susp 250 mg/5ml</i>	14
<i>clarithromycin tab 250 mg</i>	14
<i>clarithromycin tab 500 mg</i>	14
<i>clarithromycin tab er 24hr 500 mg</i>	15
<i>clemastine fumarate tab 2.68 mg</i>	148
CLENPIQ SOL	127
CLEOCIN-T GEL 1%	155
CLEOCIN-T LOT 1%	155
CLEOCIN-T PAD 1%	155
CLEOCIN-T SOL 1%	155
CLEOCIN CAP 150MG	26
CLEOCIN CAP 300MG	26
CLEOCIN CAP 75MG.....	26
CLEOCIN CRE 2% VAG	134
CLEOCIN PED SOL 75MG/5ML	26
CLEOCIN SUP 100MG	134
CLIMARA DIS 0.025MG.....	112
CLIMARA DIS 0.0375MG	112

CLIMARA DIS 0.05MG.....	112	0.125 mg	60
CLIMARA DIS 0.06MG.....	112	clonazepam orally disintegrating tab 0.25	mg
CLIMARA DIS 0.075MG.....	112	60	
CLIMARA DIS 0.1MG	112	clonazepam orally disintegrating tab 0.5	mg
CLIMARA PRO DIS WEEKLY	111	60	
CLINDAGEL GEL 1%.....	155	clonazepam orally disintegrating tab 1	mg
clindamycin hcl cap 150 mg	26	60	
clindamycin hcl cap 300 mg	26	clonazepam orally disintegrating tab 2	mg
clindamycin hcl cap 75 mg.....	26	60	
clindamycin palmitate hcl for soln 75		clonazepam tab 0.5 mg	60
mg/5ml (base equiv)	26	clonazepam tab 1 mg.....	60
clindamycin phosph-benzoyl peroxide		clonazepam tab 2 mg.....	60
(refrig) gel 1.2 (1)-5%	155	clonidine & chlorthalidone tab 0.1-15 mg	.....
clindamycin phosphate-benzoyl peroxide		38	
gel 1-5%	155	clonidine & chlorthalidone tab 0.2-15 mg	.....
clindamycin phosphate-tretinoin gel 1.2-		38	
0.025%	156	clonidine & chlorthalidone tab 0.3-15 mg	.....
clindamycin phosphate foam 1%.....	155	38	
clindamycin phosphate gel 1%.....	155	clonidine hcl tab 0.1 mg	37
clindamycin phosphate lotion 1%	155	clonidine hcl tab 0.2 mg	37
clindamycin phosphate soln 1%	155	clonidine hcl tab 0.3 mg	37
clindamycin phosphate swab 1%.....	155	clonidine td patch weekly 0.1 mg/24hr	37
clindamycin phosphate vaginal cream 2%		clonidine td patch weekly 0.2 mg/24hr	37
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clobetasol propionate emollient base		clopidogrel bisulfate tab 75 mg (base	equiv)
cream 0.05%	163	137	
clobetasol propionate emulsion foam		clorazepate dipotassium tab 15 mg	60
0.05%.....	163	clorazepate dipotassium tab 3.75 mg ..	60
clobetasol propionate foam 0.05%	163	clorazepate dipotassium tab 7.5 mg	60
clobetasol propionate gel 0.05%	163	clotrimazole troche 10 mg	19
clobetasol propionate lotion 0.05%....	163	clozapine orally disintegrating tab 100	mg
clobetasol propionate oint 0.05%	163	79	
clobetasol propionate shampoo 0.05%		clozapine orally disintegrating tab 12.5	mg
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clobetasol propionate soln 0.05%.....	163	clozapine orally disintegrating tab 150	mg
clobetasol propionate spray 0.05%....	163	79	
CLOBEX LOT 0.05%	163	clozapine orally disintegrating tab 200	mg
CLOBEX SHA 0.05%	163	79	
CLOBEX SPR 0.05%	163	clozapine orally disintegrating tab 25 mg	.....
clocortolone pivalate cream 0.1%	161	79	
CLODERM CRE 0.1% PMP.....	161	clozapine tab 100 mg	79
clomiphene citrate tab 50 mg	114	clozapine tab 200 mg	79
clomipramine hcl cap 25 mg.....	61	clozapine tab 25 mg.....	79
clomipramine hcl cap 50 mg.....	61	clozapine tab 50 mg.....	79
clomipramine hcl cap 75 mg.....	61	CLOZARIL TAB 100MG.....	79
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COARTEM TAB 20-120MG	20	CORDRAN CRE 0.05%	161
CODAR AR LIQ 2-8/5ML.....	149	CORDRAN LOT 0.05%	161
<i>codeine sulfate tab 15 mg</i>	5	CORDRAN OIN 0.05%	161
<i>codeine sulfate tab 30 mg</i>	5	COREG CR CAP 10MG.....	49
<i>codeine sulfate tab 60 mg</i>	5	COREG CR CAP 20MG.....	49
COLAZAL CAP 750MG	126	COREG CR CAP 40MG.....	49
<i>colchicine cap 0.6 mg</i>	1	COREG CR CAP 80MG.....	49
<i>colchicine tab 0.6 mg</i>	1	COREG TAB 12.5MG.....	49
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	COREG TAB 25MG	49
COLCRYS TAB 0.6MG	1	COREG TAB 3.125MG	49
<i>colesevelam hcl tab 625 mg</i>	44	COREG TAB 6.25MG.....	49
COLESTID GRA 5GM	44	CORGARD TAB 20MG	49
COLESTID POW 5GM.....	44	CORGARD TAB 40MG	49
COLESTID TAB 1GM.....	44	CORGARD TAB 80MG	49
<i>colestipol hcl granule packets 5 gm</i>	44	CORLANOR TAB 5MG.....	57
<i>colestipol hcl granules 5 gm</i>	44	CORLANOR TAB 7.5MG.....	57
<i>colestipol hcl tab 1 gm</i>	44	CORTEF TAB 10MG.....	114
<i>coly-mycin s sus otic</i>	171	CORTEF TAB 20MG.....	114
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COMBIVIR TAB 150-300	20	CORTISPORIN OIN 1%	157
COMETRIQ KIT 100MG	31	CORTISPORIN SOL 1% OTIC	171
COMETRIQ KIT 140MG	31	CORZIDE TAB 40-5MG	48
COMETRIQ KIT 60MG.....	31	CORZIDE TAB 80-5MG	48
COMPAZINE PAK 5MG.....	122	COSENTYX INJ 150MG/ML.....	138
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COMTAN TAB 200MG.....	76	COUMADIN TAB 10MG	135
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CONCERTA TAB 27MG	85	COUMADIN TAB 2.5MG	135
CONCERTA TAB 36MG	85	COUMADIN TAB 2MG.....	135
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CONZIP CAP 100MG	5	COUMADIN TAB 7.5MG	135
CONZIP CAP 200MG	5	COZAAR TAB 100MG	42
CONZIP CAP 300MG	5	COZAAR TAB 25MG	42
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CREON CAP 36000UNT	128	CYTOTEC TAB 200MCG	128
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CRESTOR TAB 20MG	46	DALIRESP TAB 250MCG	153
CRESTOR TAB 40MG	46	DALIRESP TAB 500MCG	153
CRESTOR TAB 5MG	46	<i>danazol cap 100 mg</i>	111
CRINONE GEL 4% VAG	120	<i>danazol cap 200 mg</i>	111
CRINONE GEL 8% VAG	120	<i>danazol cap 50 mg</i>	111
CRIXIVAN CAP 200MG	23	DANTRIUM CAP 25MG	94
CRIXIVAN CAP 400MG	23	DANTRIUM CAP 50MG	94
<i>cromolyn sodium ophth soln 4%</i>	168	<i>dantrolene sodium cap 100 mg</i>	94
<i>cromolyn sodium oral conc 100 mg/5ml</i>		<i>dantrolene sodium cap 25 mg</i>	94
.....	127	<i>dantrolene sodium cap 50 mg</i>	94
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>dapsone gel 5%</i>	156
.....	152	<i>dapsone tab 100 mg</i>	26
CUPRIMINE CAP 250MG	139	<i>dapsone tab 25 mg</i>	26
CUTIVATE CRE 0.05%	161	DARAPRIM TAB 25MG	27
CUTIVATE LOT 0.05%	161	<i>darifenacin hydrobromide tab er 24hr 15</i>	
CUVPOSA SOL 1MG/5ML	127	<i>mg (base equiv)</i>	133
CYCLESSA PAK	110	<i>darifenacin hydrobromide tab er 24hr 7.5</i>	
<i>cyclobenzaprine hcl tab 10 mg</i>	94	<i>mg (base equiv)</i>	133
<i>cyclobenzaprine hcl tab 5 mg</i>	94	DAYPRO TAB 600MG	2
<i>cyclobenzaprine hcl tab 7.5 mg</i>	94	DAYTRANA DIS 10MG/9HR	85
CYCLOMYDRIL SOL OP	170	DAYTRANA DIS 15MG/9HR	85
CYCLOPHOSPH CAP 25MG	28	DAYTRANA DIS 20MG/9HR	85
CYCLOPHOSPH CAP 50MG	28	DAYTRANA DIS 30MG/9HR	85
<i>cycloserine cap 250 mg</i>	24	DDAVP INJ 4MCG/ML	122
<i>cyclosporine cap 100 mg</i>	141	DDAVP SOL 0.01%	122
<i>cyclosporine cap 25 mg</i>	141	DDAVP SPR 0.01%	122
<i>cyclosporine modified cap 100 mg</i>	141	DDAVP TAB 0.1MG	122
<i>cyclosporine modified cap 25 mg</i>	141	DDAVP TAB 0.2MG	122
<i>cyclosporine modified cap 50 mg</i>	141	DECON-A ELX 2-5MG/5M	148
<i>cyclosporine modified oral soln 100</i>		DELZICOL CAP 400MG	126
<i>mg/ml</i>	141	DEMADEX TAB 10MG	56
CYMBALTA CAP 20MG	72	DEMADEX TAB 20MG	56
CYMBALTA CAP 30MG	72	DEMADEX TAB 5MG	56
CYMBALTA CAP 60MG	72	<i>demeclocycline hcl tab 150 mg</i>	17
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	148	<i>demeclocycline hcl tab 300 mg</i>	17
<i>cyproheptadine hcl tab 4 mg</i>	148	DEMSER CAP 250MG	57
CYSTADANE POW	118	DENAVIR CRE 1%	164
CYSTAGON CAP 150MG	118	DEPAKENE CAP 250MG	62
CYSTAGON CAP 50MG	118	DEPAKENE SOL 250/5ML	62
CYSTARAN SOL 0.44%	170	DEPAKOTE ER TAB 250MG	62
CYTOMEL TAB 25MCG	120	DEPAKOTE ER TAB 500MG	62
CYTOMEL TAB 50MCG	120	DEPAKOTE SPR CAP 125MG	62
CYTOMEL TAB 5MCG	120	DEPAKOTE TAB 125MG DR	62
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DEPO-SQ PROV INJ 104.....	107	<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	72
DERMA-SMOOTH OIL /FS BODY	160	<i>desvenlafaxine tab er 24hr 100 mg</i>	72
DERMA-SMOOTH OIL /FS SCLP	160	<i>desvenlafaxine tab er 24hr 50 mg.....</i>	72
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<i>desipramine hcl tab 10 mg.....</i>	74	DETROL TAB 2MG	133
<i>desipramine hcl tab 150 mg</i>	74	DEXAMETHASON CON 1MG/ML	114
<i>desipramine hcl tab 25 mg.....</i>	74	<i>dexamethasone elixir 0.5 mg/5ml</i>	114
<i>desipramine hcl tab 50 mg.....</i>	74	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	168
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<i>desloratadine tab orally disintegrating 5 mg.....</i>	148	<i>dexamethasone tab 1.5 mg.....</i>	114
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<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	110	DEXCOM G6 MIS SENSOR	104
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	109	DEXCOM G6 MIS TRANSMIT	104
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<i>desonide cream 0.05%</i>	161	DEXEDRINE CAP 15MG CR	85
<i>desonide lotion 0.05%.....</i>	161	DEXEDRINE CAP 5MG CR.....	85
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DESOWEN CRE 0.05%.....	161	DEXILANT CAP 60MG DR	129
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<i>desoximetasone cream 0.05%.....</i>	161	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	85
<i>desoximetasone cream 0.25%</i>	160	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	85
<i>desoximetasone gel 0.05%</i>	160	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	85
<i>desoximetasone oint 0.05%</i>	161	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	85
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<i>diltiazem hcl cap er 12hr 90 mg</i>	53	DIOVAN TAB 80MG	42
<i>diltiazem hcl cap er 24hr 120 mg</i>	53	DIPENTUM CAP 250MG	126
<i>diltiazem hcl cap er 24hr 180 mg</i>	53	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	53	<i>mg/5ml</i>	122
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<i>diltiazem hcl coated beads cap er 24hr</i>		DIPROLENE AF CRE 0.05%.....	160
<i>180 mg</i>	53	DIPROLENE LOT 0.05%	160
<i>diltiazem hcl coated beads cap er 24hr</i>		DIPROLENE OIN 0.05%	163
<i>240 mg</i>	53	<i>dipyridamole tab 25 mg</i>	137
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>dipyridamole tab 50 mg</i>	137
<i>300 mg</i>	53	<i>dipyridamole tab 75 mg</i>	138
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>disopyramide phosphate cap 100 mg</i> ..	43
<i>360 mg</i>	53	<i>disopyramide phosphate cap 150 mg</i> ..	43
<i>diltiazem hcl coated beads tab er 24hr</i>		<i>disulfiram tab 250 mg</i>	95
<i>180 mg</i>	53	<i>disulfiram tab 500 mg</i>	95
<i>diltiazem hcl coated beads tab er 24hr</i>		DITROPAN XL TAB 10MG.....	133
<i>240 mg</i>	54	DITROPAN XL TAB 15MG.....	133
<i>diltiazem hcl coated beads tab er 24hr</i>		DITROPAN XL TAB 5MG	133
<i>300 mg</i>	54	DIURIL SUS 250/5ML.....	56
<i>diltiazem hcl coated beads tab er 24hr</i>		<i>divalproex sodium cap delayed release</i>	
<i>360 mg</i>	54	<i>sprinkle 125 mg</i>	63
<i>diltiazem hcl coated beads tab er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>420 mg</i>	54	<i>125 mg</i>	63
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab delayed release</i>	
<i>er 24hr 120 mg</i>	54	<i>250 mg</i>	63
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab delayed release</i>	
<i>er 24hr 180 mg</i>	54	<i>500 mg</i>	63
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>er 24hr 240 mg</i>	54	63
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>er 24hr 300 mg</i>	54	63
<i>diltiazem hcl extended release beads cap</i>		DIVIGEL GEL 0.25MG	113
<i>er 24hr 360 mg</i>	54	DIVIGEL GEL 0.5MG	112
<i>diltiazem hcl extended release beads cap</i>		DIVIGEL GEL 1MG/GM	113
<i>er 24hr 420 mg</i>	54	<i>dofetilide cap 125 mcg (0.125 mg)</i>	43
<i>diltiazem hcl tab 120 mg</i>	54	<i>dofetilide cap 250 mcg (0.25 mg)</i>	43

<i>dofetilide cap 500 mcg (0.5 mg)</i>	43	<i>doxycycline monohydrate cap 50 mg</i> ...	18
DOLOPHINE TAB 10MG	5	<i>doxycycline monohydrate cap 75 mg</i> ...	18
DOLOPHINE TAB 5MG	5	<i>doxycycline monohydrate for susp 25</i>	
<i>donepezil hydrochloride orally</i>		<i>mg/5ml</i>	18
<i>disintegrating tab 10 mg</i>	67	<i>doxycycline monohydrate tab 100 mg</i> .	18
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate tab 150 mg</i> .	18
<i>disintegrating tab 5 mg</i>	67	<i>doxycycline monohydrate tab 50 mg</i> ...	18
<i>donepezil hydrochloride tab 10 mg</i>	67	<i>doxycycline monohydrate tab 75 mg</i> ...	18
<i>donepezil hydrochloride tab 23 mg</i>	67	DRISDOL CAP 50000UNT	143
<i>donepezil hydrochloride tab 5 mg</i>	67	<i>dronabinol cap 10 mg</i>	122
DORYX TAB 200MG	17	<i>dronabinol cap 2.5 mg</i>	122
<i>dorzolamide hcl-timolol maleate ophth</i>		<i>dronabinol cap 5 mg</i>	122
<i>soln 22.3-6.8 mg/ml</i>	170	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>dorzolamide hcl ophth soln 2%</i>	170	<i>tab 3-0.02-0.451 mg</i>	108
DOVONEX CRE 0.005%	159	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>doxazosin mesylate tab 1 mg</i>	38	<i>tab 3-0.03-0.451 mg</i>	109
<i>doxazosin mesylate tab 2 mg</i>	38	<i>drospirenone-ethinyl estradiol tab 3-0.02</i>	
<i>doxazosin mesylate tab 4 mg</i>	38	<i>mg</i>	109
<i>doxazosin mesylate tab 8 mg</i>	38	<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>doxepin hcl cap 100 mg</i>	74	<i>mg</i>	109
<i>doxepin hcl cap 10 mg</i>	74	DROXIA CAP 200MG	33
<i>doxepin hcl cap 150 mg</i>	74	DROXIA CAP 300MG	33
<i>doxepin hcl cap 25 mg</i>	74	DROXIA CAP 400MG	33
<i>doxepin hcl cap 50 mg</i>	74	DRYSOL SOL 20%.....	164
<i>doxepin hcl cap 75 mg</i>	74	DUAC GEL 1.2-5%	156
<i>doxepin hcl conc 10 mg/ml</i>	74	DUAVEE TAB 0.45-20	112
<i>doxepin hcl cream 5%</i>	164	DUETACT TAB 30-2MG	101
<i>doxercalciferol cap 0.5 mcg</i>	117	DUETACT TAB 30-4MG	101
<i>doxercalciferol cap 1 mcg</i>	117	DUET DHA 400 MIS 25-1-400.....	144
<i>doxercalciferol cap 2.5 mcg</i>	117	DUET DHA MIS BALANCED	144
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<i>release 40 mg</i>	165	DULERA AER 100-5MCG.....	154
<i>doxycycline hyclate cap 100 mg</i>	18	DULERA AER 200-5MCG.....	154
<i>doxycycline hyclate cap 50 mg</i>	17	<i>duloxetine hcl enteric coated pellets cap</i>	
<i>doxycycline hyclate tab 100 mg</i>	18	<i>20 mg (base eq)</i>	72
<i>doxycycline hyclate tab 20 mg</i>	18	<i>duloxetine hcl enteric coated pellets cap</i>	
<i>doxycycline hyclate tab delayed release</i>		<i>30 mg (base eq)</i>	72
<i>100 mg</i>	18	<i>duloxetine hcl enteric coated pellets cap</i>	
<i>doxycycline hyclate tab delayed release</i>		<i>40 mg (base eq)</i>	72
<i>150 mg</i>	18	DULOXETINE HCL ENTERIC COATED	
<i>doxycycline hyclate tab delayed release</i>		PELLETS CAP 40 MG (BASE EQ).....	73
<i>200 mg</i>	18	<i>duloxetine hcl enteric coated pellets cap</i>	
<i>doxycycline hyclate tab delayed release</i>		<i>60 mg (base eq)</i>	73
<i>50 mg</i>	18	DUPIXENT INJ 300/2ML	159
<i>doxycycline hyclate tab delayed release</i>		DURAGESIC DIS 100MCG/H.....	6
<i>75 mg</i>	18	DURAGESIC DIS 12MCG/HR	5
<i>doxycycline monohydrate cap 100 mg</i> .	18	DURAGESIC DIS 25MCG/HR	5
<i>doxycycline monohydrate cap 150 mg</i> .	18	DURAGESIC DIS 50MCG/HR	6

DURAGESIC DIS 75MCG/HR	6	ELIDEL CRE 1%	159
DUREZOL EMU 0.05%	168	ELIMITE CRE 5%	165
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		ELIPHOS TAB 667MG.....	119
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<i>dutasteride cap 0.5 mg</i>	131	ELIQUIS TAB 5MG.....	135
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<i>mg/5ml</i>	154	EMCYT CAP 140MG	28
DYRENIUM CAP 100MG.....	56	EMEND CAP 125MG.....	123
DYRENIUM CAP 50MG	56	EMEND CAP 40MG.....	122
E		EMEND CAP 80MG.....	123
E.E.S. GRAN SUS 200/5ML.....	15	EMEND SOL 150MG.....	123
EC-NAPROSYN TAB 375MG	2	EMEND SUS 125MG.....	123
EC-NAPROSYN TAB 500MG	2	EMEND TRIPAC PAK 80 & 125.....	123
<i>econazole nitrate cream 1%</i>	158	EMLA CRE 2.5-2.5%.....	164
ECOZA AER 1%	158	EMSAM DIS 12MG/24H.....	70
EDARBI TAB 40MG.....	42	EMSAM DIS 6MG/24HR	70
EDARBI TAB 80MG.....	42	EMSAM DIS 9MG/24HR	70
EDARBYCLOR TAB 40-12.5.....	41	EMTRIVA CAP 200MG	22
EDARBYCLOR TAB 40-25MG.....	41	EMTRIVA SOL 10MG/ML.....	22
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EDLUAR SUB 10MG	89	ENABLEX TAB 7.5MG.....	133
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EDURANT TAB 25MG.....	21	<i>tab 10-25 mg</i>	35
<i>efavirenz cap 200 mg</i>	21	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>efavirenz cap 50 mg</i>	21	<i>tab 5-12.5 mg</i>	35
<i>efavirenz tab 600 mg</i>	21	<i>enalapril maleate tab 10 mg</i>	36
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EFFEXOR XR CAP 37.5MG	73	<i>enalapril maleate tab 20 mg</i>	36
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EFFIENT TAB 5MG.....	138	ENBREL INJ 25MG.....	138
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EGRIFTA SOL 1MG	118	ENBREL MINI INJ 50MG/ML.....	138
EGRIFTA SOL 2MG	118	ENBREL SRCLK INJ 50MG/ML	138
ELDEPRYL CAP 5MG	76	ENCARE SUP 100MG	108
ELESTAT DRO 0.05%	168	ENDARI POW 5GM	137
ELESTRIN GEL 0.06%.....	113	ENDOMETRIN SUP 100MG.....	120
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<i>equivalent)</i>	91	ENJUVIA TAB 0.45MG.....	112
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<i>equivalent)</i>	91	ENJUVIA TAB 0.9MG.....	112

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<i>enoxaparin sodium inj 120 mg/0.8ml</i>	134	EQUETRO CAP 200MG	92
<i>enoxaparin sodium inj 150 mg/ml</i>	134	EQUETRO CAP 300MG	92
<i>enoxaparin sodium inj 300 mg/3ml</i>	134	<i>ergocalciferol cap 50000 unit</i>	143
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ..	134	ERGOMAR SUB 2MG.....	90
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ..	134	<i>ergotamine w/ caffeine suppos 2-100 mg</i>	90
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ..	134	.....	90
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ..	134	<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	90
ENSTILAR AER.....	159	ERIVEDGE CAP 150MG	33
<i>entacapone tab 200 mg</i>	76	ERLEADA TAB 60MG.....	29
<i>entecavir tab 0.5 mg</i>	24	ERTACZO CRE 2%	158
<i>entecavir tab 1 mg</i>	24	ERYGEL GEL 2%	156
ENTEREG CAP 12MG.....	127	ERYPED SUS 200/5ML	15
ENTOCORT EC CAP 3MG DR	126	ERYPED SUS 400/5ML	15
ENTRESTO TAB 24-26MG.....	57	<i>erythromycin ethylsuccinate for susp 200</i>	15
ENTRESTO TAB 49-51MG.....	57	<i>mg/5ml</i>	15
ENTRESTO TAB 97-103MG.....	57	<i>erythromycin ethylsuccinate tab 400 mg</i>	15
EPANED SOL 1MG/ML.....	36	.....	15
EPCLUSA TAB 400-100	25	<i>erythromycin gel 2%</i>	156
EPIDIOLEX SOL 100MG/ML	63	<i>erythromycin ophth oint 5 mg/gm</i>	167
EPIDUO FORTE GEL 0.3-2.5%	156	<i>erythromycin pads 2%</i>	156
EPIDUO GEL 0.1-2.5%.....	156	<i>erythromycin soln 2%</i>	156
EPIFOAM AER 1%	159	<i>erythromycin stearate tab 250 mg</i>	15
<i>epinastine hcl ophth soln 0.05%</i>	168	<i>erythromycin tab 250 mg</i>	15
<i>epinephrine solution auto-injector 0.15</i>	147	<i>erythromycin tab 500 mg</i>	15
<i>mg/0.15ml (1:1000)</i>	147	<i>erythromycin tab delayed release 250</i>	15
<i>epinephrine solution auto-injector 0.15</i>	147	<i>mg</i>	15
<i>mg/0.3ml (1:2000)</i>	147	<i>erythromycin tab delayed release 333</i>	15
<i>epinephrine solution auto-injector 0.3</i>	147	<i>mg</i>	15
<i>mg/0.3ml (1:1000)</i>	147	<i>erythromycin tab delayed release 500</i>	15
EPIPEN-JR INJ 2-PAK.....	147	<i>mg</i>	15
EPIPEN 2-PAK INJ 0.3MG	147	<i>erythromycin w/ delayed release</i>	15
EPISIL LIQ.....	166	<i>particles cap 250 mg</i>	15
EPIVIR HBV SOL 5MG/ML.....	24	ESBRIET CAP 267MG.....	153
EPIVIR HBV TAB 100MG	24	ESBRIET TAB 267MG.....	153
EPIVIR SOL 10MG/ML.....	22	ESBRIET TAB 801MG.....	153
EPIVIR TAB 150MG	22	<i>escitalopram oxalate soln 5 mg/5ml</i>	70
EPIVIR TAB 300MG	22	<i>(base equiv)</i>	70
<i>eplerenone tab 25 mg</i>	38	<i>escitalopram oxalate tab 10 mg (base</i>	71
<i>eplerenone tab 50 mg</i>	38	<i>equiv)</i>	71
EPOGEN INJ 10000/ML	136	<i>escitalopram oxalate tab 20 mg (base</i>	71
EPOGEN INJ 2000/ML.....	136	<i>equiv)</i>	71
EPOGEN INJ 20000/ML	136	<i>escitalopram oxalate tab 5 mg (base</i>	70
EPOGEN INJ 3000/ML.....	136	<i>equiv)</i>	70
EPOGEN INJ 4000/ML.....	136	ESGIC TAB	1
<i>eprosartan mesylate tab 600 mg</i>	42	<i>esomeprazole cap 24.65mg</i>	129
EPZICOM TAB 600-300.....	20	<i>esomeprazole cap 49.3mg</i>	129

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	129	<i>eszopiclone tab 3 mg</i>	90
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	129	<i>ethacrynic acid tab 25 mg</i>	56
<i>estazolam tab 1 mg</i>	89	<i>ethambutol hcl tab 100 mg</i>	24
<i>estazolam tab 2 mg</i>	89	<i>ethambutol hcl tab 400 mg</i>	24
ESTRACE TAB 0.5MG	112	<i>ethosuximide cap 250 mg</i>	63
ESTRACE TAB 1MG	112	<i>ethosuximide soln 250 mg/5ml</i>	63
ESTRACE TAB 2MG	112	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	110
ESTRACE VAG CRE 0.01%	113	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	110
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	111	<i>etodolac cap 200 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	111	<i>etodolac cap 300 mg</i>	2
<i>estradiol tab 0.5 mg</i>	112	<i>etodolac tab 400 mg</i>	2
<i>estradiol tab 1 mg</i>	112	<i>etodolac tab 500 mg</i>	2
<i>estradiol tab 2 mg</i>	112	<i>etodolac tab er 24hr 400 mg</i>	2
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	113	<i>etodolac tab er 24hr 500 mg</i>	2
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	113	<i>etodolac tab er 24hr 600 mg</i>	2
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	113	<i>etoposide cap 50 mg</i>	34
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	113	EUCRISA OIN 2%	159
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	113	EURAX CRE 10%	165
<i>estradiol td patch weekly 0.025 mg/24hr</i>	113	EURAX LOT 10%	165
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	113	EVAMIST SPR 1.53MG	113
<i>estradiol td patch weekly 0.05 mg/24hr</i>	113	EVEKEO TAB 10MG	86
<i>estradiol td patch weekly 0.06 mg/24hr</i>	113	EVEKEO TAB 5MG	86
<i>estradiol td patch weekly 0.075 mg/24hr</i>	113	EVISTA TAB 60MG	120
<i>estradiol td patch weekly 0.1 mg/24hr</i>	113	EVOCLIN AER 1%	156
<i>estradiol vaginal tab 10 mcg</i>	113	EVOTAZ TAB 300-150	20
ESTRING MIS 2MG	113	EVOXAC CAP 30MG	130
ESTROGEL GEL	113	EVZIO INJ	95
<i>estropipate tab 0.75 mg</i>	112	EVZIO INJ 2/0.4ML	95
<i>estropipate tab 1.5 mg</i>	112	EXALGO TAB 12MG	6
<i>estropipate tab 3 mg</i>	112	EXALGO TAB 16MG	6
ESTROSTEP FE TAB	110	EXALGO TAB 32MG	6
<i>eszopiclone tab 1 mg</i>	89	EXALGO TAB 8MG	6
<i>eszopiclone tab 2 mg</i>	90	EXELDERM CRE 1%	158
		EXELDERM SOL 1%	158
		EXELON CAP 1.5MG	67
		EXELON CAP 3MG	67
		EXELON CAP 4.5MG	67
		EXELON CAP 6MG	68
		EXELON DIS 13.3/24	68
		EXELON DIS 4.6MG/24	68
		EXELON DIS 9.5MG/24	68
		<i>exemestane tab 25 mg</i>	29
		EXFORGE HCT TAB 10-160-12.5	40
		EXFORGE HCT TAB 10-160-25	40
		EXFORGE HCT TAB 10-320-25	40
		EXFORGE HCT TAB 5-160-12.5	40

EXFORGE HCT TAB 5-160-25	40	FELBATOL SUS 600/5ML	63
EXFORGE TAB 10-160MG	39	FELBATOL TAB 400MG	63
EXFORGE TAB 10-320MG	39	FELBATOL TAB 600MG	63
EXFORGE TAB 5-160MG	39	FELDENE CAP 10MG	2
EXFORGE TAB 5-320MG	39	FELDENE CAP 20MG	2
EXJADE TAB 125MG	137	<i>felodipine tab er 24hr 10 mg</i>	52
EXJADE TAB 250MG	137	<i>felodipine tab er 24hr 2.5 mg</i>	52
EXJADE TAB 500MG	137	<i>felodipine tab er 24hr 5 mg</i>	52
EXODERM LOT 25-1%	158	FEMARA TAB 2.5MG	29
EXTAVIA INJ 0.3MG	93	FEMCAP MIS 26MM	108
EXTINA AER 2%	158	FEMCAP MIS 30MM	108
<i>ezetimibe-simvastatin tab 10-10 mg</i> ...	46	FEMCON FE CHW	110
<i>ezetimibe-simvastatin tab 10-20 mg</i> ...	46	FEMHRT TAB 0.5-2.5	111
<i>ezetimibe-simvastatin tab 10-40 mg</i> ...	46	FEMRING MIS 0.05/24H	113
<i>ezetimibe-simvastatin tab 10-80 mg</i> ...	46	FEMRING MIS 0.1MG/24	113
<i>ezetimibe tab 10 mg</i>	44	<i>fenofibrate cap 150 mg</i>	44
F		<i>fenofibrate cap 50 mg</i>	44
FABIOR AER 0.1%	156	<i>fenofibrate micronized cap 130 mg</i>	45
FACTIVE TAB 320MG	16	<i>fenofibrate micronized cap 134 mg</i>	45
FALESSA KIT	109	<i>fenofibrate micronized cap 200 mg</i>	45
<i>famciclovir tab 125 mg</i>	25	<i>fenofibrate micronized cap 43 mg</i>	45
<i>famciclovir tab 250 mg</i>	25	<i>fenofibrate micronized cap 67 mg</i>	45
<i>famciclovir tab 500 mg</i>	25	<i>fenofibrate tab 120 mg</i>	45
<i>famotidine for susp 40 mg/5ml</i>	125	<i>fenofibrate tab 145 mg</i>	45
<i>famotidine tab 40 mg</i>	125	<i>fenofibrate tab 160 mg</i>	45
FAMVIR TAB 125MG	25	<i>fenofibrate tab 40 mg</i>	45
FAMVIR TAB 250MG	25	<i>fenofibrate tab 48 mg</i>	45
FAMVIR TAB 500MG	25	<i>fenofibrate tab 54 mg</i>	45
FANAPT PAK	79	<i>fenofibric acid tab 105 mg</i>	45
FANAPT TAB 10MG	79	<i>fenofibric acid tab 35 mg</i>	45
FANAPT TAB 12MG	79	FENOGLIDE TAB 120MG	45
FANAPT TAB 1MG	79	FENOGLIDE TAB 40MG	45
FANAPT TAB 2MG	79	<i>fenoprofen calcium cap 400 mg</i>	2
FANAPT TAB 4MG	79	<i>fenoprofen calcium tab 600 mg</i>	2
FANAPT TAB 6MG	79	<i>fentanyl citrate lozenge on a handle 1200</i>	
FANAPT TAB 8MG	79	<i>mcg</i>	6
FARESTON TAB 60MG	29	<i>fentanyl citrate lozenge on a handle 1600</i>	
FARXIGA TAB 10MG	102	<i>mcg</i>	6
FARXIGA TAB 5MG	102	<i>fentanyl citrate lozenge on a handle 200</i>	
FAZACLO TAB 100 ODT	79	<i>mcg</i>	6
FAZACLO TAB 12.5 ODT	79	<i>fentanyl citrate lozenge on a handle 400</i>	
FAZACLO TAB 150 ODT	79	<i>mcg</i>	6
FAZACLO TAB 200 ODT	79	<i>fentanyl citrate lozenge on a handle 600</i>	
FAZACLO TAB 25MG ODT	79	<i>mcg</i>	6
FC FEMALE MIS CONDOM	108	<i>fentanyl citrate lozenge on a handle 800</i>	
<i>felbamate susp 600 mg/5ml</i>	63	<i>mcg</i>	6
<i>felbamate tab 400 mg</i>	63	FENTANYL DIS 37.5MCG	6
<i>felbamate tab 600 mg</i>	63	FENTANYL DIS 62.5MCG	6

FENTANYL DIS 87.5MCG	6	FLONASE SPR 0.05%	152
<i>fentanyl td patch 72hr 100 mcg/hr</i>	6	FLOVENT DISK AER 100MCG	153
<i>fentanyl td patch 72hr 12 mcg/hr</i>	6	FLOVENT DISK AER 250MCG	153
<i>fentanyl td patch 72hr 25 mcg/hr</i>	6	FLOVENT DISK AER 50MCG	153
<i>fentanyl td patch 72hr 50 mcg/hr</i>	6	FLOVENT HFA AER 110MCG	154
<i>fentanyl td patch 72hr 75 mcg/hr</i>	6	FLOVENT HFA AER 220MCG	154
FENTORA TAB 100MCG	6	FLOVENT HFA AER 44MCG	153
FENTORA TAB 200MCG	6	FLOWTUSS SOL 2.5-200	149
FENTORA TAB 400MCG	6	<i>fluconazole for susp 10 mg/ml</i>	19
FENTORA TAB 600MCG	6	<i>fluconazole for susp 40 mg/ml</i>	19
FENTORA TAB 800MCG	6	<i>fluconazole tab 100 mg</i>	19
FER-IN-SOL DRO 15MG/ML	142	<i>fluconazole tab 150 mg</i>	19
FERRIPROX TAB 500MG	137	<i>fluconazole tab 200 mg</i>	19
<i>ferrous sulfate elixir 220 mg/5ml (44</i>		<i>fluconazole tab 50 mg</i>	19
<i>mg/5ml elemental fe)</i>	142	<i>fludrocortisone acetate tab 0.1 mg</i>	117
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml</i>		FLUMIST QUAD SUS 2014-15	141
<i>elemental fe)</i>	142	<i>flunisolide nasal soln 25 mcg/act</i>	
FERROUS SULF SYP 300/5ML	142	<i>(0.025%)</i>	152
FERROUS SUL LIQ 220/5ML	142	<i>fluocinolone acetonide (otic) oil 0.01%</i>	
FETZIMA CAP 120MG	73	.....	171
FETZIMA CAP 20MG	73	<i>fluocinolone acetonide cream 0.01%</i> .	161
FETZIMA CAP 40MG	73	<i>fluocinolone acetonide cream 0.025%</i>	162
FETZIMA CAP 80MG	73	<i>fluocinolone acetonide oil 0.01% (body</i>	
FETZIMA CAP TITRATIO	73	<i>oil)</i>	161
FEXMID TAB 7.5MG	94	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
FIASP FLEX INJ TOUCH	101	<i>oil)</i>	161
FIASP INJ 100/ML	101	<i>fluocinolone acetonide oint 0.025%</i> ...	162
FIBRICOR TAB 105MG	45	<i>fluocinolone acetonide soln 0.01%</i>	161
FIBRICOR TAB 35MG	45	<i>fluocinonide cream 0.05%</i>	160
FINACEA AER 15%	165	<i>fluocinonide cream 0.1%</i>	160
FINACEA GEL 15%	165	<i>fluocinonide emulsified base cream</i>	
<i>finasteride tab 5 mg</i>	131	<i>0.05%</i>	160
FINGERSTIX MIS LANCETS	104	<i>fluocinonide gel 0.05%</i>	160
FIORICET CAP	1	<i>fluocinonide oint 0.05%</i>	160
FIORICET CAP CODEINE	6	<i>fluocinonide soln 0.05%</i>	160
FIORINAL/COD CAP 30MG	6	FLUORABON DRO	143
FIORINAL CAP	1	FLUORIDEX GEL SENSITIV	165
FIRAZYR INJ 30MG/3ML	137	<i>fluorometholone ophth susp 0.1%</i>	168
FLAGYL CAP 375MG	27	FLUOROPLEX CRE 1%	157
FLAGYL ER TAB 750MG	27	<i>fluorouracil cream 0.5%</i>	157
FLAGYL TAB 250MG	27	<i>fluorouracil cream 5%</i>	157
FLAGYL TAB 500MG	27	<i>fluorouracil soln 2%</i>	157
FLAREX SUS 0.1% OP	168	<i>fluorouracil soln 5%</i>	157
<i>flecainide acetate tab 100 mg</i>	43	<i>fluoxetine hcl (pmdd) cap 10 mg</i>	71
<i>flecainide acetate tab 150 mg</i>	43	<i>fluoxetine hcl (pmdd) cap 20 mg</i>	71
<i>flecainide acetate tab 50 mg</i>	43	<i>fluoxetine hcl (pmdd) tab 10 mg</i>	71
FLO-PRED SUS	115	<i>fluoxetine hcl (pmdd) tab 20 mg</i>	71
FLOMAX CAP 0.4MG	131	<i>fluoxetine hcl cap 10 mg</i>	71

<i>fluoxetine hcl cap 20 mg</i>	71	FOCALIN XR CAP 30MG	86
<i>fluoxetine hcl cap 40 mg</i>	71	FOCALIN XR CAP 35MG	86
<i>fluoxetine hcl cap delayed release 90 mg</i>	71	FOCALIN XR CAP 40MG	86
<i>fluoxetine hcl solution 20 mg/5ml</i>	71	FOCALIN XR CAP 5MG	86
<i>fluoxetine hcl tab 10 mg</i>	71	FOLET DHA PAK.....	144
<i>fluoxetine hcl tab 20 mg</i>	71	FOLET ONE CAP 38-1-225.....	144
<i>fluoxetine hcl tab 60 mg</i>	71	<i>folic acid tab 1 mg</i>	142
FLUOXETINE TAB 60MG.....	71	<i>folic acid tab 400 mcg</i>	142
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	82	<i>folic acid tab 800 mcg</i>	142
<i>fluphenazine hcl oral conc 5 mg/ml</i>	82	FOLIVANE-OB CAP	144
<i>fluphenazine hcl tab 10 mg</i>	82	FOLLISTIM AQ INJ 300UNIT	114
<i>fluphenazine hcl tab 1 mg</i>	82	FOLLISTIM AQ INJ 600UNIT	114
<i>fluphenazine hcl tab 2.5 mg</i>	82	FOLLISTIM AQ INJ 75UNIT	114
<i>fluphenazine hcl tab 5 mg</i>	82	FOLLISTIM AQ INJ 900UNIT	114
<i>flurandrenolide cream 0.05%</i>	162	<i>fondaparinux sodium subcutaneous inj</i> <i>10 mg/0.8ml</i>	135
<i>flurandrenolide lotion 0.05%</i>	162	<i>fondaparinux sodium subcutaneous inj</i> <i>2.5 mg/0.5ml</i>	134
<i>flurandrenolide oint 0.05%</i>	162	<i>fondaparinux sodium subcutaneous inj 5</i> <i>mg/0.4ml</i>	134
<i>flurbiprofen sodium ophth soln 0.03%</i>	168	<i>fondaparinux sodium subcutaneous inj</i> <i>7.5 mg/0.6ml</i>	135
<i>flurbiprofen tab 100 mg</i>	2	FORA LANCETS MIS 30G.....	104
<i>flurbiprofen tab 50 mg</i>	2	FORFIVO XL TAB 450MG.....	69
<i>flutamide cap 125 mg</i>	29	FORTAMET TAB 1000MG.....	99
<i>fluticasone propionate cream 0.05%</i> ..	162	FORTAMET TAB 500MG.....	99
<i>fluticasone propionate lotion 0.05%</i> ..	162	FORTEO SOL 600/2.4	106
<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>	153	FORTESTA GEL 10MG/ACT	97
<i>fluticasone propionate oint 0.005%</i> ...	162	FORTICAL SPR 200/ACT.....	106
<i>fluvastatin sodium cap 20 mg</i>	46	FOSAMAX + D TAB 70-2800	106
<i>fluvastatin sodium cap 40 mg</i>	46	FOSAMAX + D TAB 70-5600	106
<i>fluvastatin sodium tab er 24 hr 80 mg</i> ..	46	FOSAMAX TAB 70MG	106
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	61	<i>fosamprenavir calcium tab 700 mg (base</i> <i>equiv)</i>	23
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	61	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	35
<i>fluvoxamine maleate tab 100 mg</i>	62	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	35
<i>fluvoxamine maleate tab 25 mg</i>	61	<i>fosinopril sodium tab 10 mg</i>	36
<i>fluvoxamine maleate tab 50 mg</i>	61	<i>fosinopril sodium tab 20 mg</i>	36
FML FORTE SUS 0.25% OP.....	168	<i>fosinopril sodium tab 40 mg</i>	36
FML LIQUIFLM SUS 0.1% OP	168	FOSRENOL CHW 1000MG	119
FML OIN 0.1% OP	168	FOSRENOL CHW 500MG.....	119
FOCALIN TAB 10MG	86	FOSRENOL CHW 750MG.....	119
FOCALIN TAB 2.5MG	86	FOSRENOL POW 1000MG	119
FOCALIN TAB 5MG.....	86	FOSRENOL POW 750MG.....	119
FOCALIN XR CAP 10MG	86	FRAGMIN INJ 10000/ML.....	135
FOCALIN XR CAP 15MG	86	FRAGMIN INJ 12500UNT	135
FOCALIN XR CAP 20MG	86		
FOCALIN XR CAP 25MG	86		

FRAGMIN INJ 15000UNT	135	24 mg	68
FRAGMIN INJ 18000UNT	135	<i>galantamine hydrobromide cap er 24hr 8</i>	
FRAGMIN INJ 2500/0.2.....	135	<i>mg</i>	68
FRAGMIN INJ 5000/0.2.....	135	<i>galantamine hydrobromide oral soln 4</i>	
FRAGMIN INJ 7500/0.3.....	135	<i>mg/ml.....</i>	68
FRAGMIN INJ 95000UNT	135	<i>galantamine hydrobromide tab 12 mg</i> .68	
FREESTYLE TES	104	<i>galantamine hydrobromide tab 4 mg</i> ...68	
FREESTYLE TES INSULINX	104	<i>galantamine hydrobromide tab 8 mg</i> ...68	
FREESTYLE TES LITE	104	GANIRELIX AC INJ	114
FREESTYLE TES PREC NEO	104	GARAMYCIN SOL 0.3% OP	167
FROVA TAB 2.5MG.....	91	GASTROCROM CON 100/5ML.....	127
<i>frovatriptan succinate tab 2.5 mg (base</i>		<i>gatifloxacin ophth soln 0.5%</i>	167
<i>equivalent)</i>	91	GATTEX KIT 5MG	127
FURADANTIN SUS 25MG/5ML.....	27	GELFILM MIS OP	170
<i>furosemide oral soln 10 mg/ml</i>	56	GELNIQUE GEL 10%.....	133
FUROSEMIDE SOL 8MG/ML	56	GELNIQUE GEL 3%	133
<i>furosemide tab 20 mg</i>	56	<i>gemfibrozil tab 600 mg</i>	45
<i>furosemide tab 40 mg</i>	56	GENERESS FE CHW	109
<i>furosemide tab 80 mg</i>	56	GENOTROPIN INJ 0.2MG.....	116
FUZEON INJ 90MG.....	21	GENOTROPIN INJ 0.4MG.....	116
FYCOMPA SUS 0.5MG/ML.....	63	GENOTROPIN INJ 0.6MG.....	116
FYCOMPA TAB 10MG	63	GENOTROPIN INJ 0.8MG.....	116
FYCOMPA TAB 12MG	63	GENOTROPIN INJ 1.2MG.....	116
FYCOMPA TAB 2MG	63	GENOTROPIN INJ 1.4MG.....	116
FYCOMPA TAB 4MG	63	GENOTROPIN INJ 1.6MG.....	116
FYCOMPA TAB 6MG	63	GENOTROPIN INJ 1.8MG.....	116
FYCOMPA TAB 8MG	63	GENOTROPIN INJ 12MG.....	116
G		GENOTROPIN INJ 1MG.....	116
G4 PLATINUM MIS PEDIATRC	104	GENOTROPIN INJ 2MG.....	116
G4 PLATINUM MIS RCV/SHAR.....	104	GENOTROPIN INJ 5MG.....	116
G4 PLATINUM MIS RECEIVER	104	<i>gentamicin sulfate cream 0.1%.....</i>	157
G4 PLATINUM MIS TRANSMIT.....	104	<i>gentamicin sulfate oint 0.1%.....</i>	157
G4 PLAT PED MIS RVC/SHAR.....	104	<i>gentamicin sulfate ophth oint 0.3% ...</i>	167
G4 SENSOR MIS	104	<i>gentamicin sulfate ophth soln 0.3%...167</i>	
G5/G4 MIS SENSOR	104	GENVOYA TAB.....	20
<i>gabapentin cap 100 mg</i>	63	GEODON CAP 20MG	79
<i>gabapentin cap 300 mg</i>	63	GEODON CAP 40MG	79
<i>gabapentin cap 400 mg</i>	63	GEODON CAP 60MG	79
<i>gabapentin oral soln 250 mg/5ml</i>	63	GEODON CAP 80MG	79
<i>gabapentin tab 600 mg</i>	63	GIAZO TAB 1.1GM	126
<i>gabapentin tab 800 mg</i>	63	GILENYA CAP 0.5MG	93
GABITRIL TAB 12MG.....	63	GILOTRIF TAB 20MG	31
GABITRIL TAB 16MG.....	63	GILOTRIF TAB 30MG	31
GABITRIL TAB 2MG.....	63	GILOTRIF TAB 40MG	31
GABITRIL TAB 4MG.....	63	GILTUSS LIQ PED-C	149
<i>galantamine hydrobromide cap er 24hr</i>		<i>glatiramer acetate soln prefilled syringe</i>	
<i>16 mg.....</i>	68	<i>20 mg/ml</i>	93
<i>galantamine hydrobromide cap er 24hr</i>		<i>glatiramer acetate soln prefilled syringe</i>	

40 mg/ml	93	GLYNASE TAB 1.5MG.....	103
GLEEVEC TAB 100MG	31	GLYNASE TAB 3MG	103
GLEEVEC TAB 400MG	31	GLYNASE TAB 6MG	103
GLEOSTINE CAP 100MG	28	GLYSET TAB 100MG.....	98
GLEOSTINE CAP 10MG	28	GLYSET TAB 25MG.....	98
GLEOSTINE CAP 40MG	28	GLYSET TAB 50MG.....	98
GLEOSTINE CAP 5MG	28	GOLYTELY SOL	127
<i>glimepiride tab 1 mg</i>	103	GONAL-F INJ 1050UNIT	114
<i>glimepiride tab 2 mg</i>	103	GONAL-F INJ 450UNIT	114
<i>glimepiride tab 4 mg</i>	103	GONAL-F RFF INJ 300.....	114
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	98	GONAL-F RFF INJ 450.....	114
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	98	GONAL-F RFF INJ 75UNIT	114
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	98	GONAL-F RFF INJ 900.....	114
<i>glipizide tab 10 mg</i>	103	GOODSENSE MIS LANC 30G	104
<i>glipizide tab 5 mg</i>	103	GRALISE STAR MIS 300/600	95
<i>glipizide tab er 24hr 10 mg</i>	103	GRALISE TAB 300MG	95
<i>glipizide tab er 24hr 2.5 mg</i>	103	GRALISE TAB 600MG	95
<i>glipizide tab er 24hr 5 mg</i>	103	<i>granisetron hcl tab 1 mg</i>	123
GLUCAGEN INJ HYPOKIT.....	116	GRANIX INJ 300/0.5	136
GLUCAGON KIT 1MG	116	GRANIX INJ 480/0.8	136
GLUCOPHAGE TAB 1000MG.....	99	GRASTEK SUB 2800BAU	138
GLUCOPHAGE TAB 500MG	99	GRIS-PEG TAB 125MG.....	19
GLUCOPHAGE TAB 500MG XR.....	99	GRIS-PEG TAB 250MG.....	19
GLUCOPHAGE TAB 750MG XR.....	99	<i>griseofulvin microsize susp 125 mg/5ml</i>	19
GLUCOPHAGE TAB 850MG	99	<i>griseofulvin microsize tab 500 mg</i>	19
GLUCOTROL TAB 10MG	103	<i>griseofulvin ultramicrosize tab 125 mg</i> 19	
GLUCOTROL TAB 5MG	103	<i>griseofulvin ultramicrosize tab 250 mg</i> 19	
GLUCOTROL XL TAB 10MG	103	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	149
GLUCOTROL XL TAB 2.5MG	103	<i>guanfacine hcl tab 1 mg</i>	37
GLUCOTROL XL TAB 5MG	103	<i>guanfacine hcl tab 2 mg</i>	37
GLUCOVANCE TAB 1.25-250	98	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	86
GLUCOVANCE TAB 2.5-500	98	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	86
GLUCOVANCE TAB 5-500MG	98	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	86
GLUMETZA TAB 1000MG.....	99	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	86
GLUMETZA TAB 500MG	99	GUANIDINE TAB 125MG	92
<i>glyburide-metformin tab 1.25-250 mg</i> ..98		GYNAZOLE-1 CRE 2%.....	134
<i>glyburide-metformin tab 2.5-500 mg</i> ..99		GYNOL II GEL 3%	108
<i>glyburide-metformin tab 5-500 mg</i> ....99		H	
<i>glyburide micronized tab 1.5 mg</i>	103	H.P. ACTHAR INJ 80UNIT	118
<i>glyburide micronized tab 3 mg</i>	103	HAEGARDA INJ 2000UNIT	137
<i>glyburide micronized tab 6 mg</i>	103	HAEGARDA INJ 3000UNIT	137
<i>glyburide tab 1.25 mg</i>	103	HALCION TAB 0.25MG.....	89
<i>glyburide tab 2.5 mg</i>	103		
<i>glyburide tab 5 mg</i>	103		
<i>glycopyrrolate tab 1 mg</i>	124		
<i>glycopyrrolate tab 2 mg</i>	124		

<i>halobetasol propionate cream 0.05%</i>	163	HUMULIN INJ 70/30KWP	101
<i>halobetasol propionate oint 0.05%</i>	163	HUMULIN N INJ U-100KWP	101
HALOG CRE 0.1%	160	HUMULIN R INJ U-500	101
HALOG OIN 0.1%	160	<i>hyaluronate sodium (emollient) gel 0.2%</i>	163
<i>haloperidol lactate oral conc 2 mg/ml</i>	82	HYCAMTIN CAP 0.25MG	34
<i>haloperidol tab 0.5 mg</i>	82	HYCAMTIN CAP 1MG	34
<i>haloperidol tab 10 mg</i>	82	HYCET SOL 7.5-325	6
<i>haloperidol tab 1 mg</i>	82	HYCOFENIX SOL	149
<i>haloperidol tab 20 mg</i>	82	<i>hydralazine hcl tab 100 mg</i>	57
<i>haloperidol tab 2 mg</i>	82	<i>hydralazine hcl tab 10 mg</i>	57
<i>haloperidol tab 5 mg</i>	82	<i>hydralazine hcl tab 25 mg</i>	57
HALOTIN CRE 1%	158	<i>hydralazine hcl tab 50 mg</i>	57
HARVONI TAB 90-400MG	25	HYDREA CAP 500MG	33
HECTOROL CAP 0.5MCG	117	<i>hydrochlorothiazide cap 12.5 mg</i>	56
HECTOROL CAP 1MCG	117	<i>hydrochlorothiazide tab 12.5 mg</i>	57
HECTOROL CAP 2.5MCG	117	<i>hydrochlorothiazide tab 25 mg</i>	57
HEMANGEOL SOL 4.28/ML	49	<i>hydrochlorothiazide tab 50 mg</i>	57
HEMENATAL OB MIS + DHA	144	<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	6
HEPSERA TAB 10MG	24	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	6
HETLIOZ CAP 20MG	90	<i>hydrocodone-acetaminophen tab 10-300 mg</i>	7
HEXALEN CAP 50MG	28	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	7
HIPREX TAB 1GM	27	<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	7
HORIZANT TAB 300MG ER	95	<i>hydrocodone-acetaminophen tab 5-300 mg</i>	7
HORIZANT TAB 600MG ER	95	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	7
HPR PLUS MB KIT HYDROGEL	163	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	7
HUMALOG INJ 100/ML	101	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	7
HUMALOG KWIK INJ 100/ML	101	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	7
HUMALOG KWIK INJ 200/ML	101	<i>hydrocodone-ibuprofen tab 5-200 mg</i>	7
HUMALOG MIX INJ 50/50	101	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	7
HUMALOG MIX INJ 50/50KWP	101	<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	149
HUMALOG MIX INJ 75/25KWP	101	<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	149
HUMALOG MIX SUS 75/25	101	<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	149
HUMAPEN MIS LUXURA	104	<i>hydrocortisone acetate suppos 25 mg</i>	130
HUMATROPE INJ 12MG	117	<i>hydrocortisone acetate suppos 30 mg</i>	130
HUMATROPE INJ 24MG	117	<i>hydrocortisone acetate w/ pramoxine</i>	
HUMATROPE INJ 5MG	116		
HUMATROPE INJ 6MG	116		
HUMIRA INJ 10/0.1ML	138		
HUMIRA INJ 10MG/0.2	138		
HUMIRA INJ 20/0.2ML	139		
HUMIRA INJ 40/0.4ML	139		
HUMIRA KIT 20MG/0.4	139		
HUMIRA KIT 40MG/0.8	139		
HUMIRA PEDIA INJ CROHNS	139		
HUMIRA PEN INJ 40/0.4ML	139		
HUMIRA PEN INJ 40MG/0.8	139		
HUMIRA PEN KIT CD/UC/HS	139		
HUMIRA PEN KIT PS/UV	139		

<i>rectal cream 1-1%</i>	130	HYLIRA GEL 0.2%	163
<i>hydrocortisone acetate w/ pramoxine</i>		HYLIRA LOT 0.1%	163
<i>rectal cream 2.5-1%</i>	130	<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	124
<i>hydrocortisone butyrate cream 0.1%</i> ..	162	<i>hyoscyamine sulfate sl tab 0.125 mg</i> ..	124
<i>hydrocortisone butyrate hydrophilic lipo</i>		<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	124
<i>base cream 0.1%</i>	162	<i>hyoscyamine sulfate tab 0.125 mg</i>	124
<i>hydrocortisone butyrate lotion 0.1%</i> ..	162	<i>hyoscyamine sulfate tab disint 0.125 mg</i>	124
<i>hydrocortisone butyrate oint 0.1%</i>	162	<i>hyoscyamine sulfate tab er 12hr 0.375</i>	124
<i>hydrocortisone butyrate soln 0.1%</i>	162	<i>mg</i>	124
<i>hydrocortisone cream 2.5%</i>	161	HYPER-SAL NEB 7%	152
<i>hydrocortisone enema 100 mg/60ml</i> 126,	130	HYPERSAL NEB 3.5%	152
<i>hydrocortisone lotion 2.5%</i>	161	HYSINGLA ER TAB 100 MG	7
<i>hydrocortisone lotion 2%</i>	161	HYSINGLA ER TAB 120 MG	7
<i>hydrocortisone oint 2.5%</i>	161	HYSINGLA ER TAB 20 MG	7
<i>hydrocortisone rectal cream 1%</i>	130	HYSINGLA ER TAB 30 MG	7
<i>hydrocortisone rectal cream 2.5%</i>	130	HYSINGLA ER TAB 40 MG	7
<i>hydrocortisone tab 10 mg</i>	115	HYSINGLA ER TAB 60 MG	7
<i>hydrocortisone tab 20 mg</i>	115	HYSINGLA ER TAB 80 MG	7
<i>hydrocortisone tab 5 mg</i>	115	HYZAAR TAB 100-12.5	41
<i>hydrocortisone valerate cream 0.2%</i> .	162	HYZAAR TAB 100-25	41
<i>hydrocortisone valerate oint 0.2%</i>	162	HYZAAR TAB 50-12.5	41
<i>hydrocortisone w/ acetic acid otic soln 1-</i>		I	
<i>2%</i>	171	<i>ibandronate sodium tab 150 mg (base</i>	
<i>hydromorphone hcl liqd 1 mg/ml</i>	7	<i>equivalent)</i>	106
<i>hydromorphone hcl tab 2 mg</i>	7	IBRANCE CAP 100MG	31
<i>hydromorphone hcl tab 4 mg</i>	7	IBRANCE CAP 125MG	31
<i>hydromorphone hcl tab 8 mg</i>	7	IBRANCE CAP 75MG.....	31
<i>hydromorphone hcl tab er 24hr deter 12</i>		<i>ibuprofen tab 400 mg</i>	2
<i>mg</i>	7	<i>ibuprofen tab 600 mg</i>	2
<i>hydromorphone hcl tab er 24hr deter 16</i>		<i>ibuprofen tab 800 mg</i>	2
<i>mg</i>	7	ICAR PEDS SUS GRAPE.....	142
<i>hydromorphone hcl tab er 24hr deter 32</i>		ICLUSIG TAB 15MG.....	31
<i>mg</i>	7	ICLUSIG TAB 45MG.....	31
<i>hydromorphone hcl tab er 24hr deter 8</i>		IDHIFA TAB 100MG.....	33
<i>mg</i>	7	IDHIFA TAB 50MG	33
HYDROMORPHON SUP 3MG	7	ILEVRO DRO 0.3% OP	168
<i>hydroxychloroquine sulfate tab 200 mg</i>		<i>imatinib mesylate tab 100 mg (base</i>	
.....	139	<i>equivalent)</i>	31
<i>hydroxyurea cap 500 mg</i>	33	<i>imatinib mesylate tab 400 mg (base</i>	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	148	<i>equivalent)</i>	31
<i>hydroxyzine hcl tab 10 mg</i>	148	IMBRUVICA CAP 140MG	31
<i>hydroxyzine hcl tab 25 mg</i>	148	IMBRUVICA CAP 70MG	31
<i>hydroxyzine hcl tab 50 mg</i>	148	IMBRUVICA TAB 280MG	31
<i>hydroxyzine pamoate cap 100 mg</i>	148	IMBRUVICA TAB 420MG	31
<i>hydroxyzine pamoate cap 25 mg</i>	148	IMBRUVICA TAB 560MG	31
<i>hydroxyzine pamoate cap 50 mg</i>	148		
HYLATOPIC AER.....	164		

<i>imipramine hcl tab 10 mg</i>	74	INVEGA TAB 9MG	79
<i>imipramine hcl tab 25 mg</i>	74	INVIRASE CAP 200MG	23
<i>imipramine hcl tab 50 mg</i>	74	INVIRASE TAB 500MG	23
<i>imipramine pamoate cap 100 mg</i>	74	INVOKAMET TAB 150-1000	102
<i>imipramine pamoate cap 125 mg</i>	74	INVOKAMET TAB 150-500	102
<i>imipramine pamoate cap 150 mg</i>	74	INVOKAMET TAB 50-1000	102
<i>imipramine pamoate cap 75 mg</i>	74	INVOKAMET TAB 50-500MG	102
<i>imiquimod cream 5%</i>	164	INVOKAMET XR TAB 150-1000	102
IMITREX INJ 4MG/0.5	91	INVOKAMET XR TAB 150-500	102
IMITREX INJ 6MG/0.5	91	INVOKAMET XR TAB 50-1000	102
IMITREX SPR 20MG/ACT	91	INVOKAMET XR TAB 50-500MG.....	102
IMITREX SPR 5MG/ACT	91	INVOKANA TAB 100MG.....	102
IMITREX TAB 100MG.....	91	INVOKANA TAB 300MG.....	102
IMITREX TAB 25MG	91	<i>ipratropium-albuterol nebu soln 0.5-</i>	
IMITREX TAB 50MG	91	<i>2.5(3) mg/3ml</i>	147
IMPAVIDO CAP 50MG	27	<i>ipratropium bromide inhal soln 0.02%</i>	
IMURAN TAB 50MG	140	.....	147
INCONTROL MIS LANC 33G	104	<i>ipratropium bromide nasal soln 0.03%</i>	
INCRELEX INJ 40MG/4ML.....	117	<i>(21 mcg/spray)</i>	152
INCRUSE ELPT INH 62.5MCG.....	147	<i>ipratropium bromide nasal soln 0.06%</i>	
<i>indapamide tab 1.25 mg</i>	57	<i>(42 mcg/spray)</i>	152
<i>indapamide tab 2.5 mg</i>	57	<i>irbesartan-hydrochlorothiazide tab 150-</i>	
INDERAL LA CAP 120MG.....	49	<i>12.5 mg</i>	41
INDERAL LA CAP 160MG.....	50	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
INDERAL LA CAP 60MG.....	49	<i>12.5 mg</i>	41
INDERAL LA CAP 80MG.....	49	<i>irbesartan tab 150 mg</i>	42
INFANATE CAP BALANCE.....	144	<i>irbesartan tab 300 mg</i>	42
INLYTA TAB 1MG	31	<i>irbesartan tab 75 mg</i>	42
INLYTA TAB 5MG	31	IRESSA TAB 250MG	31
INSPIRA TAB 25MG.....	38	ISENTRESS CHW 100MG	21
INSPIRA TAB 50MG.....	38	ISENTRESS CHW 25MG	21
INTELENCE TAB 100MG.....	21	ISENTRESS POW 100MG.....	21
INTELENCE TAB 200MG.....	21	ISENTRESS TAB 400MG.....	21
INTELENCE TAB 25MG.....	21	ISO HYOSCINE SOL 0.25% OP.....	170
INTERMEZZO SUB 1.75MG.....	90	<i>isoniazid syrup 50 mg/5ml</i>	24
INTERMEZZO SUB 3.5MG	90	<i>isoniazid tab 100 mg</i>	24
INTRAROSA SUP 6.5MG	132	<i>isoniazid tab 300 mg</i>	24
INTRON A INJ 10MU.....	140	ISOPTO CARP SOL 1% OP.....	170
INTRON A INJ 18MU.....	140	ISOPTO CARP SOL 2% OP.....	170
INTRON A INJ 25MU.....	140	ISOPTO CARP SOL 4% OP.....	170
INTRON A INJ 50MU.....	140	ISORDIL TAB 40MG	57
INTUNIV TAB 1MG	86	ISORDIL TAB 5MG	57
INTUNIV TAB 2MG	86	<i>isosorbide dinitrate tab 10 mg</i>	57
INTUNIV TAB 3MG	86	<i>isosorbide dinitrate tab 20 mg</i>	57
INTUNIV TAB 4MG	86	<i>isosorbide dinitrate tab 30 mg</i>	58
INVEGA TAB 1.5MG	79	<i>isosorbide dinitrate tab 5 mg</i>	57
INVEGA TAB 3MG	79	<i>isosorbide dinitrate tab er 40 mg</i>	58
INVEGA TAB 6MG	79	<i>isosorbide mononitrate tab 10 mg</i>	58

<i>isosorbide mononitrate tab 20 mg</i>	58	JUXTAPID CAP 40MG.....	47
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	58	JUXTAPID CAP 5MG	47
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	58	JUXTAPID CAP 60MG.....	47
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	58	JYNARQUE PAK 45-15MG	121
ISOTRETINOIN CAP 10 MG.....	155	JYNARQUE PAK 60-30MG	121
ISOTRETINOIN CAP 20 MG.....	155	JYNARQUE PAK 90-30MG	121
<i>isotretinoin cap 30 mg</i>	155	K	
ISOTRETINOIN CAP 40 MG.....	155	K-PHOS TAB.....	132
<i>isradipine cap 2.5 mg</i>	52	K-PHOS TAB NEUTRAL.....	132
<i>isradipine cap 5 mg</i>	52	K-PHOS TAB NO 2.....	132
ISTALOL SOL 0.5% OP	169	K-TAB TAB 10MEQ CR	141
<i>itraconazole cap 100 mg</i>	19	K-TAB TAB 20MEQ	141
<i>ivermectin tab 3 mg</i>	27	K-TAB TAB 8MEQ CR	141
J		KADIAN CAP 100MG ER.....	8
JADENU SPRKL GRA 180MG	137	KADIAN CAP 10MG ER	7
JADENU SPRKL GRA 360MG	137	KADIAN CAP 200MG ER.....	8
JADENU SPRKL GRA 90MG	137	KADIAN CAP 20MG ER	7
JADENU TAB 180MG.....	137	KADIAN CAP 30MG ER	7
JADENU TAB 360MG.....	137	KADIAN CAP 40MG ER	7
JADENU TAB 90MG	137	KADIAN CAP 50MG ER	8
JAKAFI TAB 10MG.....	31	KADIAN CAP 60MG ER	8
JAKAFI TAB 15MG.....	31	KADIAN CAP 80MG ER	8
JAKAFI TAB 20MG.....	31	KALBITOR INJ 10MG/ML	137
JAKAFI TAB 25MG.....	31	KALETRA SOL.....	23
JAKAFI TAB 5MG	31	KALETRA TAB 100-25MG	23
JALYN CAP	131	KALETRA TAB 200-50MG	23
JANUMET TAB 50-1000.....	99	KALYDECO PAK 50MG.....	151
JANUMET TAB 50-500MG.....	99	KALYDECO PAK 75MG.....	151
JANUMET XR TAB 100-1000	99	KALYDECO TAB 150MG.....	151
JANUMET XR TAB 50-1000.....	99	KARBINAL ER SUS 4MG/5ML	148
JANUMET XR TAB 50-500MG	99	KAYEXALATE POW.....	119
JANUVIA TAB 100MG.....	100	KAZANO 12.5- TAB 1000MG.....	99
JANUVIA TAB 25MG	100	KAZANO 12.5- TAB 500MG	99
JANUVIA TAB 50MG	100	KEFLEX CAP 250MG	13
JARDIANCE TAB 10MG.....	103	KEFLEX CAP 500MG	13
JARDIANCE TAB 25MG.....	103	KEFLEX CAP 750MG	13
JENTADUETO TAB 2.5-1000	99	KENALOG AER SPRAY	162
JENTADUETO TAB 2.5-500	99	KEPPRA SOL 100MG/ML.....	63
JENTADUETO TAB 2.5-850	99	KEPPRA TAB 1000MG	64
JENTADUETO TAB XR	99	KEPPRA TAB 250MG.....	64
JEVANTIQUE L TAB 0.5-2.5	111	KEPPRA TAB 500MG.....	64
JUBLIA SOL 10%	158	KEPPRA TAB 750MG.....	64
JUXTAPID CAP 10MG.....	47	KEPPRA XR TAB 500MG	64
JUXTAPID CAP 20MG.....	47	KEPPRA XR TAB 750MG	64
JUXTAPID CAP 30MG.....	47	KERLONE TAB 10MG	50
		KERLONE TAB 20MG	50
		KERYDIN SOL 5%	158
		KETO-DIASTIX TES	104

<i>ketoconazole cream 2%</i>	158	<i>lactulose solution 10 gm/15ml</i>	127
<i>ketoconazole foam 2%</i>	158	LAMICTAL CHW 25MG	64
<i>ketoconazole shampoo 2%</i>	158	LAMICTAL CHW 2MG	64
KETOPROFEN CAP 25 MG	2	LAMICTAL CHW 5MG	64
<i>ketoprofen cap 50 mg</i>	2	LAMICTAL KIT START 35.....	64
<i>ketoprofen cap 75 mg</i>	2	LAMICTAL KIT START 49.....	64
<i>ketoprofen cap er 24hr 200 mg</i>	2	LAMICTAL KIT START 98.....	64
<i>ketorolac tromethamine ophth soln 0.4%</i>	168	LAMICTAL ODT KIT	64
<i>ketorolac tromethamine ophth soln 0.5%</i>	168	LAMICTAL ODT TAB 100MG	64
<i>ketorolac tromethamine tab 10 mg</i>	2	LAMICTAL ODT TAB 200MG	64
KEVEYIS TAB 50MG	55	LAMICTAL ODT TAB 25MG	64
KEVZARA INJ 150/1.14.....	139	LAMICTAL ODT TAB 50MG	64
KEVZARA INJ 200/1.14.....	139	LAMICTAL TAB 100MG.....	64
KHEDEZLA TAB 100MG ER	73	LAMICTAL TAB 150MG.....	64
KHEDEZLA TAB 50MG ER.....	73	LAMICTAL TAB 200MG.....	64
KINERET INJ	139	LAMICTAL TAB 25MG	64
KISQALI 200 PAK FEMARA	31	LAMICTAL XR KIT	64
KISQALI 400 PAK FEMARA	31	LAMICTAL XR TAB 100MG.....	64
KISQALI 600 PAK FEMARA	31	LAMICTAL XR TAB 200MG.....	64
KISQALI TAB 200DOSE	31	LAMICTAL XR TAB 250MG.....	64
KISQALI TAB 400DOSE	31	LAMICTAL XR TAB 25MG.....	64
KISQALI TAB 600DOSE	31	LAMICTAL XR TAB 300MG.....	64
KITABIS PAK NEB 300/5ML	151	LAMICTAL XR TAB 50MG.....	64
KLARON LOT 10%.....	156	LAMISIL GRA 125MG.....	19
KLONOPIN TAB 0.5MG.....	61	LAMISIL GRA 187.5MG.....	19
KLONOPIN TAB 1MG	61	LAMISIL TAB 250MG	19
KLONOPIN TAB 2MG	61	<i>lamivudine-zidovudine tab 150-300 mg</i>	20
KLOR-CON/25 POW 25MEQ	142	<i>lamivudine oral soln 10 mg/ml</i>	22
KLOR-CON M15 TAB 15MEQ ER	142	<i>lamivudine tab 100 mg (hbv)</i>	25
KOMBIGLYZ XR TAB 2.5-1000	99	<i>lamivudine tab 150 mg</i>	22
KOMBIGLYZ XR TAB 5-1000MG	99	<i>lamivudine tab 300 mg</i>	22
KOMBIGLYZ XR TAB 5-500MG	99	<i>lamotrigine orally disintegrating tab 100 mg</i>	64
KORLYM TAB 300MG	118	<i>lamotrigine orally disintegrating tab 200 mg</i>	64
KRISTALOSE PAK 10GM.....	127	<i>lamotrigine orally disintegrating tab 25 mg</i>	64
KRISTALOSE PAK 20GM.....	127	<i>lamotrigine orally disintegrating tab 50 mg</i>	64
KUVAN POW 100MG	118	<i>lamotrigine tab 100 mg</i>	64
KUVAN POW 500MG	118	<i>lamotrigine tab 150 mg</i>	64
KUVAN TAB 100MG	118	<i>lamotrigine tab 200 mg</i>	65
KYNAMRO INJ 200MG/ML.....	47	<i>lamotrigine tab 25 mg</i>	64
L		<i>lamotrigine tab 25 mg (35) starter kit</i> .	64
<i>labetalol hcl tab 100 mg</i>	50	<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	64
<i>labetalol hcl tab 200 mg</i>	50	<i>lamotrigine tab 25 mg (84) & 100 mg</i>	
<i>labetalol hcl tab 300 mg</i>	50		
LACRISERT MIS 5MG OP	169		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	127		

(14) starter kit	64	LESCOL XL TAB 80MG	46
lamotrigine tab chewable dispersible 25 mg	65	LETAIRIS TAB 10MG	58
lamotrigine tab chewable dispersible 5 mg	65	LETAIRIS TAB 5MG	58
lamotrigine tab er 24hr 100 mg	65	letrozole tab 2.5 mg.....	29
lamotrigine tab er 24hr 200 mg	65	leucovorin calcium tab 10 mg.....	33
lamotrigine tab er 24hr 250 mg	65	leucovorin calcium tab 15 mg.....	33
lamotrigine tab er 24hr 25 mg.....	65	leucovorin calcium tab 25 mg.....	33
lamotrigine tab er 24hr 300 mg.....	65	leucovorin calcium tab 5 mg.....	33
lamotrigine tab er 24hr 50 mg.....	65	LEUKERAN TAB 2MG	28
LANOXIN TAB 0.0625MG	55	LEUKINE INJ 250MCG.....	136
LANOXIN TAB 0.125MG	55	leuprolide acetate inj kit 5 mg/ml	29
LANOXIN TAB 0.1875MG	55	LEVACET TAB.....	1
LANOXIN TAB 0.25MG.....	55	levabuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	150
lansoprazole cap delayed release 15 mg	129	levabuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	150
lansoprazole cap delayed release 30 mg	129	levabuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	150
lanthanum carbonate chew tab 1000 mg (elemental).....	119	levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	150
lanthanum carbonate chew tab 500 mg (elemental).....	119	levabuterol tartrate inhal aerosol 45 mcg/act (base equiv)	150
lanthanum carbonate chew tab 750 mg (elemental).....	119	LEVAQUIN TAB 250MG	16
LANTUS INJ 100/ML	101	LEVAQUIN TAB 500MG	16
LANTUS INJ SOLOSTAR	101	LEVAQUIN TAB 750MG	16
LASIX TAB 20MG	56	LEVATOL TAB 20MG	50
LASIX TAB 40MG	56	LEVBID TAB 0.375 ER.....	124
LASIX TAB 80MG	56	LEVEMIR INJ	101
LASTACFT SOL 0.25%	168	LEVEMIR INJ FLEXTOUC.....	101
latanoprost ophth soln 0.005%.....	171	levetiracetam oral soln 100 mg/ml.....	65
LATUDA TAB 120MG	79	levetiracetam tab 1000 mg	65
LATUDA TAB 20MG	79	levetiracetam tab 250 mg	65
LATUDA TAB 40MG	79	levetiracetam tab 500 mg	65
LATUDA TAB 60MG	79	levetiracetam tab 750 mg	65
LATUDA TAB 80MG	79	levetiracetam tab er 24hr 500 mg.....	65
LAZANDA SPR 100MCG	8	levetiracetam tab er 24hr 750 mg.....	65
LAZANDA SPR 300MCG	8	LEVITRA TAB 10MG.....	131
LAZANDA SPR 400MCG	8	LEVITRA TAB 2.5MG.....	131
leflunomide tab 10 mg.....	139	LEVITRA TAB 20MG.....	131
leflunomide tab 20 mg.....	139	LEVITRA TAB 5MG.....	131
LENVIMA CAP 10 MG.....	31	levobunolol hcl ophth soln 0.25%.....	169
LENVIMA CAP 12MG.....	31	levobunolol hcl ophth soln 0.5%	169
LENVIMA CAP 14 MG.....	31	levocarnitine oral soln 1 gm/10ml (10%)	107
LENVIMA CAP 20 MG.....	32	levocarnitine tab 330 mg	107
LENVIMA CAP 24 MG.....	32	levofloxacin ophth soln 0.5%.....	167
LENVIMA CAP 4MG	31	levofloxacin oral soln 25 mg/ml	16
		levofloxacin tab 250 mg	16

<i>levofloxacin tab 500 mg</i>	16	<i>lidocaine hcl soln 4%</i>	164
<i>levofloxacin tab 750 mg</i>	16	<i>lidocaine hcl viscous soln 2%</i>	165
LEVOMEFOLATE CAP DHA	144	<i>lidocaine oint 5%</i>	164
<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &eth est 0.01 mg</i>	107	<i>lidocaine patch 5%</i>	163
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	107	LIDODERM DIS 5%	163
<i>levonorg-eth est tab 0.15-0.03mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	107	<i>linezolid for susp 100 mg/5ml</i>	27
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	110	<i>linezolid tab 600 mg</i>	27
<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	107	LINZESS CAP 145MCG.....	126
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	107	LINZESS CAP 290MCG.....	126
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	109	LINZESS CAP 72MCG.....	126
<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	109	<i>liothyronine sodium tab 25 mcg</i>	121
<i>levonorgestrel tab 1.5 mg</i>	107	<i>liothyronine sodium tab 50 mcg</i>	121
<i>levorphanol tartrate tab 2 mg</i>	8	<i>liothyronine sodium tab 5 mcg</i>	121
<i>levothyroxine sodium tab 100 mcg</i>	120	LIPITOR TAB 10MG	46
<i>levothyroxine sodium tab 112 mcg</i>	120	LIPITOR TAB 20MG	46
<i>levothyroxine sodium tab 125 mcg</i>	120	LIPITOR TAB 40MG	46
<i>levothyroxine sodium tab 137 mcg</i>	120	LIPITOR TAB 80MG	46
<i>levothyroxine sodium tab 150 mcg</i>	121	LIPOFEN CAP 150MG.....	45
<i>levothyroxine sodium tab 175 mcg</i>	121	LIPOFEN CAP 50MG	45
<i>levothyroxine sodium tab 200 mcg</i>	121	<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	35
<i>levothyroxine sodium tab 25 mcg</i>	120	<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	35
<i>levothyroxine sodium tab 300 mcg</i>	121	<i>lisinopril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	35
<i>levothyroxine sodium tab 50 mcg</i>	120	<i>lisinopril tab 10 mg</i>	36
<i>levothyroxine sodium tab 75 mcg</i>	120	<i>lisinopril tab 2.5 mg</i>	36
<i>levothyroxine sodium tab 88 mcg</i>	120	<i>lisinopril tab 20 mg</i>	36
LEVSIN/SL SUB 0.125MG	124	<i>lisinopril tab 30 mg</i>	36
LEVSIN TAB 0.125MG.....	124	<i>lisinopril tab 40 mg</i>	36
LEVULAN KERA SOL 20%	157	<i>lisinopril tab 5 mg</i>	36
LEXAPRO SOL 5MG/5ML	71	<i>lithium carbonate cap 150 mg</i>	92
LEXAPRO TAB 10MG.....	71	<i>lithium carbonate cap 300 mg</i>	92
LEXAPRO TAB 20MG.....	71	<i>lithium carbonate cap 600 mg</i>	92
LEXAPRO TAB 5MG	71	<i>lithium carbonate tab 300 mg</i>	92
LEXIVA SUS 50MG/ML.....	23	<i>lithium carbonate tab er 300 mg</i>	92
LEXIVA TAB 700MG	23	<i>lithium carbonate tab er 450 mg</i>	93
LIALDA TAB 1.2GM	126	LITHIUM SOL 8MEQ/5ML	93
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ..	164	LITHOBID TAB 300MG CR.....	93
<i>lidocaine-tetracaine cream 7-7%</i>	164	LITHOSTAT TAB 250MG	132
<i>lidocaine hcl gel 2%</i>	164	LIVALO TAB 1MG	46
<i>lidocaine hcl laryngotracheal soln 4%</i>	165	LIVALO TAB 2MG	46
		LIVALO TAB 4MG.....	46
		LOCOID CRE 0.1%	162
		LOCOID LIPO CRE 0.1%	162
		LOCOID LOT 0.1%	162
		LOCOID OIN 0.1%	162
		LOCOID SOL 0.1%	162

LODOSYN TAB 25MG.....	76	LOTREL CAP 10-40MG	34
LOESTRIN 21 TAB 1.5/30	109	LOTREL CAP 2.5-10MG	34
LOESTRIN FE TAB 1/20.....	109	LOTREL CAP 5-10MG.....	34
LOESTRIN FE TAB 1.5/30	109	LOTREL CAP 5-20MG.....	34
LOESTRIN TAB 1/20-21	109	LOTRONEX TAB 0.5MG	126
LOFIBRA CAP 134MG	45	LOTRONEX TAB 1MG	126
LOFIBRA CAP 200MG	45	<i>lovastatin tab 10 mg</i>	46
LOFIBRA CAP 67MG	45	<i>lovastatin tab 20 mg</i>	46
LOFIBRA TAB 160MG	45	<i>lovastatin tab 40 mg</i>	46
LOFIBRA TAB 54MG	45	LOVAZA CAP 1GM.....	48
LOKELMA PAK 10GM.....	119	LOVENOX INJ 100MG/ML	135
LOKELMA PAK 5GM	119	LOVENOX INJ 120/0.8	135
LO LOESTRIN TAB 1-10-10	107	LOVENOX INJ 150MG/ML	135
LOMOTIL TAB 2.5MG	122	LOVENOX INJ 30/0.3ML.....	135
LOPID TAB 600MG.....	45	LOVENOX INJ 300/3ML.....	135
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	23	LOVENOX INJ 40/0.4ML.....	135
LOPRESS HCT TAB 100-25MG	48	LOVENOX INJ 60/0.6ML.....	135
LOPRESS HCT TAB 50-25MG	48	LOVENOX INJ 80/0.8ML.....	135
LOPRESSOR TAB 100MG.....	50	<i>loxapine succinate cap 10 mg</i>	82
LOPRESSOR TAB 50MG	50	<i>loxapine succinate cap 25 mg</i>	82
LOPROX SHA 1%	158	<i>loxapine succinate cap 50 mg</i>	82
<i>lorazepam conc 2 mg/ml</i>	61	<i>loxapine succinate cap 5 mg</i>	82
<i>lorazepam tab 0.5 mg</i>	61	LTA 360 KIT SOL 4%.....	165
<i>lorazepam tab 1 mg</i>	61	LUFYLLIN TAB 400MG.....	154
<i>lorazepam tab 2 mg</i>	61	LUMIGAN SOL 0.01%	171
LORTAB ELX 10-300MG.....	8	LUNESTA TAB 1MG	90
LORZONE TAB 375MG	94	LUNESTA TAB 2MG	90
LORZONE TAB 750MG	94	LUNESTA TAB 3MG	90
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	41	LURIDE CHW 0.25MG F.....	143
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	41	LURIDE CHW 0.5MG F	143
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	41	LURIDE DRO 0.5MG/ML	143
<i>losartan potassium tab 100 mg</i>	42	LUXIQ AER 0.12%	162
<i>losartan potassium tab 25 mg</i>	42	LUZU CRE 1%	158
<i>losartan potassium tab 50 mg</i>	42	LYNPARZA CAP 50MG.....	33
LOTEMAX GEL 0.5%.....	168	LYNPARZA TAB 100MG	33
LOTEMAX OIN 0.5%	168	LYNPARZA TAB 150MG	33
LOTEMAX SUS 0.5%.....	168	LYRICA CAP 100MG	88
LOTENSIN HCT TAB 10-12.5	35	LYRICA CAP 150MG	88
LOTENSIN HCT TAB 20-12.5	35	LYRICA CAP 200MG	88
LOTENSIN HCT TAB 20-25MG.....	35	LYRICA CAP 225MG	88
LOTENSIN TAB 10MG	36	LYRICA CAP 25MG	88
LOTENSIN TAB 20MG	36	LYRICA CAP 300MG	88
LOTENSIN TAB 40MG	36	LYRICA CAP 50MG	88
LOTREL CAP 10-20MG	34	LYRICA CAP 75MG	88
		LYRICA SOL 20MG/ML	88
		LYSODREN TAB 500MG	33
		LYSTEDA TAB 650MG	136

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MACROBID CAP 100MG	27
MACRODANTIN CAP 100MG	27
MACRODANTIN CAP 25MG	27
MACRODANTIN CAP 50MG	27
MALARONE TAB 250-100	20
MALARONE TAB 62.5-25	20
<i>malathion lotion 0.5%</i>	165
<i>maprotiline hcl tab 25 mg</i>	69
<i>maprotiline hcl tab 50 mg</i>	69
<i>maprotiline hcl tab 75 mg</i>	69
MARINOL CAP 10MG.....	123
MARINOL CAP 2.5MG.....	123
MARINOL CAP 5MG	123
MARNATAL-F CAP	144
MARPLAN TAB 10MG	70
MATULANE CAP 50MG	33
MAVIK TAB 1MG	36
MAVIK TAB 2MG	36
MAVIK TAB 4MG	36
MAVYRET TAB 100-40MG.....	25
MAXALT-MLT TAB 10MG	91
MAXALT-MLT TAB 5MG	91
MAXALT TAB 10MG	91
MAXALT TAB 5MG.....	91
MAXIDEX SUS 0.1% OP	168
MAXITROL OIN 0.1% OP.....	166
MAXITROL SUS 0.1% OP	166
MAXZIDE-25 TAB	55
MAXZIDE TAB 75-50	55
<i>meclofenamate sodium cap 100 mg</i>	2
<i>meclofenamate sodium cap 50 mg</i>	2
MEDROL TAB 16MG.....	115
MEDROL TAB 2MG.....	115
MEDROL TAB 32MG.....	115
MEDROL TAB 4MG.....	115
MEDROL TAB 8MG.....	115
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	107
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	107
<i>medroxyprogesterone acetate tab 10 mg</i>	119
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	119
<i>medroxyprogesterone acetate tab 5 mg</i>	119
<i>mefenamic acid cap 250 mg</i>	2
<i>mefloquine hcl tab 250 mg</i>	20
MEGACE ES SUS 625/5ML.....	120
MEGACE ORAL SUS 40MG/ML.....	120
<i>megestrol acetate susp 40 mg/ml</i>	120
<i>megestrol acetate susp 625 mg/5ml</i> ..	120
<i>megestrol acetate tab 20 mg</i>	30
<i>megestrol acetate tab 40 mg</i>	30
MEKINIST TAB 0.5MG	32
MEKINIST TAB 2MG	32
MEKTOVI TAB 15MG	32
<i>meloxicam susp 7.5 mg/5ml</i>	3
<i>meloxicam tab 15 mg</i>	3
<i>meloxicam tab 7.5 mg</i>	3
<i>melphalan tab 2 mg</i>	28
<i>memantine hcl cap er 24hr 14 mg</i>	68
<i>memantine hcl cap er 24hr 21 mg</i>	68
<i>memantine hcl cap er 24hr 28 mg</i>	68
<i>memantine hcl cap er 24hr 7 mg</i>	68
<i>memantine hcl oral solution 2 mg/ml</i> ..	68
<i>memantine hcl tab 10 mg</i>	68
<i>memantine hcl tab 5 mg</i>	68
<i>memantine hcl tab 5 mg (28) & 10 mg</i> <i>(21) titration pak</i>	68
MENEST TAB 0.3MG	112
MENEST TAB 0.625MG.....	112
MENEST TAB 1.25MG	112
MENEST TAB 2.5MG	112
MENOPUR INJ 75UNIT	114
MENOSTAR DIS 14MCG	113
MEPHYTON TAB 5MG	143
<i>meprobamate tab 200 mg</i>	62
<i>meprobamate tab 400 mg</i>	62
MEPRON SUS	27
<i>mercaptopurine tab 50 mg</i>	28
<i>mesalamine enema 4 gm</i>	126
<i>mesalamine tab delayed release 1.2 gm</i>	126
MESNEX TAB 400MG	33
MESTINON SYP 60MG/5ML.....	94
MESTINON TAB 60MG	94
MESTINON TAB TIMESPAN.....	94
METADATE CD CAP 10MG	86
METADATE CD CAP 20MG	86
METADATE CD CAP 30MG	86
METADATE CD CAP 40MG	86
METADATE CD CAP 50MG	86
METADATE CD CAP 60MG	86
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	

.....	151
<i>metaproterenol sulfate tab 10 mg</i>	151
<i>metaproterenol sulfate tab 20 mg</i>	151
<i>metaxalone tab 400 mg</i>	94
<i>metaxalone tab 800 mg</i>	94
<i>metformin hcl tab 1000 mg</i>	99
<i>metformin hcl tab 500 mg</i>	99
<i>metformin hcl tab 850 mg</i>	99
<i>metformin hcl tab er 24hr 500 mg</i>	99
<i>metformin hcl tab er 24hr 750 mg</i>	99
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	99
<i>metformin hcl tab er 24hr modified release 500 mg</i>	99
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	99
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	99
<i>methadone hcl conc 10 mg/ml</i>	8
<i>methadone hcl soln 10 mg/5ml</i>	8
<i>methadone hcl soln 5 mg/5ml</i>	8
<i>methadone hcl tab 10 mg</i>	8
<i>methadone hcl tab 5 mg</i>	8
<i>methadone hcl tab for oral susp 40 mg</i> .	8
<i>METHADOSE CON 10MG/ML</i>	8
<i>methazolamide tab 25 mg</i>	55
<i>methazolamide tab 50 mg</i>	55
<i>methenamine hippurate tab 1 gm</i>	27
<i>methenamine mandelate tab 0.5 gm</i> ...	27
<i>methenamine mandelate tab 1 gm</i>	27
<i>METHERGINE TAB 0.2MG</i>	118
<i>methimazole tab 10 mg</i>	120
<i>methimazole tab 5 mg</i>	120
<i>methocarbamol tab 500 mg</i>	94
<i>methocarbamol tab 750 mg</i>	94
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	28
<i>methoxsalen rapid cap 10 mg</i>	159
<i>methscopolamine bromide tab 2.5 mg</i>	125
<i>methscopolamine bromide tab 5 mg</i> ..	125
<i>methyclothiazide tab 5 mg</i>	57
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	38
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	38
<i>methyldopa tab 250 mg</i>	37
<i>methyldopa tab 500 mg</i>	38

<i>methylergonovine maleate tab 0.2 mg</i>	118
<i>METHYLIN CHW 10MG</i>	86
<i>METHYLIN CHW 2.5MG</i>	86
<i>METHYLIN CHW 5MG</i>	86
<i>METHYLIN SOL 10MG/5ML</i>	86
<i>METHYLIN SOL 5MG/5ML</i>	86
<i>methylphenidate hcl cap er 10 mg (cd)</i>	86
<i>methylphenidate hcl cap er 20 mg (cd)</i>	86
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	87
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	87
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	87
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	87
<i>methylphenidate hcl cap er 30 mg (cd)</i>	87
<i>methylphenidate hcl cap er 40 mg (cd)</i>	87
<i>methylphenidate hcl cap er 50 mg (cd)</i>	87
<i>methylphenidate hcl cap er 60 mg (cd)</i>	87
<i>methylphenidate hcl chew tab 10 mg</i> ..	87
<i>methylphenidate hcl chew tab 2.5 mg</i> .	87
<i>methylphenidate hcl chew tab 5 mg</i> ...	87
<i>methylphenidate hcl soln 10 mg/5ml</i> ...	87
<i>methylphenidate hcl soln 5 mg/5ml</i>	87
<i>methylphenidate hcl tab 10 mg</i>	87
<i>methylphenidate hcl tab 20 mg</i>	87
<i>methylphenidate hcl tab 5 mg</i>	87
<i>methylphenidate hcl tab er 10 mg</i>	87
<i>methylphenidate hcl tab er 20 mg</i>	87
<i>methylphenidate hcl tab er 24hr 18 mg</i>	87
<i>methylphenidate hcl tab er 24hr 27 mg</i>	87
<i>methylphenidate hcl tab er 24hr 36 mg</i>	87
<i>methylphenidate hcl tab er 24hr 54 mg</i>	87
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	87
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	87
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	87
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	87
<i>methylphenid tab 72mg er</i>	86

<i>methylprednisolone tab 16 mg</i>	115	<i>metronidazole tab 250 mg</i>	27
<i>methylprednisolone tab 32 mg</i>	115	<i>metronidazole tab 500 mg</i>	27
<i>methylprednisolone tab 4 mg</i>	115	<i>metronidazole vaginal gel 0.75%</i>	134
<i>methylprednisolone tab 8 mg</i>	115	METVIXIA CRE 16.8%	157
<i>methylprednisolone tab therapy pack 4</i>		MEVACOR TAB 40MG	46
<i>mg (21)</i>	115	MIACALCIN INJ 200/ML	106
<i>metipranolol ophth soln 0.3%</i>	169	MIACALCIN SPR 200/ACT	106
<i>metoclopramide hcl orally disintegrating</i>		MICARDIS HCT TAB 40/12.5	41
<i>tab 5 mg (base eq)</i>	123	MICARDIS HCT TAB 80-25MG.....	41
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		MICARDIS HCT TAB 80/12.5	41
<i>mg/10ml) (base equiv)</i>	123	MICARDIS TAB 20MG	42
<i>metoclopramide hcl tab 10 mg (base</i>		MICARDIS TAB 40MG	42
<i>equivalent)</i>	123	MICARDIS TAB 80MG	42
<i>metoclopramide hcl tab 5 mg (base</i>		<i>miconazole nitrate vaginal suppos 200</i>	
<i>equivalent)</i>	123	<i>mg</i>	134
METOCLOPRAMI TAB 10MG ODT	123	MICRO-K CAP 10MEQ CR	142
<i>metolazone tab 10 mg</i>	57	MICRO-K CAP 8MEQ CR	142
<i>metolazone tab 2.5 mg</i>	57	MICROZIDE CAP 12.5MG	57
<i>metolazone tab 5 mg</i>	57	<i>midazolam hcl syrup 2 mg/ml (base</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>equivalent)</i>	89
<i>100-25 mg</i>	48	<i>midodrine hcl tab 10 mg</i>	59
<i>metoprolol & hydrochlorothiazide tab</i>		<i>midodrine hcl tab 2.5 mg</i>	59
<i>100-50 mg</i>	48	<i>midodrine hcl tab 5 mg</i>	59
<i>metoprolol & hydrochlorothiazide tab 50-</i>		MIFEPREX TAB 200MG.....	118
<i>25 mg</i>	48	<i>miglitol tab 100 mg</i>	98
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>miglitol tab 25 mg</i>	98
<i>(tartrate equiv)</i>	50	<i>miglitol tab 50 mg</i>	98
<i>metoprolol succinate tab er 24hr 200 mg</i>		<i>miglustat cap 100 mg</i>	114
<i>(tartrate equiv)</i>	50	MIGRANAL SPR 4MG/ML	90
<i>metoprolol succinate tab er 24hr 25 mg</i>		MILLIPRED DP PAK 5MG	115
<i>(tartrate equiv)</i>	50	MILLIPRED SOL 10MG/5ML	115
<i>metoprolol succinate tab er 24hr 50 mg</i>		MILLIPRED TAB 5MG	115
<i>(tartrate equiv)</i>	50	MINASTRIN 24 CHW FE	109
<i>metoprolol tartrate tab 100 mg</i>	50	MINIPRESS CAP 1MG	38
<i>metoprolol tartrate tab 25 mg</i>	50	MINIPRESS CAP 2MG	38
<i>metoprolol tartrate tab 37.5 mg</i>	50	MINIPRESS CAP 5MG	38
<i>metoprolol tartrate tab 50 mg</i>	50	MINIVELLE DIS 0.025MG	113
<i>metoprolol tartrate tab 75 mg</i>	50	MINIVELLE DIS 0.0375MG.....	113
METOSOLV ODT TAB 5MG	123	MINIVELLE DIS 0.05MG	113
METROCREAM CRE 0.75%.....	165	MINIVELLE DIS 0.075MG	113
METROGEL-VAG GEL 0.75%	134	MINIVELLE DIS 0.1MG.....	113
METROGEL GEL 1%.....	165	MINOCIN CAP 100MG.....	18
METROLOTION LOT 0.75%.....	165	MINOCIN CAP 50MG	18
<i>metronidazole cap 375 mg</i>	27	MINOCIN CAP 75MG	18
<i>metronidazole cream 0.75%</i>	165	<i>minocycline hcl cap 100 mg</i>	18
<i>metronidazole gel 0.75%</i>	165	<i>minocycline hcl cap 50 mg</i>	18
<i>metronidazole gel 1%</i>	165	<i>minocycline hcl cap 75 mg</i>	18
<i>metronidazole lotion 0.75%</i>	165	<i>minocycline hcl tab 100 mg</i>	18

<i>minocycline hcl tab 50 mg</i>	18	<i>12.5 mg</i>	35
<i>minocycline hcl tab 75 mg</i>	18	<i>moexipril-hydrochlorothiazide tab 15-25</i>	
<i>minocycline hcl tab er 24hr 115 mg</i>	18	<i>mg</i>	35
<i>minocycline hcl tab er 24hr 135 mg</i>	18	<i>moexipril-hydrochlorothiazide tab 7.5-</i>	
<i>minocycline hcl tab er 24hr 45 mg</i>	18	<i>12.5 mg</i>	35
<i>minocycline hcl tab er 24hr 65 mg</i>	18	<i>moexipril hcl tab 15 mg</i>	36
<i>minocycline hcl tab er 24hr 90 mg</i>	18	<i>moexipril hcl tab 7.5 mg</i>	36
<i>minoxidil tab 10 mg</i>	57	<i>molindone hcl tab 10 mg</i>	82
<i>minoxidil tab 2.5 mg</i>	57	<i>molindone hcl tab 25 mg</i>	82
MIRAPEX ER TAB 0.375MG.....	76	<i>molindone hcl tab 5 mg</i>	82
MIRAPEX ER TAB 0.75MG	76	<i>mometasone furoate cream 0.1%</i>	162
MIRAPEX ER TAB 1.5MG	76	<i>mometasone furoate oint 0.1%</i>	162
MIRAPEX ER TAB 2.25MG	76	<i>mometasone furoate solution 0.1%</i>	
MIRAPEX ER TAB 3.75MG	76	<i>(lotion)</i>	162
MIRAPEX ER TAB 3MG.....	76	MONODOX CAP 100MG.....	18
MIRAPEX ER TAB 4.5MG	76	MONODOX CAP 75MG	18
MIRAPEX TAB 0.125MG	76	MONOJECTOR MIS END CAPS.....	104
MIRAPEX TAB 0.25MG	76	<i>montelukast sodium chew tab 4 mg</i>	
MIRAPEX TAB 0.5MG.....	76	<i>(base equiv)</i>	151
MIRAPEX TAB 0.75MG	76	<i>montelukast sodium chew tab 5 mg</i>	
MIRAPEX TAB 1.5MG.....	76	<i>(base equiv)</i>	151
MIRAPEX TAB 1MG.....	76	<i>montelukast sodium oral granules packet</i>	
MIRCETTE TAB 28 DAY	107	<i>4 mg (base equiv)</i>	151
<i>mirtazapine orally disintegrating tab 15</i>		<i>montelukast sodium tab 10 mg (base</i>	
<i>mg</i>	69	<i>equiv)</i>	151
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate beads cap er 24hr 120</i>	
<i>mg</i>	69	<i>mg</i>	8
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate beads cap er 24hr 30</i>	
<i>mg</i>	69	<i>mg</i>	8
<i>mirtazapine tab 15 mg</i>	69	<i>morphine sulfate beads cap er 24hr 45</i>	
<i>mirtazapine tab 30 mg</i>	69	<i>mg</i>	8
<i>mirtazapine tab 45 mg</i>	69	<i>morphine sulfate beads cap er 24hr 60</i>	
<i>mirtazapine tab 7.5 mg</i>	69	<i>mg</i>	8
MIRVASO GEL 0.33%	165	<i>morphine sulfate beads cap er 24hr 75</i>	
<i>misoprostol tab 100 mcg</i>	128	<i>mg</i>	8
<i>misoprostol tab 200 mcg</i>	128	<i>morphine sulfate beads cap er 24hr 90</i>	
MITOSOL KIT 0.2MG	167	<i>mg</i>	8
MOBIC SUS 7.5/5ML.....	3	<i>morphine sulfate cap er 24hr 100 mg</i>	8
MOBIC TAB 15MG.....	3	<i>morphine sulfate cap er 24hr 10 mg</i>	8
MOBIC TAB 7.5MG.....	3	<i>morphine sulfate cap er 24hr 20 mg</i>	8
<i>modafinil tab 100 mg</i>	95	<i>morphine sulfate cap er 24hr 30 mg</i>	8
<i>modafinil tab 200 mg</i>	95	<i>morphine sulfate cap er 24hr 50 mg</i>	8
MODERIBA PAK 1200/DAY	25	<i>morphine sulfate cap er 24hr 60 mg</i>	8
MODERIBA PAK 800/DAY	25	<i>morphine sulfate cap er 24hr 80 mg</i>	8
MODERIBA TAB 1000/DAY	25	<i>morphine sulfate oral soln 100 mg/5ml</i>	
MODERIBA TAB 600/DAY	25	<i>(20 mg/ml)</i>	8
MODICON TAB 0.5/35	110	<i>morphine sulfate oral soln 10 mg/5ml</i> ...	8
<i>moexipril-hydrochlorothiazide tab 15-</i>		<i>morphine sulfate oral soln 20 mg/5ml</i> ...	8

<i>morphine sulfate suppos 10 mg</i>	9	MYDAYIS CAP 37.5MG.....	87
<i>morphine sulfate suppos 20 mg</i>	9	MYDAYIS CAP 50MG.....	87
<i>morphine sulfate suppos 5 mg</i>	8	MYDRIACYL SOL 1% OP.....	170
<i>morphine sulfate tab 15 mg</i>	9	MYFORTIC TAB 180MG	140
<i>morphine sulfate tab 30 mg</i>	9	MYFORTIC TAB 360MG	140
<i>morphine sulfate tab er 100 mg</i>	9	MYKIDZ IRON SUS 15/1.5ML.....	142
<i>morphine sulfate tab er 15 mg</i>	9	MYLERAN TAB 2MG	28
<i>morphine sulfate tab er 200 mg</i>	9	MYNATAL CAP	144
<i>morphine sulfate tab er 30 mg</i>	9	MYNATE 90 TAB PLUS.....	144
<i>morphine sulfate tab er 60 mg</i>	9	MYRBETRIQ TAB 25MG	133
MORPHINE SUL SUP 30MG	8	MYRBETRIQ TAB 50MG	133
MOTOFEN TAB.....	122	MYSOLINE TAB 250MG	65
MOVANTIK TAB 12.5MG.....	128	MYSOLINE TAB 50MG.....	65
MOVANTIK TAB 25MG	128	N	
MOVIPREP SOL.....	127	<i>nabumetone tab 500 mg</i>	3
MOXATAG TAB 775MG.....	17	<i>nabumetone tab 750 mg</i>	3
MOXEZA SOL 0.5%	167	<i>nadolol & bendroflumethiazide tab 40-5</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base</i>		<i>mg</i>	48
<i>equiv)</i>	167	<i>nadolol & bendroflumethiazide tab 80-5</i>	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>		<i>mg</i>	48
.....	16	<i>nadolol tab 20 mg</i>	50
MS CONTIN TAB 100MG ER	9	<i>nadolol tab 40 mg</i>	50
MS CONTIN TAB 15MG ER	9	<i>nadolol tab 80 mg</i>	50
MS CONTIN TAB 200MG ER	9	NAFRINSE DLY SOL /NEUTRAL.....	165
MS CONTIN TAB 30MG ER	9	NAFRINSE SOL DAILY.....	166
MS CONTIN TAB 60MG ER	9	NAFRINSE WK SOL 0.2%	166
MUGARD LIQ.....	166	<i>naftifine hcl cream 1%</i>	158
MULTAQ TAB 400MG.....	43	<i>naftifine hcl cream 2%</i>	158
<i>mupirocin calcium cream 2%</i>	157	NAFTIN CRE 1%	158
<i>mupirocin oint 2%</i>	157	NAFTIN CRE 2%	158
MUSE SUP 1000MCG	131	NAFTIN GEL 1%	158
MUSE SUP 125MCG.....	131	NAFTIN GEL 2%	158
MUSE SUP 250MCG.....	131	NALFON CAP 400MG	3
MUSE SUP 500MCG.....	131	NALFON TAB 600MG.....	3
MYALEPT INJ 11.3MG	118	<i>naloxone hcl inj 0.4 mg/ml</i>	95
MYAMBUTOL TAB 100MG	24	<i>naltrexone hcl tab 50 mg</i>	95
MYAMBUTOL TAB 400MG	24	NAMENDA SOL 10MG/5ML	68
MYCOBUTIN CAP 150MG.....	27	NAMENDA TAB 10MG	68
<i>mycophenolate mofetil cap 250 mg</i> ...	140	NAMENDA TAB 5-10MG	68
<i>mycophenolate mofetil for oral susp 200</i>		NAMENDA TAB 5MG	68
<i>mg/ml</i>	140	NAMENDA XR CAP 14MG	68
<i>mycophenolate mofetil tab 500 mg</i> ...	140	NAMENDA XR CAP 21MG	68
<i>mycophenolate sodium tab dr 180 mg</i>		NAMENDA XR CAP 28MG	68
<i>(mycophenolic acid equiv)</i>	140	NAMENDA XR CAP 7MG	68
<i>mycophenolate sodium tab dr 360 mg</i>		NAMENDA XR CAP TITRATIO	68
<i>(mycophenolic acid equiv)</i>	140	NAMZARIC CAP	68
MYDAYIS CAP 12.5MG.....	87	NAMZARIC CAP 14-10MG.....	68
MYDAYIS CAP 25MG.....	87	NAMZARIC CAP 21-10MG.....	68

NAMZARIC CAP 28-10MG.....	68	10000-0.025mg-unt-mg/ml	167
NAMZARIC CAP 7-10MG	68	neomycin-polymyxin-dexamethasone	
naphazoline hcl ophth soln 0.1%.....	170	ophth oint 0.1%	166
NAPRELAN TAB 375MG CR.....	3	neomycin-polymyxin-dexamethasone	
NAPRELAN TAB 500MG CR.....	3	ophth susp 0.1%	166
NAPRELAN TAB 750MG CR.....	3	neomycin-polymyxin-hc ophth susp...	166
NAPROSYN TAB 250MG	3	neomycin-polymyxin-hc otic soln 1%.	171
NAPROSYN TAB 375MG	3	neomycin-polymyxin-hc otic susp 3.5	
NAPROSYN TAB 500MG	3	mg/ml-10000 unit/ml-1%	171
naproxen sodium tab 275 mg.....	3	neomycin sulfate tab 500 mg	13
naproxen sodium tab 550 mg.....	3	NEORAL CAP 100MG.....	141
naproxen sodium tab er 24hr 375 mg		NEORAL CAP 25MG	141
(base equiv)	3	NEORAL SOL 100MG/ML	141
naproxen sodium tab er 24hr 500 mg		NEOSPORIN SOL OP.....	167
(base equiv)	3	NEOTUSS PLUS LIQ.....	149
naproxen susp 125 mg/5ml	3	NEPTAZANE TAB 25MG.....	55
naproxen tab 250 mg	3	NEPTAZANE TAB 50MG.....	55
naproxen tab 375 mg	3	NERLYNX TAB 40MG	32
naproxen tab 500 mg	3	NESINA TAB 12.5MG	100
naproxen tab ec 375 mg	3	NESINA TAB 25MG.....	100
naproxen tab ec 500 mg	3	NESINA TAB 6.25MG	100
naratriptan hcl tab 1 mg (base equiv)..	91	NESTABS ABC MIS	144
naratriptan hcl tab 2.5 mg (base equiv)		NEULASTA INJ 6MG/0.6M.....	136
.....	91	NEULASTA KIT 6MG/0.6M	136
NARCAN SPR.....	95	NEUPOGEN INJ 300/0.5	136
NARDIL TAB 15MG.....	70	NEUPOGEN INJ 300MCG	136
NASCOBAL SPR 500MCG.....	143	NEUPOGEN INJ 480/0.8	136
NASONEX SPR 50MCG/AC	153	NEUPOGEN INJ 480MCG	136
NATACHEW CHW	144	NEUPRO DIS 1MG/24HR	76
NATACYN SUS 5% OP.....	169	NEUPRO DIS 2MG/24HR	76
NATALVIT TAB 75-1MG.....	144	NEUPRO DIS 3MG/24HR	76
NATAZIA TAB	107	NEUPRO DIS 4MG/24HR	76
nateglinide tab 120 mg.....	102	NEUPRO DIS 6MG/24HR	76
nateglinide tab 60 mg	102	NEUPRO DIS 8MG/24HR	76
NATELLE ONE CAP	144	NEURONTIN CAP 100MG.....	65
NATESTO GEL 5.5MG	98	NEURONTIN CAP 300MG.....	65
NATPARA INJ 100MCG	106	NEURONTIN CAP 400MG.....	65
NATPARA INJ 25MCG.....	106	NEURONTIN SOL 250/5ML	65
NATPARA INJ 50MCG.....	106	NEURONTIN TAB 600MG.....	65
NATPARA INJ 75MCG.....	106	NEURONTIN TAB 800MG.....	65
NATROBA SUS 0.9%	165	NEVANAC SUS 0.1%	168
NEBUSAL NEB 6%.....	152	nevirapine susp 50 mg/5ml.....	21
NECON TAB 10/11-28.....	107	nevirapine tab 200 mg	21
NEEVO DHA CAP 27-1.13	144	nevirapine tab er 24hr 100 mg	21
NEO-SYNALAR CRE	157	nevirapine tab er 24hr 400 mg	21
neomycin-bacitrac zn-polymyx		NEWGEN TAB 32-1MG	144
5(3.5)mg-400unt-10000unt op oin....	167	NEXA PLUS CAP.....	144
neomycin-polymy-gramicid op sol 1.75-		NEXAVAR TAB 200MG	32

NEXIUM CAP 20MG	129	<i>nisoldipine tab er 24hr 30 mg</i>	52
NEXIUM CAP 40MG	129	<i>nisoldipine tab er 24hr 34 mg</i>	52
NEXIUM GRA 10MG DR	129	<i>nisoldipine tab er 24hr 40 mg</i>	52
NEXIUM GRA 2.5MG DR	129	<i>nisoldipine tab er 24hr 8.5 mg</i>	52
NEXIUM GRA 20MG DR	129	NITRO-BID OIN 2%	58
NEXIUM GRA 40MG DR	129	NITRO-DUR DIS 0.1MG/HR	58
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NIASPAN TAB 500MG ER	47	<i>mg</i>	27
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<i>nicardipine hcl cap 30 mg</i>	52	<i>nitrofurantoin susp 25 mg/5ml</i>	27
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<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml)</i>	97	<i>hydrochlorothiazide tab 40-25 mg</i>	41
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>olmesartan medoxomil tab 20 mg</i>	42
<i>mg/ml)</i>	97	<i>olmesartan medoxomil tab 40 mg</i>	42
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>olmesartan medoxomil tab 5 mg</i>	42
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<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>olopatadine hcl ophth soln 0.1% (base</i>	
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<i>ondansetron orally disintegrating tab 4</i>		<i>25-385-30 mg</i>	94
<i>mg</i>	123	ORTHO-CYCLEN TAB 0.25/35	110
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<i>perindopril erbumine tab 2 mg</i>	37	<i>phentermine hcl tab 37.5 mg</i>	105
<i>perindopril erbumine tab 4 mg</i>	37	<i>phenylephrine-chlorphen-dm liquid 1.75-0.75-2.75 mg/ml</i>	149
<i>perindopril erbumine tab 8 mg</i>	37	<i>phenylephrine hcl ophth soln 2.5%</i> ...	170
<i>permethrin cream 5%</i>	165	PHENYTEK CAP 200MG	66
<i>perphenazine-amitriptyline tab 2-10 mg</i>	82	PHENYTEK CAP 300MG	66
<i>perphenazine-amitriptyline tab 2-25 mg</i>	83	<i>phenytoin chew tab 50 mg</i>	66
<i>perphenazine-amitriptyline tab 4-10 mg</i>	83	<i>phenytoin sodium extended cap 100 mg</i>	66
<i>perphenazine-amitriptyline tab 4-25 mg</i>	83	<i>phenytoin susp 125 mg/5ml</i>	66
<i>perphenazine-amitriptyline tab 4-50 mg</i>	83	PHOSLO CAP 667MG	119
<i>perphenazine tab 16 mg</i>	82	PHOSLYRA SOL.....	119
<i>perphenazine tab 2 mg</i>	82	PHOSPHOLINE SOL 0.125%OP	170
<i>perphenazine tab 4 mg</i>	82	<i>phytonadione tab 5 mg</i>	143
<i>perphenazine tab 8 mg</i>	82	PICATO GEL 0.015%	157
PERSANTINE TAB 25MG.....	138	PICATO GEL 0.05%	157
PERSANTINE TAB 50MG.....	138	<i>pilocarpine hcl ophth soln 1%</i>	170
PERSANTINE TAB 75MG.....	138	<i>pilocarpine hcl ophth soln 2%</i>	170
PERTZYE CAP 16000U	128	<i>pilocarpine hcl ophth soln 4%</i>	171
PERTZYE CAP 24000U	128	<i>pilocarpine hcl tab 5 mg</i>	130
PERTZYE CAP 4000UNIT	128	<i>pilocarpine hcl tab 7.5 mg</i>	130
PERTZYE CAP 8000UNIT	128	<i>pimozide tab 1 mg</i>	83
PEXEVA TAB 10MG.....	71	<i>pimozide tab 2 mg</i>	83
PEXEVA TAB 20MG.....	71	<i>pindolol tab 10 mg</i>	50
PEXEVA TAB 30MG.....	71	<i>pindolol tab 5 mg</i>	50
PEXEVA TAB 40MG.....	71	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	101
<i>phenazopyridine hcl tab 100 mg</i>	132	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	101
<i>phenazopyridine hcl tab 200 mg</i>	132	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	100
<i>phendimetrazine tartrate cap er 24hr</i> 105 <i>mg</i>	105	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	100
<i>phendimetrazine tartrate tab 35 mg</i> ..	105	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	101
<i>phenelzine sulfate tab 15 mg</i>	70	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	101
<i>phenobarbital elixir 20 mg/5ml</i>	65	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	101
<i>phenobarbital tab 100 mg</i>	66	<i>piroxicam cap 10 mg</i>	3
<i>phenobarbital tab 15 mg</i>	65	<i>piroxicam cap 20 mg</i>	3
<i>phenobarbital tab 16.2 mg</i>	65	PLAQUENIL TAB 200MG	139
<i>phenobarbital tab 30 mg</i>	65	PLAVIX TAB 300MG.....	138
<i>phenobarbital tab 32.4 mg</i>	65	PLAVIX TAB 75MG.....	138
<i>phenobarbital tab 60 mg</i>	65	PLEGRIDY INJ	93
<i>phenobarbital tab 64.8 mg</i>	66	PLEGRIDY INJ PEN.....	93
<i>phenobarbital tab 97.2 mg</i>	66	PLEGRIDY INJ STARTER.....	93
<i>phenoxybenzamine hcl cap 10 mg</i>	57		
<i>phentermine hcl cap 15 mg</i>	105		
<i>phentermine hcl cap 30 mg</i>	105		

PLEGRIDY PEN INJ STARTER	93	<i>meq</i>	142
PLETAL TAB 100MG.....	137	<i>pot phos monobasic w/sod phos di &</i>	
PLETAL TAB 50MG.....	137	<i>monobas tab 155-852-130mg</i>	132
PLIAGLIS CRE 7-7%.....	164	PRADAXA CAP 110MG.....	135
PNV-TOTAL CAP.....	145	PRADAXA CAP 150MG.....	135
<i>podofilox soln 0.5%</i>	164	PRADAXA CAP 75MG	135
<i>polymyxin b-trimethoprim ophth soln</i>		PRALUENT INJ 150MG/ML.....	48
<i>10000 unit/ml-0.1%</i>	167	PRALUENT INJ 75MG/ML.....	48
POLYTRIM SOL OP	167	<i>pramipexole dihydrochloride tab 0.125</i>	
POMALYST CAP 1MG	30	<i>mg</i>	77
POMALYST CAP 2MG	30	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
POMALYST CAP 3MG	30	.....	76
POMALYST CAP 4MG	30	<i>pramipexole dihydrochloride tab 0.5 mg</i>	
PONSTEL CAP 250MG.....	3	.....	76
<i>pot & sod citrates w/ cit ac soln 550-500-</i>		<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>334 mg/5ml</i>	132	.....	76
<i>pot & sod citrates w/ cit ac syrup 550-</i>		<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>500-334 mg/5ml</i>	132	.....	77
<i>potassium bicarbonate effer tab 25 meq</i>		<i>pramipexole dihydrochloride tab 1 mg</i>	77
.....	142	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 10 meq</i>	142	<i>0.375 mg</i>	77
<i>potassium chloride cap er 8 meq</i>	142	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride microencapsulated</i>		<i>0.75 mg</i>	77
<i>crys er tab 10 meq</i>	142	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride microencapsulated</i>		<i>1.5 mg</i>	77
<i>crys er tab 20 meq</i>	142	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride oral soln 10% (20</i>		<i>2.25 mg</i>	77
<i>meq/15ml)</i>	142	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride oral soln 20% (40</i>		<i>3.75 mg</i>	77
<i>meq/15ml)</i>	142	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride powder packet 20</i>		<i>3 mg</i>	77
<i>meq</i>	142	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride tab er 10 meq</i>	142	<i>4.5 mg</i>	77
<i>potassium chloride tab er 20 meq (1500</i>		PRAMOSONE LOT 1%	159
<i>mg)</i>	142	PRAMOSONE LOT 2.5%	159
<i>potassium chloride tab er 8 meq (600</i>		PRANDIMET TAB 1-500MG	102
<i>mg)</i>	142	PRANDIMET TAB 2-500MG	102
<i>potassium citrate & citric acid powder</i>		PRANDIN TAB 0.5MG.....	102
<i>pack 3300-1002 mg</i>	132	PRANDIN TAB 1MG	102
<i>potassium citrate & citric acid soln 1100-</i>		PRANDIN TAB 2MG	102
<i>334 mg/5ml</i>	132	<i>prasugrel hcl tab 10 mg (base equiv)</i>	138
<i>potassium citrate tab er 10 meq (1080</i>		<i>prasugrel hcl tab 5 mg (base equiv)</i> ..	138
<i>mg)</i>	133	PRAVACHOL TAB 20MG	46
<i>potassium citrate tab er 15 meq (1620</i>		PRAVACHOL TAB 40MG	46
<i>mg)</i>	133	PRAVACHOL TAB 80MG	46
<i>potassium citrate tab er 5 meq (540 mg)</i>		<i>pravastatin sodium tab 10 mg</i>	46
.....	132	<i>pravastatin sodium tab 20 mg</i>	46
<i>pot bicarbonate & chloride effer tab 25</i>		<i>pravastatin sodium tab 40 mg</i>	46

<i>pravastatin sodium tab 80 mg</i>	46	PREMARIN TAB 1.25MG	112
<i>praziquantel tab 600 mg</i>	27	PREMARIN VAG CRE 0.625MG	113
<i>prazosin hcl cap 1 mg</i>	38	PREMESISRX TAB	145
<i>prazosin hcl cap 2 mg</i>	38	PREMPHASE TAB.....	111
<i>prazosin hcl cap 5 mg</i>	38	PREMPRO TAB .625-2.5	111
PRECOSE TAB 100MG.....	98	PREMPRO TAB 0.3-1.5.....	111
PRECOSE TAB 25MG	98	PREMPRO TAB 0.45-1.5	111
PRECOSE TAB 50MG	98	PREMPRO TAB 0.625-5	111
PRED-G S.O.P OIN OP	166	PRENAISSANCE CAP BALANCE	145
PRED-G SUS OP.....	166	PRENAISSANCE CAP PLUS.....	145
PRED FORTE SUS 1% OP	168	PRENAISSANCE MIS HARMONY.....	145
PRED MILD SUS 0.12% OP.....	168	PRENAISSANCE TAB NEXT	145
<i>prednicarbate cream 0.1%</i>	162	PRENAISSANCE TAB NEXT-B	145
<i>prednicarbate oint 0.1%</i>	162	PRENATA CHW 29-1MG	145
<i>prednisolone acetate ophth susp 1%</i> .168		PRENATAL-U CAP 106.5-1.....	145
<i>prednisolone sodium phosphate oral soln</i> <i>25 mg/5ml (base eq)</i>	115	PRENATAL MIS COMPLEAT	145
<i>prednisolone sod phos orally disintegr</i> <i>tab 10 mg (base eq)</i>	115	PRENATAL VIT TAB LOW IRON.....	145
<i>prednisolone sod phos orally disintegr</i> <i>tab 15 mg (base eq)</i>	115	PRENATE AM TAB 1MG	145
<i>prednisolone sod phos orally disintegr</i> <i>tab 30 mg (base eq)</i>	115	PRENATE CAP ENHANCE	146
<i>prednisolone sod phosphate oral soln 15</i> <i>mg/5ml (base equiv)</i>	115	PRENATE CAP ESSENTIA.....	146
<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	115	PRENATE CAP PIXIE	146
<i>prednisolone syrup 15 mg/5ml (usp</i> <i>solution equivalent)</i>	115	PRENATE CAP RESTORE.....	146
PREDNISON CON 5MG/ML.....	115	PRENATE CHW 0.6-0.4	146
<i>prednisone oral soln 5 mg/5ml</i>	115	PRENATE DHA CAP.....	146
<i>prednisone tab 10 mg</i>	116	PRENATE MINI CAP	146
<i>prednisone tab 1 mg</i>	115	PRENATE STAR TAB 20-1MG.....	146
<i>prednisone tab 2.5 mg</i>	116	PRENATE TAB ELITE	146
<i>prednisone tab 20 mg</i>	116	PRENTIF MIS 22MM.....	108
<i>prednisone tab 50 mg</i>	116	PRENTIF MIS 25MM.....	108
<i>prednisone tab 5 mg</i>	116	PRENTIF MIS 28MM.....	108
<i>prednisone tab therapy pack 10 mg (21)</i>	116	PRENTIF MIS 31MM.....	108
<i>prednisone tab therapy pack 5 mg (21)</i>	116	PRENTIF MIS FITTING	108
PRED SOD PHO SOL 1% OP	168	PREPIDIL GEL 0.5MG/3G.....	118
PREFERAOB CAP ONE	145	PREPOPIK PAK.....	127
PREFEST TAB	111	PREQUE 10 TAB.....	146
PREMARIN TAB 0.3MG	112	PREVACID CAP 15MG DR	129
PREMARIN TAB 0.45MG	112	PREVACID CAP 30MG DR	129
PREMARIN TAB 0.625MG	112	PREVACID TAB 15MG STB.....	129
PREMARIN TAB 0.9MG	112	PREVACID TAB 30MG STB.....	129
		PREVDNT 5000 PST 1.1-5%	166
		PREVDNT 5000 PST 1.1%	166
		PREVIDENT CRE 5000 PLS	166
		PREVIDENT GEL 1.1%	166
		PREVPAC MIS.....	130
		PREVYMIS TAB 240MG	24
		PREVYMIS TAB 480MG	24
		PREZCOBIX TAB 800-150	20
		PREZISTA SUS 100MG/ML	23

PREZISTA TAB 150MG.....	23	PROGRAF CAP 1MG.....	141
PREZISTA TAB 600MG.....	23	PROGRAF CAP 5MG.....	141
PREZISTA TAB 75MG.....	23	PROLENSA SOL 0.07%.....	168
PREZISTA TAB 800MG.....	23	PROMACTA TAB 12.5MG.....	138
PRIFTIN TAB 150MG.....	24	PROMACTA TAB 25MG.....	138
PRILOSEC CAP 10MG.....	129	PROMACTA TAB 50MG.....	138
PRILOSEC CAP 20MG.....	129	PROMACTA TAB 75MG.....	138
PRILOSEC CAP 40MG.....	129	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	149
PRILOSEC POW 10MG.....	129	<i>promethazine-phenylephrine-codeine</i>	
PRILOSEC POW 2.5MG.....	129	<i>syrup 6.25-5-10 mg/5ml.....</i>	149
PRIMAQUINE TAB 26.3MG.....	20	<i>promethazine & phenylephrine syrup</i>	
<i>primidone tab 250 mg.....</i>	66	<i>6.25-5 mg/5ml.....</i>	148
<i>primidone tab 50 mg.....</i>	66	<i>promethazine hcl suppos 12.5 mg.....</i>	123
PRIMLEV TAB 10-300MG.....	11	<i>promethazine hcl suppos 25 mg.....</i>	123
PRIMLEV TAB 5-300MG.....	11	<i>promethazine hcl suppos 50 mg.....</i>	123
PRIMLEV TAB 7.5-300.....	11	<i>promethazine hcl syrup 6.25 mg/5ml.....</i>	123
PRIMSOL SOL 50MG/5ML.....	27	<i>promethazine hcl tab 12.5 mg.....</i>	123
PRINIVIL TAB 10MG.....	37	<i>promethazine hcl tab 25 mg.....</i>	123
PRINIVIL TAB 20MG.....	37	<i>promethazine hcl tab 50 mg.....</i>	123
PRINIVIL TAB 5MG.....	37	<i>promethazine w/ codeine syrup 6.25-10</i>	
PRISTIQ TAB 100MG.....	73	<i>mg/5ml.....</i>	149
PRISTIQ TAB 25MG.....	73	PROMETRIUM CAP 100MG.....	120
PRISTIQ TAB 50MG.....	73	PROMETRIUM CAP 200MG.....	120
PR NATAL 400 PAK EC.....	145	PROMISEB KIT COMPLETE.....	159
PR NATAL 430 PAK.....	145	<i>propafenone hcl cap er 12hr 225 mg...43</i>	
PR NATAL 430 PAK EC.....	145	<i>propafenone hcl cap er 12hr 325 mg...43</i>	
PROAIR HFA AER.....	150	<i>propafenone hcl cap er 12hr 425 mg...43</i>	
<i>probenecid tab 500 mg.....</i>	1	<i>propafenone hcl tab 150 mg.....43</i>	
PROCARDIA XL TAB 30MG CR.....	52	<i>propafenone hcl tab 225 mg.....43</i>	
PROCARDIA XL TAB 60MG CR.....	52	<i>propafenone hcl tab 300 mg.....43</i>	
PROCARDIA XL TAB 90MG CR.....	52	<i>propantheline bromide tab 15 mg.....125</i>	
PROCENTRA SOL 5MG/5ML.....	87	<i>proparacaine hcl ophth soln 0.5%.....170</i>	
<i>prochlorperazine maleate tab 10 mg</i>		<i>propranolol & hydrochlorothiazide tab</i>	
<i>(base equivalent).....</i>	123	<i>40-25 mg.....48</i>	
<i>prochlorperazine maleate tab 5 mg (base</i>		<i>propranolol & hydrochlorothiazide tab</i>	
<i>equivalent).....</i>	123	<i>80-25 mg.....48</i>	
<i>prochlorperazine suppos 25 mg.....</i>	123	<i>propranolol hcl cap er 24hr 120 mg.....50</i>	
PROCORT CRE.....	130	<i>propranolol hcl cap er 24hr 160 mg.....50</i>	
PROCRIT INJ 40000/ML.....	136	<i>propranolol hcl cap er 24hr 60 mg.....50</i>	
PROCTOCORT CRE 1%.....	130	<i>propranolol hcl cap er 24hr 80 mg.....50</i>	
PROCTOCORT SUP 30MG.....	130	<i>propranolol hcl oral soln 20 mg/5ml....50</i>	
PROCTOFOAM AER HC 1%.....	130	<i>propranolol hcl oral soln 40 mg/5ml....50</i>	
PROCYSBI CAP 25MG.....	118	<i>propranolol hcl tab 10 mg.....50</i>	
PROCYSBI CAP 75MG.....	118	<i>propranolol hcl tab 20 mg.....50</i>	
<i>progesterone micronized cap 100 mg</i>	120	<i>propranolol hcl tab 40 mg.....50</i>	
<i>progesterone micronized cap 200 mg</i>	120	<i>propranolol hcl tab 60 mg.....50</i>	
PROGLYCEM SUS 50MG/ML.....	116	<i>propranolol hcl tab 80 mg.....50</i>	
PROGRAF CAP 0.5MG.....	141		

<i>propylthiouracil tab 50 mg</i>	120	QSYMIA CAP 3.75-23	105
PROSCAR TAB 5MG	131	QSYMIA CAP 7.5-46MG.....	105
PROSTIN E2 SUP 20MG	118	QUARTETTE TAB	107
PROTONIX PAK.....	129	QUDEXY XR CAP 100/24HR	66
PROTONIX TAB 20MG.....	130	QUDEXY XR CAP 150/24HR	66
PROTONIX TAB 40MG.....	130	QUDEXY XR CAP 200/24HR	66
PROTOPIC OIN 0.03%	159	QUDEXY XR CAP 25/24HR.....	66
PROTOPIC OIN 0.1%.....	159	QUDEXY XR CAP 50/24HR.....	66
<i>protriptyline hcl tab 10 mg</i>	75	QUESTRAN POW 4GM.....	44
<i>protriptyline hcl tab 5 mg</i>	75	QUESTRAN POW 4GM LITE.....	44
PROVENTIL AER HFA	150	<i>quetiapine fumarate tab 100 mg</i>	80
PROVERA TAB 10MG	120	<i>quetiapine fumarate tab 200 mg</i>	80
PROVERA TAB 2.5MG	120	<i>quetiapine fumarate tab 25 mg</i>	80
PROVERA TAB 5MG	120	<i>quetiapine fumarate tab 300 mg</i>	80
PROVIDA OB CAP.....	146	<i>quetiapine fumarate tab 400 mg</i>	80
PROVIGIL TAB 100MG	95	<i>quetiapine fumarate tab 50 mg</i>	80
PROVIGIL TAB 200MG	95	<i>quetiapine fumarate tab er 24hr 150 mg</i>	80
PROZAC CAP 10MG	71	<i>quetiapine fumarate tab er 24hr 200 mg</i>	80
PROZAC CAP 20MG	71	<i>quetiapine fumarate tab er 24hr 300 mg</i>	80
PROZAC CAP 40MG.....	72	<i>quetiapine fumarate tab er 24hr 400 mg</i>	80
PROZAC WEEKL CAP 90MG	72	<i>quetiapine fumarate tab er 24hr 50 mg</i>	80
<i>pradoxin cre 5%</i>	164	QUILLICHEW CHW 20MG ER	87
<i>pseudoeph-chlorphen w/ hydrocodone</i> <i>soln 60-4-5 mg/5ml</i>	149	QUILLICHEW CHW 30MG ER	87
<i>pseudoephed-bromphen-dm syrup 30-2-</i> <i>10 mg/5ml</i>	149	QUILLICHEW CHW 40MG ER	87
PSORCON CRE 0.05%	160	QUILLIVANT SUS 25MG/5ML.....	88
PTS PANELS TES KETONE	104	<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	35
PULMICORT INH 180MCG.....	154	<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	35
PULMICORT INH 90MCG	154	<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	35
PULMICORT SUS 0.25MG/2	154	<i>quinapril hcl tab 10 mg</i>	37
PULMICORT SUS 0.5MG/2.....	154	<i>quinapril hcl tab 20 mg</i>	37
PULMICORT SUS 1MG/2ML.....	154	<i>quinapril hcl tab 40 mg</i>	37
PULMOZYME SOL 1MG/ML.....	151	<i>quinapril hcl tab 5 mg</i>	37
PUREFE OB CAP PLUS.....	146	QUTENZA KIT 8% 1-PCH	164
PURIXAN SUS 20MG/ML	29	QVAR AER 40MCG.....	154
PYLERA CAP	130	QVAR REDIIHA AER 80MCG.....	154
<i>pyrazinamide tab 500 mg</i>	24	QVAR REDIIHAL AER 40MCG	154
PYRIDIUM TAB 100MG.....	133	R	
PYRIDIUM TAB 200MG.....	133	<i>rabeprazole sodium ec tab 20 mg</i>	130
<i>pyridostigmine bromide tab 60 mg</i>	94	RADIOGARDASE CAP 0.5GM.....	105
<i>pyridostigmine bromide tab er 180 mg</i> 95		RAGWITEK SUB	138
Q			
QBRELIS SOL 1MG/ML.....	37		
QNASL AER 80MCG	153		
QNASL CHILD SPR 40MCG	153		
QSYMIA CAP 11.25-69.....	105		
QSYMIA CAP 15-92MG.....	105		

<i>raloxifene hcl tab 60 mg</i>	120	REBIF REBIDO INJ TITRATN	93
<i>ramipril cap 1.25 mg</i>	37	REBIF TITRTN INJ PACK	93
<i>ramipril cap 10 mg</i>	37	RECTIV OIN 0.4%	127
<i>ramipril cap 2.5 mg</i>	37	REDICHEW RX CHW	146
<i>ramipril cap 5 mg</i>	37	REGLAN TAB 10MG	124
RANEXA TAB 1000MG	57	REGLAN TAB 5MG	124
RANEXA TAB 500MG	57	REGRANEX GEL 0.01%	165
<i>ranitidine hcl cap 300 mg</i>	125	RELENZA MIS DISKHALE	26
<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i>	125	RELHIST CHW	148
<i>ranitidine hcl tab 300 mg</i>	125	RELION KETON TES.....	104
RAPAFLO CAP 4MG.....	131	RELISTOR INJ 12/0.6ML	128
RAPAFLO CAP 8MG.....	131	RELISTOR INJ 8/0.4ML	128
RAPAMUNE SOL 1MG/ML.....	141	RELNATE DHA CAP	146
RAPAMUNE TAB 0.5MG	141	RELPAK TAB 20MG.....	91
RAPAMUNE TAB 1MG.....	141	RELPAK TAB 40MG.....	91
RAPAMUNE TAB 2MG.....	141	REMERON SLTB TAB 15MG.....	69
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	77	REMERON SLTB TAB 30MG.....	70
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	77	REMERON SLTB TAB 45MG.....	70
RASUVO INJ 10MG.....	139	REMERON TAB 15MG	70
RASUVO INJ 12.5MG	139	REMERON TAB 30MG	70
RASUVO INJ 15MG.....	140	REMERON TAB 45MG	70
RASUVO INJ 17.5MG	140	RENAGEL TAB 400MG.....	119
RASUVO INJ 22.5MG	140	RENAGEL TAB 800MG.....	119
RASUVO INJ 25MG.....	140	REVELA PAK 0.8GM.....	119
RASUVO INJ 27.5MG	140	REVELA PAK 2.4GM.....	119
RASUVO INJ 30MG.....	140	REVELA TAB 800MG	119
RASUVO INJ 7.5MG.....	139	<i>repaglinide-metformin hcl tab 1-500 mg</i>	102
RAVICTI LIQ 1.1GM/ML	118	<i>repaglinide-metformin hcl tab 2-500 mg</i>	102
RAYALDEE CAP 30MCG	117	<i>repaglinide tab 0.5 mg</i>	102
RAYOS TAB 1MG.....	116	<i>repaglinide tab 1 mg</i>	102
RAYOS TAB 2MG.....	116	<i>repaglinide tab 2 mg</i>	102
RAYOS TAB 5MG.....	116	REPATHA INJ 140MG/ML.....	48
RAZADYNE ER CAP 16MG.....	68	REPATHA SURE INJ 140MG/ML	48
RAZADYNE ER CAP 24MG.....	68	REPREXAIN TAB 5-200MG.....	11
RAZADYNE ER CAP 8MG	68	REQUIP TAB 0.25MG	77
RAZADYNE TAB 12MG	69	REQUIP TAB 0.5MG.....	77
RAZADYNE TAB 4MG.....	68	REQUIP TAB 1MG	77
RAZADYNE TAB 8MG.....	69	REQUIP TAB 2MG	77
READYLANCE MIS 30G.....	104	REQUIP TAB 3MG	77
REBETOL CAP 200MG.....	25	REQUIP TAB 4MG	77
REBETOL SOL 40MG/ML	25	REQUIP TAB 5MG	77
REBIF INJ 22/0.5.....	93	REQUIP XL TAB 12MG	77
REBIF INJ 44/0.5.....	93	REQUIP XL TAB 2MG	77
REBIF REBIDO INJ 22/0.5.....	93	REQUIP XL TAB 4MG	77
REBIF REBIDO INJ 44/0.5.....	93	REQUIP XL TAB 6MG	77
		REQUIP XL TAB 8MG	77

RESCRIPTOR TAB 100 MG.....	21	<i>ribavirin tab 600 mg</i>	25
RESCRIPTOR TAB 200MG.....	21	<i>rifabutin cap 150 mg</i>	27
<i>reserpine tab 0.1 mg</i>	57	RIFADIN CAP 150MG.....	24
<i>reserpine tab 0.25 mg</i>	57	RIFADIN CAP 300MG.....	24
RESPA-BR TAB 11MG	148	RIFAMATE CAP	24
RESTASIS EMU 0.05%.....	170	<i>rifampin cap 150 mg</i>	24
RESTORA RX CAP 60-1.25.....	127	<i>rifampin cap 300 mg</i>	24
RESTORIL CAP 15MG	89	RIFATER TAB	24
RESTORIL CAP 22.5MG.....	89	RILUTEK TAB 50MG	92
RESTORIL CAP 30MG	89	<i>riluzole tab 50 mg</i>	92
RESTORIL CAP 7.5MG	89	RIOMET SOL	99
RETIN-A CRE 0.025%.....	156	<i>risedronate sodium tab 150 mg</i>	106
RETIN-A CRE 0.05%	156	<i>risedronate sodium tab 30 mg</i>	106
RETIN-A CRE 0.1%	156	<i>risedronate sodium tab 35 mg</i>	106
RETIN-A GEL 0.01%.....	156	<i>risedronate sodium tab 5 mg</i>	106
RETIN-A GEL 0.025%.....	156	<i>risedronate sodium tab delayed release</i> <i>35 mg</i>	106
RETIN-A MICR GEL 0.04%	156	RISPERDAL M TAB 0.5MG	80
RETIN-A MICR GEL 0.08%	156	RISPERDAL M TAB 1MG.....	80
RETIN-A MICR GEL 0.1%	156	RISPERDAL M TAB 2MG.....	80
RETROVIR CAP 100MG	22	RISPERDAL M TAB 3MG.....	80
RETROVIR SYP 50MG/5ML	22	RISPERDAL M TAB 4MG.....	80
REVATIO SUS 10MG/ML	59	RISPERDAL SOL 1MG/ML.....	80
REVATIO TAB 20MG.....	59	RISPERDAL TAB 0.25MG.....	80
REVLIMID CAP 10MG	30	RISPERDAL TAB 0.5MG.....	80
REVLIMID CAP 15MG	30	RISPERDAL TAB 1MG	80
REVLIMID CAP 2.5MG	30	RISPERDAL TAB 2MG	80
REVLIMID CAP 20MG	30	RISPERDAL TAB 3MG	80
REVLIMID CAP 25MG	30	RISPERDAL TAB 4MG	81
REVLIMID CAP 5MG	30	<i>risperidone orally disintegrating tab 0.25</i> <i>mg</i>	81
REXULTI TAB 0.25MG.....	80	<i>risperidone orally disintegrating tab 0.5</i> <i>mg</i>	81
REXULTI TAB 0.5MG	80	<i>risperidone orally disintegrating tab 1 mg</i>	81
REXULTI TAB 1MG	80	<i>risperidone orally disintegrating tab 2 mg</i>	81
REXULTI TAB 2MG	80	<i>risperidone orally disintegrating tab 3 mg</i>	81
REXULTI TAB 3MG	80	<i>risperidone orally disintegrating tab 4 mg</i>	81
REXULTI TAB 4MG	80	<i>risperidone soln 1 mg/ml</i>	81
REYATAZ CAP 150MG.....	23	<i>risperidone tab 0.25 mg</i>	81
REYATAZ CAP 200MG.....	23	<i>risperidone tab 0.5 mg</i>	81
REYATAZ CAP 300MG.....	23	<i>risperidone tab 1 mg</i>	81
REYATAZ POW 50MG.....	23	<i>risperidone tab 2 mg</i>	81
REZIRA SOL 60-5/5ML.....	149	<i>risperidone tab 3 mg</i>	81
RHEUMATREX TAB 2.5MG	140	<i>risperidone tab 4 mg</i>	81
RHINOCORT SUS AQUA	153		
RHOFADE CRE 1%	165		
RHOPRESSA SOL 0.02%	170		
<i>ribavirin cap 200 mg</i>	25		
<i>ribavirin for inhal soln 6 gm</i>	153		
<i>ribavirin tab 200 mg</i>	25		
<i>ribavirin tab 400 mg</i>	25		

RITALIN LA CAP 10MG.....	88
RITALIN LA CAP 20MG.....	88
RITALIN LA CAP 30MG.....	88
RITALIN LA CAP 40MG.....	88
RITALIN LA CAP 60MG.....	88
RITALIN TAB 10MG.....	88
RITALIN TAB 20MG.....	88
RITALIN TAB 5MG.....	88
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	<i>69</i>
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	<i>69</i>
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	<i>69</i>
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	<i>69</i>
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	<i>69</i>
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	<i>69</i>
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	<i>69</i>
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	<i>91</i>
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	<i>91</i>
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	<i>91</i>
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	<i>91</i>
ROBAXIN-750 TAB 750MG.....	94
ROBAXIN TAB 500MG.....	94
ROBINUL FORT TAB 2MG.....	125
ROBINUL TAB 1MG.....	125
ROCALTROL CAP 0.25MCG.....	117
ROCALTROL CAP 0.5MCG.....	117
ROCALTROL SOL 1MCG/ML.....	117
<i>ropinirole hydrochloride tab 0.25 mg...77</i>	<i>77</i>
<i>ropinirole hydrochloride tab 0.5 mg....77</i>	<i>77</i>
<i>ropinirole hydrochloride tab 1 mg .....77</i>	<i>77</i>
<i>ropinirole hydrochloride tab 2 mg .....77</i>	<i>77</i>
<i>ropinirole hydrochloride tab 3 mg .....77</i>	<i>77</i>
<i>ropinirole hydrochloride tab 4 mg .....77</i>	<i>77</i>
<i>ropinirole hydrochloride tab 5 mg .....77</i>	<i>77</i>
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	<i>78</i>
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	<i>77</i>

<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	<i>77</i>
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	<i>78</i>
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	<i>78</i>
<i>rosuvastatin calcium tab 10 mg.....</i>	<i>47</i>
<i>rosuvastatin calcium tab 20 mg.....</i>	<i>47</i>
<i>rosuvastatin calcium tab 40 mg.....</i>	<i>47</i>
<i>rosuvastatin calcium tab 5 mg.....</i>	<i>47</i>
ROWASA KIT 4GM.....	126
ROXICET SOL 5-325/5.....	11
ROXICODONE TAB 15MG.....	11
ROXICODONE TAB 30MG.....	11
ROXICODONE TAB 5MG.....	11
ROZEREM TAB 8MG.....	90
RUBRACA TAB 200MG.....	33
RUBRACA TAB 250MG.....	33
RUBRACA TAB 300MG.....	33
RUCONEST INJ 2100UNIT.....	137
RYDAPT CAP 25MG.....	32
RYTARY CAP 145MG.....	78
RYTARY CAP 195MG.....	78
RYTARY CAP 245MG.....	78
RYTARY CAP 95MG.....	78
RYTHMOL SR CAP 225MG.....	43
RYTHMOL SR CAP 325MG.....	43
RYTHMOL SR CAP 425MG.....	43
RYTHMOL TAB 150MG.....	44
RYTHMOL TAB 225MG.....	44
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SABRIL POW 500MG.....	66
SABRIL TAB 500MG.....	66
SAFETY 28G MIS LANCETS.....	104
SAFYRAL TAB.....	109
SAIZEN INJ 5MG.....	117
SAIZEN INJ 8.8MG.....	117
SALAGEN TAB 5MG.....	130
SALAGEN TAB 7.5MG.....	130
SAMSCA TAB 15MG.....	121
SAMSCA TAB 30MG.....	121
SANCUSO DIS 3.1MG.....	124
SANDIMMUNE CAP 100MG.....	141
SANDIMMUNE CAP 25MG.....	141
SANDIMMUNE SOL 100MG/ML.....	141
SANDOSTATIN INJ 1000MCG.....	97
SANDOSTATIN INJ 100MCG.....	97
SANDOSTATIN INJ 200MCG.....	97

SANDOSTATIN INJ 500MCG	97	<i>solution 20 mg/ml</i>	72
SANDOSTATIN INJ 50MCG/ML	97	<i>sertraline hcl tab 100 mg</i>	72
SANTYL OIN 250/GM	164	<i>sertraline hcl tab 25 mg</i>	72
SAPHRIS SUB 10MG.....	81	<i>sertraline hcl tab 50 mg</i>	72
SAPHRIS SUB 2.5MG.....	81	<i>sevelamer carbonate packet 0.8 gm ..</i>	119
SAPHRIS SUB 5MG	81	<i>sevelamer carbonate packet 2.4 gm ..</i>	119
SARAFEM TAB 10MG	72	<i>sevelamer carbonate tab 800 mg</i>	119
SARAFEM TAB 20MG	72	SFROWASA ENE 4GM	126
SAVELLA MIS TITR PAK	88	SHOHLs SOL MODIFIED	133
SAVELLA TAB 100MG	89	SHUR-SEAL GEL 2%.....	108
SAVELLA TAB 12.5MG	88	SIGNIFOR INJ 0.3MG/ML	118
SAVELLA TAB 25MG	89	SIGNIFOR INJ 0.6MG/ML	118
SAVELLA TAB 50MG	89	SIGNIFOR INJ 0.9MG/ML	118
SAXENDA INJ 18MG/3ML	105	SIKLOS TAB 1000MG	33
SE-NATAL 19 TAB	146	SIKLOS TAB 100MG	33
SE-TAN DHA CAP	146	<i>sildenafil citrate tab 100 mg</i>	131
SECTRAL CAP 200MG	50	<i>sildenafil citrate tab 20 mg</i>	59
SECTRAL CAP 400MG	50	<i>sildenafil citrate tab 25 mg.....</i>	131
SELECT-OB+ PAK DHA	146	<i>sildenafil citrate tab 50 mg.....</i>	131
SELECT-OB CHW	146	SILENOR TAB 3MG.....	90
<i>selegiline hcl cap 5 mg</i>	78	SILENOR TAB 6MG.....	90
<i>selegiline hcl tab 5 mg</i>	78	SILVADENE CRE 1%.....	157
<i>selenium sulfide lotion 2.5%</i>	159	SILVER NITRA OIN 10%	164
SELZENTRY SOL 20MG/ML.....	21	<i>silver sulfadiazine cream 1%</i>	157
SELZENTRY TAB 150MG	21	SIMBRINZA SUS 1-0.2%.....	170
SELZENTRY TAB 25MG	21	SIMPONI INJ 100MG/ML	139
SELZENTRY TAB 300MG	21	SIMPONI INJ 50/0.5ML.....	139
SELZENTRY TAB 75MG	21	<i>simvastatin tab 10 mg.....</i>	47
SEMPREX-D CAP 8-60MG	148	<i>simvastatin tab 20 mg.....</i>	47
SENSIPAR TAB 30MG	106	<i>simvastatin tab 40 mg.....</i>	47
SENSIPAR TAB 60MG	106	<i>simvastatin tab 5 mg</i>	47
SENSIPAR TAB 90MG	106	<i>simvastatin tab 80 mg.....</i>	47
SEREVENT DIS AER 50MCG.....	150	SINEMET CR TAB 25-100MG	78
SEROQUEL TAB 100MG	81	SINEMET CR TAB 50-200MG	78
SEROQUEL TAB 200MG	81	SINEMET TAB 10-100MG	78
SEROQUEL TAB 25MG	81	SINEMET TAB 25-100MG	78
SEROQUEL TAB 300MG	81	SINEMET TAB 25-250MG	78
SEROQUEL TAB 400MG	81	SINGULAIR CHW 4MG	151
SEROQUEL TAB 50MG	81	SINGULAIR CHW 5MG	151
SEROQUEL XR TAB 150MG.....	81	SINGULAIR GRA 4MG	151
SEROQUEL XR TAB 200MG.....	81	SINGULAIR TAB 10MG.....	151
SEROQUEL XR TAB 300MG.....	81	<i>sirolimus tab 0.5 mg</i>	141
SEROQUEL XR TAB 400MG.....	81	<i>sirolimus tab 1 mg</i>	141
SEROQUEL XR TAB 50MG	81	<i>sirolimus tab 2 mg</i>	141
SEROSTIM INJ 4MG.....	117	SIRTURO TAB 100MG.....	24
SEROSTIM INJ 5MG.....	117	SITAVIG TAB 50MG.....	25
SEROSTIM INJ 6MG.....	117	SIVEXTRO TAB 200MG	27
<i>sertraline hcl oral concentrate for</i>		SKELAXIN TAB 800MG.....	94

SKLICE LOT 0.5%	165	SOMAVERT INJ 30MG	97
sodium chloride soln nebu 0.9%	152	SONATA CAP 10MG	90
sodium chloride soln nebu 10%	152	SONATA CAP 5MG	90
sodium chloride soln nebu 3%	152	SOOLANTRA CRE 1%.....	165
sodium chloride soln nebu 7%	152	SORIATANE CAP 10MG	159
sodium citrate & citric acid soln 500-334 mg/5ml	133	SORIATANE CAP 17.5MG	159
sodium fluoride-potassium nitrate paste 1.1-5%	166	SORIATANE CAP 25MG	159
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	143	SORILUX AER 0.005%	159
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	143	sotalol hcl (afib/af) tab 120 mg.....	44
sodium fluoride cream 1.1%.....	166	sotalol hcl (afib/af) tab 160 mg.....	44
sodium fluoride gel 1.1% (0.5% f)	166	sotalol hcl (afib/af) tab 80 mg	44
sodium fluoride paste 1.1%.....	166	sotalol hcl tab 120 mg.....	44
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	143	sotalol hcl tab 160 mg.....	44
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf).....	143	sotalol hcl tab 240 mg.....	44
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf).....	143	sotalol hcl tab 80 mg.....	44
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	143	SOTYLIZE SOL 5MG/ML	44
sodium phenylbutyrate oral powder 3 gm/teaspoonful	118	SOVALDI TAB 400MG	25
sodium phenylbutyrate tab 500 mg ...	118	spinosad susp 0.9%	165
sodium polystyrene sulfonate oral susp 15 gm/60ml	119	SPIRIVA CAP HANDIHLR	148
sodium polystyrene sulfonate rectal susp 30 gm/120ml	119	SPIRIVA SPR 2.5MCG	148
SODIUM SULFA LIQ 10% WASH.....	159	spironolactone & hydrochlorothiazide tab 25-25 mg	56
SOD SUL/SULF EMU 10-5%.....	156	spironolactone tab 100 mg.....	38
SOD SUL/SULF SUS 10-5%	156	spironolactone tab 25 mg	38
SOLARAZE GEL 3% W/W	157	spironolactone tab 50 mg	38
SOLLIQUA INJ 100/33.....	100	SPORANOX CAP 100MG	20
SOLODYN TAB 105MG	19	SPORANOX SOL 10MG/ML	20
SOLODYN TAB 115MG	19	SPRIX SPR 15.75MG	3
SOLODYN TAB 55MG.....	18	SPRYCEL TAB 100MG	32
SOLODYN TAB 65MG.....	18	SPRYCEL TAB 140MG	32
SOLODYN TAB 80MG.....	18	SPRYCEL TAB 20MG	32
SOLTAMOX SOL 10MG/5ML.....	29	SPRYCEL TAB 50MG.....	32
SOMA TAB 250MG	94	SPRYCEL TAB 70MG	32
SOMA TAB 350MG	94	SPRYCEL TAB 80MG	32
SOMAVERT INJ 10MG.....	97	STALEVO 100 TAB	78
SOMAVERT INJ 15MG.....	97	STALEVO 125 TAB	78
SOMAVERT INJ 20MG.....	97	STALEVO 150 TAB	78
SOMAVERT INJ 25MG.....	97	STALEVO 200 TAB	78
		STALEVO 50 TAB.....	78
		STALEVO 75 TAB.....	78
		STARLIX TAB 120MG	102
		STARLIX TAB 60MG.....	102
		stavudine cap 15 mg.....	22
		stavudine cap 20 mg.....	22
		stavudine cap 30 mg.....	22
		stavudine cap 40 mg.....	22
		stavudine for oral soln 1 mg/ml.....	22
		STAVZOR CAP 125MG	66

STAVZOR CAP 250MG	66	<i>sulfacetamide sodium ophth soln 10%</i>	
STAVZOR CAP 500MG	66	.....	167
STAXYN TAB 10MG	131	SULFADIAZINE TAB 500MG.....	17
STELARA INJ 45MG/0.5	139	<i>sulfamethoxazole-trimethoprim susp</i>	
STELARA INJ 90MG/ML.....	139	<i>200-40 mg/5ml.....</i>	17
STENDRA TAB 100MG.....	132	<i>sulfamethoxazole-trimethoprim tab 400-</i>	
STENDRA TAB 200MG.....	132	<i>80 mg.....</i>	17
STENDRA TAB 50MG	132	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
STIOLTO AER 2.5-2.5.....	147	<i>160 mg.....</i>	17
STIVARGA TAB 40MG.....	32	SULFAMYLON CRE 85MG/GM	158
STRATTERA CAP 100MG	88	SULFAMYLON PAK 5%	158
STRATTERA CAP 10MG	88	<i>sulfasalazine tab 500 mg</i>	126
STRATTERA CAP 18MG	88	<i>sulfasalazine tab delayed release 500 mg</i>	
STRATTERA CAP 25MG	88	.....	126
STRATTERA CAP 40MG	88	SULF LIME SOL.....	165
STRATTERA CAP 60MG	88	SULFOAM SHA 2%	156
STRATTERA CAP 80MG	88	<i>sulindac tab 150 mg</i>	3
STRENSIQ INJ 18/0.45	118	<i>sulindac tab 200 mg</i>	3
STRENSIQ INJ 28/0.7ML.....	118	<i>sumatriptan-naproxen sodium tab 85-</i>	
STRENSIQ INJ 40MG/ML.....	118	<i>500 mg</i>	90
STRENSIQ INJ 80/0.8ML.....	118	<i>sumatriptan nasal spray 20 mg/act</i>	91
STRIANT MIS 30MG	98	<i>sumatriptan nasal spray 5 mg/act.....</i>	91
STRIBILD TAB.....	20	<i>sumatriptan succinate inj 6 mg/0.5ml .</i>	91
STRIVERDI AER 2.5MCG	150	<i>sumatriptan succinate solution auto-</i>	
STROMECTOL TAB 3MG	27	<i>injector 4 mg/0.5ml</i>	92
SUBOXONE MIS 12-3MG.....	96	<i>sumatriptan succinate solution auto-</i>	
SUBOXONE MIS 2-0.5MG.....	96	<i>injector 6 mg/0.5ml</i>	92
SUBOXONE MIS 4-1MG	96	<i>sumatriptan succinate solution cartridge</i>	
SUBOXONE MIS 8-2MG	96	<i>4 mg/0.5ml</i>	92
SUBSYS SPR 100MCG	11	<i>sumatriptan succinate solution cartridge</i>	
SUBSYS SPR 1200MCG.....	11	<i>6 mg/0.5ml</i>	92
SUBSYS SPR 1600MCG.....	11	<i>sumatriptan succinate solution prefilled</i>	
SUBSYS SPR 200MCG	11	<i>syringe 6 mg/0.5ml</i>	92
SUBSYS SPR 400MCG	11	<i>sumatriptan succinate tab 100 mg</i>	92
SUBSYS SPR 600MCG	11	<i>sumatriptan succinate tab 25 mg</i>	92
SUBSYS SPR 800MCG	11	<i>sumatriptan succinate tab 50 mg</i>	92
SUCRAID SOL 8500/ML	127	SUMAVEL DOSE INJ 4MG/0.5	92
SUCRALFATE SUS 1GM/10ML	127	SUMAVEL DOSE INJ 6MG/0.5	92
<i>sucralfate tab 1 gm.....</i>	127	SUPRAX CAP 400MG	14
SULAR TAB 17MG	53	SUPRAX CHW 100MG	14
SULAR TAB 34MG	53	SUPRAX CHW 200MG	14
SULAR TAB 8.5MG	53	SUPRAX SUS 100/5ML.....	14
<i>sulfacetamide sodium-prednisolone</i>		SUPRAX SUS 200/5ML.....	14
<i>ophth soln 10-0.23(0.25)%.....</i>	166	SUPRAX SUS 500/5ML.....	14
<i>sulfacetamide sodium lotion 10% (acne)</i>		SUPREP BOWEL SOL PREP KIT.....	127
.....	156	SURE COMFORT MIS LANC 18G	105
<i>sulfacetamide sodium ophth oint 10%</i>		SURE COMFORT MIS LANC 21G	105
.....	167	SURE COMFORT MIS LANC 23G	105

SURE COMFORT MIS LANC 30G	105	<i>tacrolimus oint 0.03%</i>	159
SURFAXIN SUS 30MG/ML.....	152	<i>tacrolimus oint 0.1%</i>	159
SURMONTIL CAP 100MG.....	75	<i>tadalafil tab 10 mg</i>	132
SURMONTIL CAP 25MG.....	75	<i>tadalafil tab 2.5 mg</i>	132
SURMONTIL CAP 50MG.....	75	<i>tadalafil tab 20 mg</i>	132
SUSTIVA CAP 200MG	21	<i>tadalafil tab 5 mg</i>	132
SUSTIVA CAP 50MG	21	TAFINLAR CAP 50MG.....	32
SUSTIVA TAB 600MG	21	TAFINLAR CAP 75MG.....	32
SUTENT CAP 12.5MG	32	TAGRISSE TAB 40MG.....	32
SUTENT CAP 25MG	32	TAGRISSE TAB 80MG.....	32
SUTENT CAP 37.5MG	32	<i>taltz inj 80mg/ml</i>	139
SUTENT CAP 50MG	32	TAMIFLU CAP 30MG	26
SUTTAR-SF SYP.....	149	TAMIFLU CAP 45MG	26
SYLATRON KIT 200MCG.....	140	TAMIFLU CAP 75MG	26
SYLATRON KIT 300MCG.....	140	TAMIFLU SUS 6MG/ML	26
SYLATRON KIT 600MCG.....	140	<i>tamoxifen citrate tab 10 mg (base</i>	
SYMAX DUOTAB TAB	125	<i>equivalent)</i>	29
SYMBICORT AER 160-4.5.....	154	<i>tamoxifen citrate tab 20 mg (base</i>	
SYMBICORT AER 80-4.5.....	154	<i>equivalent)</i>	29
SYMDEKO TAB 100-150	151	<i>tamsulosin hcl cap 0.4 mg</i>	131
SYMLINPEN 60 INJ 1000MCG	98	TAPAZOLE TAB 10MG	120
SYMLINPEN 120 INJ 1000MCG.....	98	TAPAZOLE TAB 5MG.....	120
SYNALAR CRE 0.025%.....	162	TARCEVA TAB 100MG.....	32
SYNALAR OIN 0.025%.....	162	TARCEVA TAB 150MG.....	32
SYNALAR SOL 0.01%	161	TARCEVA TAB 25MG	32
SYNALGOS-DC CAP.....	11	TARGADOX TAB 50MG.....	19
SYNAREL SOL 2MG/ML	111	TARGRETIN CAP 75MG	33
SYNERA DIS 70-70MG	164	TARGRETIN GEL 1%	33
SYNTHROID TAB 100MCG	121	TARKA TAB 1-240 CR.....	34
SYNTHROID TAB 112MCG	121	TARKA TAB 2-180 CR.....	34
SYNTHROID TAB 125MCG	121	TARKA TAB 2-240 CR.....	34
SYNTHROID TAB 137MCG	121	TARKA TAB 4-240 CR.....	34
SYNTHROID TAB 150MCG	121	TARON-BC MIS.....	146
SYNTHROID TAB 175MCG	121	TARON-C DHA CAP.....	146
SYNTHROID TAB 200MCG	121	TARON-PREX CAP	146
SYNTHROID TAB 25MCG.....	121	TASIGNA CAP 150MG.....	32
SYNTHROID TAB 300MCG	121	TASIGNA CAP 200MG.....	32
SYNTHROID TAB 50MCG.....	121	<i>tazarotene cream 0.1%</i>	156
SYNTHROID TAB 75MCG.....	121	TAZORAC CRE 0.05%.....	156
SYNTHROID TAB 88MCG.....	121	TAZORAC CRE 0.1%.....	156
SYPRINE CAP 250MG.....	118	TAZORAC GEL 0.05%	156
T		TAZORAC GEL 0.1%	156
TABLOID TAB 40MG	29	TECFIDERA CAP 120MG.....	93
TACLONEX OIN.....	159	TECFIDERA CAP 240MG.....	93
TACLONEX SUS	159	TECFIDERA MIS STARTER.....	93
<i>tacrolimus cap 0.5 mg</i>	141	TEGRETOL-XR TAB 100MG.....	66
<i>tacrolimus cap 1 mg</i>	141	TEGRETOL-XR TAB 200MG.....	66
<i>tacrolimus cap 5 mg</i>	141	TEGRETOL-XR TAB 400MG.....	66

TEGRETOL SUS 100/5ML	66	TENORMIN TAB 100MG	51
TEGRETOL TAB 200MG	66	TENORMIN TAB 25MG	50
TEKURNA HCT TAB 150-12.5	55	TENORMIN TAB 50MG	50
TEKURNA HCT TAB 150-25MG	55	TERAZOL 3 CRE 0.8%	134
TEKURNA HCT TAB 300-12.5	55	TERAZOL 7 CRE 0.4%	134
TEKURNA HCT TAB 300-25MG	55	<i>terazosin hcl cap 10 mg (base</i>	
TEKURNA TAB 150MG.....	55	<i>equivalent)</i>	39
TEKURNA TAB 300MG.....	55	<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>telmisartan-amlodipine tab 40-10 mg</i> ..	39	.....	38
<i>telmisartan-amlodipine tab 40-5 mg</i> ...	39	<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>telmisartan-amlodipine tab 80-10 mg</i> ..	39	.....	38
<i>telmisartan-amlodipine tab 80-5 mg</i> ...	39	<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>telmisartan-hydrochlorothiazide tab 40-</i>		.....	38
<i>12.5 mg</i>	41	<i>terbinafine hcl tab 250 mg</i>	20
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>terbutaline sulfate tab 2.5 mg</i>	151
<i>12.5 mg</i>	41	<i>terbutaline sulfate tab 5 mg</i>	151
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>terconazole vaginal cream 0.4%</i>	134
<i>25 mg</i>	41	<i>terconazole vaginal cream 0.8%</i>	134
<i>telmisartan tab 20 mg</i>	43	<i>terconazole vaginal suppos 80 mg</i>	134
<i>telmisartan tab 40 mg</i>	43	TESSALON PER CAP 100MG.....	149
<i>telmisartan tab 80 mg</i>	43	TESTIM GEL 1%(50MG).....	98
<i>temazepam cap 15 mg</i>	89	<i>testosterone td gel 10mg/act (2%)</i>	98
<i>temazepam cap 22.5 mg</i>	89	<i>testosterone td gel 12.5 mg/act (1%)</i> .	98
<i>temazepam cap 30 mg</i>	89	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	98
<i>temazepam cap 7.5 mg</i>	89	<i>testosterone td gel 50 mg/5gm (1%)</i> ..	98
TEMODAR CAP 100MG.....	28	<i>testosterone td soln 30 mg/act</i>	98
TEMODAR CAP 140MG.....	28	<i>tetrabenazine tab 12.5 mg</i>	89
TEMODAR CAP 180MG.....	28	<i>tetrabenazine tab 25 mg</i>	89
TEMODAR CAP 20MG	28	<i>tetracaine hcl ophth soln 0.5%</i>	170
TEMODAR CAP 250MG.....	28	<i>tetracycline hcl cap 250 mg</i>	19
TEMODAR CAP 5MG	28	<i>tetracycline hcl cap 500 mg</i>	19
TEMOVATE CRE 0.05%	163	TEVETEN HCT TAB 600-12.5	41
TEMOVATE E CRE 0.05%EML.....	163	TEVETEN HCT TAB 600-25MG.....	41
TEMOVATE GEL 0.05%	163	TEVETEN TAB 600MG	43
TEMOVATE OIN 0.05%	163	TEXACORT SOL 2.5%	161
TEMOVATE SOL 0.05%	163	TGQ 15DM/5PE SYP H/2CPM	149
<i>temozolomide cap 100 mg</i>	28	TGQ 30/PSE/3 SYP BRM/15DM	149
<i>temozolomide cap 140 mg</i>	28	TGQ 30/ SYP 150/15	149
<i>temozolomide cap 180 mg</i>	28	THALOMID CAP 100MG.....	30
<i>temozolomide cap 20 mg</i>	28	THALOMID CAP 150MG.....	30
<i>temozolomide cap 250 mg</i>	28	THALOMID CAP 200MG.....	30
<i>temozolomide cap 5 mg</i>	28	THALOMID CAP 50MG	30
TENEX TAB 1MG	38	THEO-24 CAP 100MG CR.....	154
TENEX TAB 2MG	38	THEO-24 CAP 200MG CR.....	154
<i>tenofovir disoproxil fumarate tab 300 mg</i>		THEO-24 CAP 300MG CR.....	154
.....	23	THEO-24 CAP 400MG ER.....	154
TENORETIC TAB 100	48	<i>theophylline soln 80 mg/15ml</i>	154
TENORETIC TAB 50	48	<i>theophylline tab er 12hr 100 mg</i>	154

<i>theophylline tab er 12hr 200 mg</i>	154	TIMOPTIC OCU SOL 0.5% OP	169
<i>theophylline tab er 12hr 300 mg</i>	154	TIMOPTIC SOL 0.25% OP	169
<i>theophylline tab er 12hr 450 mg</i>	154	TIMOPTIC SOL 0.5% OP	169
<i>theophylline tab er 24hr 400 mg</i>	154	TINDAMAX TAB 250MG.....	27
<i>theophylline tab er 24hr 600 mg</i>	154	TINDAMAX TAB 500MG.....	27
THIOLA TAB 100MG	133	<i>tinidazole tab 250 mg</i>	27
<i>thioridazine hcl tab 100 mg</i>	83	<i>tinidazole tab 500 mg</i>	27
<i>thioridazine hcl tab 10 mg</i>	83	TIROSINT CAP 100MCG	121
<i>thioridazine hcl tab 25 mg</i>	83	TIROSINT CAP 112MCG	121
<i>thioridazine hcl tab 50 mg</i>	83	TIROSINT CAP 125MCG	121
<i>thiothixene cap 10 mg</i>	83	TIROSINT CAP 137MCG	121
<i>thiothixene cap 1 mg</i>	83	TIROSINT CAP 13MCG	121
<i>thiothixene cap 2 mg</i>	83	TIROSINT CAP 150MCG	121
<i>thiothixene cap 5 mg</i>	83	TIROSINT CAP 25MCG	121
THYROLAR-1/2 TAB 30MG.....	121	TIROSINT CAP 50MCG	121
THYROLAR-1/4 TAB 15MG.....	121	TIROSINT CAP 75MCG	121
THYROLAR-1 TAB 60MG.....	121	TIROSINT CAP 88MCG	121
THYROLAR-2 TAB 120MG	121	TIVICAY TAB 10MG	21
THYROLAR-3 TAB 180MG	121	TIVICAY TAB 25MG	21
<i>tiagabine hcl tab 12 mg</i>	66	TIVICAY TAB 50MG	21
<i>tiagabine hcl tab 16 mg</i>	66	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	94
<i>tiagabine hcl tab 2 mg</i>	66	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	94
<i>tiagabine hcl tab 4 mg</i>	66	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	94
TIAZAC CAP 120MG/24	54	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	94
TIAZAC CAP 180MG/24	54	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	94
TIAZAC CAP 240MG/24	54	TL-CARE DHA CAP 27-1-500.....	146
TIAZAC CAP 300MG/24	54	TL-SELECT CAP	146
TIAZAC CAP 360MG/24	54	TL FOLATE TAB.....	146
TIAZAC CAP 420MG/24	54	TOBI NEB 300/5ML	151
TIBSOVO TAB 250MG.....	33	TOBI PODHALR CAP 28MG	151
TIGAN CAP 300MG.....	124	TOBRADEX OIN 0.3-0.1%	166
TIKOSYN CAP 125MCG	44	TOBRADEX ST SUS 0.3-0.05	166
TIKOSYN CAP 250MCG	44	TOBRADEX SUS 0.3-0.1%.....	166
TIKOSYN CAP 500MCG	44	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	166
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	169	<i>tobramycin nebu soln 300 mg/5ml</i>	151
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	169	<i>tobramycin ophth soln 0.3%</i>	167
<i>timolol maleate ophth soln 0.25%</i>	169	TOBEX OIN 0.3% OP	167
<i>timolol maleate ophth soln 0.5%</i>	169	TOBEX SOL 0.3% OP	167
<i>timolol maleate ophth soln 0.5% (once-</i> <i>daily)</i>	169	TODAY SPONGE MIS	108
<i>timolol maleate tab 10 mg</i>	51	TOFRANIL-PM CAP 100MG	75
<i>timolol maleate tab 20 mg</i>	51	TOFRANIL-PM CAP 125MG	75
<i>timolol maleate tab 5 mg</i>	51	TOFRANIL-PM CAP 150MG	75
TIMOPTIC-XE SOL 0.25% OP.....	169		
TIMOPTIC-XE SOL 0.5% OP.....	169		
TIMOPTIC OCU SOL 0.25% OP.....	169		

TOFRANIL-PM CAP 75MG	75	TOUJEO SOLO INJ 300IU/ML	102
TOFRANIL TAB 10MG	75	TOVIAZ TAB 4MG	134
TOFRANIL TAB 25MG	75	TOVIAZ TAB 8MG	134
TOFRANIL TAB 50MG	75	TRACLEER TAB 125MG	58
TOLAK CRE 4%	157	TRACLEER TAB 32MG	58
<i>tolbutamide tab 500 mg</i>	<i>103</i>	TRACLEER TAB 62.5MG	<i>58</i>
<i>tolmetin sodium cap 400 mg</i>	<i>3</i>	TRADJENTA TAB 5MG	<i>100</i>
<i>tolmetin sodium tab 200 mg</i>	<i>3</i>	<i>tramadol-acetaminophen tab 37.5-325</i>	<i>mg</i>
<i>tolmetin sodium tab 600 mg</i>	<i>3</i>	<i>mg</i>	<i>12</i>
<i>tolterodine tartrate cap er 24hr 2 mg</i>	<i>133</i>	TRAMADOL HCL CAP 150MG ER	<i>12</i>
<i>tolterodine tartrate cap er 24hr 4 mg</i>	<i>133</i>	<i>tramadol hcl cap er 24hr biphasic release</i>	<i>100 mg</i>
<i>tolterodine tartrate tab 1 mg</i>	<i>134</i>	<i>100 mg</i>	<i>12</i>
<i>tolterodine tartrate tab 2 mg</i>	<i>134</i>	<i>tramadol hcl cap er 24hr biphasic release</i>	<i>200 mg</i>
TOPAMAX SPR CAP 15MG	66	<i>200 mg</i>	<i>12</i>
TOPAMAX SPR CAP 25MG	66	<i>tramadol hcl cap er 24hr biphasic release</i>	<i>300 mg</i>
TOPAMAX TAB 100MG	66	<i>300 mg</i>	<i>12</i>
TOPAMAX TAB 200MG	66	<i>tramadol hcl tab 50 mg</i>	<i>12</i>
TOPAMAX TAB 25MG	66	<i>tramadol hcl tab er 24hr 100 mg</i>	<i>12</i>
TOPAMAX TAB 50MG	66	<i>tramadol hcl tab er 24hr 200 mg</i>	<i>12</i>
TOPCARE MIS LANC 33G	105	<i>tramadol hcl tab er 24hr 300 mg</i>	<i>12</i>
TOPICORT CRE 0.05%	162	<i>tramadol hcl tab er 24hr biphasic release</i>	<i>100 mg</i>
TOPICORT CRE 0.25%	160	<i>100 mg</i>	<i>12</i>
TOPICORT GEL 0.05%	160	<i>tramadol hcl tab er 24hr biphasic release</i>	<i>200 mg</i>
TOPICORT OIN 0.05%	162	<i>200 mg</i>	<i>12</i>
TOPICORT OIN 0.25%	160	<i>tramadol hcl tab er 24hr biphasic release</i>	<i>300 mg</i>
TOPICORT SPR 0.25%	160	<i>300 mg</i>	<i>12</i>
<i>topiramate cap er 24hr sprinkle 100 mg</i>	<i>66</i>	<i>trandolapril-verapamil hcl tab er 1-240</i>	<i>mg</i>
<i>.....</i>	<i>66</i>	<i>mg</i>	<i>34</i>
<i>topiramate cap er 24hr sprinkle 150 mg</i>	<i>66</i>	<i>trandolapril-verapamil hcl tab er 2-180</i>	<i>mg</i>
<i>.....</i>	<i>66</i>	<i>mg</i>	<i>34</i>
<i>topiramate cap er 24hr sprinkle 200 mg</i>	<i>66</i>	<i>trandolapril-verapamil hcl tab er 2-240</i>	<i>mg</i>
<i>.....</i>	<i>66</i>	<i>mg</i>	<i>34</i>
<i>topiramate cap er 24hr sprinkle 25 mg</i>	<i>66</i>	<i>trandolapril-verapamil hcl tab er 4-240</i>	<i>mg</i>
<i>topiramate cap er 24hr sprinkle 50 mg</i>	<i>66</i>	<i>mg</i>	<i>34</i>
<i>topiramate sprinkle cap 15 mg</i>	<i>66</i>	<i>trandolapril tab 1 mg</i>	<i>37</i>
<i>topiramate sprinkle cap 25 mg</i>	<i>66</i>	<i>trandolapril tab 2 mg</i>	<i>37</i>
<i>topiramate tab 100 mg</i>	<i>67</i>	<i>trandolapril tab 4 mg</i>	<i>37</i>
<i>topiramate tab 200 mg</i>	<i>67</i>	<i>tranexamic acid tab 650 mg</i>	<i>136</i>
<i>topiramate tab 25 mg</i>	<i>67</i>	TRANSDERM-SC DIS 1.5MG	124
<i>topiramate tab 50 mg</i>	<i>67</i>	TRANXENE T TAB 15MG	61
TOPROL XL TAB 100MG	51	TRANXENE T TAB 3.75MG	61
TOPROL XL TAB 200MG	51	TRANXENE T TAB 7.5MG	61
TOPROL XL TAB 25MG	51	<i>tranylcypromine sulfate tab 10 mg</i>	<i>70</i>
TOPROL XL TAB 50MG	51	TRAVATAN Z DRO 0.004%	171
<i>toremide tab 100 mg</i>	<i>56</i>	TRAVEL LANCE MIS ADV 28G	105
<i>toremide tab 10 mg</i>	<i>56</i>	<i>travoprost ophth soln 0.004%</i>	<i>171</i>
<i>toremide tab 20 mg</i>	<i>56</i>	<i>trazodone hcl tab 100 mg</i>	<i>70</i>
<i>toremide tab 5 mg</i>	<i>56</i>	<i>trazodone hcl tab 150 mg</i>	<i>70</i>

<i>trazodone hcl tab 300 mg</i>	70	<i>triamterene & hydrochlorothiazide tab</i>	
<i>trazodone hcl tab 50 mg</i>	70	<i>75-50 mg</i>	56
TRECATOR TAB 250MG.....	24	TRIANEX OIN 0.05%	162
TRELEGY AER ELLIPTA	147	<i>triazolam tab 0.125 mg</i>	89
TRESIBA FLEX INJ 100UNIT	102	<i>triazolam tab 0.25 mg</i>	89
TRESIBA FLEX INJ 200UNIT	102	TRIBENZOR20- TAB 5-12.5MG	40
TRETIN-X CRE 0.0375%	156	TRIBENZOR40- TAB 10-12.5	40
TRETIN-X CRE 0.075%	156	TRIBENZOR40- TAB 10-25MG	40
<i>tretinoin cap 10 mg</i>	33	TRIBENZOR40- TAB 5-12.5MG	40
<i>tretinoin cream 0.025%</i>	156	TRIBENZOR40- TAB 5-25MG	40
<i>tretinoin cream 0.05%</i>	156	TRICOR TAB 145MG.....	45
<i>tretinoin cream 0.1%</i>	156	TRICOR TAB 48MG.....	45
<i>tretinoin gel 0.01%</i>	156	<i>trientine hcl cap 250 mg</i>	118
<i>tretinoin gel 0.025%</i>	157	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>tretinoin gel 0.05%</i>	156	<i>equivalent)</i>	83
<i>tretinoin microsphere gel 0.04%</i>	157	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>tretinoin microsphere gel 0.1%</i>	157	<i>equivalent)</i>	83
TREXALL TAB 10MG	29	<i>trifluoperazine hcl tab 2 mg (base</i>	
TREXALL TAB 15MG	29	<i>equivalent)</i>	83
TREXALL TAB 5MG.....	29	<i>trifluoperazine hcl tab 5 mg (base</i>	
TREXALL TAB 7.5MG	29	<i>equivalent)</i>	83
TREXIMET TAB 10-60MG	90	<i>trifluridine ophth soln 1%</i>	169
TREXIMET TAB 85-500MG.....	90	TRIGLIDE TAB 160MG	45
TREZIX CAP	12	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	78
TRI-NORINYL TAB 28	111	<i>trihexyphenidyl hcl tab 2 mg</i>	78
TRI-TABS DHA MIS	146	<i>trihexyphenidyl hcl tab 5 mg</i>	78
<i>triamcinolone acetone aerosol soln</i>		TRILEPTAL SUS 300MG/5M	67
<i>0.147 mg/gm</i>	162	TRILEPTAL TAB 150MG.....	67
<i>triamcinolone acetone cream 0.025%</i>		TRILEPTAL TAB 300MG.....	67
.....	162	TRILEPTAL TAB 600MG.....	67
<i>triamcinolone acetone cream 0.1%</i>	162	TRILIPIX CAP 135MG	45
<i>triamcinolone acetone cream 0.5%</i>	160	TRILIPIX CAP 45MG	45
<i>triamcinolone acetone dental paste</i>		<i>trimethobenzamide hcl cap 300 mg</i> ...	124
<i>0.1%</i>	166	<i>trimethoprim tab 100 mg</i>	27
<i>triamcinolone acetone lotion 0.025%</i>		<i>trimipramine maleate cap 100 mg</i>	75
.....	162	<i>trimipramine maleate cap 25 mg</i>	75
<i>triamcinolone acetone lotion 0.1%</i>	162	<i>trimipramine maleate cap 50 mg</i>	75
<i>triamcinolone acetone nasal aerosol</i>		TRINATAL GT TAB	146
<i>suspension 55 mcg/act</i>	153	TRINATAL RX TAB 1	146
<i>triamcinolone acetone oint 0.025%</i>	162	TRINTELLIX TAB 10MG	72
<i>triamcinolone acetone oint 0.1%</i>	162	TRINTELLIX TAB 20MG	72
<i>triamcinolone acetone oint 0.5%</i>	160	TRINTELLIX TAB 5MG.....	72
<i>triamterene & hydrochlorothiazide cap</i>		TRIUMEQ TAB	20
<i>37.5-25 mg</i>	56	TRIVEEN-DUO PAK DHA.....	146
<i>triamterene & hydrochlorothiazide cap</i>		TRIVEEN-PRX CAP RNF	146
<i>50-25 mg</i>	56	TRIZIVIR TAB	21
<i>triamterene & hydrochlorothiazide tab</i>		TROKENDI XR CAP 100MG	67
<i>37.5-25 mg</i>	56	TROKENDI XR CAP 200MG	67

TROKENDI XR CAP 25MG.....	67	UNILET LANCT MIS 30G.....	105
TROKENDI XR CAP 50MG.....	67	UNILET LANCT MIS 33G.....	105
<i>tropicamide ophth soln 0.5%</i>	170	UNISTIK TOUC MIS LANC 21G	105
<i>tropicamide ophth soln 1%</i>	170	UNISTIK TOUC MIS LANC 23G	105
<i>trospium chloride cap er 24hr 60 mg</i> .	134	UNISTIK TOUC MIS LANC 28G	105
<i>trospium chloride tab 20 mg</i>	134	UNISTIK TOUC MIS LANC 30G	105
TRULANCE TAB 3MG.....	126	UPTRAVI TAB 1000MCG.....	59
TRULICITY INJ 0.75/0.5.....	100	UPTRAVI TAB 1200MCG.....	59
TRULICITY INJ 1.5/0.5	100	UPTRAVI TAB 1400MCG.....	59
TRUSOPT SOL 2% OP.....	170	UPTRAVI TAB 1600MCG.....	59
TRUVADA TAB 100-150	21	UPTRAVI TAB 200/800	59
TRUVADA TAB 133-200	21	UPTRAVI TAB 200MCG	59
TRUVADA TAB 167-250	21	UPTRAVI TAB 400MCG	59
TRUVADA TAB 200-300	21	UPTRAVI TAB 600MCG	59
TUDORZA PRES AER 400/ACT.....	148	UPTRAVI TAB 800MCG	59
TUSSICAPS CAP 10-8MG.....	149	URECHOLINE TAB 10MG	133
TUSSICAPS CAP 5-4MG	149	URECHOLINE TAB 25MG	133
TUSSIONEX SUS 10-8/5ML	149	URECHOLINE TAB 50MG	133
TUZISTRA XR SUS	149	URECHOLINE TAB 5MG	133
TWYNSTA TAB 40-10MG	39	UROCIT-K 10 TAB	133
TWYNSTA TAB 40-5MG.....	39	UROCIT-K 15 TAB	133
TWYNSTA TAB 80-10MG	39	UROCIT-K 5 TAB.....	133
TWYNSTA TAB 80-5MG.....	39	UROXATRAL TAB 10MG.....	131
TYBOST TAB 150MG.....	20	URSO 250 TAB 250MG.....	125
TYKERB TAB 250MG.....	32	<i>ursodiol cap 300 mg</i>	125
TYLENOL/COD TAB #3	12	<i>ursodiol tab 250 mg</i>	125
TYLENOL/COD TAB #4	12	<i>ursodiol tab 500 mg</i>	125
TYMLOS INJ	107	URSO FORTE TAB 500MG	125
TYVASO START SOL 0.6MG/ML.....	59	V	
TYZEKA TAB 600MG.....	25	VAGIFEM TAB 10MCG.....	113
TYZINE PED DRO 0.05%.....	152	<i>valacyclovir hcl tab 1 gm</i>	26
TYZINE SOL 0.1%.....	152	<i>valacyclovir hcl tab 500 mg</i>	26
U		VALCHLOR GEL 0.016%	28
UCERIS AER 2MG/ACT.....	126	VALCYTE SOL 50MG/ML.....	24
UCERIS TAB 9MG	126	VALCYTE TAB 450MG	24
ULESFIA LOT 5%	165	<i>valganciclovir hcl for soln 50 mg/ml</i>	
ULORIC TAB 40MG	1	<i>(base equiv)</i>	24
ULORIC TAB 80MG	1	<i>valganciclovir hcl tab 450 mg (base</i>	
ULTIMATECARE CAP ONE	146	<i>equivalent)</i>	24
ULTIMATECARE CAP ONE NF	146	VALIUM TAB 10MG.....	61
ULTRACET TAB 37.5-325	12	VALIUM TAB 2MG	61
ULTRAM ER TAB 100MG.....	12	VALIUM TAB 5MG	61
ULTRAM ER TAB 200MG.....	12	<i>valproate sodium oral soln 250 mg/5ml</i>	
ULTRAM ER TAB 300MG.....	12	<i>(base equiv)</i>	67
ULTRAM TAB 50MG	12	<i>valproic acid cap 250 mg</i>	67
ULTRAVATE CRE 0.05%	163	<i>valsartan-hydrochlorothiazide tab 160-</i>	
ULTRAVATE OIN 0.05%	163	<i>12.5 mg</i>	41
UNILET LANCT MIS 28G.....	105	<i>valsartan-hydrochlorothiazide tab 160-25</i>	

<i>mg</i>	41	<i>(base equivalent)</i>	73
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	42	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	73
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	42	<i>venlafaxine hcl tab 100 mg</i>	73
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	41	<i>venlafaxine hcl tab 25 mg</i>	73
<i>valsartan tab 160 mg</i>	43	<i>venlafaxine hcl tab 37.5 mg</i>	73
<i>valsartan tab 320 mg</i>	43	<i>venlafaxine hcl tab 50 mg</i>	73
<i>valsartan tab 40 mg</i>	43	<i>venlafaxine hcl tab 75 mg</i>	73
<i>valsartan tab 80 mg</i>	43	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	73
VALTRESX TAB 1GM	26	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	73
VALTRESX TAB 500MG	26	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	73
VANATOL LQ SOL	2	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	73
VANCOCIN HCL CAP 125MG	27	VENLAFAXINE TAB 150MG ER	73
VANCOCIN HCL CAP 250MG	27	VENLAFAXINE TAB 225MG ER	73
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	28	VENLAFAXINE TAB 37.5 ER	73
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	28	VENLAFAXINE TAB 75MG ER	73
VANOS CRE 0.1%	160	VENTAVIS SOL 10MCG/ML	59
VANOXIDE-HC LOT 5-0.5%	157	VENTAVIS SOL 20MCG/ML	59
VARUBI TAB 90MG	124	VENTOLIN HFA AER	150
VASCEPA CAP 0.5GM	48	<i>verapamil hcl cap er 24hr 100 mg</i>	54
VASCEPA CAP 1GM	48	<i>verapamil hcl cap er 24hr 120 mg</i>	54
VASERETIC TAB 10-25MG	35	<i>verapamil hcl cap er 24hr 180 mg</i>	54
VASOTEC TAB 10MG	37	<i>verapamil hcl cap er 24hr 200 mg</i>	54
VASOTEC TAB 2.5MG	37	<i>verapamil hcl cap er 24hr 240 mg</i>	54
VASOTEC TAB 20MG	37	<i>verapamil hcl cap er 24hr 300 mg</i>	54
VASOTEC TAB 5MG	37	<i>verapamil hcl cap er 24hr 360 mg</i>	54
VCF VAGINAL AER CONTRACP	108	<i>verapamil hcl tab 120 mg</i>	54
VCF VAGINAL MIS CONTRACP	108	<i>verapamil hcl tab 40 mg</i>	54
VECTICAL OIN 3MCG/GM	159	<i>verapamil hcl tab 80 mg</i>	54
VELPHORO CHW 500MG	119	<i>verapamil hcl tab er 120 mg</i>	54
VELTASSA POW 16.8GM	119	<i>verapamil hcl tab er 180 mg</i>	54
VELTASSA POW 25.2GM	119	<i>verapamil hcl tab er 240 mg</i>	54
VELTASSA POW 8.4GM	119	VERDESO AER 0.05%	161
VELTIN GEL	157	VERDROCET TAB 2.5-325	12
VEMAVITE- CAP PRX 2	146	VERELAN CAP 120MG SR	55
VEMLIDY TAB 25MG	25	VERELAN CAP 180MG SR	55
VENA-BAL MIS DHA	146	VERELAN CAP 240MG SR	55
VENCLEXTA TAB 100MG	33	VERELAN CAP 360MG SR	55
VENCLEXTA TAB 10MG	33	VERELAN PM CAP 100MG ER	55
VENCLEXTA TAB 50MG	33	VERELAN PM CAP 200MG ER	55
VENCLEXTA TAB START PK	33	VERELAN PM CAP 300MG ER	55
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	73	VERIPRED 20 SOL 20MG/5ML	116
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		VERSACLOZ SUS 50MG/ML	81
		VERZENIO TAB 100MG	32

VERZENIO TAB 150MG	32	VIRACEPT TAB 625MG	24
VERZENIO TAB 200MG	32	VIRAMUNE SUS 50MG/5ML	22
VERZENIO TAB 50MG	32	VIRAMUNE TAB 200MG	22
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VEXOL SUS 1% OP	168	VIREAD POW 40MG/GM	23
VFEND SUS 40MG/ML	20	VIREAD TAB 150MG	23
VFEND TAB 200MG	20	VIREAD TAB 200MG	23
VFEND TAB 50MG	20	VIREAD TAB 250MG	23
VIAGRA TAB 100MG	132	VIREAD TAB 300MG	23
VIAGRA TAB 25MG	132	VIROPTIC SOL 1% OP	169
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VIBRAMYCIN SYP 50MG/5ML	19	VITAFOL-NANO TAB	146
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VICTOZA INJ 18MG/3ML	100	VITAFOL-OB TAB 65-1MG	147
VIDAZA INJ 100MG	29	VITAFOL-ONE CAP	147
VIDEX EC CAP 125MG	22	VITAFOL CAP ULTRA	146
VIDEX EC CAP 200MG	22	VITAMEDMD CAP ONE RX	147
VIDEX EC CAP 250MG	22	VITAMEDMD MIS PLUS RX	147
VIDEX EC CAP 400MG	22	VITAMIN D2 TAB 400UNIT	143
VIDEX SOL 2GM	22	VITAMIN D3 LIQ 1000UNIT	143
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VIGAMOX DRO 0.5%	167	VITEKTA TAB 85MG	21
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VIIBRYD TAB 10MG	72	VIVELLE-DOT DIS 0.025MG	113
VIIBRYD TAB 20MG	72	VIVELLE-DOT DIS 0.0375MG	113
VIIBRYD TAB 40MG	72	VIVELLE-DOT DIS 0.05MG	113
VIMOVO TAB 375-20MG	4	VIVELLE-DOT DIS 0.075MG	113
VIMOVO TAB 500-20MG	4	VIVELLE-DOT DIS 0.1MG	113
VIMPAT SOL 10MG/ML	67	VOGELXO GEL 1%(50MG)	98
VIMPAT TAB 100MG	67	VOGELXO GEL PUMP 1%	98
VIMPAT TAB 150MG	67	VOL-NATE TAB	147
VIMPAT TAB 200MG	67	VOL-TAB RX TAB	147
VIMPAT TAB 50MG	67	VOLTAREN GEL 1%	4
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VINATE CARE CHW 40-1MG	146	<i>voriconazole tab 200 mg</i>	20
VINATE C TAB	146	<i>voriconazole tab 50 mg</i>	20
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VIOKACE TAB 20880	128	VOTRIENT TAB 200MG	32
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W		XELJANZ XR TAB 11MG.....	139
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<i>warfarin sodium tab 1 mg</i>	135	XELODA TAB 500MG	29
<i>warfarin sodium tab 2.5 mg</i>	135	XENAZINE TAB 12.5MG	89
<i>warfarin sodium tab 2 mg</i>	135	XENAZINE TAB 25MG.....	89
<i>warfarin sodium tab 3 mg</i>	135	XERAC-AC SOL 6.25%.....	164
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<i>warfarin sodium tab 6 mg</i>	135	XHANCE MIS 93MCG	153
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WIDE-SEAL DPR KIT 65	108	XOPENEX CONC NEB 1.25/0.5	150
WIDE-SEAL DPR KIT 70	108	XOPENEX HFA AER.....	150
WIDE-SEAL DPR KIT 75	108	XOPENEX NEB 0.31MG	150

XOPENEX NEB 0.63MG	150	ZENPEP CAP 25000	128
XOPENEX NEB 1.25/3ML	150	ZENPEP CAP 25000UNT	128
XTAMPZA ER CAP 13.5MG	13	ZENPEP CAP 3000UNIT	128
XTAMPZA ER CAP 18MG	13	ZENPEP CAP 40000	128
XTAMPZA ER CAP 27MG	13	ZENPEP CAP 40000UNT	128
XTAMPZA ER CAP 36MG	13	ZENPEP CAP 5000UNIT	128
XTAMPZA ER CAP 9MG	12	ZERIT CAP 15MG	22
XTANDI CAP 40MG	29	ZERIT CAP 20MG	22
XULTOPHY INJ 100/3.6	100	ZERIT CAP 30MG	22
XYLOCAINE SOL 4%	164	ZERIT CAP 40MG	22
XYREM SOL 500MG/ML	95	ZERIT SOL 1MG/ML	22
Y		ZESTORETIC TAB 10-12.5	35
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Z		ZESTRIL TAB 2.5MG	37
ZACLIR LOT 8%	157	ZESTRIL TAB 30MG	37
<i>zafirlukast tab 10 mg</i>	151	ZESTRIL TAB 40MG	37
<i>zafirlukast tab 20 mg</i>	151	ZETIA TAB 10MG	44
<i>zaleplon cap 10 mg</i>	90	ZETONNA AER 37MCG	153
<i>zaleplon cap 5 mg</i>	90	ZIAC TAB 10/6.25	49
ZANAFLEX CAP 2MG	94	ZIAC TAB 2.5/6.25	49
ZANAFLEX CAP 4MG	94	ZIAC TAB 5-6.25MG	49
ZANAFLEX CAP 6MG	94	ZIAGEN SOL 20MG/ML	22
ZANAFLEX TAB 4MG	94	ZIAGEN TAB 300MG	22
ZANTAC TAB 300MG	125	<i>zidovudine cap 100 mg</i>	22
ZARONTIN CAP 250MG	67	<i>zidovudine syrup 10 mg/ml</i>	23
ZARONTIN SOL 250/5ML	67	<i>zidovudine tab 300 mg</i>	23
ZARXIO INJ 300/0.5	136	<i>zileuton tab er 12hr 600 mg</i>	151
ZARXIO INJ 480/0.8	136	ZIOPTAN DRO 0.0015%	171
ZATEAN-CH CAP	147	<i>ziprasidone hcl cap 20 mg</i>	81
ZATEAN-PN CAP DHA	147	<i>ziprasidone hcl cap 40 mg</i>	81
ZATEAN-PN CAP PLUS	147	<i>ziprasidone hcl cap 60 mg</i>	81
ZAVESCA CAP 100MG	114	<i>ziprasidone hcl cap 80 mg</i>	81
ZEBETA TAB 10MG	51	ZIPSOR CAP 25MG	3
ZEBETA TAB 5MG	51	ZIRGAN GEL 0.15%	169
ZEGERID CAP 20-1100	130	ZITHROMAX POW 1GM PAK	15
ZEGERID CAP 40-1100	130	ZITHROMAX SUS 100/5ML	15
ZEGERID POW 20-1680	130	ZITHROMAX SUS 200/5ML	15
ZEGERID POW 40-1680	130	ZITHROMAX TAB 250MG	15
ZEJULA CAP 100MG	33	ZITHROMAX TAB 500MG	15
ZELAPAR TAB 1.25MG	78	ZITHROMAX TAB 600MG	15
ZELBORAF TAB 240MG	32	ZMAX SUS 2GM	15
ZEMBRACE SYM INJ 3/0.5ML	92	ZN-DTPA SOL 1000MG	105
ZEMPLAR CAP 1MCG	117	ZOCOR TAB 10MG	47
ZEMPLAR CAP 2MCG	117	ZOCOR TAB 20MG	47
ZENPEP CAP 10000UNT	128	ZOCOR TAB 40MG	47
ZENPEP CAP 15000UNT	128	ZOCOR TAB 5MG	47
ZENPEP CAP 20000UNT	128	ZOCOR TAB 80MG	47

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ZOFRAN TAB 4MG.....	124	ZORVOLEX CAP 35MG.....	3
ZOFRAN TAB 4MG ODT.....	124	ZOVIRAX CAP 200MG.....	26
ZOFRAN TAB 8MG.....	124	ZOVIRAX CRE 5%.....	165
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ZOHYDRO ER CAP 10MG.....	13	ZOVIRAX SUS 200/5ML.....	26
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<i>zolmitriptan tab 5 mg</i>	92	ZYCLARA CRE 3.75%.....	157
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ZOLOFT TAB 50MG.....	72	ZYFLO CR TAB 600MG.....	151
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<i>zolpidem tartrate sl tab 3.5 mg</i>	90	ZYKADIA CAP 150MG.....	32
<i>zolpidem tartrate tab 10 mg</i>	90	ZYLET SUS 0.5-0.3%.....	166
<i>zolpidem tartrate tab 5 mg</i>	90	ZYLOPRIM TAB 100MG.....	1
<i>zolpidem tartrate tab er 12.5 mg</i>	90	ZYLOPRIM TAB 300MG.....	1
<i>zolpidem tartrate tab er 6.25 mg</i>	90	ZYMAXID SOL 0.5%.....	167
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ZOMIG SPR 2.5MG.....	92	ZYPREXA TAB 15MG.....	82
ZOMIG SPR 5MG.....	92	ZYPREXA TAB 2.5MG.....	81
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ZONEGRAN CAP 100MG.....	67	ZYPREXA ZYDI TAB 5MG.....	82
ZONEGRAN CAP 25MG.....	67	ZYTIGA TAB 250MG.....	29
<i>zonisamide cap 100 mg</i>	67	ZYTIGA TAB 500MG.....	29
<i>zonisamide cap 25 mg</i>	67	ZYVOX TAB 600MG.....	28
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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 7/12/18)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nómà fòdùn tò wà lèyìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mó ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀ùǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójj' dahóoolnih 855-258-6518 dóo yíi dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasbaqas bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.

This formulary was updated 12/01/2018. For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **www.carefirst.com/rx**.



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