

Nippon Life Insurance Company of America® (Nippon Life Benefits®) Formulary

2024 List of Covered Drugs

Effective 04/01/2024 (last updated 04/01/2024)

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

Members are encouraged to use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change. This Formulary is updated periodically and subject to change. All previous versions of the Formulary are no longer in effect.

You may contact us with questions at the following:

English and Non-English Toll-Free Telephone Number: 1-800-374-1835 during normal business hours.

Japanese Toll-Free Telephone Number: 1-800-971-0638 during normal business hours.

Korean Toll-Free Telephone Number: 1-877-827-8713 during normal business hours.

<https://www.nipponlifebenefits.com/contact-us>

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Definitions

“Brand name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

“Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

“Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

“Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

“Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

“Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

“Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

“Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

“Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

“Non-formulary drug” means a prescription drug that is not listed on this formulary.

“Out-of-pocket costs” means your expenses for health care benefits that aren’t reimbursed by your health insurance. Out-of-pocket costs include deductibles,

copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

What is the Nippon Life Benefits Formulary?

A formulary is a list of covered drugs. Nippon Life Benefits works with a team of health care providers to choose drugs that provide quality treatment. The Nippon Life Benefits Formulary covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials or refer to “Filling a Prescription through a Network Pharmacy”.

How do I use the Formulary?

There are two ways to find your drug on the drug list:

Medical Condition

The drugs on the drug list are grouped by therapeutic category and class*. For example, drugs used to treat a heart condition are listed under **CARDIOVASCULAR**.

If you know what your drug is used for, look for the category name in the Table of Contents. Then, look under the category name for your drug.

A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

*Therapeutic category and class based on Wolters Kluwer Clinical Drug Information, Medi-Span® Electronic Drug File™ v2.

Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the formulary. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

1. Look in the Index and find your drug
2. Next to your drug, see the page number where you can find coverage information
3. Turn to the page listed in the Index and find the name of your drug in the first column of the list

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be listed separately by its generic name.

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters.

- Example: carvedilol

Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.

The drug list gives information about the drugs covered by Nippon Life Benefits. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

The second column lists the drug tier. The tiered format places drugs into tiers or levels of cost sharing by the plan member in the following manner:

Tier	Definition
Tier 1:	Lowest plan member copayment: All generic drugs , including those on this Formulary .
Tier 2:	Intermediate plan member copayment: Preferred brand-name products on this Formulary selected for Tier 2.
Tier 3:	Highest plan member copayment: Brand-name products on this Formulary not selected for Tier 2, and all non-preferred brand-name products. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this highest tier.

The information in the Requirements/Limits column tells you if the Formulary has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** Nippon Life Benefits needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Nippon Life Benefits before you fill your prescriptions. If you don't get approval, Nippon Life Benefits may not cover the drug.
- **Quantity Limits:** For certain drugs, Nippon Life Benefits limits the amount of the drug that it will cover. Nippon Life Benefits also limits the amount of drugs you may receive within a class of drugs.

Filling a Prescription through a Network Pharmacy

Local Pharmacy

The most common place for filling a Prescription is at a local pharmacy. You may go to the pharmacy and give the Prescription to the pharmacist to fill or, if the pharmacy received the Prescription from your Prescribing provider, pick up a completed order.

You may be required to provide basic information such as your name and address for verification when picking up a completed Prescription. You will also be responsible for paying any Copay, if applicable, at the time the Prescription is picked up from the pharmacy. The Copay amount, if applicable, is described in the Summary of Benefits section of your booklet-certificate.

Mail Order Pharmacy

Prescriptions may also be filled by mail. They may be filled by ordering online or by using a paper order form. To order online, go to the CVS Caremark website caremark.com and follow the instructions on the screen. To use a paper order form, follow the instructions below.

Your initial order consists of three parts: the written Prescription from your Prescribing provider; a Patient/Profile Order form with preaddressed envelope; and

a Copay. These are described below. Allow 14 days for the order to be completed and shipped to you. All orders are mailed either by Federal Express or First Class U.S. Mail. If you wish to have your order shipped Federal Express, you will need to pay the cost.

The Written Prescription

When obtaining a Prescription, be sure to ask the Prescribing provider to specify the following information:

1. Patient name;
2. Prescription for a 90-day supply of medication (your Prescribing provider should indicate the total number of pills required for that period of time. For example, 270 tablets would be needed for medication that must be taken three times a day.);
3. Refills (many maintenance drugs can be prescribed for up to one year; therefore, a Prescription for a 90-day supply may specify up to three refills.);
4. Prescribing provider's signature.

Also, it is very important to include your name, address, and member number on the Prescription form, so that eligibility for the program can be verified when the pharmacy receives the order.

Patient Profile/Order Form

Included in the installation package you receive, as well as with each order shipped, is the Patient Profile/Order Form. This form is to be completed and sent in the preaddressed envelope with each order. The Patient Profile/Order Form provides information concerning eligibility in addition to health and allergy conditions pertaining to each insured person.

Copay

A check or money order for the correct Copay must accompany each order. The Copay amount, if applicable, is described in the Summary of Benefits section of the booklet-certificate. You may also be able to charge the Copay to a credit card as explained on the Patient Profile/Order Form. Please do not send cash.

Refills or Follow-up Orders

Each filled order you receive includes Refill Ordering Instructions, a Patient/Profile Order Form, and a preaddressed envelope. Orders for refills should be placed approximately 30 days before the current supply of medication is expected to run out.

Special Situations

If a maintenance medication is prescribed for immediate use, you should obtain two Prescriptions--one for a 14-day supply to be filled immediately at a local member

pharmacy, and a second for an extended 90-day supply with refills, to be filled by the mail service pharmacy.

Questions

Please call the pharmacy's customer service number with any questions concerning medication or a particular order. The toll-free number is shown on your order form.

Also included with each order filled is a Patient Counseling information sheet which has specific information about the medication included with the order.

Prescription Drugs Utilization Review Program

For Maintenance Drugs and Medicines

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription (for the same insured person) and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

For all other Drugs and Medicines

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription or refill (for the same insured person) and the previously dispensed quantity of the drug or medicine was for:

1. Less than a 15-day supply and the dispensing date for the current Prescription is more than four days before a previously dispensed supply would be exhausted; or
2. More than a 14-day supply and the dispensing date for the current Prescription is more than ten days before the previously dispensed supply would be exhausted; or
3. More than a 14-day supply and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

Exhaustion of the previously dispensed supply is determined based on when the last dose of the medicine or drug would have been consumed if the previously dispensed supply was consumed by the Prescription date. Prescriptions may be refilled prior to exhaustion of a previously dispensed quantity for the same Prescription or refill for up to a 30-day quantity once per calendar year or plan year.

For certain drugs or classes of drugs designated by Nippon Life Benefits, we reserve the right to:

- Require Prior Authorization for dispensing; and
- Limit the quantity of drugs for which benefits will be paid; and
- Require the dispensing of certain drugs before paying benefits for another drug within a given class; and
- Require the dispensing of a single daily dose of certain drugs.

For all drugs requiring Prior Authorization, the pharmacy benefit manager must notify your Prescribing provider within 72 hours of receipt of a non-urgent request or 24 hours if exigent circumstances exist, whether the request is approved or disapproved. If the pharmacy benefit manager fails to respond within the respective timeframes, the request is deemed granted. If the request is disapproved, the notice of disapproval must contain an accurate and clear written explanation of the specific reasons for disapproving the Prior Authorization request or, if the request was incomplete, an accurate and clear written explanation that specifically identifies the missing material information that is necessary to approve or disapprove the Prior Authorization request.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less.

Members are notified in advance of formulary changes when:

- A drug is removed from the formulary
- A drug tier changes
- Prior Authorization or Quantity limits are added to a drug

What if I need a drug that requires an exception?

In certain cases, you or your prescriber can request a medical exception to the prior authorization or quantity limits requirements. And also for a drug that's not covered in your plan.

We will then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

For more information about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ".

Legend

Term	Definition
#	Brand Drug is covered with \$0 copayment if prescriber indicates "Dispense as Written" (DAW)
ACA	Preventive medications covered under the Affordable Care Act are not subject to co-payments, deductibles, or coinsurance when prescribed by a participating provider and provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA"), or if the items have an "A" or "B" rating from the United States Preventive Services Task Force ("USPSTF"), or if the immunizations are recommended by the Advisory Committee on Immunization Practices ("ACIP"). Refer to your booklet-certificate for benefits that are specific to your plan.
AGE	Age Restriction
GNDR	Gender Restriction
ONC	Oral oncology drugs might not be subject to a Copay amount. Refer to your booklet-certificate for benefits that are specific to your plan.
PA	Prior Authorization
QL	Quantity Limit

Nippon Life Benefits NY 3179 Effective 04/01/2024

Drug Name **Drug Tier** **Requirements/Limits**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

ADDERALL TAB 5MG	3	PA
ADDERALL TAB 7.5MG	3	PA
ADDERALL TAB 10MG	3	PA
ADDERALL TAB 12.5MG	3	PA
ADDERALL TAB 15MG	3	PA
ADDERALL TAB 20MG	3	PA
ADDERALL TAB 30MG	3	PA
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 XR TAB 3.1MG	3	PA
ADZENYS XR TAB 6.3MG	3	PA
ADZENYS XR TAB 9.4MG	3	PA
ADZENYS XR TAB 12.5MG	3	PA
ADZENYS XR TAB 15.7 MG	3	PA
ADZENYS XR TAB 18.8MG	3	PA
<i>amphetamine sulfate tab 5 mg</i>	1	
<i>amphetamine sulfate tab 10 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	
<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	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<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	
DEXEDRINE CAP 10MG CR	3	
<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	
<i>dextroamphetamine sulfate tab 30 mg</i>	1	
DYANAVEL XR CHW 5MG	3	PA
DYANAVEL XR CHW 10MG	3	PA
DYANAVEL XR CHW 15MG	3	PA
DYANAVEL XR CHW 20MG	3	PA
DYANAVEL XR SUS 2.5MG/ML	3	PA
EVEKEO ODT TAB 5MG	3	PA
EVEKEO ODT TAB 10MG	3	PA
EVEKEO ODT TAB 15MG	3	PA
EVEKEO ODT TAB 20MG	3	PA
EVEKEO TAB 5MG	3	PA
EVEKEO TAB 10MG	3	PA
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	
<i>methamphetamine hcl tab 5 mg</i>	1	
MYDAYIS CAP 12.5MG	3	PA
MYDAYIS CAP 25MG	3	PA
MYDAYIS CAP 37.5MG	3	PA
MYDAYIS CAP 50MG	3	PA
<i>procentra sol 5mg/5ml</i>	1	
XELSTRYM PAD 4.5MG/9H	3	PA
XELSTRYM PAD 9MG/9HR	3	PA
XELSTRYM PAD 13.5/9HR	3	PA
XELSTRYM PAD 18MG/9HR	3	PA
<i>zenzedi tab 2.5mg</i>	1	
<i>zenzedi tab 5mg</i>	1	
<i>zenzedi tab 7.5mg</i>	1	
<i>zenzedi tab 10mg</i>	1	
<i>zenzedi tab 15mg</i>	1	
<i>zenzedi tab 20mg</i>	1	
<i>zenzedi tab 30mg</i>	1	
ANALEPTICS		
<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
ANTI-OBESITY AGENTS		
IMCIVREE INJ 10MG/ML	3	PA, QL
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<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	
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<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

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
INTUNIV TAB 3MG	3	PA
INTUNIV TAB 4MG	3	PA
QELBREE CAP 100MG ER	2	
QELBREE CAP 150MG ER	2	
QELBREE CAP 200MG ER	2	
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	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	2	PA, QL
WAKIX TAB 17.8MG	2	PA, QL
STIMULANTS - MISC.		
APTENSIO XR CAP 10MG	3	PA
APTENSIO XR CAP 15MG	3	PA
APTENSIO XR CAP 20MG	3	PA
APTENSIO XR CAP 30MG	3	PA
APTENSIO XR CAP 40MG	3	PA
APTENSIO XR CAP 50MG	3	PA
APTENSIO XR CAP 60MG	3	PA
<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
AZSTARYS CAP 26.1-5.2	2	
AZSTARYS CAP 39.2-7.8	2	
AZSTARYS CAP 52.3-10.	2	
CONCERTA TAB 18MG	3	PA
CONCERTA TAB 27MG	3	PA
CONCERTA TAB 36MG	3	PA
CONCERTA TAB 54MG	3	PA
COTEMPLA XR TAB 8.6MG	3	PA
COTEMPLA XR TAB 17.3MG	3	PA
COTEMPLA XR TAB 25.9MG	3	PA
DAYTRANA DIS 10MG/9HR	3	PA
DAYTRANA DIS 15MG/9HR	3	PA

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Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA DIS 20MG/9HR	3	PA
DAYTRANA DIS 30MG/9HR	3	PA
<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	
FOCALIN TAB 2.5MG	3	
FOCALIN TAB 5MG	3	
FOCALIN TAB 10MG	3	
FOCALIN XR CAP 5MG	3	PA
FOCALIN XR CAP 10MG	3	PA
FOCALIN XR CAP 15MG	3	PA
FOCALIN XR CAP 20MG	3	PA
FOCALIN XR CAP 25MG	3	PA
FOCALIN XR CAP 30MG	3	PA
FOCALIN XR CAP 35MG	3	PA
FOCALIN XR CAP 40MG	3	PA
JORNAY PM CAP 20MG ER	3	PA
JORNAY PM CAP 40MG ER	3	PA
JORNAY PM CAP 60MG ER	3	PA
JORNAY PM CAP 80MG ER	3	PA
JORNAY PM CAP 100MG ER	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 SOL 5MG/5ML	3	
METHYLIN SOL 10MG/5ML	3	
METHYLPHENID TAB 45MG ER	3	PA
METHYLPHENID TAB 63MG ER	3	PA
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</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	PA
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	PA
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	PA
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	PA
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	
<i>methylphenidate td patch 10 mg/9hr</i>	1	
<i>methylphenidate td patch 15 mg/9hr</i>	1	
<i>methylphenidate td patch 20 mg/9hr</i>	1	
<i>methylphenidate td patch 30 mg/9hr</i>	1	
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
NUVIGIL TAB 50MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
NUVIGIL TAB 150MG	3	PA
NUVIGIL TAB 200MG	3	PA
NUVIGIL TAB 250MG	3	PA
PROVIGIL TAB 100MG	3	PA
PROVIGIL TAB 200MG	3	PA
QUILLICHEW CHW 20MG ER	3	PA
QUILLICHEW CHW 30MG ER	3	PA
QUILLICHEW CHW 40MG ER	3	PA
QUILLIVANT SUS 25MG/5ML	3	PA
RELEXXII TAB 18MG ER	3	PA
RELEXXII TAB 27MG ER	3	PA
RELEXXII TAB 36MG ER	3	PA
RELEXXII TAB 45MG ER	3	PA
RELEXXII TAB 54MG ER	3	PA
RELEXXII TAB 63MG ER	3	PA
RELEXXII TAB 72MG ER	3	PA
RITALIN TAB 5MG	3	
RITALIN TAB 10MG	3	
RITALIN TAB 20MG	3	

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ACACIA EXTRA SOL 1:20	3	PA
ALDER EXTRAC SOL 1:20	3	PA
AMERICAN ELM SOL	3	PA
AMERICAN SOL BEECH	3	PA
AMERICAN SOL COCKROAC	3	PA
ARIZONA INJ CYPRESS	3	PA
ASPEN POLLEN INJ 1:20	3	PA
ASPERGILLUS INJ 1:10	3	PA
ASPERGILLUS INJ 1:20	3	PA
AUREOBASIDIU SOL 1:20	3	PA
BAHIA SOL EXTRACT	3	PA
BALD CYPRESS INJ 1:20	3	PA
BAYBERRY WAX SOL MYR EXTR	3	PA
BERMUDA GRAS INJ 10000BAU	3	PA
BERMUDA SOL GRASS	3	PA
BIPOL SOROKI INJ 1:20	3	PA
BLACK/SWEET INJ BIRCH	3	PA
BOTRYTIS CIN INJ 1:20	3	PA
BOTRYTIS EXT SOL 1:10	3	PA
BROME SOL 1:20	3	PA
CALI PEPPER INJ TREE	3	PA
CANDIDA ALBI SOL 1:1000	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CANDIDA ALBI SOL 100MG/ML	3	PA
CAT HAIR EXT INJ 5000BAU	3	PA
CAT HAIR EXT INJ 10000BAU	3	PA
CAT HAIR SOL EXTRACT	3	PA
CATTLE EPITH SOL 1:20	3	PA
CEDAR ELM INJ 1:20	3	PA
CLADOSPORIUM INJ 1:20	3	PA
CLADOSPORIUM INJ CLADOSPO	3	PA
CLADOSPORIUM SOL 1:20	3	PA
COCKLEBUR EX SOL 1:20	3	PA
COCKROACH INJ 1:20	3	PA
CORN POLLEN SOL 1:20	3	PA
DANDELION INJ 1:20	3	PA
DOCK-SORREL INJ 1:20	3	PA
DOG EPITHELI SOL 1:20	3	PA
DOG FENNEL SOL 1:20	3	PA
DOG SOL EPITHELI	3	PA
EASTERN SOL COTTONWO	3	PA
EPICOCC NIGR INJ 1:10	3	PA
FIRE ANT EXT INJ 1:20	3	PA
FIRE ANT INJ 1:10	3	PA
GERMAN INJ COCKROAC	3	PA
GOLDENROD SOL 1:20	3	PA
GRASS POLLEN INJ MIX/KORT	3	PA
GRASS POLLEN SOL MIX OF 6	3	PA
GRASTEK SUB 2800BAU	2	
GREEN ASH INJ 1:20	3	PA
HACKBERRY EX SOL 1:20	3	PA
HORSE EPITHE INJ 1:10	3	PA
HORSE EPITHE INJ 1:20	3	PA
JOHNSON SOL GRASS	3	PA
JUNE GRASS SOL POLLEN	3	PA
KOCHIA EXTRA INJ 1:20	3	PA
LENSCALE INJ 1:20	3	PA
MARSH ELDER INJ 1:20	3	PA
MEADOW FESCU INJ 100000BA	3	PA
MELALEUCA INJ 1:20	3	PA
MESQUITE SOL EXTRACT	3	PA
MITE SOL D.FARINA	3	PA
MITE SOL D.PTERON	3	PA
MITE SOL EXTRACT	3	PA
MIXED SOL FEATHERS	3	PA
MIXED SOL RAGWEED	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MOUNTAIN SOL CEDAR	3	PA
MOUSE EPITHE INJ 1:20	3	PA
MUCOR EXT INJ 1:20	3	PA
MUCOR INJ 1:20	3	PA
MUGWORT SOL EXTRACT	3	PA
NETTLE INJ 1:40	3	PA
OLIVE TREE INJ 1:20	3	PA
ORALAIR SUB 300 IR	2	
ORCHARD GRAS INJ 100000BA	3	PA
OREGON ASH INJ 1:20	3	PA
PALFORZIA CAP ESCALAT	3	PA
PALFORZIA CAP LEVEL 1	3	PA
PALFORZIA CAP LEVEL 2	3	PA
PALFORZIA CAP LEVEL 3	3	PA
PALFORZIA CAP LEVEL 4	3	PA
PALFORZIA CAP LEVEL 5	3	PA
PALFORZIA CAP LEVEL 6	3	PA
PALFORZIA CAP LEVEL 7	3	PA
PALFORZIA CAP LEVEL 8	3	PA
PALFORZIA CAP LEVEL 9	3	PA
PALFORZIA CAP LEVEL 10	3	PA
PALFORZIA POW LEVEL 11	3	PA
PENICILLIUM INJ 1:20	3	PA
PENICILLIUM INJ NOTATUM	3	PA
PERENNIAL INJ RYE GRAS	3	PA
PRIVET EXT INJ 1:20	3	PA
QUEEN PALM SOL EXTRACT	3	PA
RABBIT EPITH INJ 1:20	3	PA
RABBIT INJ EPITHELI	3	PA
RAGWITEK SUB	2	
RED ALDER INJ 1:20	3	PA
RED MAPLE INJ 1:20	3	PA
RED MULBERRY INJ 1:20	3	PA
RED OAK INJ 1:20	3	PA
RED TOP GRAS INJ 100000BA	3	PA
RGH PIGWEED SOL 1:20	3	PA
RIVER BIRCH INJ 1:20	3	PA
RUSS THISTLE SOL EXTRACT	3	PA
SACCHAROMYCE INJ 1:20	3	PA
SG RAGWEED INJ 1:20	3	PA
SHAGBARK HCK SOL EXTRACT	3	PA
SHEEP SORREL INJ 1:20	3	PA
SHORT RAGWEE INJ 1:20	3	PA

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Drug Name	Drug Tier	Requirements/Limits
SORREL/DOCK INJ EXTRACT	3	PA
SPINY SOL PIGWEED	3	PA
SPRING BIRCH INJ 1:20	3	PA
STANDARDIZED SOL MITE	3	PA
STANDARDIZED SOL MITE MIX	3	PA
SWEET GUM INJ 1:20	3	PA
SWEET VERNAL INJ GRASS PO	3	PA
TALL RAGWEED SOL 1:20	3	PA
TIMOTHY GRAS INJ 10000BAU	3	PA
TIMOTHY GRAS INJ POLLEN	3	PA
TIMOTHY SOL GRASS	3	PA
TREE MIX SOL 9	3	PA
TRICOPHYTON SOL MENTAGRO	3	PA
WAX MYRTLE INJ 1:20	3	PA
WESTERN JUNI INJ 1:40	3	PA
WESTERN JUNI SOL 1:20	3	PA
WHITE ALDER INJ 1:20	3	PA
WHITE BIRCH INJ 1:20	3	PA
WHITE MULBER SOL 1:20	3	PA
WHITE OAK SOL	3	PA
WHITE PINE INJ 1:20	3	PA
YELLOW DOCK INJ 1:20	3	PA

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - A'S

ALPHA-LIPOIC SOL ACID	3	PA
NEOKE RA LIP POW 800MG/GM	3	PA

ALTERNATIVE MEDICINE - P'S

EC-RX DHEA CRE 4%	3	PA
EC-RX DHEA CRE 10%	3	PA

ALTERNATIVE MEDICINE - U

COENZYME INJ Q-10	3	PA
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AMEBICIDES

AMEBICIDES

SOLOSEC GRA 2GM	3	PA
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AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
ARIKAYCE SUS	3	PA
BETHKIS NEB 300/4ML	3	PA, QL
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
HUMATIN CAP 250MG	3	PA
KITABIS PAK NEB 300/5ML	3	PA, QL
<i>neomycin sulfate tab 500 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
TOBI NEB 300/5ML	3	PA, QL
TOBI PODHALR CAP 28MG	3	PA, QL
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL
<i>tobramycin sulfate for inj 1.2 gm</i>	1	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ABRILADA 1PN INJ 40/0.8ML	3	PA, QL
ABRILADA 2PN INJ 40/0.8ML	3	PA, QL
ABRILADA INJ 20/0.4ML	3	PA, QL
ABRILADA INJ 40/0.8ML	3	PA, QL
ADALIMU-AACF INJ 40/0.8ML	3	PA, QL
ADALIMU-ADAZ INJ 40/0.4ML	2	PA, QL
ADALIMU-ADBM KIT 10/0.2ML	3	PA, QL
ADALIMU-ADBM KIT 20/0.4ML	3	PA, QL
ADALIMU-ADBM KIT 40/0.8ML	3	PA, QL
ADALIMU-FKJP KIT 20/0.4ML	3	PA, QL
ADALIMU-FKJP KIT 40/0.8ML	3	PA, QL
AMJEVITA INJ 10/0.2ML	3	PA, QL
AMJEVITA INJ 20/0.2ML	3	PA, QL
AMJEVITA INJ 20/0.4ML	3	PA, QL
AMJEVITA INJ 40/0.4ML	3	PA, QL
AMJEVITA INJ 40/0.8ML	3	PA, QL
AMJEVITA INJ 80/0.8ML	3	PA, QL
CYLTEZO INJ 10/0.2ML	3	PA, QL
CYLTEZO INJ 20/0.4ML	3	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
CYLTEZO INJ 40/0.8ML	3	PA, QL
CYLTEZO INJ CROHNS	3	PA, QL
CYLTEZO INJ PSORIASI	3	PA, QL
HADLIMA INJ 40/0.4ML	3	PA, QL
HADLIMA INJ 40/0.8ML	3	PA, QL
HADLIMA PUSH INJ 40/0.4ML	3	PA, QL
HADLIMA PUSH INJ 40/0.8ML	3	PA, QL
HULIO INJ 40/0.8ML	3	PA, QL
HULIO KIT 20/0.4ML	3	PA, QL
HUMIRA INJ 10/0.1ML	2	PA, QL
HUMIRA INJ 20/0.2ML	2	PA, QL
HUMIRA INJ 40/0.4ML	2	PA, QL
HUMIRA KIT 40MG/0.8	2	PA, QL
HUMIRA PEDIA INJ CROHNS	2	PA, QL
HUMIRA PEN INJ 40/0.4ML	2	PA, QL
HUMIRA PEN INJ 40MG/0.8	2	PA, QL
HUMIRA PEN INJ 80/0.8ML	2	PA, QL
HUMIRA PEN INJ CD/UC/HS	2	PA, QL
HUMIRA PEN KIT 80/0.8ML	2	PA
HUMIRA PEN KIT CD/UC/HS	2	PA, QL
HUMIRA PEN KIT PED UC	2	PA, QL
HUMIRA PEN KIT PS/UV	2	PA, QL
HYRIMOZ INJ 10/0.1ML	2	PA, QL
HYRIMOZ INJ 20/0.2ML	2	PA, QL
HYRIMOZ INJ 40/0.4ML	2	PA, QL
HYRIMOZ INJ 40/0.8ML	2	PA, QL
HYRIMOZ INJ 80/0.8ML	2	PA, QL
HYRIMOZ SENS INJ 80/0.8ML	2	PA, QL
HYRIMOZ-CROH INJ UC SP	2	PA, QL
HYRIMOZ-PED INJ CROHNS	2	PA, QL
HYRIMOZ-PLAQ INJ PSORIASI	2	PA, QL
IDACIO 2-PEN INJ 40/0.8ML	3	PA, QL
IDACIO 2-SYR INJ 40/0.8ML	3	PA, QL
IDACIO CROHN INJ DISEASE	3	PA, QL
IDACIO PLAQU INJ PSORIASI	3	PA, QL
SIMPONI ARIA SOL 50MG/4ML	2	PA, QL
SIMPONI INJ 50/0.5ML	3	PA, QL
SIMPONI INJ 100MG/ML	3	PA, QL
YUFLYMA 1PEN KIT 40/0.4ML	3	PA, QL
YUFLYMA 2PEN KIT 40/0.4ML	3	PA, QL
YUFLYMA 2SYR KIT 40/0.4ML	3	PA, QL
YUFLYMA KIT 80/0.8ML	3	PA, QL
YUSIMRY INJ 40/0.8ML	3	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 1MG	3	PA, QL
OLUMIANT TAB 2MG	3	PA, QL
OLUMIANT TAB 4MG	3	PA, QL
RINVOQ TAB 15MG ER	2	PA, QL
RINVOQ TAB 30MG ER	2	PA, QL
RINVOQ TAB 45MG ER	2	PA, QL
XELJANZ SOL 1MG/ML	2	PA, QL
XELJANZ TAB 5MG	2	PA, QL
XELJANZ TAB 10MG	2	PA, QL
XELJANZ XR TAB 11MG	2	PA, QL
XELJANZ XR TAB 22MG	2	PA, QL
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	3	PA, QL
OTREXUP INJ 12.5/0.4	3	PA, QL
OTREXUP INJ 15MG	3	PA, QL
OTREXUP INJ 17.5/0.4	3	PA, QL
OTREXUP INJ 20MG	3	PA, QL
OTREXUP INJ 22.5/0.4	3	PA, QL
OTREXUP INJ 25MG	3	PA, QL
RASUVO INJ 7.5MG	2	PA, QL
RASUVO INJ 10MG	2	PA, QL
RASUVO INJ 12.5MG	2	PA, QL
RASUVO INJ 15MG	2	PA, QL
RASUVO INJ 17.5MG	2	PA, QL
RASUVO INJ 20MG	2	PA, QL
RASUVO INJ 22.5MG	2	PA, QL
RASUVO INJ 25MG	2	PA, QL
RASUVO INJ 30MG	2	PA, QL
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	3	PA, QL
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	3	PA, QL
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	3	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML	3	PA, QL
ACTEMRA INJ 162/0.9	3	PA, QL
ACTEMRA INJ 200/10ML	3	PA, QL
ACTEMRA INJ 400/20ML	3	PA, QL
ACTEMRA INJ ACTPEN	3	PA, QL
KEVZARA INJ 150/1.14	2	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	2	PA, QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC 50 TAB	3	PA
ARTHROTEC 75 TAB	3	PA
CELEBREX CAP 50MG	3	PA
CELEBREX CAP 100MG	3	PA
CELEBREX CAP 200MG	3	PA
CELEBREX CAP 400MG	3	PA
<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	
COMBOGESIC INJ 300-1000	3	
DFS DR/MS/ KIT MENT/CAP	3	PA
<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>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	PA
<i>ec-naproxen tab 375mg</i>	1	
<i>ec-naproxen tab 500mg</i>	1	
<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	
FENOPROFEN CAP 200MG	3	PA
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibu tab 400mg</i>	1	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen lysine iv soln 10 mg/ml (base equivalent)</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
INDOCIN SUS 25MG/5ML	3	PA
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
INDOMETHACIN INJ 1MG	3	PA
INDOMETHACIN SUP 100MG	3	PA
<i>indomethacin suppos 50 mg</i>	1	
<i>indomethacin susp 25 mg/5ml</i>	1	
KETO-BUPIV- INJ KETAMINE	3	PA
KETO-ROP-KET INJ 30/50ML	3	PA
KETOROLAC INJ 30MG/ML	3	PA
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL
LODINE TAB 400MG	3	PA
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
MELOXICAM SUS 7.5/5ML	3	PA
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NAPRELAN TAB 375MG CR	3	PA
NAPRELAN TAB 500MG CR	3	PA
NAPRELAN TAB 750MG CR	3	PA
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</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	
NUDROXIPAK KIT DSDR-50	3	PA
NUDROXIPAK KIT DSDR-75	3	PA
NUDROXIPAK KIT E-400	3	PA
NUDROXIPAK KIT I-800	3	PA
NUDROXIPAK KIT M-15	3	PA

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Drug Name	Drug Tier	Requirements/Limits
NUDROXIPAK KIT N-500	3	PA
<i>oxaprozin cap 300 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
PREVIDOLRX PAK ANALGESI	3	PA
<i>prevadolrx pak plus</i>	1	PA
RELAFEN DS TAB 1000MG	3	PA
SPRIX SPR 15.75MG	3	PA, QL
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
VIMOVO TAB 375-20MG	3	PA
VIMOVO TAB 500-20MG	3	PA
ZYNRELEF INJ 200-6MG	3	PA
ZYNRELEF INJ 400-12MG	3	PA

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30	2	PA, QL
OTEZLA TAB 30MG	2	PA, QL

PYRIMIDINE SYNTHESIS INHIBITORS

ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	

SELECTIVE COSTIMULATION MODULATORS

ORENCIA CLCK INJ 125MG/ML	3	PA, QL
ORENCIA INJ 50/0.4ML	3	PA, QL
ORENCIA INJ 87.5/0.7	3	PA, QL
ORENCIA INJ 125MG/ML	3	PA, QL
ORENCIA INJ 250MG	3	PA, QL

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	2	PA, QL
ENBREL INJ 25MG	2	PA, QL
ENBREL INJ 50MG/ML	2	PA, QL
ENBREL MINI INJ 50MG/ML	2	PA, QL
ENBREL SRCLK INJ 50MG/ML	2	PA, QL

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

ALLZITAL TAB 25-325MG	3	PA
<i>bac tab</i>	1	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
FIORICET CAP	3	PA
<i>tencon tab 50-325mg</i>	1	
ANALGESICS OTHER		
ACETAMINOPHE SOL 100MG	3	PA
<i>acetaminophen iv soln 10 mg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	1	
LOTREXONE CAP 1.5MG	3	PA
LOTREXONE CAP 4.5MG	3	PA
NALTREX CAP 1.5MG	3	PA
NALTREX CAP 4.5MG	3	PA
SALICYLATES		
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 15MG	3	PA
CODEINE SULF TAB 60MG	3	PA
<i>codeine sulfate tab 30 mg</i>	1	PA
DILAUDID INJ 0.2MG/ML	3	PA
DILAUDID INJ 1MG/ML	3	PA
DILAUDID INJ 2MG/ML	3	PA
DILAUDID LIQ 1MG/ML	3	PA
DILAUDID TAB 2MG	3	PA
DILAUDID TAB 4MG	3	PA
DILAUDID TAB 8MG	3	PA
<i>duramorph inj 0.5mg/ml</i>	1	
<i>duramorph inj 1mg/ml</i>	1	
FENTANY/NACL INJ 1000MCG	3	PA
FENTANYL CIT INJ	3	PA
FENTANYL CIT INJ 5MCG/ML	3	PA
FENTANYL CIT INJ 10MCG/ML	3	PA
FENTANYL CIT INJ 16MCG/ML	3	PA
FENTANYL CIT INJ 20MCG	3	PA
FENTANYL CIT INJ 20MCG/ML	3	PA
FENTANYL CIT INJ 25/0.5ML	3	
FENTANYL CIT INJ 50MCG/ML	3	PA
FENTANYL CIT INJ 100/2ML	3	PA
FENTANYL CIT INJ 250/5ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
FENTANYL CIT INJ 550/55ML	3	PA
FENTANYL CIT INJ 1000MCG	3	PA
FENTANYL CIT INJ 1250MCG	3	PA
FENTANYL CIT INJ 1500/30	3	PA
FENTANYL CIT INJ 1500MCG	3	PA
FENTANYL CIT INJ 2500/50	3	PA
FENTANYL CIT INJ 2750MCG	3	PA
FENTANYL CIT SOL 10MCG/ML	3	PA
FENTANYL CIT SOL 2500/50	3	PA
FENTANYL CIT SOL 2500MCG	3	PA
FENTANYL CIT SOL /NACL	3	PA
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	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
<i>fentanyl citrate pf soln prefilled syringe 50 mcg/ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 50 mcg/ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 100 mcg/2ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 250 mcg/5ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 500 mcg/10ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 1000 mcg/20ml</i>	1	
<i>fentanyl citrate preservative free (pf) inj 2500 mcg/50ml</i>	1	
<i>fentanyl citrate soln prefilled syringe 100 mcg/2ml</i>	1	
FENTANYL INJ 50MCG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
FENTANYL INJ 5000/100	3	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA
FENTNYL/NACL INJ 1.25/250	3	PA
FENTNYL/NACL INJ 1M/100ML	3	PA
FENTNYL/NACL INJ 2.5/100	3	PA
FENTNYL/NACL INJ 2.5/250	3	PA
FENTNYL/NACL INJ 2/100ML	3	PA
FENTNYL/NACL INJ 10/2ML	3	PA
FENTNYL/NACL INJ 10MCG/ML	3	PA
FENTNYL/NACL INJ 500/50ML	3	PA
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
HYDRO/NACL INJ 6/30ML	3	PA
HYDRO/NACL INJ 10/50	3	PA
HYDRO/NACL INJ 10/50ML	3	PA
HYDRO/NACL INJ 20/100ML	3	PA
HYDRO/NACL INJ 25/25	3	PA
HYDRO/NACL INJ 30/30	3	PA
HYDRO/NACL INJ 50/50	3	PA
HYDRO/NACL INJ 100/100	3	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA
HYDROMO/NACL INJ	3	PA
HYDROMO/NACL INJ 1MG/5ML	3	PA
HYDROMO/NACL INJ 1MG/ML	3	PA
HYDROMO/NACL INJ 2MG/ML	3	PA
HYDROMO/NACL INJ 5MG/25ML	3	PA
HYDROMO/NACL INJ 6MG/30ML	3	PA
HYDROMO/NACL INJ 10/50ML	3	PA
HYDROMO/NACL INJ 15/30ML	3	PA
HYDROMO/NACL INJ 20/100ML	3	PA
HYDROMO/NACL INJ 30/30ML	3	PA
HYDROMO/NACL INJ 50/50ML	3	PA
HYDROMO/NACL INJ 55/55ML	3	PA
HYDROMO/NACL INJ 100/50ML	3	PA
HYDROMO/NACL SOL 25/50ML	3	PA
HYDROMO/NACL SOL 50/50ML	3	PA
HYDROMORPHON INJ 0.2MG/ML	3	PA
HYDROMORPHON INJ 1MG/ML	3	PA
HYDROMORPHON INJ 2MG/ML	3	PA
HYDROMORPHON INJ 4MG/ML	3	PA
HYDROMORPHON INJ 30/30ML	3	PA
HYDROMORPHON INJ 50/50ML	3	PA
HYDROMORPHON SOL 0.2MG/ML	3	PA
HYDROMORPHON SOL 0.5MG/ML	3	PA
HYDROMORPHON SOL 0.25/0.5	3	PA
HYDROMORPHON SOL NACL	3	PA
<i>hydromorphone hcl inj 1 mg/ml</i>	1	
<i>hydromorphone hcl inj 2 mg/ml</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	1	
<i>hydromorphone hcl tab 2 mg</i>	1	PA
<i>hydromorphone hcl tab 4 mg</i>	1	PA
<i>hydromorphone hcl tab 8 mg</i>	1	PA
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	3	PA
HYSINGLA ER TAB 30 MG	3	PA
HYSINGLA ER TAB 40 MG	3	PA
HYSINGLA ER TAB 60 MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 80 MG	3	PA
HYSINGLA ER TAB 100 MG	3	PA
HYSINGLA ER TAB 120 MG	3	PA
<i>meperidine hcl inj 25 mg/ml</i>	1	
<i>meperidine hcl inj 50 mg/ml</i>	1	
<i>meperidine hcl inj 100 mg/ml</i>	1	
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone con 10mg/ml</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 5 mg/5ml</i>	1	PA
<i>methadone hcl soln 10 mg/5ml</i>	1	PA
<i>methadone hcl tab 5 mg</i>	1	PA
<i>methadone hcl tab 10 mg</i>	1	PA
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADONE INJ 10MG/ML	3	PA
<i>methadose tab 40mg</i>	1	
<i>mitigo inj 10mg/ml</i>	1	
<i>mitigo inj 25mg/ml</i>	1	
MORPHIN SULF SOL 0.5MG/ML	3	PA
MORPHIN/NACL INJ 1MG/ML	3	PA
MORPHIN/NACL INJ 2MG-0.9%	3	PA
MORPHIN/NACL INJ 4MG-0.9%	3	PA
MORPHIN/NACL INJ 30/30ML	3	PA
MORPHIN/NACL INJ 50/50ML	3	PA
MORPHIN/NACL INJ 55/55ML	3	PA
MORPHIN/NACL INJ 100/100	3	PA
MORPHIN/NACL INJ 500/100	3	PA
MORPHIN/NACL SOL 50/50ML	3	PA
MORPHINE SUL INJ 2MG/ML	3	PA
MORPHINE SUL INJ 4MG/ML	3	PA
MORPHINE SUL INJ 5MG/ML	3	PA
MORPHINE SUL INJ 8MG/ML	3	PA
MORPHINE SUL INJ 10MG/ML	3	PA
MORPHINE SUL INJ 150/30ML	3	PA
MORPHINE SUL INJ 250MG/50	3	PA
MORPHINE SUL INJ NACL	3	PA
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	
<i>morphine sulfate inj pf 1 mg/ml</i>	1	
<i>morphine sulfate iv soln 4 mg/ml</i>	1	
<i>morphine sulfate iv soln 8 mg/ml</i>	1	
<i>morphine sulfate iv soln 10 mg/ml</i>	1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA
<i>morphine sulfate tab 15 mg</i>	1	PA
<i>morphine sulfate tab 30 mg</i>	1	PA
<i>morphine sulfate tab er 15 mg</i>	1	PA
<i>morphine sulfate tab er 30 mg</i>	1	PA
<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	PA
MS CONTIN TAB 30MG ER	3	PA
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NUCYNTA ER TAB 50MG	3	PA
NUCYNTA ER TAB 100MG	3	PA
NUCYNTA ER TAB 150MG	3	PA
NUCYNTA ER TAB 200MG	3	PA
NUCYNTA ER TAB 250MG	3	PA
NUCYNTA TAB 50MG	3	PA
NUCYNTA TAB 75MG	3	PA
NUCYNTA TAB 100MG	3	PA
OLINVYK SOL 1MG/ML	3	PA
OLINVYK SOL 2MG/2ML	3	PA
OLINVYK SOL 30MG/30	3	PA
<i>oxycodone hcl cap 5 mg</i>	1	PA
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA
<i>oxycodone hcl tab 5 mg</i>	1	PA
<i>oxycodone hcl tab 10 mg</i>	1	PA

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<i>oxycodone hcl tab 15 mg</i>	1	PA
<i>oxycodone hcl tab 20 mg</i>	1	PA
<i>oxycodone hcl tab 30 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA
OXYCONTIN TAB 10MG ER	3	PA
OXYCONTIN TAB 15MG ER	3	PA
OXYCONTIN TAB 20MG ER	3	PA
OXYCONTIN TAB 30MG ER	3	PA
OXYCONTIN TAB 40MG ER	3	PA
OXYCONTIN TAB 60MG ER	3	PA
OXYCONTIN TAB 80MG ER	3	PA
<i>oxymorphone hcl tab 5 mg</i>	1	PA
<i>oxymorphone hcl tab 10 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA
QDOLO SOL 5MG/ML	3	PA
<i>remifentanil hcl for iv soln 1 mg</i>	1	
<i>remifentanil hcl for iv soln 2 mg</i>	1	
<i>remifentanil hcl for iv soln 5 mg</i>	1	
ROXICODONE TAB 15MG	3	PA
ROXICODONE TAB 30MG	3	PA
ROXYBOND TAB 5MG	3	PA
ROXYBOND TAB 15MG	3	PA
ROXYBOND TAB 30MG	3	PA
<i>sufentanil citrate inj 50 mcg/ml</i>	1	
<i>sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)</i>	1	
<i>sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)</i>	1	
<i>tramadol hcl oral soln 5 mg/ml</i>	1	PA
<i>tramadol hcl tab 25 mg</i>	1	
<i>tramadol hcl tab 50 mg</i>	1	PA
<i>tramadol hcl tab er 24hr 100 mg</i>	1	
<i>tramadol hcl tab er 24hr 200 mg</i>	1	
<i>tramadol hcl tab er 24hr 300 mg</i>	1	
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRAMADOL SOL 5MG/ML	3	PA
XTAMPZA ER CAP 9MG	3	PA
XTAMPZA ER CAP 13.5MG	3	PA
XTAMPZA ER CAP 18MG	3	PA
XTAMPZA ER CAP 27MG	3	PA
XTAMPZA ER CAP 36MG	3	PA

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL
APADAZ TAB 4.08-325	3	PA, QL
APADAZ TAB 6.12-325	3	PA, QL
APADAZ TAB 8.16-325	3	PA, QL
<i>ascomp/cod cap 30mg</i>	1	
BENZHY/ACETA TAB 4.08-325	3	PA, QL
BENZHY/ACETA TAB 6.12-325	3	PA, QL
BENZHY/ACETA TAB 8.16-325	3	PA, QL
<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>endocet tab 2.5-325</i>	1	PA, QL
<i>endocet tab 5-325mg</i>	1	PA, QL
<i>endocet tab 7.5-325</i>	1	PA, QL
<i>endocet tab 10-325mg</i>	1	PA, QL
FENT-BUP-NAC INJ	3	PA
FENT/BUPIVAC INJ 0.2/100	3	PA
FENT/BUPIVAC INJ 0.5/250	3	PA
FENT/BUPIVAC INJ NACL	3	PA
FENT/BUPIVAC SOL NACL	3	PA
FENT/ROPIVAC INJ 0.2/100	3	PA
FENT/ROPIVAC INJ 0.4/200	3	PA
FENT/ROPIVAC INJ /NACL	3	PA
FENT/ROPIVAC INJ NACL	3	PA
FENTA/BUPIV INJ NACL	3	PA
FENTA/BUPIVA INJ NACL	3	PA
FENTA/ROPIVA INJ NACL	3	PA
FENTAN/ROPIV INJ NACL	3	PA

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Drug Name	Drug Tier	Requirements/Limits
FENTAN/ROPIV SOL /NACL	3	PA
FENTANYL CIT INJ ROPIV	3	PA
FENTANYL ROP INJ 2MCG/ML	3	PA
FENTANYL ROP INJ NACL	3	PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL
NALOCET TAB 2.5-300	3	PA, QL
OXY-ACETAMIN TAB 7.5-300	3	PA, QL
OXYCOD-APAP TAB 2.5-300	3	PA, QL
OXYCOD/ACETA SOL 10/300MG	3	PA, QL
OXYCOD/APAP TAB 5-300MG	3	PA, QL
OXYCOD/APAP TAB 10-300MG	3	PA, QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL
PERCOCET TAB 2.5-325	3	PA, QL
PERCOCET TAB 5-325MG	3	PA, QL
PERCOCET TAB 7.5-325	3	PA, QL
PERCOCET TAB 10-325MG	3	PA, QL
PROLATE SOL 10/300MG	3	PA, QL
PROLATE TAB 5-300MG	3	PA, QL
PROLATE TAB 7.5-300	3	PA, QL
PROLATE TAB 10-300MG	3	PA, QL
SEGLENTIS TAB 56-44MG	3	PA, QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL
<i>trezix cap</i>	1	QL

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	2	PA
BELBUCA MIS 150MCG	2	PA
BELBUCA MIS 300MCG	2	PA
BELBUCA MIS 450MCG	2	PA
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 900MCG	2	PA
BRIXADI SOL 8/0.16ML	3	PA
BRIXADI SOL 16/0.32	3	PA
BRIXADI SOL 24/0.48	3	PA
BRIXADI SOL 32/0.64	3	PA
BRIXADI SOL 64/0.18	3	PA
BRIXADI SOL 96/0.27	3	PA
BRIXADI SOL 128/0.36	3	PA
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL
BUTRANS DIS 5MCG/HR	3	PA
BUTRANS DIS 7.5/HR	3	PA
BUTRANS DIS 10MCG/HR	3	PA
BUTRANS DIS 15MCG/HR	3	PA
BUTRANS DIS 20MCG/HR	3	PA
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
SUBOXONE MIS 2-0.5MG	3	PA
SUBOXONE MIS 4-1MG	3	PA
SUBOXONE MIS 8-2MG	3	PA
SUBOXONE MIS 12-3MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
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	
ZUBSOLV SUB 11.4-2.9	2	

ANDROGENS-ANABOLIC

ANDROGENS

ANDRODERM DIS 2MG/24HR	2	PA
ANDRODERM DIS 4MG/24HR	2	PA
ANDROGEL GEL 1.62%	3	PA
AVEED INJ 750/3ML	3	PA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>depo-testost inj 100mg/ml</i>	1	PA
<i>depo-testost inj 200mg/ml</i>	1	PA
EC-RX TESTOS CRE 0.2%	3	PA
EC-RX TESTOS CRE 0.4%	3	PA
EC-RX TESTOS CRE 10%	3	PA
EC-RX TESTOS CRE 20%	3	PA
FORTESTA GEL 10MG/ACT	3	PA
KYZATREX CAP 100MG	3	PA
KYZATREX CAP 150MG	3	PA
KYZATREX CAP 200MG	3	PA
METHITEST TAB 10MG	3	PA
<i>methyltestosterone cap 10 mg</i>	1	PA
NATESTO GEL 5.5MG	2	PA
TESTIM GEL 1%(50MG)	3	PA
TESTOPEL MIS PELLETS	3	PA
TESTOST CYP INJ 200MG/ML	3	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
TESTOSTERONE MIS 25MG	3	PA
TESTOSTERONE MIS 50MG	3	PA
TESTOSTERONE MIS 100MG	3	PA
TESTOSTERONE MIS 200MG	3	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
TLANDO CAP 112.5 MG	3	PA
VOGELXO GEL 1%(50MG)	3	PA
VOGELXO GEL PUMP 1%	3	PA
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide rectal foam 2 mg/act</i>	1	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	

RECTAL COMBINATIONS

<i>ana-lex kit</i>	1	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCTOFOAM AER HC 1%	2	

RECTAL PRODUCTS - MISC.

BARRIGEL INJ 20MG/ML	3	PA
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RECTAL STEROIDS

ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>procto-med cre hc 2.5%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	

VASODILATING AGENTS

<i>nitroglycerin oint 0.4%</i>	1	
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ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tab 200 mg</i>	1	QL
EMVERM CHW 100MG	2	QL
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL
STROMECTOL TAB 3MG	3	

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

FIRST-METRON SUS 50MG/ML	3	PA
LIKMEZ SUS 500/5ML	3	PA
METRONIDAZOL SUS 50MG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for inj soln 300 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<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	
<i>sulfatrim pd sus 200-40/5</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
MEROP/NAACL INJ 1GM/50ML	3	PA
MEROP/NAACL INJ 500/50ML	3	PA
MEROPENEM INJ 2GM	3	PA
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	1	
CYCLIC LIPOPEPTIDES		
DAPTOMY/NAACL INJ 350/50ML	3	PA
DAPTOMY/NAACL INJ 500/50ML	3	PA
DAPTOMY/NAACL INJ 700/100	3	PA
DAPTOMY/NAACL INJ 1000/100	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin for iv soln 350 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	3	PA
FIRVANQ SOL 50MG/ML	3	PA
KIMYRSA INJ 1200MG	3	PA
VANCOCIN CAP 125MG	3	
VANCOCIN CAP 250MG	3	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
VANCOMYCIN SUS +SYRSPEN	3	PA
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	PA
CLINDMYC/NAC INJ 600/50ML	3	PA
CLINDMYC/NAC INJ 900/50ML	3	PA
<i>lincomycin hcl inj 300 mg/ml</i>	1	
MONOBACTAMS		
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
CAYSTON INH 75MG	3	PA, QL
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	
LINEZOLID INJ 2MG/ML	3	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1	
<i>linezolid tab 600 mg</i>	1	
POLYMYXINS		
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	1	
<i>polymyxin b sulfate for inj 500000 unit</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	QL
MACROBID CAP 100MG	3	
MACRODANTIN CAP 25MG	3	PA
MACRODANTIN CAP 50MG	3	PA
MACRODANTIN CAP 100MG	3	PA
<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	
NITROFURANTO SUS 50MG/5ML	3	PA
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

ASPRUZYO SPR GRA 500MG	3	PA
ASPRUZYO SPR GRA 1000MG	3	PA
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 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	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</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 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	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>droperidol inj 2.5 mg/ml</i>	1	
DROPERIDOL SOL NAACL	3	PA
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 50 mg/ml</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	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	

BENZODIAZEPINES

<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 0.5mg xr</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 1mg xr</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab 2mg xr</i>	1	
<i>alprazolam tab 3mg xr</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 INJ 2MG/ML	3	PA
ATIVAN INJ 4MG/ML	3	PA
ATIVAN TAB 0.5MG	3	PA
ATIVAN TAB 1MG	3	PA
ATIVAN TAB 2MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<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>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 con 5mg/ml</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam inj 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	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam inj 2 mg/ml</i>	1	
<i>lorazepam inj 4 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	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
XANAX TAB 0.5MG	3	PA
XANAX TAB 0.25MG	3	PA
XANAX TAB 1MG	3	PA
XANAX TAB 2MG	3	PA
XANAX XR TAB 0.5MG	3	PA
XANAX XR TAB 1MG	3	PA
XANAX XR TAB 2MG	3	PA
XANAX XR TAB 3MG	3	PA

ANTIARRHYTHMICS

ANTIARRHYTHMICS - MISC.

<i>adenosine iv soln 6 mg/2ml</i>	1	
<i>adenosine iv soln 12 mg/4ml</i>	1	

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG	3	PA
NORPACE CAP 150MG	3	PA
<i>procainamide hcl inj 100 mg/ml</i>	1	
<i>procainamide hcl inj 500 mg/ml</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-B		
LIDOCA/NAACL INJ 2%	3	PA
LIDOCAIN/D5W INJ 2MG/ML	3	PA
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	1	
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	1	
LIDOCAINE INJ 20MG/ML	3	PA
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
LIDOCAINE SOL 100/10	3	PA
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<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	
ANTIARRHYTHMICS TYPE III		
AMIODARO/D5W INJ 450/250	3	PA
AMIODARO/D5W INJ 900/500	3	PA
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<i>ibutilide fumarate inj 1 mg/10ml</i>	1	
MULTAQ TAB 400MG	3	PA
NEXTERONE INJ	3	PA

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	1	
TIKOSYN CAP 125MCG	3	PA
TIKOSYN CAP 250MCG	3	PA
TIKOSYN CAP 500MCG	3	PA

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	
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ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR INJ	3	PA, QL
FASENRA INJ 30MG/ML	2	PA, QL
FASENRA PEN INJ 30MG/ML	2	PA, QL
NUCALA INJ 40MG/0.4	2	PA, QL
NUCALA INJ 100MG	3	PA, QL
NUCALA INJ 100MG/ML	2	PA, QL
TEZSPIRE INJ 210MG	2	PA, QL
TEZSPIRE SOL 210MG	2	PA, QL
XOLAIR INJ 75/0.5	2	PA
XOLAIR INJ 75/0.5	2	PA, QL
XOLAIR INJ 150MG/ML	2	PA
XOLAIR INJ 150MG/ML	2	PA, QL
XOLAIR INJ 300/2ML	2	PA
XOLAIR SOL 150MG	2	PA, QL

BRONCHODILATORS - ANTICHOLINERGICS

INCRUSE ELPT INH 62.5MCG	3	PA
<i>ipratropium bromide inhal soln 0.02%</i>	1	
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	
TUDORZA PRES AER 400/ACT	3	PA
YUPELRI SOL	2	

LEUKOTRIENE MODULATORS

<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 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SINGULAIR CHW 4MG	3	PA
SINGULAIR CHW 5MG	3	PA
SINGULAIR GRA 4MG	3	PA
SINGULAIR TAB 10MG	3	PA
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESP TAB 250MCG	3	PA
DALIRESP TAB 500MCG	3	PA
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	

STEROID INHALANTS

ALVESCO AER 80MCG	3	PA
ALVESCO AER 160MCG	3	PA
ARMONAIR DIG AER 55MCG	3	PA
ARMONAIR DIG AER 113MCG	3	PA
ARMONAIR DIG AER 232MCG	3	PA
ARNUITY ELPT INH 50MCG	3	PA
ARNUITY ELPT INH 100MCG	3	PA
ARNUITY ELPT INH 200MCG	3	PA
ASMANEX 14 AER 220MCG	3	PA
ASMANEX 30 AER 110MCG	3	PA
ASMANEX 30 AER 220MCG	3	PA
ASMANEX 60 AER 220MCG	3	PA
ASMANEX 120 AER 220MCG	3	PA
ASMANEX HFA AER 50MCG	3	PA
ASMANEX HFA AER 100 MCG	3	PA
ASMANEX HFA AER 200 MCG	3	PA
<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	
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 REDIIHA AER 80MCG	3	PA
QVAR REDIIHAL AER 40MCG	3	PA

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	3	PA
ADVAIR DISKU AER 250/50	3	PA
ADVAIR DISKU AER 500/50	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 45/21	3	PA
ADVAIR HFA AER 115/21	3	PA
ADVAIR HFA AER 230/21	3	PA
AIRDUO DGHLR INH 55-14	3	PA
AIRDUO DGHLR INH 113-14	3	PA
AIRDUO DGHLR INH 232-14	3	PA
AIRDUO RESPI INH 55-14	3	PA
AIRDUO RESPI INH 113-14	3	PA
AIRDUO RESPI INH 232-14	3	PA
AIRSUPRA AER 90-80MCG	2	
ALBUTEROL NEB 0.5%	3	PA
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	
<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>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	
BEVESPI AER 9-4.8MCG	3	PA
BREO ELLIPTA INH 50-25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 100-25	3	PA
BREO ELLIPTA INH 200-25	2	
BREO ELLIPTA INH 200-25	3	PA
BREZTRI AERO AER SPHERE	2	
DUAKLIR AER 400/12	3	PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ISOPRO/NAACL SOL 200MCG	3	PA
<i>isoproterenol hcl inj 0.2 mg/ml</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 DIGIH AER	3	PA
PROAIR RESPI AER	3	PA
PROVENTIL AER HFA	3	PA
SEREVENT DIS AER 50MCG	2	
STIOLTO AER 2.5-2.5	2	
STRIVERDI AER 2.5MCG	2	
SYMBICORT AER 80-4.5	3	PA
SYMBICORT AER 160-4.5	3	PA
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	
TRELEGY AER 200MCG	2	
VENTOLIN HFA AER	3	PA
<i>wixela inhub aer 100/50</i>	1	
<i>wixela inhub aer 250/50</i>	1	
<i>wixela inhub aer 500/50</i>	1	
XOPENEX HFA AER	3	PA
XANTHINES		
<i>aminophylline inj 25 mg/ml</i>	1	
<i>elixophyllin elx 80/15ml</i>	1	
THEO-24 CAP 100MG CR	3	PA
THEO-24 CAP 200MG CR	3	PA
THEO-24 CAP 300MG CR	3	PA
THEO-24 CAP 400MG ER	3	PA
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</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	

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Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
ANTICOAGULNT INJ SOD CITR	3	PA
SODIUM CITRA SOL 4%	3	PA
COUMARIN ANTICOAGULANTS		
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
SAVAYSA TAB 15MG	3	PA
SAVAYSA TAB 30MG	3	PA
SAVAYSA TAB 60MG	3	PA
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<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	3	
FRAGMIN INJ 2500/ML	3	PA
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
HEP SOD/D5W INJ 20000UNT	3	PA
HEP SOD/D5W INJ 25000UNT	3	PA
HEP SOD/DEXT INJ 25000UNT	3	PA
HEP SOD/NACL INJ 25000UNT	3	PA
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	1	
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	1	
HEPARIN SOD INJ 5000/0.5	3	PA
HEPARIN SOD INJ 5000/ML	3	PA
HEPARIN SOD INJ NACL	3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
HEPARIN/NAACL INJ 20/20ML	3	PA
HEPARIN/NAACL INJ 50/50ML	3	PA
HEPARIN/NAACL INJ 4000/0.9	3	PA
HEPARIN/NAACL INJ 5000/0.9	3	PA
HEPARIN/NAACL INJ 25000UNT	3	PA
HEPARIN/NAACL INJ 30000/L	3	PA
HEPARIN/NAACL SOL 500/500	3	PA
HEPARIN/NAACL SOL 2500/500	3	PA
HEPMED KIT	3	PA

IN VITRO/LOCK ANTICOAGULANTS

DEFENCATH SOL	3	
SOD CIT-GENT INJ 4%-320	3	PA

THROMBIN INHIBITORS

ARGATRB/NAACL INJ 50/50ML	3	PA
ARGATRB/NAACL INJ 50MG/50	3	PA
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	1	
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	1	
<i>bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
PRADAXA CAP 75MG	3	PA
PRADAXA CAP 110MG	3	PA
PRADAXA CAP 150MG	3	PA
PRADAXA PAK 20MG	3	PA
PRADAXA PAK 30MG	3	PA
PRADAXA PAK 40MG	3	PA
PRADAXA PAK 50MG	3	PA
PRADAXA PAK 110MG	3	PA
PRADAXA PAK 150MG	3	PA

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 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>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
NAYZILAM SPR 5MG	2	
ONFI SUS 2.5MG/ML	3	PA
ONFI TAB 10MG	3	PA
ONFI TAB 20MG	3	PA
SYMPAZAN MIS 5MG	3	PA
SYMPAZAN MIS 10MG	3	PA
SYMPAZAN MIS 20MG	3	PA
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BANZEL SUS 40MG/ML	3	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	3	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 100 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	
DIACOMIT CAP 250MG	3	PA, QL
DIACOMIT CAP 500MG	3	PA, QL
DIACOMIT PAK 250MG	3	PA, QL
DIACOMIT PAK 500MG	3	PA, QL
ELEPSIA XR TAB 1000MG	3	PA
ELEPSIA XR TAB 1500MG	3	PA
EPIDIOLEX SOL 100MG/ML	3	PA, QL
<i>epitol tab 200mg</i>	1	
EPRONTIA SOL 25MG/ML	3	PA
FINTEPLA SOL 2.2MG/ML	3	PA, QL
<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	
GABAPENTIN TAB TINYTABS	3	PA
KEPPRA INJ 500/5ML	3	PA
KEPPRA SOL 100MG/ML	3	PA
KEPPRA TAB 250MG	3	PA
KEPPRA TAB 500MG	3	PA
KEPPRA TAB 750MG	3	PA
KEPPRA TAB 1000MG	3	PA
KEPPRA XR TAB 500MG	3	PA
KEPPRA XR TAB 750MG	3	PA
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
LAMICTAL CHW 5MG	3	PA
LAMICTAL CHW 25MG	3	PA
LAMICTAL KIT START 35	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL KIT START 49	3	PA
LAMICTAL KIT START 98	3	PA
LAMICTAL ODT KIT	3	PA
LAMICTAL ODT TAB 25MG	3	PA
LAMICTAL ODT TAB 50MG	3	PA
LAMICTAL ODT TAB 100MG	3	PA
LAMICTAL ODT TAB 200MG	3	PA
LAMICTAL TAB 25MG	3	PA
LAMICTAL TAB 100MG	3	PA
LAMICTAL TAB 150MG	3	PA
LAMICTAL TAB 200MG	3	PA
LAMICTAL XR KIT	3	PA
LAMICTAL XR TAB 25MG	3	PA
LAMICTAL XR TAB 50MG	3	PA
LAMICTAL XR TAB 100MG	3	PA
LAMICTAL XR TAB 200MG	3	PA
LAMICTAL XR TAB 250MG	3	PA
LAMICTAL XR TAB 300MG	3	PA
<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 (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</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	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</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	
LYRICA CAP 25MG	3	PA
LYRICA CAP 50MG	3	PA
LYRICA CAP 75MG	3	PA
LYRICA CAP 100MG	3	PA
LYRICA CAP 150MG	3	PA
LYRICA CAP 200MG	3	PA
LYRICA CAP 225MG	3	PA
LYRICA CAP 300MG	3	PA
LYRICA SOL 20MG/ML	3	PA
MOTPOLY XR CAP 100MG	3	PA
MOTPOLY XR CAP 150MG	3	PA
MOTPOLY XR CAP 200MG	3	PA
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 25 mg</i>	1	
<i>pregabalin cap 50 mg</i>	1	
<i>pregabalin cap 75 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	
<i>pregabalin cap 150 mg</i>	1	
<i>pregabalin cap 200 mg</i>	1	
<i>pregabalin cap 225 mg</i>	1	
<i>pregabalin cap 300 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>roweepra tab 500mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
SPRITAM TAB 250MG	3	PA
SPRITAM TAB 500MG	3	PA
SPRITAM TAB 750MG	3	PA
SPRITAM TAB 1000MG	3	PA
<i>subvenite kit start 35</i>	1	
<i>subvenite kit start 49</i>	1	
<i>subvenite kit start 98</i>	1	
<i>subvenite tab 25mg</i>	1	
<i>subvenite tab 100mg</i>	1	
<i>subvenite tab 150mg</i>	1	
<i>subvenite tab 200mg</i>	1	
TEGRETOL SUS 100/5ML	3	PA
TEGRETOL TAB 200MG	3	PA
TEGRETOL-XR TAB 100MG	3	PA
TEGRETOL-XR TAB 200MG	3	PA
TEGRETOL-XR TAB 400MG	3	PA
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 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 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	PA
TRILEPTAL TAB 150MG	3	PA
TRILEPTAL TAB 300MG	3	PA
TRILEPTAL TAB 600MG	3	PA
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT INJ 200MG/20	3	PA
VIMPAT SOL 10MG/ML	3	PA
VIMPAT TAB 50MG	3	PA
VIMPAT TAB 100MG	3	PA
VIMPAT TAB 150MG	3	PA
VIMPAT TAB 200MG	3	PA
ZONEGRAN CAP 25MG	3	PA
ZONEGRAN CAP 100MG	3	PA
ZONISADE SUS 100MG/5	3	PA
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ZTALMY SUS 50MG/ML	3	PA, QL
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
SABRIL POW 500MG	3	PA, QL
SABRIL TAB 500MG	3	PA, QL
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL
<i>vigabatrin tab 500 mg</i>	1	PA, QL
<i>vigadrone pow 500mg</i>	1	PA, QL
<i>vigpoder pow 500mg</i>	1	PA, QL

HYDANTOINS

DILANTIN CAP 30MG	3	PA
DILANTIN CAP 100MG	3	PA
DILANTIN CHW 50MG	3	PA
DILANTIN-125 SUS 125/5ML	3	PA
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1	
<i>phenytek cap 200mg</i>	1	
<i>phenytek cap 300mg</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	

SUCCINIMIDES

<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	

VALPROIC ACID

DEPAKOTE ER TAB 250MG	3	PA
DEPAKOTE ER TAB 500MG	3	PA
DEPAKOTE SPR CAP 125MG	3	PA
DEPAKOTE TAB 125MG DR	3	PA
DEPAKOTE TAB 250MG DR	3	PA
DEPAKOTE TAB 500MG DR	3	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<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	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG	3	PA
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ANTIDEPRESSANTS - MISC.

APLENZIN TAB 174MG	3	PA
APLENZIN TAB 348MG	3	PA
APLENZIN TAB 522MG	3	PA
<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>bupropion hcl tab er 24hr 450 mg</i>	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	PA
WELLBUTRIN TAB XL 300MG	3	PA

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZULRESSO INJ 100/20ML	3	PA
ZURZUVAE CAP 20MG	3	PA, QL
ZURZUVAE CAP 25MG	3	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAP 30MG	3	PA, QL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
CITALOPRAM CAP 30MG	3	PA
<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	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</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>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	
<i>fluvoxamine maleate tab 100 mg</i>	1	
LEXAPRO TAB 5MG	3	PA
LEXAPRO TAB 10MG	3	PA
LEXAPRO TAB 20MG	3	PA
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	PA
PAXIL CR TAB 25MG	3	PA
PAXIL CR TAB 37.5MG	3	PA
PAXIL SUS 10MG/5ML	3	PA
PAXIL TAB 10MG	3	PA
PAXIL TAB 20MG	3	PA
PAXIL TAB 30MG	3	PA
PAXIL TAB 40MG	3	PA
PROZAC CAP 10MG	3	PA
PROZAC CAP 20MG	3	PA
PROZAC CAP 40MG	3	PA
SERTRALINE CAP 150MG	3	PA
SERTRALINE CAP 200MG	3	PA
<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	
ZOLOFT CON 20MG/ML	3	PA
ZOLOFT TAB 25MG	3	PA
ZOLOFT TAB 50MG	3	PA
ZOLOFT TAB 100MG	3	PA
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<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	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD TAB 10MG	3	PA
VIIBRYD TAB 20MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD TAB 40MG	3	PA
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	3	PA
CYMBALTA CAP 30MG	3	PA
CYMBALTA CAP 60MG	3	PA
<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>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EFFEXOR XR CAP 37.5MG	3	PA
EFFEXOR XR CAP 75MG	3	PA
EFFEXOR XR CAP 150MG	3	PA
PRISTIQ TAB 25MG	3	PA
PRISTIQ TAB 50MG	3	PA
PRISTIQ TAB 100MG	3	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
VENLAFAXINE TAB 112.5MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<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	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
<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>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	3	
NORPRAMIN TAB 25MG	3	
<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	

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Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	PA
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	PA
<i>trimipramine maleate cap 100 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	PA

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 50 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2	
SYMLINPEN 120 INJ 1000MCG	2	

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<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	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
INVOKAMET TAB 50-500MG	3	PA
INVOKAMET TAB 50-1000	3	PA
INVOKAMET TAB 150-500	3	PA
INVOKAMET TAB 150-1000	3	PA
INVOKAMET XR TAB 50-500MG	3	PA
INVOKAMET XR TAB 50-1000	3	PA
INVOKAMET XR TAB 150-500	3	PA
INVOKAMET XR TAB 150-1000	3	PA

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Drug Name	Drug Tier	Requirements/Limits
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	3	PA
JENTADUETO TAB 2.5-850	3	PA
JENTADUETO TAB 2.5-1000	3	PA
JENTADUETO TAB XR	3	PA
KOMBIGLYZ XR TAB 2.5-1000	3	PA
KOMBIGLYZ XR TAB 5-500MG	3	PA
KOMBIGLYZ XR TAB 5-1000MG	3	PA
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
QTERN TAB 5-5MG	3	PA
QTERN TAB 10-5MG	3	PA
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	
SEGLUROMET TAB 2.5-500	3	PA
SEGLUROMET TAB 2.5-1000	3	PA
SEGLUROMET TAB 7.5-500	3	PA
SEGLUROMET TAB 7.5-1000	3	PA
SOLIQUA INJ 100/33	2	
STEGLUJAN TAB 5-100MG	3	PA
STEGLUJAN TAB 15-100MG	3	PA
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	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	

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	
ANTIDIABETIC-ANTIBODIES		
TZIELD INJ 2MG/2ML	3	
BIGUANIDES		
GLUMETZA TAB 500MG	3	PA
GLUMETZA TAB 1000MG	3	PA
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 625 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	ACA
<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	
RIOMET SOL 500/5ML	3	PA
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	3	PA
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GLUCAGON EMR SOL 1MG	3	PA
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	3	PA, QL
<i>mifepristone tab 300 mg</i>	1	PA, QL
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
ONGLYZA TAB 2.5MG	3	PA
ONGLYZA TAB 5MG	3	PA
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	
TRADJENTA TAB 5MG	3	PA
ZITUVIO TAB 25MG	3	
ZITUVIO TAB 50MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZITUVIO TAB 100MG	3	
INCRETIN MIMETIC AGENTS		
BYDUREON BC INJ 2/0.85ML	3	PA
BYETTA INJ 5MCG	3	PA
BYETTA INJ 10MCG	3	PA
MOUNJARO INJ 2.5/0.5	3	PA
MOUNJARO INJ 5MG/0.5	3	PA
MOUNJARO INJ 7.5/0.5	3	PA
MOUNJARO INJ 10MG/0.5	3	PA
MOUNJARO INJ 12.5/0.5	3	PA
MOUNJARO INJ 15MG/0.5	3	PA
OZEMPIC INJ 2MG/3ML	2	PA
OZEMPIC INJ 4MG/3ML	2	PA
OZEMPIC INJ 8MG/3ML	2	PA
RYBELSUS TAB 3MG	2	PA
RYBELSUS TAB 7MG	2	PA
RYBELSUS TAB 14MG	2	PA
TRULICITY INJ 0.75/0.5	2	PA
TRULICITY INJ 1.5/0.5	2	PA
TRULICITY INJ 3/0.5	2	PA
TRULICITY INJ 4.5/0.5	2	PA
VICTOZA INJ 18MG/3ML	2	PA
INSULIN		
ADMELOG INJ 100U/ML	3	PA
ADMELOG SOLO INJ 100U/ML	3	PA
AFREZZA POW 4-8 UNIT	3	PA
AFREZZA POW 4-8-12	3	PA
AFREZZA POW 4UNIT	3	PA
AFREZZA POW 8 UNIT	3	PA
AFREZZA POW 8-12UNIT	3	PA
AFREZZA POW 12 UNIT	3	PA
APIDRA INJ SOLOSTAR	3	PA
APIDRA INJ U-100	3	PA
BASAGLAR INJ 100UNIT	3	PA
BASAGLAR INJ TEMPO PN	3	PA
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
FIASP PMPCRT INJ U-100	3	PA
GLARGIN YFGN INJ 100U/ML	3	PA
GLARGIN YFGN SOL 100U/ML	3	PA
HUMALOG INJ 100/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG JR 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
HUMALOG TMPO INJ 100/ML	3	PA
HUMULIN INJ 70/30	3	PA
HUMULIN INJ 70/30KWP	3	PA
HUMULIN N INJ U-100	3	PA
HUMULIN N INJ U-100KWP	3	PA
HUMULIN R INJ U-100	3	PA
HUMULIN R INJ U-500	2	
INS ASP PROT INJ FLEXPEN	3	PA
INS DEGL FLX INJ 100UNIT	3	PA
INS DEGL FLX INJ 200UNIT	3	PA
INSULIN ASPA INJ 70/30	3	PA
INSULIN ASPA INJ 100/ML	3	PA
INSULIN ASPA INJ FLEXPEN	3	PA
INSULIN ASPA INJ PENFILL	3	PA
INSULIN DEGL INJ 100UNIT	3	PA
INSULIN GLAR INJ 300/ML	3	
INSULIN LISP INJ 100/ML	3	PA
INSULIN LISP INJ JUNIOR	3	PA
INSULIN LISP INJ PROTAMIN	3	PA
LANTUS INJ 100/ML	3	PA
LANTUS SOLOS INJ 100/ML	3	PA
LEVEMIR INJ	3	PA
LEVEMIR INJ FLEXPEN	3	PA
LYUMJEV INJ 100OUT/ML	3	PA
LYUMJEV KWPN INJ 100OUT/ML	3	PA
LYUMJEV KWPN INJ 200OUT/ML	3	PA
LYUMJEV TMPO INJ 100OUT/ML	3	PA
MYXREDLIN SOL 1UNIT/ML	3	PA
NOVOLIN70/30 INJ RELION	3	PA
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP	3	PA
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ 100 UNIT	3	PA
NOVOLIN N INJ RELION	3	PA
NOVOLIN N INJ U-100	2	

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Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ 100 UNIT	3	PA
NOVOLIN R INJ RELION	3	PA
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEX REL	3	PA
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG INJ RELION	3	PA
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	PA
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG RELI INJ 70/30	3	PA
REZVOGLAR INJ 100OUT/ML	3	PA
SEMGLEE INJ 100U/ML	3	PA
SEMGLEE SOL 100U/ML	3	PA
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
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	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BEXAGLIFLOZN TAB 20MG	3	PA
BRENZAVVY TAB 20MG	3	PA
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	3	PA
INVOKANA TAB 300MG	3	PA
JARDIANCE TAB 10MG	2	

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Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TAB 25MG	2	
STEGLATRO TAB 5MG	3	PA
STEGLATRO TAB 15MG	3	PA

SULFONYLUREAS

<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	
<i>glipizide xl tab 2.5mg</i>	1	
<i>glipizide xl tab 5mg</i>	1	
<i>glipizide xl tab 10mg</i>	1	
<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	

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB 125MG	3	PA
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ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

BILAC CAP	3	PA
DERMACINRX CAP PROBISOL	3	PA
DERMACINRX CAP PROBITRA	3	PA
LACTEROL CAP	3	PA
PROBINATE CAP	3	PA
PROMELLA CAP PREBIOTI	3	PA
XYBIOTIC CAP	3	PA
ZELAC CAP	3	PA

ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

PROBICHEW CHW	3	PA
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ANTIPERISTALTIC AGENTS

<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	3	
<i>loperamide hcl cap 2 mg</i>	1	
MOTOFEN TAB 1-0.025	3	PA

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Drug Name	Drug Tier	Requirements/Limits
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ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTE COMBINATIONS

PREVDUO INJ 3-0.6/3	3	PA
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ANTIDOTES - CHELATING AGENTS

<i>deferasirox granules packet 90 mg</i>	1	PA
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<i>deferasirox granules packet 180 mg</i>	1	PA
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<i>deferasirox granules packet 360 mg</i>	1	PA
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<i>deferasirox tab 90 mg</i>	1	PA
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<i>deferasirox tab 180 mg</i>	1	PA
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<i>deferasirox tab 360 mg</i>	1	PA
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<i>deferasirox tab for oral susp 125 mg</i>	1	PA
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<i>deferasirox tab for oral susp 250 mg</i>	1	PA
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<i>deferasirox tab for oral susp 500 mg</i>	1	PA
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<i>deferiprone tab 500 mg</i>	1	PA
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<i>deferiprone tab 1000 mg</i>	1	PA
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DIMERCAPTOPR INJ 50MG/ML	3	PA
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EXJADE TAB 125MG	3	PA
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EXJADE TAB 250MG	3	PA
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EXJADE TAB 500MG	3	PA
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FERPRX 2-DAY TAB 1000MG	3	PA
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FERRIPROX SOL 100MG/ML	3	PA
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FERRIPROX TAB 500MG	3	PA
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FERRIPROX TAB 1000MG	3	PA
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JADENU SPRKL GRA 90MG	3	PA
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JADENU SPRKL GRA 180MG	3	PA
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JADENU SPRKL GRA 360MG	3	PA
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JADENU TAB 90MG	3	PA
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JADENU TAB 180MG	3	PA
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JADENU TAB 360MG	3	PA
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PENTETATE CA SOL 200MG/ML	3	PA
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PENTETATE ZI SOL 200MG/ML	3	PA
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ANTIDOTES AND SPECIFIC ANTAGONISTS

<i>acetylcysteine inj 200 mg/ml</i>	1	
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BRIDION INJ 200/2ML	3	PA
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BRIDION INJ 500/5ML	3	PA
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<i>deferoxamine mesylate for inj 2 gm</i>	1	PA
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<i>deferoxamine mesylate for inj 500 mg</i>	1	PA
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DESFERAL INJ 500MG	3	PA
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EDETATE CALC INJ 1GM/5ML	3	PA
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<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	1	
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<i>methylene blue iv soln 50 mg/10ml (5 mg/ml)</i>	1	
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PROVAYBLUE INJ	3	PA
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Drug Name	Drug Tier	Requirements/Limits
PROVAYBLUE INJ 50/10ML	3	PA
<i>sodium thiosulfate iv soln 250 mg/ml (25%)</i>	1	
VISTOGARD PAK 10GM	2	QL

BENZODIAZEPINE ANTAGONISTS

<i>flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)</i>	1	
<i>flumazenil iv soln 1 mg/10ml (0.1 mg/ml)</i>	1	

OPIOID ANTAGONISTS

NALMEFENE INJ 1MG/ML	3	PA
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
OPVEE SPR 2.7/0.1	3	
ZIMHI SOL	3	PA

ANTIEMETICS

5-HT₃ RECEPTOR ANTAGONISTS

<i>granisetron hcl inj 1 mg/ml</i>	1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	
<i>granisetron hcl tab 1 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	1	
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	1	
SANCUSO DIS 3.1MG	2	
SUSTOL INJ 10/0.4ML	3	PA

ANTIEMETICS - ANTICHOLINERGIC

ANTIVERT CHW 25MG	3	PA
ANTIVERT TAB 50MG	3	PA
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>meclizine hcl tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TRANSDERM-SC DIS 1MG/3DAY	3	PA
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS INJ 5MG/2ML	3	PA
BARHEMSYS INJ 10MG/4ML	3	PA
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
SYNDROS SOL 5MG/ML	3	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
APONVIE INJ 32/4.4ML	3	
<i>aprepitant capsule 40 mg</i>	1	
<i>aprepitant capsule 80 mg</i>	1	
<i>aprepitant capsule 125 mg</i>	1	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	
CINVANTI INJ 130/18ML	3	PA
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	1	
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate for iv soln 50 mg</i>	1	
<i>caspofungin acetate for iv soln 70 mg</i>	1	
<i>micafungin sodium for iv soln 50 mg</i>	1	
<i>micafungin sodium for iv soln 100 mg</i>	1	
MYCAMINE INJ 50MG	3	PA
ANTIFUNGALS		
<i>amphotericin b for iv soln 50 mg</i>	1	
<i>amphotericin b liposome iv for susp 50 mg</i>	1	
<i>flucytosine cap 250 mg</i>	1	
<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>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	PA
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 74.5MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CRESEMBA CAP 186 MG	3	PA
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	QL
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
FLUCONAZOLE SOL /NACL	3	PA
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	QL
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	
NOXAFIL INJ 300/16.7	3	PA
NOXAFIL PAK 300MG	3	PA
NOXAFIL SUS 40MG/ML	3	PA
NOXAFIL TAB 100MG	3	PA
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	
SPORANOX CAP 100MG	3	PA
SPORANOX SOL 10MG/ML	3	PA
TOLSURA CAP 65MG	3	PA
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VFEND TAB 200MG	3	
<i>voriconazole for inj 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

ANTI-HISTAMINES

ANTI-HISTAMINES - ALKYLAMINES

BROMPHENIRAM INJ 10MG/ML	3	PA
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ANTI-HISTAMINES - ETHANOLAMINES

CARBINOXAMIN TAB 6MG	3	PA
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
RYVENT TAB 6MG	3	PA

ANTIHISTAMINES - NON-SEDATING

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<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	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
QUZYTIR INJ 10MG/ML	3	PA

ANTIHISTAMINES - PHENOTHIAZINES

<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 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	
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	

ANTIHISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	

ANTIHYPERLIPIDEMICS

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	2	
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ANGIOPOIETIN-LIKE PROTEIN INHIBITORS

EVKEEZA INJ 345/2.3	3	PA, QL
EVKEEZA INJ 1200/8	3	PA, QL

ANTIHYPERLIPIDEMICS - COMBINATIONS

EZETIM/ROSUV TAB 10-5MG	3	PA
EZETIM/ROSUV TAB 10-10MG	3	PA
EZETIM/ROSUV TAB 10-20MG	3	PA
EZETIM/ROSUV TAB 10-40MG	3	PA
ezetimibe-simvastatin tab 10-10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
NEXLIZET TAB 180/10MG	2	
ROSZET TAB 5-10MG	3	PA
ROSZET TAB 10-10MG	3	PA
ROSZET TAB 20-10MG	3	PA
ROSZET TAB 40-10MG	3	PA
SURE RESULT KIT O3D3 SYS	3	PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERTENSIVES - MISC.		
LOVAZA CAP 1GM	3	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	1	
VASCEPA CAP 1GM	1	
BILE ACID SEQUESTRANTS		
<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 packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
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	
<i>prevalite pow 4gm</i>	1	
<i>prevalite pow 4gm pk</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 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 120MG	3	PA
<i>gemfibrozil tab 600 mg</i>	1	
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	PA
TRICOR TAB 145MG	3	PA
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	

HMG COA REDUCTASE INHIBITORS

ALTOPREV TAB 20MG ER	3	PA
ALTOPREV TAB 40MG ER	3	PA
ALTOPREV TAB 60MG ER	3	PA
ATORVALIQ SUS 20MG/5ML	3	PA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	AGE
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	AGE
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<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
EZALLOR SPR CAP 5MG	3	PA
EZALLOR SPR CAP 10MG	3	PA
EZALLOR SPR CAP 20MG	3	PA
EZALLOR SPR CAP 40MG	3	PA
FLOLIPID SUS 20MG/5ML	3	PA
FLOLIPID SUS 40MG/5ML	3	PA
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	AGE; ACA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	AGE; ACA

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	AGE; ACA
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>	1	AGE; ACA
<i>lovastatin tab 20 mg</i>	1	AGE; ACA
<i>lovastatin tab 40 mg</i>	1	AGE; ACA
<i>pitavastatin calcium tab 1 mg</i>	1	AGE
<i>pitavastatin calcium tab 2 mg</i>	1	AGE
<i>pitavastatin calcium tab 4 mg</i>	1	AGE
<i>pravastatin sodium tab 10 mg</i>	1	AGE; ACA
<i>pravastatin sodium tab 20 mg</i>	1	AGE; ACA
<i>pravastatin sodium tab 40 mg</i>	1	AGE; ACA
<i>pravastatin sodium tab 80 mg</i>	1	AGE; ACA
<i>rosuvastatin calcium tab 5 mg</i>	1	AGE; ACA
<i>rosuvastatin calcium tab 10 mg</i>	1	AGE; ACA
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	AGE; ACA
<i>simvastatin tab 10 mg</i>	1	AGE; ACA
<i>simvastatin tab 20 mg</i>	1	AGE; ACA
<i>simvastatin tab 40 mg</i>	1	AGE; ACA
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZYPITAMAG TAB 2MG	3	PA
ZYPITAMAG TAB 4MG	3	PA
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	PA
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	3	PA, QL
JUXTAPID CAP 10MG	3	PA, QL
JUXTAPID CAP 20MG	3	PA, QL
JUXTAPID CAP 30MG	3	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
NICOTINIC ACID DERIVATIVES		
<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	

PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

LEQVIO SOL	3	PA, QL
PRALUENT INJ 75MG/ML	3	PA, QL
PRALUENT INJ 150MG/ML	3	PA, QL
REPATHA INJ 140MG/ML	3	PA, QL
REPATHA PUSH INJ 420/3.5	3	PA, QL
REPATHA SURE INJ 140MG/ML	3	PA, QL

ANTIHYPERTENSIVES

ACE INHIBITORS

ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	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 oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>enalaprilat iv inj 1.25 mg/ml</i>	1	
EPANED SOL 1MG/ML	3	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
<i>phentolamine mesylate for inj 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	3	PA
ATACAND TAB 8MG	3	PA
ATACAND TAB 16MG	3	PA
ATACAND TAB 32MG	3	PA
BENICAR TAB 5MG	3	PA
BENICAR TAB 20MG	3	PA
BENICAR TAB 40MG	3	PA
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
COZAAR TAB 25MG	3	PA
COZAAR TAB 50MG	3	PA
COZAAR TAB 100MG	3	PA
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>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	PA
MICARDIS TAB 40MG	3	PA
MICARDIS TAB 80MG	3	PA
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</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>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	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
NEXICLON XR TAB 0.17MG	3	PA
<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	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	

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<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
ATACAND HCT TAB 16-12.5	3	PA
ATACAND HCT TAB 32-12.5	3	PA
ATACAND HCT TAB 32-25MG	3	PA
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
AZOR TAB 5-20MG	3	PA
AZOR TAB 5-40MG	3	PA
AZOR TAB 10-20MG	3	PA
AZOR TAB 10-40MG	3	PA
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
BENICAR HCT TAB 20-12.5	3	PA
BENICAR HCT TAB 40-12.5	3	PA
BENICAR HCT TAB 40-25MG	3	PA
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
DIOVAN HCT TAB 80/12.5	3	PA
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
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
EXFORGE TAB 5-160MG	3	PA
EXFORGE TAB 5-320MG	3	PA
EXFORGE TAB 10-160MG	3	PA
EXFORGE TAB 10-320MG	3	PA
EXFORGEH/5- TAB 160-12.5	3	PA
EXFORGEH/5- TAB 160-25	3	PA
EXFORGEH/10- TAB 160-12.5	3	PA
EXFORGEH/10- TAB 160-25	3	PA
EXFORGEH/10- TAB 320-25	3	PA
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
HYZAAR TAB 50-12.5	3	PA
HYZAAR TAB 100-12.5	3	PA
HYZAAR TAB 100-25	3	PA
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>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	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **100**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
<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	
MICARDIS HCT TAB 40/12.5	3	PA
MICARDIS HCT TAB 80-25MG	3	PA
MICARDIS HCT TAB 80/12.5	3	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
PRESTALIA TAB 3.5-2.5	3	PA
PRESTALIA TAB 7-5MG	3	PA
PRESTALIA TAB 14-10MG	3	PA
<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	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 101

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 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	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	PA
ZESTORETIC TAB 20-12.5	3	PA
ZESTORETIC TAB 20-25MG	3	PA

DIRECT RENIN INHIBITORS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	

SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	

VASODILATORS

<i>hydralazine hcl inj 20 mg/ml</i>	1	
<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	
NIPRIDE RTU INJ 20/100ML	3	PA
NIPRIDE RTU INJ 50/100ML	3	PA
<i>nitroprusside sodium iv soln 25 mg/ml</i>	1	

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
PYRIME/LEUCO CAP 12.5/2.5	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 102
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
PYRIME/LEUCO CAP 25/5MG	3	PA
PYRIME/LEUCO CAP 25/10MG	3	PA
PYRIME/LEUCO CAP 50/10MG	3	PA
PYRIME/LEUCO CAP 50/20MG	3	PA
PYRIME/LEUCO CAP 50/25MG	3	PA
PYRIME/LEUCO CAP 75/25MG	3	PA

ANTIMALARIALS

ARAKODA TAB 100MG	3	PA
ARTESUNATE SOL 110MG	3	PA
<i>chloroquine phosphate tab 250 mg</i>	1	Up to 10 day supply; Limit of one fill per 60 days
<i>chloroquine phosphate tab 500 mg</i>	1	Up to 10 day supply; Limit of one fill per 60 days
DARAPRIM TAB 25MG	3	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	Up to 10 day supply; Limit of one fill per 60 days
KRINTAFEL TAB 150MG	3	PA
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	3	Up to 10 day supply; Limit of one fill per 60 days
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE TAB 10MG	3	PA, QL
NEOSTIG METH INJ 2MG/2ML	3	PA
NEOSTIG METH INJ 3MG/3ML	3	PA
NEOSTIG METH INJ 4MG/4ML	3	PA
NEOSTIG METH INJ 5MG/5ML	3	PA
NEOSTIGMINE INJ 5MG/5ML	3	PA
<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	1	
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	1	
<i>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<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 inj 100 mg/ml</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 400MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
RIFAMPIN SUS 25MG/ML	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BELRAPZO SOL 100/4ML	3	PA
<i>bendamustine hcl for iv soln 25 mg</i>	1	PA
<i>bendamustine hcl for iv soln 100 mg</i>	1	PA
BENDAMUSTINE SOL 100/4ML	3	PA
BENDEKA INJ 100/4ML	3	PA
<i>busulfan inj 6 mg/ml</i>	1	
<i>carboplatin iv soln 50 mg/5ml</i>	1	
<i>carboplatin iv soln 150 mg/15ml</i>	1	
<i>carboplatin iv soln 450 mg/45ml</i>	1	
<i>carboplatin iv soln 600 mg/60ml</i>	1	
<i>carmustine for inj 100 mg</i>	1	
CARMUSTINE INJ 50MG	3	PA
CARMUSTINE INJ 300MG	3	PA
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	
CISPLATIN INJ 50MG	3	PA
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	
<i>cyclophosphamide cap 25 mg</i>	1	ONC
<i>cyclophosphamide cap 50 mg</i>	1	ONC
<i>cyclophosphamide for inj 1 gm</i>	1	
<i>cyclophosphamide for inj 2 gm</i>	1	
<i>cyclophosphamide for inj 500 mg</i>	1	
<i>cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 104

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)	1	
cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	1	
EVOMELA INJ 50MG	3	PA
ifosfamide for inj 1 gm	1	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1	
KEMOPLAT INJ 50/50ML	3	PA
LEUKERAN TAB 2MG	3	ONC
melphalan hcl for inj 50 mg (base equiv)	1	
melphalan tab 2 mg	1	ONC
MYLERAN TAB 2MG	3	ONC
oxaliplatin for iv inj 50 mg	1	
oxaliplatin for iv inj 100 mg	1	
oxaliplatin iv soln 50 mg/10ml	1	
oxaliplatin iv soln 100 mg/20ml	1	
oxaliplatin iv soln 200 mg/40ml	1	
paraplatin inj 1000mg	1	
TEMODAR INJ 100MG	3	PA
temozolomide cap 5 mg	1	PA; ONC
temozolomide cap 20 mg	1	PA; ONC
temozolomide cap 100 mg	1	PA; ONC
temozolomide cap 140 mg	1	PA; ONC
temozolomide cap 180 mg	1	PA; ONC
temozolomide cap 250 mg	1	PA; ONC
thiotepa for inj 15 mg	1	
thiotepa for inj 100 mg	1	
TREANDA INJ 25MG	3	PA
TREANDA INJ 100MG	3	PA
VIVIMUSTA INJ 100/4ML	3	PA
ZEPZELCA SOL 4MG	3	PA
ANTIMETABOLITES		
ALIMTA INJ 100MG	3	PA
ALIMTA INJ 500MG	3	PA
azacitidine for inj 100 mg	1	PA
capecitabine tab 150 mg	1	PA; ONC
capecitabine tab 500 mg	1	PA; ONC
cladribine iv soln 10 mg/10ml (1 mg/ml)	1	
clofarabine iv soln 1 mg/ml	1	
cytarabine inj 20 mg/ml	1	
cytarabine inj pf 20 mg/ml	1	
cytarabine inj pf 100 mg/ml	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 105

Drug Name	Drug Tier	Requirements/Limits
<i>decitabine for inj 50 mg</i>	1	PA
<i>floxuridine for inj 0.5 gm</i>	1	
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	
FOLOTYN INJ 20MG/ML	3	PA
FOLOTYN INJ 40MG/2ML	3	PA
<i>gemcitabine hcl for inj 1 gm</i>	1	
<i>gemcitabine hcl for inj 2 gm</i>	1	
<i>gemcitabine hcl for inj 200 mg</i>	1	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1	
<i>mercaptopurine tab 50 mg</i>	1	ONC
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	ONC
<i>nelarabine iv soln 5 mg/ml</i>	1	
ONUREG TAB 200MG	3	PA, QL; ONC
ONUREG TAB 300MG	3	PA, QL; ONC
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	1	
PEMETREXED INJ 100MG	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 106
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
PEMETREXED INJ 500MG	3	PA
PEMETREXED SOL 1GM/40ML	3	PA
PEMETREXED SOL 100/4ML	3	PA
PEMETREXED SOL 500/20ML	3	PA
PEMETREXED SOL 850/34ML	3	PA
PEMFEXY SOL 500/20ML	3	PA
<i>pralatrexate iv inj 20 mg/ml</i>	1	PA
<i>pralatrexate iv inj 40 mg/2ml</i>	1	PA
PURIXAN SUS 20MG/ML	3	PA; ONC
TABLOID TAB 40MG	3	ONC
TREXALL TAB 5MG	3	ONC
TREXALL TAB 7.5MG	3	ONC
TREXALL TAB 10MG	3	ONC
TREXALL TAB 15MG	3	ONC
VIDAZA INJ 100MG	3	PA
XELODA TAB 150MG	3	PA; ONC
XELODA TAB 500MG	3	PA; ONC

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

ALYMSYS SOL 100/4ML	3	PA
ALYMSYS SOL 400/16ML	3	PA
AVASTIN INJ	3	PA
AVASTIN INJ 400/16ML	3	PA
CYRAMZA INJ 100/10ML	3	PA
CYRAMZA INJ 500/50ML	3	PA
FRUZAQLA CAP 1MG	3	PA, QL; ONC
FRUZAQLA CAP 5MG	3	PA, QL; ONC
INLYTA TAB 1MG	2	PA; ONC
INLYTA TAB 5MG	2	PA; ONC
LENVIMA CAP 4MG	2	PA; ONC
LENVIMA CAP 8 MG	2	PA; ONC
LENVIMA CAP 10 MG	2	PA; ONC
LENVIMA CAP 12MG	2	PA; ONC
LENVIMA CAP 14 MG	2	PA; ONC
LENVIMA CAP 18 MG	2	PA; ONC
LENVIMA CAP 20 MG	2	PA; ONC
LENVIMA CAP 24 MG	2	PA; ONC
MVASI INJ 100MG	3	PA
MVASI INJ 400MG	3	PA
VEGZELMA SOL 100/4ML	3	PA
VEGZELMA SOL 400/16ML	3	PA
ZALTRAP INJ 100/4ML	3	PA
ZALTRAP INJ 200/8ML	3	PA
ZIRABEV INJ 100/4ML	2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 107
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ZIRABEV INJ 400/16ML	2	PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN INJ 150MG	3	PA
HERZUMA INJ 150MG	3	PA
HERZUMA INJ 420MG	3	PA
KANJINTI INJ 420MG	3	PA
KANJINTI SOL 150MG	3	PA
MARGENZA INJ 250/10ML	3	PA
OGIVRI INJ 150MG	3	PA
OGIVRI INJ 420MG	3	PA
ONTRUZANT INJ 150MG	3	PA
ONTRUZANT INJ 420MG	3	PA
PERJETA INJ 420/14ML	2	PA
TRAZIMERA INJ 150MG	3	PA
TRAZIMERA INJ 420MG	3	PA
TUKYSA TAB 50MG	3	PA; ONC
TUKYSA TAB 150MG	3	PA; ONC
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS INJ 50MG	3	PA
ARZERRA CON 100/5ML	3	PA
BAVENCIO INJ 20MG/ML	3	PA
BESPOUSA INJ 0.9MG	3	PA
BLINCYTO INJ 35MCG	3	PA
COLUMVI INJ 2.5MG	3	PA, QL
COLUMVI INJ 10/10ML	3	PA, QL
DANYELZA INJ 40/10ML	3	PA, QL
DARZALEX SOL 100/5ML	3	PA
DARZALEX SOL 100MG/5M	3	PA
DARZALEX SOL 400/20ML	3	PA
DARZALEX SOL 400MG/20	3	PA
ELAHERE INJ 5MG/ML	3	PA
ELREXFIO INJ 44/1.1ML	3	PA, QL
ELREXFIO INJ 76/1.9ML	3	PA, QL
EMPLICITI INJ 300MG	3	PA
EMPLICITI INJ 400MG	3	PA
ENHERTU INJ 100MG	3	PA
EPKINLY INJ 4/0.8ML	3	PA, QL
EPKINLY INJ 48/0.8ML	3	PA, QL
GAZYVA INJ 25MG/ML	3	PA
IMFINZI INJ 120/2.4	3	PA
IMFINZI INJ 500/10	3	PA
IMJUDO INJ 25/1.25	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
IMJUDO INJ 300/15ML	3	PA
JEMPERLI SOL 500/10ML	3	PA, QL
KADCYLA INJ 100MG	3	PA
KADCYLA INJ 160MG	3	PA
KEYTRUDA INJ 100MG/4M	3	PA
KIMMTRAK SOL 100MCG	3	PA, QL
LIBTAYO INJ 350/7ML	3	PA, QL
LUNSUMIO INJ 1MG/ML	3	PA, QL
LUNSUMIO INJ 30MG/30	3	PA, QL
MONJUVI INJ 200MG	3	PA
MYLOTARG INJ 4.5MG	3	PA
OPDIVO INJ 40MG/4ML	3	PA
OPDIVO INJ 100MG/10	3	PA
OPDIVO INJ 120MG/12	3	PA
OPDIVO INJ 240/24	3	PA
PADCEV INJ 20MG	3	PA, QL
PADCEV INJ 30MG	3	PA, QL
POLIVY INJ 30MG	3	PA
POLIVY INJ 140MG	3	PA
POTELIGEO INJ 20MG/5ML	3	PA
RIABNI SOL 100/10ML	3	PA
RIABNI SOL 500/50ML	3	PA
RITUXAN INJ 100MG	3	PA
RITUXAN INJ 500MG	3	PA
RUXIENCE INJ 100/10ML	2	PA
RUXIENCE INJ 500/50ML	2	PA
RYBREVANT SOL 350/7ML	3	PA, QL
SARCLISA SOL 100/5ML	3	PA
SARCLISA SOL 500/25ML	3	PA
TALVEY INJ 3/1.5ML	3	PA
TALVEY INJ 40MG/ML	3	PA
TECENTRIQ INJ 840/14	3	PA
TECENTRIQ INJ 1200/20	3	PA
TECVAYLI INJ 30MG/3ML	3	PA
TECVAYLI INJ 153/1.7	3	PA
TIVDAK INJ 40MG	3	PA, QL
TRUXIMA INJ 100/10ML	3	PA
TRUXIMA INJ 500/50ML	3	PA
YERVOY INJ 50MG	3	PA
YERVOY INJ 200MG	3	PA
ZEVALIN KIT Y-90	3	PA
ZYNLONTA SOL 10MG	3	PA
ZYNYZ INJ 500/20ML	3	PA

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Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	3	PA; ONC
VENCLEXTA TAB 50MG	3	PA; ONC
VENCLEXTA TAB 100MG	3	PA; ONC
VENCLEXTA TAB START PK	3	PA; ONC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ 100MG	3	PA
ERBITUX INJ 200MG	3	PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1	PA; ONC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1	PA; ONC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1	PA; ONC
EXKIVITY CAP 40MG	3	PA; ONC
<i>gefitinib tab 250 mg</i>	1	PA, QL
GILOTRIF TAB 20MG	3	PA; ONC
GILOTRIF TAB 30MG	3	PA; ONC
GILOTRIF TAB 40MG	3	PA; ONC
IRESSA TAB 250MG	3	PA, QL
PORTRAZZA INJ 800/50ML	3	PA
TAGRISSE TAB 40MG	2	PA; ONC
TAGRISSE TAB 80MG	2	PA; ONC
TARCEVA TAB 25MG	3	PA; ONC
TARCEVA TAB 100MG	3	PA; ONC
TARCEVA TAB 150MG	3	PA; ONC
VECTIBIX INJ 100MG	3	PA
VECTIBIX INJ 400MG	3	PA
VIZIMPRO TAB 15MG	3	PA; ONC
VIZIMPRO TAB 30MG	3	PA; ONC
VIZIMPRO TAB 45MG	3	PA; ONC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	3	PA; ONC
DAURISMO TAB 100MG	3	PA; ONC
ERIVEDGE CAP 150MG	2	PA; ONC
ODOMZO CAP 200MG	2	PA; ONC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	1	PA; ONC
<i>abiraterone acetate tab 500 mg</i>	1	PA; ONC
AKEEGA TAB 50/500MG	3	PA; ONC
AKEEGA TAB 100/500	3	PA; ONC
<i>anastrozole tab 1 mg</i>	1	AGE; ACA, ONC
ARIMIDEX TAB 1MG	3	ONC
AROMASIN TAB 25MG	3	ONC
<i>bicalutamide tab 50 mg</i>	1	ONC

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Drug Name	Drug Tier	Requirements/Limits
CAMCEVI INJ 42MG	3	PA
CASODEX TAB 50MG	3	ONC
ELIGARD INJ 7.5MG	2	PA
ELIGARD INJ 22.5MG	2	PA
ELIGARD INJ 30MG	2	PA
ELIGARD INJ 45MG	2	PA
ERLEADA TAB 60MG	2	PA; ONC
ERLEADA TAB 240MG	2	PA; ONC
EULEXIN CAP 125MG	3	PA; ONC
<i>exemestane tab 25 mg</i>	1	AGE; ACA, ONC
FASLODEX INJ 250/5ML	3	PA
FEMARA TAB 2.5MG	3	ONC
FIRMAGON INJ 80MG	3	PA
FIRMAGON INJ 120MG	3	PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	1	PA
<i>letrozole tab 2.5 mg</i>	1	ONC
LEUPR/BUPIV SOL 25-5MG	3	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	PA
LEUPROLIDE INJ 22.5MG	3	PA
LUPRON DEPOT INJ 3.75MG	3	PA
LUPRON DEPOT INJ 7.5MG	3	PA
LUPRON DEPOT INJ 11.25MG	3	PA
LUPRON DEPOT INJ 22.5MG	3	PA
LUPRON DEPOT INJ 30MG	3	PA
LUPRON DEPOT INJ 45MG	3	PA
LYSODREN TAB 500MG	3	ONC
<i>megestrol acetate susp 40 mg/ml</i>	1	ONC
<i>megestrol acetate tab 20 mg</i>	1	ONC
<i>megestrol acetate tab 40 mg</i>	1	ONC
NILANDRON TAB 150MG	3	PA; ONC
<i>nilutamide tab 150 mg</i>	1	ONC
NUBEQA TAB 300MG	2	PA; ONC
ORGOVYX TAB 120MG	3	PA; ONC
ORSERDU TAB 86MG	3	PA; ONC
ORSERDU TAB 345MG	3	PA; ONC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	AGE; ACA, ONC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	AGE; ACA, ONC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	ONC
TRELSTAR MIX INJ 3.75MG	3	PA
TRELSTAR MIX INJ 11.25MG	3	PA
TRELSTAR MIX INJ 22.5MG	3	PA
XTANDI CAP 40MG	2	PA; ONC
XTANDI TAB 40MG	2	PA; ONC

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TAB 80MG	2	PA; ONC
YONSA TAB 125MG	2	PA; ONC
ZOLADEX IMP 3.6MG	3	PA
ZOLADEX IMP 10.8MG	3	PA
ZYTIGA TAB 250MG	3	PA; ONC
ZYTIGA TAB 500MG	3	PA; ONC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB 40MG	3	PA; ONC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	3	PA, QL; ONC
POMALYST CAP 2MG	3	PA, QL; ONC
POMALYST CAP 3MG	3	PA, QL; ONC
POMALYST CAP 4MG	3	PA, QL; ONC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	3	PA; ONC
AYVAKIT TAB 50MG	3	PA; ONC
AYVAKIT TAB 100MG	3	PA; ONC
AYVAKIT TAB 200MG	3	PA; ONC
AYVAKIT TAB 300MG	3	PA; ONC
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	3	PA; ONC
XPOVIO PAK 50MG	3	PA; ONC
XPOVIO PAK 60MG	3	PA; ONC
XPOVIO PAK 80MG	3	PA; ONC
ANTINEOPLASTIC ANTIBIOTICS		
<i>adriamycin inj 50mg</i>	1	
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>dactinomycin for inj 0.5 mg</i>	1	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl for inj 10 mg</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	PA
<i>mutamycin inj 5mg</i>	1	
<i>mutamycin inj 20mg</i>	1	
<i>mutamycin inj 40mg</i>	1	
<i>valrubicin soln for intravesical instillation 40 mg/ml</i>	1	PA
VALSTAR SOL 40MG/ML	3	PA

ANTINEOPLASTIC COMBINATIONS

DARZALEX SOL FASPRO	3	PA
HERCEP HYLEC SOL 60-10000	3	PA
INQOVI TAB 35-100MG	3	PA, QL; ONC
KISQALI 200 PAK FEMARA	2	PA, QL; ONC
KISQALI 400 PAK FEMARA	2	PA, QL; ONC
KISQALI 600 PAK FEMARA	2	PA, QL; ONC
LONSURF TAB 15-6.14	2	PA; ONC
LONSURF TAB 20-8.19	2	PA; ONC
OPDUALAG SOL	3	PA, QL
PHESGO SOL	2	PA
RITUXAN INJ HYCELA	3	PA

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DIS TAB 2MG	3	PA; ONC
AFINITOR DIS TAB 3MG	3	PA; ONC
AFINITOR DIS TAB 5MG	3	PA; ONC
AFINITOR TAB 2.5MG	3	PA; ONC
AFINITOR TAB 5MG	3	PA; ONC
AFINITOR TAB 7.5MG	3	PA; ONC
AFINITOR TAB 10MG	3	PA; ONC
ALECENSA CAP 150MG	2	PA; ONC
ALIQOPA INJ 60MG	3	PA
ALUNBRIG PAK	2	PA; ONC
ALUNBRIG TAB 30MG	2	PA; ONC
ALUNBRIG TAB 90MG	2	PA; ONC
ALUNBRIG TAB 180MG	2	PA; ONC
BALVERSA TAB 3MG	3	PA, QL
BALVERSA TAB 4MG	3	PA, QL
BALVERSA TAB 5MG	3	PA, QL
BELEODAQ INJ 500MG	3	PA
<i>bortezomib for inj 3.5 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
BORTEZOMIB INJ 1MG	3	PA
BORTEZOMIB INJ 2.5MG	3	PA
BORTEZOMIB INJ 3.5/1.4	3	PA
BORTEZOMIB INJ 3.5MG	3	PA
BOSULIF CAP 50MG	2	PA; ONC
BOSULIF CAP 100MG	2	PA; ONC
BOSULIF TAB 100MG	2	PA; ONC
BOSULIF TAB 400MG	2	PA; ONC
BOSULIF TAB 500MG	2	PA; ONC
BRAFTOVI CAP 75MG	2	PA; ONC
BRUKINSA CAP 80MG	2	PA; ONC
CABOMETYX TAB 20MG	2	PA; ONC
CABOMETYX TAB 40MG	2	PA; ONC
CABOMETYX TAB 60MG	2	PA; ONC
CALQUENCE TAB 100MG	2	PA; ONC
CAPRELSA TAB 100MG	3	PA; ONC
CAPRELSA TAB 300MG	3	PA; ONC
COMETRIQ KIT 60MG	3	PA; ONC
COMETRIQ KIT 100MG	3	PA; ONC
COMETRIQ KIT 140MG	3	PA; ONC
COPIKTRA CAP 15MG	2	PA; ONC
COPIKTRA CAP 25MG	2	PA; ONC
COTELLIC TAB 20MG	2	PA; ONC
<i>everolimus tab 2.5 mg</i>	1	PA; ONC
<i>everolimus tab 5 mg</i>	1	PA; ONC
<i>everolimus tab 7.5 mg</i>	1	PA; ONC
<i>everolimus tab 10 mg</i>	1	PA; ONC
<i>everolimus tab for oral susp 2 mg</i>	1	PA; ONC
<i>everolimus tab for oral susp 3 mg</i>	1	PA; ONC
<i>everolimus tab for oral susp 5 mg</i>	1	PA; ONC
FOTIVDA CAP 0.89MG	3	PA; ONC
FOTIVDA CAP 1.34MG	3	PA; ONC
FYARRO SUS 100MG	3	PA
GAVRETO CAP 100MG	2	PA; ONC
GLEEVEC TAB 100MG	3	PA; ONC
GLEEVEC TAB 400MG	3	PA; ONC
IBRANCE CAP 75MG	2	PA; ONC
IBRANCE CAP 100MG	2	PA; ONC
IBRANCE CAP 125MG	2	PA; ONC
IBRANCE TAB 75MG	2	PA, QL; ONC
IBRANCE TAB 100MG	2	PA, QL; ONC
IBRANCE TAB 125MG	2	PA, QL; ONC
ICLUSIG TAB 10MG	3	PA; ONC

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TAB 15MG	3	PA; ONC
ICLUSIG TAB 30MG	3	PA; ONC
ICLUSIG TAB 45MG	3	PA; ONC
IDHIFA TAB 50MG	3	PA; ONC
IDHIFA TAB 100MG	3	PA; ONC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	PA; ONC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	PA; ONC
IMBRUVICA CAP 70MG	2	PA; ONC
IMBRUVICA CAP 140MG	2	PA; ONC
IMBRUVICA SUS 70MG/ML	2	PA; ONC
IMBRUVICA TAB 140MG	2	PA; ONC
IMBRUVICA TAB 280MG	2	PA; ONC
IMBRUVICA TAB 420MG	2	PA; ONC
INREBIC CAP 100MG	3	PA; ONC
ISTODAX INJ 10MG	3	PA
JAKAFI TAB 5MG	3	PA; ONC
JAKAFI TAB 10MG	3	PA; ONC
JAKAFI TAB 15MG	3	PA; ONC
JAKAFI TAB 20MG	3	PA; ONC
JAKAFI TAB 25MG	3	PA; ONC
JAYPIRCA TAB 50MG	3	PA; ONC
JAYPIRCA TAB 100MG	3	PA; ONC
KISQALI TAB 200DOSE	2	PA, QL; ONC
KISQALI TAB 400DOSE	2	PA, QL; ONC
KISQALI TAB 600DOSE	2	PA, QL; ONC
KOSELUGO CAP 10MG	2	PA; ONC
KOSELUGO CAP 25MG	2	PA; ONC
KRAZATI TAB 200MG	2	PA; ONC
KYPROLIS SOL 10MG	3	PA; ONC
KYPROLIS SOL 30MG	3	PA
KYPROLIS SOL 60MG	3	PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1	PA; ONC
LORBRENA TAB 25MG	3	PA; ONC
LORBRENA TAB 100MG	3	PA; ONC
LUMAKRAS TAB 120MG	2	PA; ONC
LUMAKRAS TAB 320MG	2	PA; ONC
LYNPARZA TAB 100MG	2	PA; ONC
LYNPARZA TAB 150MG	2	PA; ONC
LYTGOBI TAB 4MG	3	PA; ONC
MEKINIST SOL 0.05/ML	3	PA; ONC
MEKINIST TAB 0.5MG	3	PA; ONC
MEKINIST TAB 2MG	3	PA; ONC
MEKTOVI TAB 15MG	2	PA; ONC

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Drug Name	Drug Tier	Requirements/Limits
NERLYNX TAB 40MG	3	PA; ONC
NEXAVAR TAB 200MG	3	PA; ONC
NINLARO CAP 2.3MG	2	PA, QL; ONC
NINLARO CAP 3MG	2	PA, QL; ONC
NINLARO CAP 4MG	2	PA, QL; ONC
OJJAARA TAB 100MG	3	PA; ONC
OJJAARA TAB 150MG	3	PA; ONC
OJJAARA TAB 200MG	3	PA; ONC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	1	PA; ONC
PEMAZYRE TAB 4.5MG	3	PA; ONC
PEMAZYRE TAB 9MG	3	PA; ONC
PEMAZYRE TAB 13.5MG	3	PA; ONC
PIQRAY 200MG TAB DOSE	3	PA; ONC
PIQRAY 250MG TAB DOSE	3	PA; ONC
PIQRAY 300MG TAB DOSE	3	PA; ONC
QINLOCK TAB 50MG	3	PA; ONC
RETEVMO CAP 40MG	2	PA; ONC
RETEVMO CAP 80MG	2	PA; ONC
REZLIDHIA CAP 150MG	3	PA; ONC
<i>romidepsin for iv inj 10 mg</i>	1	PA
ROMIDEPSIN INJ 27.5MG	3	PA
ROZLYTREK CAP 100MG	2	PA; ONC
ROZLYTREK CAP 200MG	2	PA; ONC
ROZLYTREK PAK 50MG	2	PA; ONC
RUBRACA TAB 200MG	3	PA; ONC
RUBRACA TAB 250MG	3	PA; ONC
RUBRACA TAB 300MG	3	PA; ONC
RYDAPT CAP 25MG	2	PA; ONC
SCEMBLIX TAB 20MG	3	PA; ONC
SCEMBLIX TAB 40MG	3	PA; ONC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1	PA; ONC
SPRYCEL TAB 20MG	2	PA; ONC
SPRYCEL TAB 50MG	2	PA; ONC
SPRYCEL TAB 70MG	2	PA; ONC
SPRYCEL TAB 80MG	2	PA; ONC
SPRYCEL TAB 100MG	2	PA; ONC
SPRYCEL TAB 140MG	2	PA; ONC
STIVARGA TAB 40MG	2	PA; ONC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	PA; ONC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1	PA; ONC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1	PA; ONC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1	PA; ONC
SUTENT CAP 12.5MG	3	PA; ONC

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Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 25MG	3	PA; ONC
SUTENT CAP 37.5MG	3	PA; ONC
SUTENT CAP 50MG	3	PA; ONC
TABRECTA TAB 150MG	3	PA; ONC
TABRECTA TAB 200MG	3	PA; ONC
TAFINLAR CAP 50MG	3	PA; ONC
TAFINLAR CAP 75MG	3	PA; ONC
TAFINLAR TAB 10MG	3	PA; ONC
TALZENNA CAP 0.1MG	3	PA; ONC
TALZENNA CAP 0.5MG	3	PA; ONC
TALZENNA CAP 0.25MG	3	PA; ONC
TALZENNA CAP 0.35MG	3	PA; ONC
TALZENNA CAP 0.75MG	3	PA; ONC
TALZENNA CAP 1MG	3	PA; ONC
TASIGNA CAP 50MG	3	PA; ONC
TASIGNA CAP 150MG	3	PA; ONC
TASIGNA CAP 200MG	3	PA; ONC
TAZVERIK TAB 200MG	3	PA; ONC
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	1	PA
TEPMETKO TAB 225MG	3	PA; ONC
TIBSOVO TAB 250MG	3	PA; ONC
TORISEL INJ 25MG/ML	3	PA
TURALIO CAP 125MG	3	PA; ONC
TYKERB TAB 250MG	3	PA; ONC
VANFLYTA TAB 17.7MG	3	PA, QL; ONC
VANFLYTA TAB 26.5MG	3	PA, QL; ONC
VELCADE INJ 3.5MG	3	PA
VERZENIO TAB 50MG	3	PA; ONC
VERZENIO TAB 100MG	3	PA; ONC
VERZENIO TAB 150MG	3	PA; ONC
VERZENIO TAB 200MG	3	PA; ONC
VITRAKVI CAP 25MG	2	PA; ONC
VITRAKVI CAP 100MG	2	PA; ONC
VITRAKVI SOL 20MG/ML	2	PA; ONC
VONJO CAP 100MG	3	PA; ONC
VOTRIENT TAB 200MG	3	PA; ONC
XALKORI CAP 20MG	3	PA; ONC
XALKORI CAP 50MG	3	PA; ONC
XALKORI CAP 150MG	3	PA; ONC
XALKORI CAP 200MG	3	PA; ONC
XALKORI CAP 250MG	3	PA; ONC
XOSPATA TAB 40MG	2	PA; ONC
ZEJULA TAB 100MG	2	PA; ONC

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA TAB 200MG	2	PA; ONC
ZEJULA TAB 300MG	2	PA; ONC
ZELBORAF TAB 240MG	2	PA; ONC
ZOLINZA CAP 100MG	3	PA; ONC
ZYDELIG TAB 100MG	2	PA; ONC
ZYDELIG TAB 150MG	2	PA; ONC
ZYKADIA TAB 150MG	2	PA; ONC
ANTINEOPLASTIC ENZYMES		
ASPARLAS INJ 3750/5ML	3	PA
ONCASPAR INJ 750/ML	3	PA
RYLAZE INJ 10/0.5ML	3	PA
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
STRONTIUM INJ SR-89	3	PA
XOFIGO INJ 1100KBQ	3	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	1	
BESREMI SOL 500MCG	2	PA, QL
<i>bexarotene cap 75 mg</i>	1	PA; ONC
<i>dacarbazine for inj 100 mg</i>	1	
<i>dacarbazine for inj 200 mg</i>	1	
HYDREA CAP 500MG	3	ONC
<i>hydroxyurea cap 500 mg</i>	1	ONC
MATULANE CAP 50MG	3	ONC
PROLEUKIN INJ 22MU	3	PA
TARGRETIN CAP 75MG	3	PA; ONC
<i>tretinoin cap 10 mg</i>	1	ONC
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ 5.16MG	3	PA
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA INJ 300MG	3	PA
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1	
IWILFIN TAB 192MG	3	PA; ONC
KHAPZORY SOL 175MG	3	PA
<i>leucovorin calcium for inj 50 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium for inj 500 mg</i>	1	
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	1	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	ONC
<i>leucovorin calcium tab 10 mg</i>	1	ONC
<i>leucovorin calcium tab 15 mg</i>	1	ONC
<i>leucovorin calcium tab 25 mg</i>	1	ONC
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	1	PA
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	1	PA
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	1	PA
<i>mesna inj 100 mg/ml</i>	1	
PEDMARK INJ 12.5GM	3	PA
MITOTIC INHIBITORS		
<i>docetaxel for inj conc 20 mg/ml</i>	1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	1	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1	
<i>etoposide cap 50 mg</i>	1	ONC
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	1	
HALAVEN INJ 1MG/2ML	3	PA
IXEMPRA KIT INJ 15MG	3	PA
IXEMPRA KIT INJ 45MG	3	PA
JEVTANA INJ 60/1.5ML	3	PA
PACLITAXEL INJ 100MG	3	PA
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	
<i>vinblastine sulfate inj 1 mg/ml</i>	1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	3	PA; ONC
HYCAMTIN CAP 1MG	3	PA; ONC
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	1	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1	
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	1	
TRODELVY SOL 180MG	3	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
NOURIANZ TAB 20MG	3	PA
NOURIANZ TAB 40MG	3	PA
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<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>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
ONGENTYS CAP 25MG	3	PA
ONGENTYS CAP 50MG	3	PA
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	3	PA, QL
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	PA, QL
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>carbidopa & levodopa tab er 50-200 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	
DHIVY TAB 25-100MG	3	PA
DUOPA SUS 4.63-20	3	PA
GOCOVRI CAP 68.5MG	3	PA
GOCOVRI CAP 137MG	3	PA
INBRIJA CAP 42MG	2	PA, QL
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	
OSMOLEX ER TAB 129MG	3	PA
OSMOLEX ER TAB 193MG	3	PA
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>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	
<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	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
XADAGO TAB 50MG	3	PA
XADAGO TAB 100MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
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ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<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	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	PA
LITHOBID TAB 300MG CR	3	

ANTIPSYCHOTICS - MISC.

LATUDA TAB 20MG	3	PA
LATUDA TAB 40MG	3	PA
LATUDA TAB 60MG	3	PA
LATUDA TAB 80MG	3	PA
LATUDA TAB 120MG	3	PA
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	3	PA, QL
NUPLAZID TAB 10MG	3	PA, QL
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	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	

BENZISOXAZOLES

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

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 12MG	3	PA
INVEGA HAFYE INJ 1092MG	3	PA
INVEGA HAFYE INJ 1560MG	3	PA
INVEGA TRINZ INJ 273MG	3	PA
INVEGA TRINZ INJ 410MG	3	PA
INVEGA TRINZ INJ 546MG	3	PA
INVEGA TRINZ INJ 819MG	3	PA
<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	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	
<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	
RYKINDO INJ 25MG	3	PA
RYKINDO INJ 37.5MG	3	
RYKINDO INJ 50MG	3	PA

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Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
UZEDY INJ 50MG	3	PA
UZEDY INJ 75MG	3	PA
UZEDY INJ 100MG	3	PA
UZEDY INJ 125MG	3	PA
UZEDY INJ 150MG	3	PA
UZEDY INJ 200MG	3	PA
UZEDY INJ 250MG	3	PA

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</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	

DIBENZAPINES

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</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 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
<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>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>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 150 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	
SECUADO DIS 3.8MG	3	PA
SECUADO DIS 5.7MG	3	PA
SECUADO DIS 7.6MG	3	PA
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
SEROQUEL XR TAB 150MG	3	PA
SEROQUEL XR TAB 200MG	3	PA
SEROQUEL XR TAB 300MG	3	PA
SEROQUEL XR TAB 400MG	3	PA
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1	
<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>compro sup 25mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</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>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>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<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>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>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	
QUINOLINONE DERIVATIVES		
ABILIFY ASIM INJ 720MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIM INJ 960MG	3	PA
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
ABILIFY MYCI TAB 2MG MANT	3	PA
ABILIFY MYCI TAB 2MG STRT	3	PA
ABILIFY MYCI TAB 5MG MANT	3	PA
ABILIFY MYCI TAB 5MG STRT	3	PA
ABILIFY MYCI TAB 10MG MNT	3	PA
ABILIFY MYCI TAB 10MG STR	3	PA
ABILIFY MYCI TAB 15MG MNT	3	PA
ABILIFY MYCI TAB 15MG STR	3	PA
ABILIFY MYCI TAB 20MG MNT	3	PA
ABILIFY MYCI TAB 20MG STR	3	PA
ABILIFY MYCI TAB 30MG MNT	3	PA
ABILIFY MYCI TAB 30MG STR	3	PA
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	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
THIOXANTHENES		
<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	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL
APTIVUS CAP 250MG	3	PA, QL
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL
BIKTARVY TAB	2	QL
CABENUVA SUS 400-600	3	PA, QL
CABENUVA SUS 600-900	3	PA
CIMDUO TAB 300-300	2	QL
COMPLERA TAB	3	PA, QL
<i>darunavir tab 600 mg</i>	1	QL
<i>darunavir tab 800 mg</i>	1	QL
DELSTRIGO TAB	3	PA, QL
DESCOVY TAB 120-15MG	2	QL; ACA
DESCOVY TAB 200/25MG	2	QL; ACA
DOVATO TAB 50-300MG	2	QL
EDURANT TAB 25MG	3	PA, QL
<i>efavirenz tab 600 mg</i>	1	QL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL
<i>emtricitabine caps 200 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL; ACA
EMTRIVA CAP 200MG	3	QL
EMTRIVA SOL 10MG/ML	3	QL
<i>etravirine tab 100 mg</i>	1	QL
<i>etravirine tab 200 mg</i>	1	QL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL
FUZEON INJ 90MG	3	PA, QL
GENVOYA TAB	2	QL
INTELENCE TAB 25MG	3	PA, QL
INTELENCE TAB 100MG	3	PA, QL

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
INTELENCE TAB 200MG	3	PA, QL
ISENTRESS CHW 25MG	2	QL
ISENTRESS CHW 100MG	2	QL
ISENTRESS HD TAB 600MG	2	QL
ISENTRESS POW 100MG	2	QL
ISENTRESS TAB 400MG	2	QL
KALETRA SOL	3	PA, QL
KALETRA TAB 100-25MG	3	PA, QL
KALETRA TAB 200-50MG	3	PA, QL
<i>lamivudine oral soln 10 mg/ml</i>	1	QL
<i>lamivudine tab 150 mg</i>	1	QL
<i>lamivudine tab 300 mg</i>	1	QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL
<i>maraviroc tab 150 mg</i>	1	QL
<i>maraviroc tab 300 mg</i>	1	QL
<i>nevirapine susp 50 mg/5ml</i>	1	QL
<i>nevirapine tab 200 mg</i>	1	QL
<i>nevirapine tab er 24hr 400 mg</i>	1	QL
NORVIR POW 100MG	3	PA, QL
NORVIR TAB 100MG	3	PA, QL
ODEFSEY TAB	2	QL
PIFELTRO TAB 100MG	3	PA, QL
PREZISTA SUS 100MG/ML	3	PA, QL
PREZISTA TAB 75MG	3	PA, QL
PREZISTA TAB 150MG	3	PA, QL
PREZISTA TAB 600MG	3	PA, QL
PREZISTA TAB 800MG	3	PA, QL
RETROVIR CAP 100MG	3	QL
RETROVIR SYP 50MG/5ML	3	QL
REYATAZ CAP 200MG	3	PA, QL
REYATAZ CAP 300MG	3	PA, QL
REYATAZ POW 50MG	3	PA, QL
<i>ritonavir tab 100 mg</i>	1	QL
SELZENTRY SOL 20MG/ML	3	PA, QL
SELZENTRY TAB 150MG	3	PA, QL
SELZENTRY TAB 300MG	3	PA, QL
STRIBILD TAB	2	QL
SUNLENCA INJ	3	PA, QL
SUNLENCA TAB 300MG	3	PA, QL

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 130
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TAB	2	QL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL
TIVICAY PD TAB 5MG	2	QL
TIVICAY TAB 50MG	2	QL
TRIUMEQ PD TAB	2	QL
TRIUMEQ TAB	2	QL
TRUVADA TAB 100-150	3	PA, QL
TRUVADA TAB 133-200	3	PA, QL
TRUVADA TAB 167-250	3	PA, QL
TRUVADA TAB 200-300	3	PA, QL
VIRACEPT TAB 250MG	3	PA, QL
VIRACEPT TAB 625MG	3	PA, QL
VIREAD POW 40MG/GM	3	QL
VIREAD TAB 150MG	3	QL
VIREAD TAB 200MG	3	QL
VIREAD TAB 250MG	3	QL
VIREAD TAB 300MG	3	QL
<i>zidovudine cap 100 mg</i>	1	QL
<i>zidovudine syrup 10 mg/ml</i>	1	QL
<i>zidovudine tab 300 mg</i>	1	QL
ANTIVIRAL COMBINATIONS		
ACYCLOVIX PAK	3	PA
CMV AGENTS		
<i>cidofovir iv inj 75 mg/ml</i>	1	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	1	
GANCICLOVIR INJ 500/25	3	PA
GANCICLOVIR INJ 500MG	3	PA
<i>ganciclovir sodium for inj 500 mg</i>	1	
VALCYTE SOL 50MG/ML	3	PA, QL
VALCYTE TAB 450MG	3	PA, QL
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE TAB 0.5MG	3	PA, QL
BARACLUDE TAB 1MG	3	PA, QL
<i>entecavir tab 0.5 mg</i>	1	QL
<i>entecavir tab 1 mg</i>	1	QL
EPCLUSA PAK 150-37.5	2	PA, QL
EPCLUSA PAK 200-50MG	2	PA, QL

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TAB 200-50MG	2	PA, QL
EPCLUSA TAB 400-100	2	PA, QL
HARVONI PAK	2	PA, QL
HARVONI PAK 45-200MG	2	PA, QL
HARVONI TAB 45-200MG	2	PA, QL
HARVONI TAB 90-400MG	2	PA, QL
<i>lamivudine tab 100 mg (hbv)</i>	1	
MAVYRET PAK 50-20MG	3	PA, QL
MAVYRET TAB 100-40MG	3	PA, QL
PEGASYS INJ	3	PA
PEGASYS INJ 180MCG/M	3	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	3	PA, QL
SOVALDI PAK 200MG	3	PA, QL
SOVALDI TAB 200MG	3	PA, QL
SOVALDI TAB 400MG	3	PA, QL
VEMLIDY TAB 25MG	2	QL
VOSEVI TAB	2	PA, QL
ZEPATIER TAB 50-100MG	3	PA, QL

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</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	
SITAVIG TAB 50MG	3	PA
<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

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL
RELENZA MIS DISKHALE	2	QL
<i>rimantadine hydrochloride tab 100 mg</i>	1	
XOFLUZA TAB 40MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
XOFLUZA TAB 80MG	3	PA
MISC. ANTIVIRALS		
VEKLURY INJ 100MG	3	PA, QL
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<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	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl iv soln 5 mg/ml</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
LABETALOL INJ 10MG/2ML	3	
LABETALOL INJ 20/4ML	3	PA
LABETALOL INJ 20MG/4ML	3	PA
LABETALOL INJ 200/200	3	PA
LABETALOL INJ NAACL	3	PA
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
ATENOLOL SUS 1MG/ML	3	PA
<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	3	PA

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Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TAB 5MG	3	PA
BYSTOLIC TAB 10MG	3	PA
BYSTOLIC TAB 20MG	3	PA
<i>esmolol hcl inj 100 mg/10ml</i>	1	
ESMOLOL HCL INJ 100/10ML	3	PA
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	1	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	1	
KAPSPARGO CAP 25MG	3	PA
KAPSPARGO CAP 50MG	3	PA
KAPSPARGO CAP 100MG	3	PA
KAPSPARGO CAP 200MG	3	PA
<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 iv soln 5 mg/5ml</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>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TOPROL XL TAB 25MG	3	PA
TOPROL XL TAB 50MG	3	PA
TOPROL XL TAB 100MG	3	PA
TOPROL XL TAB 200MG	3	PA
BETA BLOCKERS NON-SELECTIVE		
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
CORGARD TAB 20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CORGARD TAB 40MG	3	
INDERAL LA CAP 60MG	3	PA
INDERAL LA CAP 80MG	3	PA
INDERAL LA CAP 120MG	3	PA
INDERAL LA CAP 160MG	3	PA
INDERAL XL CAP 80MG	3	PA
INDERAL XL CAP 120MG	3	PA
INNOPRAN XL CAP 80MG	3	PA
INNOPRAN XL CAP 120MG	3	PA
<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 inj 1 mg/ml</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	
<i>sotalol hcl (afib/afI) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afI) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afI) 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	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 135
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
AMLODIPINE SUS 1MG/ML	3	PA
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>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
CONJUPRI TAB 2.5MG	3	PA
CONJUPRI TAB 5MG	3	PA
<i>dilt-xr cap 120mg</i>	1	
<i>dilt-xr cap 180mg</i>	1	
<i>dilt-xr cap 240mg</i>	1	
DILTIAZ/NAACL INJ	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 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</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	
DILTIAZEM SOL NACL	3	PA
DILTIAZM/D5W INJ 125/125	3	PA
<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	
KATERZIA SUS 1MG/ML	3	PA
<i>levamlodipine maleate tab 2.5 mg</i>	1	
<i>levamlodipine maleate tab 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	PA
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	PA
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	1	
NICARDIPINE INJ NACL	3	PA
NICARDIPINE SOL 20/200ML	3	PA
NICARDIPINE SOL 40/200ML	3	PA
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 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	

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<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	
NORLIQVA SOL 1MG/ML	3	PA
NORVASC TAB 2.5MG	3	PA
NORVASC TAB 5MG	3	PA
NORVASC TAB 10MG	3	PA
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg er</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>tiadytl cap 120mg/24</i>	1	
<i>tiadytl cap 180mg/24</i>	1	
<i>tiadytl cap 240mg/24</i>	1	
<i>tiadytl cap 300mg/24</i>	1	
<i>tiadytl cap 360mg/24</i>	1	
<i>tiadytl cap 420mg/24</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	
VERAPAMIL CAP 100MG ER	3	PA
<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 iv soln 2.5 mg/ml</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	

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Drug Name	Drug Tier	Requirements/Limits
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin inj 0.25 mg/ml</i>	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</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
INOTROPES		
DOBUTAM/D5W INJ 1MG/ML	3	PA
DOBUTAM/D5W INJ 2MG/ML	3	PA
DOBUTAM/D5W INJ 4MG/ML	3	PA
<i>dobutamine hcl inj 12.5 mg/ml</i>	1	
<i>dopamine hcl inj 40 mg/ml</i>	1	
DOPAMINE INJ 40MG/ML	3	PA
DOPAMINE/D5W INJ 0.8MG/ML	3	PA
DOPAMINE/D5W INJ 1.6MG/ML	3	PA
DOPAMINE/D5W INJ 3.2MG/ML	3	PA
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	1	
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	1	
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	1	
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	1	
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	3	PA, QL
CAMZYOS CAP 5MG	3	PA, QL
CAMZYOS CAP 10MG	3	PA, QL
CAMZYOS CAP 15MG	3	PA, QL
CARDIOPLEGIC SOLUTIONS		
<i>cardioplegic soln</i>	1	
CARDIOVASCULAR AGENTS MISC. - 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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
BIDIL TAB	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	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB 0.5MG	3	PA
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB 200MG	3	PA
INPEFA TAB 400MG	3	PA
IMPOTENCE AGENTS		
BI-MIX INJ 150-5MG	3	PA, QL, AGE
CIALIS TAB 5MG	3	PA, QL, AGE
CIALIS TAB 10MG	3	PA, QL, AGE
CIALIS TAB 20MG	3	PA, QL, AGE
IFE-BIMIX INJ 30/1/5ML	3	PA, QL, AGE

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Drug Name	Drug Tier	Requirements/Limits
MUSE SUP 250MCG	2	QL, AGE
MUSE SUP 500MCG	2	QL, AGE
MUSE SUP 1000MCG	2	QL, AGE
PHENYLEPHRIN INJ 1MG/1ML	3	PA, QL, AGE
QUAD-MIX INJ	3	PA, QL, AGE
<i>sildenafil citrate tab 25 mg</i>	1	QL, AGE
<i>sildenafil citrate tab 50 mg</i>	1	QL, AGE
<i>sildenafil citrate tab 100 mg</i>	1	QL, AGE
STENDRA TAB 50MG	3	PA, QL, AGE
STENDRA TAB 100MG	3	PA, QL, AGE
STENDRA TAB 200MG	3	PA, QL, AGE
SUPER BI-MIX INJ 150-10MG	3	PA, QL, AGE
SUPER INJ QUAD-MIX	3	PA, QL, AGE
SUPER INJ TRI-MIX	3	PA, QL, AGE
<i>tadalafil tab 2.5 mg</i>	1	QL, AGE
<i>tadalafil tab 5 mg</i>	1	QL, AGE
<i>tadalafil tab 10 mg</i>	1	QL, AGE
<i>tadalafil tab 20 mg</i>	1	QL, AGE
TRI-MIX INJ	3	PA, QL, AGE
<i>vardeafil hcl orally disintegrating tab 10 mg</i>	1	QL, AGE
<i>vardeafil hcl tab 2.5 mg</i>	1	QL, AGE
<i>vardeafil hcl tab 5 mg</i>	1	QL, AGE
<i>vardeafil hcl tab 10 mg</i>	1	QL, AGE
<i>vardeafil hcl tab 20 mg</i>	1	QL, AGE
VIAGRA TAB 25MG	3	PA, QL, AGE
VIAGRA TAB 50MG	3	PA, QL, AGE
VIAGRA TAB 100MG	3	PA, QL, AGE

PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium for inj 0.5 mg</i>	1	PA
<i>epoprostenol sodium for inj 1.5 mg</i>	1	PA
FLOLAN INJ 0.5MG	3	PA
FLOLAN INJ 1.5MG	3	PA
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
REMODULIN INJ 1MG/ML	3	PA
REMODULIN INJ 2.5MG/ML	3	PA
REMODULIN INJ 5MG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 10MG/ML	3	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	1	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	1	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	1	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	1	PA
TYVASO DPI POW 16-32-48	3	PA, QL
TYVASO DPI POW 16-32MCG	3	PA, QL
TYVASO DPI POW 16MCG	3	PA, QL
TYVASO DPI POW 32MCG	3	PA, QL
TYVASO DPI POW 48MCG	3	PA, QL
TYVASO DPI POW 64MCG	3	PA, QL
TYVASO REFIL SOL 0.6MG/ML	3	PA, QL
TYVASO SOL 0.6MG/ML	3	PA, QL
TYVASO START SOL 0.6MG/ML	3	PA, QL
VELETRI INJ 0.5MG	3	PA
VELETRI INJ 1.5MG	3	PA
VENTAVIS SOL 10MCG/ML	3	PA, QL
VENTAVIS SOL 20MCG/ML	3	PA, QL

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	1	PA, QL
<i>ambrisentan tab 10 mg</i>	1	PA, QL
<i>bosentan tab 62.5 mg</i>	1	PA, QL
<i>bosentan tab 125 mg</i>	1	PA, QL
LETAIRIS TAB 5MG	3	PA, QL
LETAIRIS TAB 10MG	3	PA, QL
OPSUMIT TAB 10MG	2	PA, QL
TRACLEER TAB 32MG	3	PA, QL
TRACLEER TAB 62.5MG	3	PA, QL
TRACLEER TAB 125MG	3	PA, QL

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA TAB 20MG	3	PA, QL
<i>alyq tab 20mg</i>	1	PA, QL
LIQREV SUS 10MG/ML	3	PA, QL
REVATIO INJ	3	PA
REVATIO SUS 10MG/ML	3	PA, QL
REVATIO TAB 20MG	3	PA, QL
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	1	PA
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL
TADLIQ SUS 20MG/5ML	3	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ 1800MCG	2	PA
UPTRAVI PACK TAB 200/800	2	PA, QL
UPTRAVI TAB 200MCG	2	PA, QL
UPTRAVI TAB 400MCG	2	PA, QL
UPTRAVI TAB 600MCG	2	PA, QL
UPTRAVI TAB 800MCG	2	PA, QL
UPTRAVI TAB 1000MCG	2	PA, QL
UPTRAVI TAB 1200MCG	2	PA, QL
UPTRAVI TAB 1400MCG	2	PA, QL
UPTRAVI TAB 1600MCG	2	PA, QL
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	PA, QL
ADEMPAS TAB 1.5MG	2	PA, QL
ADEMPAS TAB 1MG	2	PA, QL
ADEMPAS TAB 2.5MG	2	PA, QL
ADEMPAS TAB 2MG	2	PA, QL
SEPTAL AGENTS		
ABLYSINOL SOL	3	PA
SINUS NODE INHIBITORS		
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	PA, QL
VYNDAQEL CAP 20MG	3	PA, QL
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	
VERQUVO TAB 5MG	2	
VERQUVO TAB 10MG	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST 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	
CEFAZOL/DEXT SOL 2G/100ML	3	PA
CEFAZOL/NACL INJ 2/100ML	3	PA
CEFAZOL/NACL INJ 3/100ML	3	PA
CEFAZOLIN INJ 1GM/10ML	3	PA
CEFAZOLIN INJ 2GM/20ML	3	PA
CEFAZOLIN INJ 3GM/30ML	3	PA
<i>cefazolin sodium for inj 1 gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium for inj 2 gm</i>	1	
<i>cefazolin sodium for inj 3 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for iv soln 1 gm</i>	1	
CEFAZOLIN SOL	3	PA
<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	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefotetan disodium for inj 1 gm</i>	1	
<i>cefotetan disodium for inj 2 gm</i>	1	
<i>cefoxitin sodium for iv soln 1 gm</i>	1	
<i>cefoxitin sodium for iv soln 2 gm</i>	1	
<i>cefoxitin sodium for iv soln 10 gm</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	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	1	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<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 cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
CEFOTAXIME INJ 1GM	3	PA
CEFOTAXIME INJ 2GM	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>ceftazidime for inj 1 gm</i>	1	
<i>ceftazidime for inj 6 gm</i>	1	
<i>ceftazidime for iv soln 2 gm</i>	1	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	1	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	1	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	

CEPHALOSPORINS - 4TH GENERATION

<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for iv soln 2 gm</i>	1	
CEFEPIME SOL 100GM	3	PA

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle tab 0.1-0.02</i>	1	ACA
<i>altavera tab</i>	1	ACA
<i>alyacen tab 1/35</i>	1	ACA
<i>alyacen tab 7/7/7</i>	1	ACA
<i>amethia tab</i>	1	ACA
<i>amethyst tab 90-20mcg</i>	1	ACA
<i>apri tab</i>	1	ACA
<i>aranelle tab</i>	1	ACA
<i>ashlyna tab</i>	1	ACA
<i>aubra eq tab 0.1-0.02</i>	1	ACA
<i>aurovela 24 tab fe 1/20</i>	1	ACA
<i>aurovela fe tab 1.5/30</i>	1	ACA
<i>aurovela fe tab 1/20</i>	1	ACA
<i>aurovela tab 1.5/30</i>	1	ACA
<i>aurovela tab 1/20</i>	1	ACA
<i>aviane tab</i>	1	ACA
<i>ayuna tab</i>	1	ACA
<i>azurette tab</i>	1	ACA
BALCOLTRA TAB 0.1-20	3	PA; #
<i>balziva tab</i>	1	ACA

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Drug Name	Drug Tier	Requirements/Limits
<i>blisovi 24 tab fe 1/20</i>	1	ACA
<i>blisovi fe tab 1.5/30</i>	1	ACA
<i>blisovi fe tab 1/20</i>	1	ACA
<i>briellyn tab</i>	1	ACA
<i>camrese lo tab</i>	1	ACA
<i>camrese tab</i>	1	ACA
<i>charlotte 24 chw fe 1/20</i>	1	ACA
<i>chateal eq tab 0.15/30</i>	1	ACA
<i>cryselle-28 tab 28 tabs</i>	1	ACA
<i>cyred eq tab</i>	1	ACA
<i>dasetta tab 1/35</i>	1	ACA
<i>dasetta tab 7/7/7</i>	1	ACA
<i>daysee tab</i>	1	ACA
<i>delyla tab 0.1-0.02</i>	1	ACA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA
<i>dolishale tab 90-20mcg</i>	1	ACA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	ACA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA
<i>elinest tab</i>	1	ACA
<i>enpresse-28 tab</i>	1	ACA
<i>enskyce tab</i>	1	ACA
<i>estarylla tab 0.25-35</i>	1	ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	ACA
<i>falmina tab</i>	1	ACA
<i>finzala chw fe 1/20</i>	1	ACA
<i>gemmily cap 1/20</i>	1	ACA
<i>hailey 24 tab fe</i>	1	ACA
<i>hailey fe tab 1.5/30</i>	1	ACA
<i>hailey fe tab 1/20</i>	1	ACA
<i>hailey tab 1.5/30</i>	1	ACA
<i>iclevia tab</i>	1	ACA
<i>introvale tab</i>	1	ACA
<i>isibloom tab</i>	1	ACA
<i>jaimiess tab</i>	1	ACA
<i>jasmiel tab 3-0.02mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements/Limits
<i>jolessa tab</i>	1	ACA
<i>joyeaux tab 0.1-20</i>	1	ACA
<i>juleber tab</i>	1	ACA
<i>junel 1.5/30 tab</i>	1	ACA
<i>junel 1/20 tab</i>	1	ACA
<i>junel fe 24 tab 1/20</i>	1	ACA
<i>junel fe tab 1.5/30</i>	1	ACA
<i>junel fe tab 1/20</i>	1	ACA
<i>kaitlib fe chw</i>	1	ACA
<i>kalliga tab</i>	1	ACA
<i>kariva tab 28 day</i>	1	ACA
<i>kelnor 1/50 tab</i>	1	ACA
<i>kelnor tab 1/35</i>	1	ACA
<i>kurvelo tab 0.15/30</i>	1	ACA
<i>larin 24 tab fe 1/20</i>	1	ACA
<i>larin fe tab 1.5/30</i>	1	ACA
<i>larin fe tab 1/20</i>	1	ACA
<i>larin tab 1.5/30</i>	1	ACA
<i>larin tab 1/20</i>	1	ACA
<i>layolis fe chw</i>	1	ACA
<i>leena tab</i>	1	ACA
<i>lessina tab</i>	1	ACA
<i>levonest tab</i>	1	ACA
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	ACA
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	ACA
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	ACA
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg</i>	1	ACA
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg- 20 mcg (21)</i>	1	ACA
<i>levora-28 tab 0.15/30</i>	1	ACA
LO LOESTRIN TAB 1-10-10	2	ACA

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Drug Name	Drug Tier	Requirements/Limits
<i>lo-zumandimi tab 3-0.02mg</i>	1	ACA
<i>loestrin 21 tab 1.5/30</i>	1	ACA
<i>loestrin fe tab 1.5/30</i>	1	ACA
<i>loestrin fe tab 1/20</i>	1	ACA
<i>loestrin tab 1/20-21</i>	1	ACA
<i>lojaimiess tab</i>	1	ACA
<i>loryna tab 3-0.02mg</i>	1	ACA
<i>low-ogestrel tab</i>	1	ACA
<i>lutra tab</i>	1	ACA
<i>marlissa tab 0.15/30</i>	1	ACA
<i>merzee cap 1/20</i>	1	ACA
<i>mibelas 24 chw fe</i>	1	ACA
<i>micrgstin 24 tab fe 1/20</i>	1	ACA
<i>microgestin tab 1.5/30</i>	1	ACA
<i>microgestin tab 1/20</i>	1	ACA
<i>microgestin tab fe1.5/30</i>	1	ACA
<i>microgestin tab fe 1/20</i>	1	ACA
<i>mili tab 0.25/35</i>	1	ACA
<i>mono-lynyah tab 0.25-35</i>	1	ACA
NATAZIA TAB	2	ACA
<i>necon tab 0.5/35</i>	1	ACA
NEXTSTELLIS TAB 3-14.2MG	3	PA; ACA
<i>nikki tab 3-0.02mg</i>	1	ACA
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	ACA
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	ACA
<i>norethindrone ace-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg</i>	1	ACA
<i>norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg</i>	1	ACA
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	ACA
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA

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Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA
<i>nortrel tab 0.5/35</i>	1	ACA
<i>nortrel tab 1/35</i>	1	ACA
<i>nortrel tab 7/7/7</i>	1	ACA
<i>nylia tab 1/35</i>	1	ACA
<i>nylia tab 7/7/7</i>	1	ACA
<i>nymyo tab 0.25-35</i>	1	ACA
<i>ocella tab 3-0.03mg</i>	1	ACA
<i>philith tab 0.4-35</i>	1	ACA
<i>pimtrea tab</i>	1	ACA
<i>portia-28 tab</i>	1	ACA
<i>reclipsen tab</i>	1	ACA
<i>rivelsa tab</i>	1	ACA
<i>setlakin tab</i>	1	ACA
<i>simliya tab 28 day</i>	1	ACA
<i>simpesse tab</i>	1	ACA
<i>sprintec 28 tab 28 day</i>	1	ACA
<i>sronyx tab</i>	1	ACA
<i>syeda tab 3-0.03mg</i>	1	ACA
<i>tarina 24 fe tab</i>	1	ACA
<i>tarina fe tab 1/20 eq</i>	1	ACA
<i>taysofy cap 1/20</i>	1	ACA
<i>tilia fe tab</i>	1	ACA
<i>tri-estaryll tab</i>	1	ACA
<i>tri-legest tab fe</i>	1	ACA
<i>tri-linyah tab</i>	1	ACA
<i>tri-lo tab estaryll</i>	1	ACA
<i>tri-lo- tab marzia</i>	1	ACA
<i>tri-lo- tab sprintec</i>	1	ACA
<i>tri-lo-mili tab</i>	1	ACA
<i>tri-mili tab</i>	1	ACA
<i>tri-nymyo tab</i>	1	ACA
<i>tri-sprintec tab</i>	1	ACA
<i>tri-vylibra tab</i>	1	ACA
<i>tri-vylibra tab lo</i>	1	ACA
<i>trivora-28 tab</i>	1	ACA
<i>turqoz tab</i>	1	ACA
TYBLUME CHW 0.1-0.02	3	PA; ACA
<i>tydemy tab</i>	1	ACA
<i>velivet pak</i>	1	ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **149**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>vestura tab 3-0.02mg</i>	1	ACA
<i>vienva tab 0.1-20</i>	1	ACA
<i>viorele tab</i>	1	ACA
<i>volnea tab</i>	1	ACA
<i>vyfemla tab 0.4-35</i>	1	ACA
<i>vylibra tab 0.25-35</i>	1	ACA
<i>wera tab 0.5/35</i>	1	ACA
<i>wymzya fe chw 0.4mg-35</i>	1	ACA
<i>zovia 1/35 tab</i>	1	ACA
<i>zumandimine tab 3-0.03mg</i>	1	ACA

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
TWIRLA DIS 120-30	3	PA; ACA
<i>xulane dis 150-35</i>	1	ACA
<i>zafemy dis 150/35</i>	1	ACA

COMBINATION CONTRACEPTIVES - VAGINAL

ANNOVERA MIS	2	QL; ACA
NUVARING MIS	1	QL; #

PROGESTIN CONTRACEPTIVES - INJECTABLE

DEPO-PROVERA INJ 150MG/ML	3	QL; #
DEPO-SQ PROV INJ 104	3	QL; ACA
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL; ACA
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL; ACA

PROGESTIN CONTRACEPTIVES - IUD

KYLEENA IUD 19.5MG	2	
MIRENA IUD SYSTEM	2	
SKYLA IUD 13.5MG	2	

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tab 0.35mg</i>	1	ACA
<i>deblitane tab 0.35mg</i>	1	ACA
<i>errin tab 0.35mg</i>	1	ACA
<i>heather tab 0.35mg</i>	1	ACA
<i>incassia tab 0.35mg</i>	1	ACA
<i>jencycla tab 0.35mg</i>	1	ACA
<i>lyleq tab 0.35mg</i>	1	ACA
<i>lyza tab 0.35mg</i>	1	ACA
<i>nora-be tab 0.35mg</i>	1	ACA
<i>norethindrone tab 0.35 mg</i>	1	ACA
<i>norlyroc tab 0.35mg</i>	1	ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 150

Drug Name	Drug Tier	Requirements/Limits
<i>sharobel tab 0.35mg</i>	1	ACA
SLYND TAB 4MG	3	PA; ACA

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

AGAMREE SUS 40MG/ML	3	PA, QL
ALKINDI SPRI CAP 0.5MG	3	PA
ALKINDI SPRI CAP 1MG	3	PA
ALKINDI SPRI CAP 2MG	3	PA
ALKINDI SPRI CAP 5MG	3	PA
BETA 1 KIT KIT 30MG/5ML	3	PA
BETA-PHOS/AC INJ 3-3MG/ML	3	PA
BETAMETH COM INJ 7MG/ML	3	PA
BETAMETH INJ 12MG/2ML	3	PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
BUP/DEXAMETH INJ /EPI	3	PA
BUPIVACAINE INJ DEXAMETH	3	PA
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
CORTISONE TAB 25MG	3	PA
<i>deflazacort tab 6 mg</i>	1	PA, QL
<i>deflazacort tab 18 mg</i>	1	PA, QL
<i>deflazacort tab 30 mg</i>	1	PA, QL
<i>deflazacort tab 36 mg</i>	1	PA, QL
DEXABLISS TAB 1.5MG	3	PA
DEXAM SOD PH INJ NACL	3	PA
DEXAMETH PHO INJ 10MG/ML	3	PA
DEXAMETHASON SUS 8MG/ML	3	PA
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 151
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
DEXONTO 0.4% SOL 20MG/5ML	3	PA
EMFLAZA SUS 22.75/ML	3	PA, QL
EMFLAZA TAB 6MG	3	PA, QL
EMFLAZA TAB 18MG	3	PA, QL
EMFLAZA TAB 30MG	3	PA, QL
EMFLAZA TAB 36MG	3	PA, QL
EOHILIA SUS 2MG/10ML	3	
HEMADY TAB 20MG	3	PA
HEXATRIONE SUS 20MG/ML	3	PA
<i>hidex 6-day pak 1.5mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
LIDOCIDEX I INJ 5-10MG	3	PA
MAS CARE-PAK KIT 10MG/ML	3	PA
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
METHY-BUPIVA SUS 8-5MG/ML	3	PA
METHYL-BUPIV SUS 40-5MG	3	PA
METHYLP/LIDO INJ 40-10/ML	3	PA
METHYLP/LIDO INJ 80-10/ML	3	PA
METHYLPREDNI INJ 80MG/ML	3	
METHYLPREDNI SUS 50MG/ML	3	PA
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	1	
<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	
P-CARE K40 KIT 40MG/ML	3	PA
P-CARE K40MX KIT	3	PA
P-CARE K80 KIT 40MG/ML	3	PA
P-CARE K80MX KIT	3	PA
PEDIAPRED SOL 5MG/5ML	3	
POD-CARE100C INJ 30MG/5ML	3	PA
POD-CARE 100 KIT 40MG/ML	3	PA
POD-CARE 100 KIT CMX	3	PA
POD-CARE 100 KIT KMX	3	PA
POINT OF CAR KIT LM DEP 2	3	PA
POINT OF KIT CARE KM	3	PA
POINT OF KIT CARE L.2	3	PA
POINT OF KIT CARE L.5	3	PA
<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 soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<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 5 mg (48)</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
RAYOS TAB 1MG	3	PA
RAYOS TAB 2MG	3	PA
RAYOS TAB 5MG	3	PA
TARPEYO CAP 4MG	3	PA, QL
TOPIDEX KIT 10MG/1ML	3	PA
TRIAM-BUPIVA SUS 40-5MG	3	PA
TRIAMCINOLON INJ 80MG/ML	3	PA
<i>triamcinolone acetone inj susp 40 mg/ml</i>	1	
UCERIS TAB 9MG	1	
ZILRETTA INJ 32MG	3	PA

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	1	
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
HYCODAN SYP 5-1.5/5	3	PA
HYCODAN TAB 5-1.5MG	3	PA
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
<i>hydromet syp 5-1.5/5</i>	1	

COUGH/COLD/ALLERGY COMBINATIONS

<i>bromfed dm sol 2-30-10</i>	1	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>prometh vc syp 6.25-5/5</i>	1	
<i>prometh vc/ syp codeine</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER TAB 54.3-8MG	3	PA

MISC. RESPIRATORY INHALANTS

<i>nebusal neb 3%</i>	1	
<i>pulmosal neb 7%</i>	1	
<i>sodium chloride soln nebu 0.9%</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 154

Drug Name	Drug Tier	Requirements/Limits
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	

MUCOLYTICS

acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	

DERMATOLOGICALS

ACNE PRODUCTS

ABSORICA LD CAP 8MG	3	PA
ABSORICA LD CAP 16MG	3	PA
ABSORICA LD CAP 24MG	3	PA
ABSORICA LD CAP 32MG	3	PA
ACANYA GEL 1.2-2.5%	3	PA
accutane cap 10mg	1	
accutane cap 20mg	1	
accutane cap 30mg	1	
accutane cap 40mg	1	
ACIOXIAY CRE 15-4%	3	PA
ACZONE GEL 5%	3	PA
ACZONE GEL 7.5%	3	PA
ADAINZDE GEL	3	PA
ADAINZOXIA GEL	3	PA
adapalene cream 0.1%	1	AGE
adapalene gel 0.1%	1	AGE
adapalene gel 0.3%	1	AGE
ADAPALENE SOL 0.1%	3	PA, AGE
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
ADEINZDE GEL	3	PA
AKLIEF CRE 0.005%	2	
ALTRENO LOT 0.05%	3	PA, AGE
amnestem cap 10mg	1	
amnestem cap 20mg	1	
amnestem cap 40mg	1	
AMZEEQ AER 4%	3	PA
ARAZLO LOT 0.045%	3	PA, AGE
AZELEX CRE 20%	3	PA
BENZ PER FOR LOT HC 7.5-1	3	PA
BENZ PEROXID GEL 6.5%	3	PA
BENZAC AC LIQ 5% WASH	3	
BENZAMYCIN GEL 5-3%	3	
BENZEPRO AER 5.2%	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>benzeapro aer 5.3%</i>	1	
BENZEPRO AER 9.7%	3	PA
BENZEPRO LIQ 6.8%	3	PA
BENZEPRO MIS 5.8%	3	PA
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
BENZOYL PERX LIQ 6.9%	3	PA
<i>claravis cap 10mg</i>	1	
<i>claravis cap 20mg</i>	1	
<i>claravis cap 30mg</i>	1	
<i>claravis cap 40mg</i>	1	
<i>clindacin aer 1%</i>	1	
<i>clindacin mis etz 1%</i>	1	
<i>clindacin-p pad 1%</i>	1	
<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	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2- 0.025%</i>	1	AGE
CLINDAVIX KIT	3	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DEOXIA GEL	3	PA
DEOXIA LOT	3	PA
DEOXIADEMTAR GEL	3	PA
DEOXIATAR SOL	3	PA
DEOXIAVAR CRE	3	PA
DIADIMAXIA CRE 6-2-5%	3	PA
DIADIMAXIA GEL	3	PA
DIAOXIA CRE 6-4%	3	PA
DIAOXIA GEL	3	PA
DIASAXIATAR CRE	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **156**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
DIASAXIATAR GEL	3	PA
DIASDIMAXIA CRE 8.5-2-5%	3	PA
DIASDIMAXIA GEL	3	PA
DIASOXIA CRE 8.5-4%	3	PA
DIASOXIA GEL	3	PA
DIFFERIN LOT 0.1%	3	PA, AGE
DIMOXIA GEL	3	PA
DRAXACE SUS	3	PA
DRIXECE SUS	3	PA
ECEOXIA CRE	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
EPSOLAY CRE 5%	3	PA
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
ETHOXIA CRE	3	PA
FABIOR AER 0.1%	3	PA
FLUOXIA CRE 0.05-4%	3	PA
IDYYXIATAR GEL 5-0.025%	3	PA
INZDEAXIATAR GEL	3	PA
INZDEAXIAVAR GEL	3	PA
INZDEOXIA GEL 1-2.5-4%	3	PA
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
ITHOXIA CRE	3	PA
KLARON LOT 10%	3	
<i>neuac gel 1.2-5%</i>	1	
NUCARACLINPA KIT	3	PA
ONEXTON GEL 1.2-3.75	2	
ONZDEAXIADEM GEL TAR	3	PA
ONZDEAXIADEM GEL VAR	3	PA
ONZDEAXIATAR GEL	3	PA
ONZDEAXIAVAR GEL	3	PA
ONZDEAXIAZAR GEL	3	PA
ONZDEOXIA GEL 1-5-4%	3	PA
OXIAICE LOT 4-15%	3	PA
OXIATAR CRE 4-0.025%	3	PA
OXIAVAR CRE 4-0.05%	3	PA
OXIAVARRY CRE 4-0.05%	3	PA
OXIAVARY CRE 4-0.1%	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 157

Drug Name	Drug Tier	Requirements/Limits
OXIAZAR CRE 4-0.1%	3	PA
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A CRE 0.1%	3	AGE
RETIN-A CRE 0.05%	3	AGE
RETIN-A CRE 0.025%	3	AGE
RETIN-A GEL 0.01%	3	AGE
RETIN-A GEL 0.025%	3	AGE
RETIN-A MICR GEL 0.1%	3	PA, AGE
RETIN-A MICR GEL 0.1%PUMP	3	PA, AGE
RETIN-A MICR GEL 0.04%	3	PA, AGE
RETIN-A MICR GEL 0.04%PMP	3	PA, AGE
RETIN-A MICR GEL 0.06%	3	PA, AGE
RETIN-A MICR GEL 0.08%	3	PA, AGE
SAROXIA CRE 4-0.05%	3	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfamez emu 10-1%</i>	1	
TARDEOXIA CRE	3	PA
TARDIMAXIA GEL	3	PA
TAROXIA CRE	3	PA
TAZAROTENE AER 0.1%	3	PA
<i>tretinoin cream 0.1%</i>	1	AGE
<i>tretinoin cream 0.05%</i>	1	AGE
<i>tretinoin cream 0.025%</i>	1	AGE
<i>tretinoin gel 0.01%</i>	1	AGE
<i>tretinoin gel 0.05%</i>	1	AGE
<i>tretinoin gel 0.025%</i>	1	AGE
<i>tretinoin microsphere gel 0.1%</i>	1	AGE
<i>tretinoin microsphere gel 0.04%</i>	1	AGE
<i>tretinoin microsphere gel 0.08%</i>	1	AGE
TWYNEO CRE 0.1-3%	2	AGE
VARDIMAXIA GEL	3	PA
VAROXIA CRE	3	PA
VAROXIA GEL	3	PA
VELTIN GEL	3	PA, AGE
WINLEVI CRE 1%	2	
<i>zenatane cap 10mg</i>	1	
<i>zenatane cap 20mg</i>	1	
<i>zenatane cap 30mg</i>	1	
<i>zenatane cap 40mg</i>	1	
ZIANA GEL	3	PA, AGE
ZMA CLEAR SUS 9-4.5%	3	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 158
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - TOPICAL		
MUSCUSOLICE CRE 2%	3	PA
MUSCUSOLICE CRE 5%	3	PA
NEURAPTINE CRE 10%	3	PA, QL
PRAKETAMIDE CRE 5%	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DFS/MS/MENTH KIT /CAP PAK	3	PA
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
DICLOFONO GEL 1.6%	3	PA
DICLOPR KIT 1-10-30%	3	PA
DICLOSTREAM PAK 1.5-10%	3	PA
DICLOVIX DM PAK 1.5-8%	3	PA
DICLOVIX KIT	3	PA
DIMENTHO PAK	3	PA
ENOVARX CRE 2.5%	3	PA
FROTEK CRE 10%	3	PA, QL
LICART DIS 1.3%	3	PA
PENNSAID SOL 2%	3	PA
TRIPLE COMPL CRE 3 KIT	3	PA
VAROPHEN KIT 1.5%	3	PA
VP GKL CRE KIT	3	PA
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
IDARAN OIN 1-2%	3	PA
<i>mupirocin oint 2%</i>	1	
NANRAN OIN 2-2%	3	PA
NEO-SYNALAR CRE	3	PA
ANTIFUNGALS - TOPICAL		
<i>ciclodan sol 8%</i>	1	PA
<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>ciclopirox solution 8%</i>	1	PA
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DIFMETIOXRIM SOL	3	PA
<i>econazole nitrate cream 1%</i>	1	
EXODERM LOT 25-1%	3	PA
FUNGIMEZ SOL	3	PA
HEXIOUNYL LOT 3-5-20%	3	PA
HIXDEFRIMA SOL 8-1-1%	3	PA
IMIOXIA CRE	3	PA
JUBLIA SOL 10%	3	PA
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>klayesta pow 100000</i>	1	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>naftifine hcl gel 2%</i>	1	
NAFTIN GEL 1%	2	
NAFTIN GEL 2%	2	
<i>nyamyc pow 100000</i>	1	
<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>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop pow 100000</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
PHEDRAX SHA 2-2%	3	PA
PHEODOYO CRE	3	PA
PHEOXIA CRE 2-4%	3	PA
PHEYO CRE	3	PA
PODIATROLE PAK 2-20%	3	PA
RECURA CRE	3	PA
<i>sulconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate solution 1%</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ GEL 10%	3	PA
<i>bexarotene gel 1%</i>	1	PA
CARAC CRE 0.5%	3	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln 5%</i>	1	
KLISYRI OIN 1%	3	PA
ORMECA KIT	3	PA
QUIDROXZAR GEL 5-30-0.1	3	PA
QUIHOXAXIA GEL 5-1-2%	3	PA
QUIHOXVAR GEL	3	PA
ROAOXIA GEL 3-4%	3	PA
TARGRETIN GEL 1%	3	PA
TOLAK CRE 4%	3	PA
VALCHLOR GEL 0.016%	3	PA, QL

ANTIPRURITICS - TOPICAL

<i>doxepin hcl cream 5%</i>	1	PA
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ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
BIMZELX INJ 160MG/ML	3	PA, QL
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitrene oin 0.005%</i>	1	
COSENTYX INJ 75MG/0.5	2	PA, QL
COSENTYX INJ 125/5ML	3	PA, QL
COSENTYX INJ 150MG/ML	2	PA, QL
COSENTYX INJ 300DOSE	2	PA, QL
COSENTYX PEN INJ 150MG/ML	2	PA, QL
COSENTYX PEN INJ 300DOSE	2	PA, QL
COSENTYX UNO INJ 300/2ML	2	PA, QL
DIOOXIA CRE 0.005-4%	3	PA
ILUMYA SOL 100MG/ML	2	PA, QL
<i>methoxsalen rapid cap 10 mg</i>	1	
NUDERMRXPAK PAK 60	3	PA
NUDERMRXPAK PAK 120	3	PA
SILIQ INJ 210/1.5	3	PA, QL
SKYRIZI INJ 150MG/ML	2	PA, QL
SKYRIZI PEN INJ 150MG/ML	2	PA, QL
SORILUX AER 0.005%	3	PA
SOTYKTU TAB 6MG	3	PA, QL
SPEVIGO INJ 450/7.5	3	PA, QL
STELARA INJ 45MG/0.5	2	PA, QL
STELARA INJ 90MG/ML	2	PA, QL
TALTZ INJ 80MG/ML	3	PA, QL
<i>tazarotene cream 0.1%</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene gel 0.1%</i>	1	PA
<i>tazarotene gel 0.05%</i>	1	PA
TAZORAC CRE 0.1%	3	PA
TAZORAC CRE 0.05%	3	PA
TAZORAC GEL 0.1%	3	PA
TAZORAC GEL 0.05%	3	PA
TREMFYA INJ 100MG/ML	2	PA, QL
VECTICAL OIN 3MCG/GM	3	PA
VTAMA CRE 1%	3	PA
ZORYVE CRE 0.3%	3	PA

ANTISEBORRHEIC PRODUCTS

ESKATA SOL 40%	3	PA
HAXCHLO SHA	3	PA
HAXCHLODREX SHA	3	PA
HAXDRAX SHA 0.77-2%	3	PA
MICURADERM EMU	3	
NUTRASEB CRE	3	PA
PROMISEB CRE	3	PA
<i>selenium sulfide lotion 2.5%</i>	1	
ZORYVE MIS 0.3%	3	

ANTIVIRALS - TOPICAL

<i>acyclovir oint 5%</i>	1	
<i>penciclovir cream 1%</i>	1	

BURN PRODUCTS

<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	3	
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	

CORTICOSTEROIDS - TOPICAL

ACIOXIA GEL 0.1-0.5%	3	PA
ADV ALLERGY KIT COLLECTI	3	PA
<i>ala-cort cre 1%</i>	1	
ALA-SCALP LOT 2%	3	PA
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide oint 0.1%</i>	1	
APEXICON E CRE 0.05%	3	PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
BRYHALI LOT 0.01%	2	PA
CAPEX SHA 0.01%	3	PA
CHLOHUX SHA 0.05-2%	3	PA
CHLOOXIA CRE	3	PA
CHLOOXIA OIN	3	PA
CHLOOXIA SOL	3	PA
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 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	
CLOBETAVIX KIT 0.05%	3	PA
CLOBEX LOT 0.05%	3	PA
CLOBEX SHA 0.05%	3	PA
CLOBEX SPR 0.05%	3	PA
<i>clodan sha 0.05%</i>	1	
CLODERM CRE 0.1%	3	PA
CORDRAN 80X3 TAP 4MCG/CM	3	PA
CORDRAN CRE 0.05%	3	PA
CORDRAN LOT 0.05%	3	PA
DERMA-SMOOTH OIL /FS BODY	3	PA
DERMA-SMOOTH OIL /FS SCLP	3	PA
<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%	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone cream 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>desoximetasone spray 0.25%</i>	1	
DIOCHLOY SOL	3	PA
DIPROLENE OIN 0.05%	3	PA
DUOBRII LOT	3	PA
ENSTILAR AER	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</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 oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</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	
FLUOVIX PLUS PAK 0.1%	3	PA
<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>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate foam 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HALOG CRE 0.1%	3	PA
HALOG OIN 0.1%	3	PA
HALOG SOL 0.1%	3	PA
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
IMPOYZ CRE 0.025%	3	PA
KENALOG AER SPRAY	3	PA
LEXETTE AER 0.05%	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-hydrocortisone acetate cream 1-1%</i>	1	PA
LOCOID LIPO CRE 0.1%	3	PA
LOCOID LOT 0.1%	3	PA
<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	
<i>nutriarx kit creampak</i>	1	
PANDEL CRE 0.1%	3	PA
QUINIXIL PAK 0.1%-5%	3	PA
<i>sanadermr kit skin rep</i>	1	
SCARZEN SKIN KIT REPAIR	3	PA
SERNIVO SPR 0.05%	3	PA
SYNALAR CRE 0.025%	3	PA
SYNALAR OIN 0.025%	3	PA
TETOXIA CRE 0.01-4%	3	PA
TEXACORT SOL 2.5%	3	PA
TOPICORT CRE 0.05%	3	PA
TOPICORT CRE 0.25%	3	PA
TOPICORT GEL 0.05%	3	PA
TOPICORT OIN 0.05%	3	PA
TOPICORT OIN 0.25%	3	PA
TOPICORT SPR 0.25%	3	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	PA
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.5%</i>	1	
ULTRAVATE LOT 0.05%	3	PA
VANOS CRE 0.1%	3	PA
VERDESO AER 0.05%	3	PA
WYNZORA CRE	3	PA
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	2	PA, QL
CIBINQO TAB 50MG	2	PA, QL
CIBINQO TAB 100MG	2	PA, QL
CIBINQO TAB 200MG	2	PA, QL
DUPIXENT INJ 200/1.14	2	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 200MG	2	PA, QL
DUPIXENT INJ 300/2ML	2	PA, QL
OPZELURA CRE 1.5%	2	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>cerovel lot 40%</i>	1	
PRONAL GEL 40-10%	3	PA
UREA AER 35%	3	PA
<i>urea cream 40%</i>	1	
<i>uredeb cre 39%</i>	1	
<i>uremez-40 cre 40%</i>	1	
URESOL CRE 42.5%	3	PA
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
ENZYMES - TOPICAL		
NEXOBRID GEL 8.8%	3	PA
SANTYL OIN 250/GM	3	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY INJ 100U	3	PA
JEUVEAU INJ 100UNIT	3	PA
HAIR GROWTH AGENTS		
FINAPID SOL 0.1-5%	3	PA
FINAPOD SOL 0.1-7%	3	PA
FINAPODTAR SOL	3	PA
FLYPROGPIDTA SOL	3	PA
OXOPID SOL 0.05-5%	3	PA
OXOPIDAXIAQU SOL	3	PA
OXOPOD SOL 0.05-7%	3	PA
PIDPROGTAR SOL	3	PA
PODOXIA SOL 7-4%	3	PA
PODPROG SOL 7-0.1%	3	PA
PODPROGTAR SOL	3	PA
PODTAR SOL 7-0.025%	3	PA
TETPIDTAR SOL	3	PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75%	3	
ZYCLARA PUMP CRE 2.5%	3	
ZYCLARA PUMP CRE 3.75%	3	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	PA

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Drug Name	Drug Tier	Requirements/Limits
HYFTOR GEL 0.2%	3	PA
NUJO SOL 0.1%	3	PA
NUJU CRE 0.1%	3	PA
OXIANUJO CRE 4-0.1%	3	PA
OXIANUJO OIN 4-0.1%	3	PA
<i>pimecrolimus cream 1%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	

KERATOLYTIC/ANTIMITOTIC AGENTS

CANTHARIDIN SOL 0.7%	3	PA
CONDYLOX GEL 0.5%	3	
METDRAY GEL 2-17%	3	PA
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
SALIMEZ CRE 6%	3	PA
YCANTH SOL 0.7%	3	PA

LINIMENTS

METHYL SALIC LIQ	3	PA
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LOCAL ANESTHETICS - TOPICAL

<i>anodyne lpt kit 2.5-2.5%</i>	1	PA
ASTERO GEL 4%	3	PA, QL
DERMALID PAK	3	PA
EMREAL KIT 2.5-2.5%	3	PA
ENZNONUTY OIN	3	PA
<i>ethyl chloride aerosol spray</i>	1	
<i>glydo gel 2%</i>	1	QL
L.E.T. GEL	3	PA
LDO PLUS GEL 4%	3	PA, QL
LIDO-EP-TETR GEL	3	PA
LIDO-EP-TETR SOL	3	PA
LIDO/RAC/TET GEL	3	PA
<i>lidocaine hcl lotion 3%</i>	1	PA
<i>lidocaine hcl soln 4%</i>	1	QL
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL
<i>lidocaine oint 5%</i>	1	QL
<i>lidocaine patch 5%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	PA
<i>lidocan iii pad 5%</i>	1	
LIDODERM DIS 5%	3	
LIDOLITE KIT 5%	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lidopin cre 3%</i>	1	PA
LIDOSOL KIT 5%	3	PA
LIDOSOL-50 KIT 5%	3	PA
LIDOSTREAM KIT 5% & 10%	3	PA
LIDTOPIC CRE 7.5%	3	
LIDTOPIC MAX CRE 10%	3	PA
LMR PLUS KIT	3	PA
NENDRUX GEL 5-40%	3	PA
NYNUTEY CRE 23-7%	3	PA
PAINGO KFT KIT	3	PA
PLIAGLIS CRE 7-7%	3	PA, QL
PLIAGLIS KIT 7-7%	3	PA
PREPIV SUPPL KIT	3	PA
<i>relador pak kit 2.5-2.5%</i>	1	PA
<i>relador pak kit plus</i>	1	PA
STERILE TOPI GEL L.E.T.	3	PA
SX1 POST-OP KIT MEDICATE	3	PA
<i>7t lido gel 2%</i>	1	QL
TOPICAL GEL L.E.T	3	PA
VENIPUNCTURE KIT PHLEBOTO	3	PA
WPR PLUS MIS	3	PA
<i>zeruvia pad 4-1%</i>	1	PA

MISC. DERMATOLOGICAL PRODUCTS

ALADERM PLUS EMU	3	PA
ALEVAMAX CRE	3	PA
ALEVICYN GEL	3	PA
ALEVICYN SG GEL ANTIPRUR	3	PA
CERACADE EMU	3	PA
CERAMAX CRE	3	PA
CERAMAX LOT	3	PA
DERMASO PLUS CRE	3	PA
DEXERYL CRE	3	PA
EMULSION SB EMU	3	PA
EPICERAM EMU	3	PA
GENADUR LIQ	3	PA
HALUCORT GEL	3	PA
HPR PLUS AER	3	PA
HPR PLUS CRE	3	PA
HPR PLUS KIT	3	PA
HYLATOPIC CRE PLUS	3	PA
ILIDERM SPR	3	PA
KAMDOY EMU	3	PA
KIVIK EMU	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LEVICYN GEL	3	PA
LOYON SOL	3	PA
MIMYX CRE	3	PA
NEOSALUS AER	3	PA
NEOSALUS CRE	3	PA
NEOSALUS LOT	3	PA
NUVAIL SOL 16%	3	PA
PENLEN EMU SPRAY	3	PA
PHLAG SPR	3	PA
PR CREAM KIT	3	PA
PRESERA AER	3	PA
PRUCLAIR CRE	3	PA
PRUMYX CRE	3	PA
REMIGEN CREA CRE	3	PA
SEBUDERM GEL	3	PA
STRATA CTX GEL	3	PA
STRATA MARK GEL	3	PA
STRATA XRT GEL	3	PA
SYNERDERM EMU	3	PA
XERALUX CRE	3	PA
MISC. TOPICAL		
ACUICYN SOL	3	PA
AVENOVA SOL 0.01%	3	PA
<i>benzoin compound tincture</i>	1	
EPICYN SPR	3	PA
HYCLODEX SOL 0.012%	3	PA
HYPOCYN SOL 0.012%	3	PA
NUSURGEPAK KIT SURGICAL	3	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	PA
PIGMENTING-DEPIGMENTING AGENTS		
KATARAXAP EMU	3	PA
KATARYA EMU	3	PA
KATARYAXN EMU	3	PA
KAXM EMU	3	PA
KEIDO EMU	3	PA
KETARYA EMU	3	PA
KEVARAXAP EMU	3	PA
KEVARTIA EMU 6-0.05%	3	PA
KEVARYA EMU	3	PA
KEXM EMU	3	PA
KEYA EMU	3	PA

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Drug Name	Drug Tier	Requirements/Limits
KOTARAXAP EMU	3	PA
KUTAR EMU 8-0.025%	3	PA
KUTARVIA EMU 8-0.025%	3	PA
KUTARYAXM EMU	3	PA
KUTARYAXMPA EMU	3	PA
KUTEA EMU	3	PA
KUVARYA EMU	3	PA
KUVARYE EMU	3	PA
KUXM EMU	3	PA
PROOXIA CRE 10-4%	3	PA
YAXATARXYN EMU	3	PA
YOKATAR EMU	3	PA
ROSACEA AGENTS		
AVEIDA GEL 1-1%	3	PA
AVEIDAOXIA GEL	3	PA
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
DAZAVEIDAOXI GEL	3	PA
DAZOMON GEL 0.25%	3	PA
FINACEA AER 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	PA
NORITATE CRE 1%	3	PA
ORACEA CAP 40MG	1	
SOOLANTRA CRE 1%	1	
ZILXI AER 1.5%	3	PA
SCABICIDES & PEDICULICIDES		
<i>crotan lot 10%</i>	1	
<i>malathion lotion 0.5%</i>	1	
OVIDE LOT 0.5%	3	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
WOUND CARE PRODUCTS		
ABRAVO EMU	3	PA
ACESO AG PAD 4"X4"	3	PA
ACTCT FLEX 3 PAD 4"X4"	3	PA
ACTI ANTIMIC PAD 2"X2"	3	PA
ACTI ANTIMIC PAD 4"X4"	3	PA
ACTICOAT 7 PAD 2"X2"	3	PA
ACTICOAT 7 PAD 4"X5"	3	PA
ACTICOAT MIS 4"X4"	3	PA
ALEVICYN SOL DERMAL	3	PA
ALLEVYN AG MIS 6-3/4"	3	PA
ALLEVYN AG MIS 9"X9"SAC	3	PA
ALLEVYN AG PAD 2"X2"	3	PA
ALLEVYN AG PAD 3"X3"	3	PA
ALLEVYN AG PAD 4"X4"	3	PA
ALLEVYN AG PAD 5"X5"	3	PA
ALLEVYN AG PAD 6"X6"	3	PA
ALLEVYN AG PAD 7"X7"	3	PA
ALLEVYN GENT PAD 4"X4	3	PA
ALLEVYN GENT PAD 8"X8"	3	PA
AMORPH WOUND GEL DRESSING	3	PA
AQUACEL AG PAD 5"X4"	3	PA
AQUACEL FOAM PAD 5"X5"	3	PA
AQUACEL FOAM PAD 7"X7"	3	PA
ARIDA GEL	3	PA
ATOPAVO EMU	3	PA
ATRAPRO CP KIT	3	PA
ATRAPRO DERM SPR	3	PA
ATRAPRO GEL HYDROGEL	3	PA
AVO CREAM EMU	3	PA
AZADROX GEL	3	PA
B & C OIN	3	PA
BALSAM PERU OIN CASTOR	3	PA
BASADROX GEL	3	PA
BIAFINE EMU	3	PA
BIONECT AER 0.2%	3	PA
BIONECT CRE 0.2%	3	PA
BIONECT GEL 0.2%	3	PA
BIOSTEP MIS 4"X4"	3	PA
BPCO OIN	3	PA
CA ALGINATE MIS 12" ROPE	3	PA
CA ALGINATE PAD 2"X2"	3	PA
CA ALGINATE PAD 4"X4"	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CA ALGINATE PAD 4"X8"	3	PA
COLLANEX POW	3	PA
CURAFOAM AG PAD 4"X4"	3	PA
CURITY HYPER MIS 1/2"X15'	3	PA
CURITY NAACL PAD 6"X6-3/4	3	PA
DELUO SPR	3	PA
DERPIXA GEL	3	PA
DURAFIBER AG PAD 2"X2"	3	PA
DURAFIBER AG PAD 4"X4"	3	PA
DURAFIBER AG PAD 6"X6"	3	PA
DYNAFOAM AG PAD 4"X4"	3	PA
DYNAGINATE MIS 12" ROPE	3	PA
DYNAGINATE PAD 4"X5"	3	PA
DYNAGINATE PAD 4"X8"	3	PA
DYNAGINATE PAD AG 2"X2"	3	PA
ENDO DERMAL MIS 5X5 CM	3	PA
FILSUVEZ GEL 10%	3	
HAPRODERM GEL	3	PA
HYDRFRA BLUE PAD RDY 2.5"	3	PA
HYDRFRA BLUE PAD RDY 4X5"	3	PA
HYDRFRA BLUE PAD RDY 8X8"	3	PA
HYDRFRA MRF PAD 2"X2.75"	3	PA
HYDROFERA PAD BLUE 2X2	3	PA
HYDROFERA PAD BLUE 4X4	3	PA
HYDROFERA PAD BLUE 6X6	3	PA
HYDROFERA PAD BLUE 9MM	3	PA
HYDROFERA PAD MRF4"X4"	3	PA
HYDROFERA PAD MRF 2.5"	3	PA
HYDROFRA MRF PAD 2-1/4X8"	3	PA
HYDROGEL DRE PAD 2"X3"	3	PA
HYDROGEL DRE PAD 4"X5"	3	PA
HYGEL GEL 2.5%	3	PA
KERAGEL GEL WOUND	3	PA
KERAGELT GEL	3	PA
KERAMATRIX MIS 2X3CM	3	PA
KERAMATRIX MIS 5X5CM	3	PA
KERAMATRIX MIS 10X10CM	3	PA
KERASTAT CRE	3	PA
KERASTAT GEL 5%	3	PA
L-MESITRAN GEL SOFT	3	PA
LEVICYN SOL DERMAL	3	PA
LUXAMEND CRE	3	PA
MATRIX WOUND MIS BILAYER	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MEDIHONEY GEL WOUND	3	PA
MEDIHONEY PAD 2"X2"	3	PA
MEDIHONEY PAD 3/4"X12"	3	PA
MEDIHONEY PAD 4"X5"	3	PA
MEDIHONEY PST WOUND	3	PA
MEPILEX AG PAD 4"X4"	3	PA
MICROCYN LIQ	3	PA
MIRO3D WOUND PAD 2X2X2CM	3	PA
MIRO3D WOUND PAD 3X3X2CM	3	PA
MIRO3D WOUND PAD 5X5X2CM	3	PA
MIRO3D WOUND PAD 10X5X2CM	3	PA
NORMLGEL AG GEL	3	PA
OMEZA COLLAG LIQ 1.6/2ML	3	PA
PETROL GAUZE MIS 3"X9"	3	PA
RADIAPLEXRX GEL	3	PA
REGENECARE GEL	3	PA, QL
RESTORE SILV PAD 2"X2"	3	PA
RESTORE SILV PAD 4"X4"	3	PA
RESTORE SILV PAD 4"X4.75"	3	PA
RESTORE SILV PAD 4"X5"	3	PA
RESTORE SILV PAD 6"X8"	3	PA
SILIGENTLE PAD 2"X2"	3	PA
SILIGENTLE PAD 4"X5"	3	PA
SILIGENTLE PAD 6"X6"	3	PA
SILIGENTLE PAD AG 2"X2"	3	PA
SILIGENTLE PAD AG 4"X4"	3	PA
SILVRSTAT GEL DRESSING	3	PA
SOLOX GEL	3	PA
SONAFINE EMU	3	PA
STRATA GRT GEL	3	PA
VASHE CLEANS SOL	3	PA
VASHE WOUND SOL	3	PA
VASHE WOUND SOL THERAPY	3	PA
VENELEX OIN	3	PA
VYJUVEK GEL	3	PA, QL
XCELLISTEM POW 250MG	3	PA
XEROFORM OCL PAD 1X8"	3	PA
XEROFORM OCL PAD 4"X4"	3	PA
XEROFORM OIL MIS 1"X8"	3	PA
XEROFORM OIL MIS ROLL 4X9	3	PA
XEROFORM OIL PAD 2"X2"	3	PA
XEROFORM PET PAD 4X4 DRES	3	PA
XEROFORM PET PAD 5X9 DRES	3	PA

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Drug Name	Drug Tier	Requirements/Limits
XEROFRM GAUZ MIS 1"X8"	3	PA
XEROFRM GAUZ MIS 5"X9"	3	PA
XEROFRM GAUZ PAD 5"X9"	3	PA
XEROFRM PETR PAD 2"X2"	3	PA
XEROFRM PETR PAD 4"X4"	3	PA
XEROFRM ROLL MIS 4"X9"	3	PA
ZANABIN GEL HYDROGEL	3	PA
ZENIFIBER AG PAD 2"X2"	3	PA
ZENIFIBER AG PAD 4"X5"	3	PA
ZENIFIBER AG PAD 6"X6"	3	PA
ZENIFIBER AG PAD 8"X8"	3	PA
ZENIFOAM AG PAD 2"X2"	3	PA
ZENIFOAM AG PAD 4"X5"	3	PA
ZENPHOR GEL WOUND	3	PA
ZENPHOR PAD WOUND	3	PA

DIAGNOSTIC PRODUCTS

DIAGNOSTIC BIOLOGICALS

AMERICAN ELM INJ 1:20	3	PA
BLACK WAL/CA INJ 1:20	3	PA
BOTRYTIS CIN INJ 1:20	3	PA
<i>candida albicans skin test antigen</i>	1	
COCKROACH INJ 1:20	3	PA
DOCK-SORREL INJ 1:20	3	PA
HORSE EPITHE INJ 1:20	3	PA
MOSQUITO INJ 1:100	3	PA
MOUSE EPITHE INJ 1:20	3	PA
RED MAPLE INJ 1:20	3	PA
RED OAK INJ 1:20	3	PA
SACCHAROMYCE INJ 1:20	3	PA
SG RAGWEED INJ 1:20	3	PA
WHITE ALDER INJ 1:20	3	PA
WHITE ASH INJ 1:20	3	PA
WHITE BIRCH INJ 1:20	3	PA

DIAGNOSTIC DRUGS

<i>adenosine iv soln 3 mg/ml (diagnostic)</i>	1	
ARIDOL KIT	3	PA
<i>cosyntropin for inj 0.25 mg</i>	1	
<i>dipyridamole iv soln 5 mg/ml</i>	1	
<i>indocyanine green for iv soln 25 mg</i>	1	
<i>isosulfan blue subcutaneous soln 1%</i>	1	
<i>regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml)</i>	1	
SINCALIDE INJ 5MCG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
SPY AGENT GR INJ 25MG	3	
THYROGEN INJ 0.9MG	3	PA
DIAGNOSTIC PRODUCTS, MISC.		
<i>ultrasound - gel</i>	1	
DIAGNOSTIC RADIOPHARMACEUTICALS		
CARDIOGEN-82 SOL	3	
TECHNELITE KIT HEU	3	PA
TECHNELITE KIT LEU	3	PA
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	
ACCU-CHEK TES GUIDE	2	
ACCU-CHEK TES GUIDE	3	PA
ACCU-CHEK TES SMART	2	
ACCUTREND TES GLUCOSE	3	PA
ADVANCE TES INTUITIO	3	PA
ADVANCE TES MICRO-DW	3	PA
ADVOCATE TES	3	PA
ADVOCATE TES REDI-COD	3	PA
ADVOCATE TES REDICODE	3	PA
AGAMATRIX TES AMP	3	PA
AGAMATRIX TES JAZZ	3	PA
AGAMATRIX TES KEYNOTE	3	PA
AGAMATRIX TES PRESTO	3	PA
ASSURE 3 TES	3	PA
ASSURE 4 TES	3	PA
ASSURE II TES	3	PA
ASSURE II TES CHECK	3	PA
ASSURE PRISM TES MULTI	3	PA
ASSURE PRO TES	3	PA
ASSURE TES PLATINUM	3	PA
AUTOCODE TES BLD GLUC	3	PA
BLOOD GLUCOS TES	3	PA
BLOOD GLUCOS TES LE1	3	PA
BLOOD GLUCOS TES PREMIUM	3	PA
BLOOD GLUCOS TES STRIPS	3	PA
BLULINK TES STRIPS	3	PA
CARESENS N TES	3	PA
CARESENS N TES GLUCOSE	3	PA
CARETOUCH MIS TST STRP	3	PA
CLEVER CHEK TES	3	PA
CLEVER CHEK TES AUTO CD	3	PA
CLEVER CHEK TES TALK	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CLEVER CHEK TES VOICE	3	PA
CLEVER CHOIC TES MICRO	3	PA
CLEVR CHOICE TES AUTO-CD	3	PA
CLEVR CHOICE TES NOCODE	3	PA
CONFIRM/MICR TES GLUCOSE	3	PA
CONTOUR TES BLD GLUC	3	PA
CONTOUR TES NEXT	3	PA
COOL BLOOD TES GLUCOSE	3	PA
CVS ADVANCED TES GLUCOSE	3	PA
CVS GLUCOSE TES TEST STR	3	PA
D-CARE BLOOD TES GLUCOSE	3	PA
DIATHRIVE MIS TEST STR	3	PA
DIATHRIVE+ MIS TEST STR	3	PA
DIATRUE PLUS TES STRIPS	3	PA
DUO-CARE TES	3	PA
EASY PLUS II TES BLD GLUC	3	PA
EASY STEP TES	3	PA
EASY TALK TES BLD GLUC	3	PA
EASY TALK TES PLUS II	3	PA
EASY TOUCH TES GLUCOSE	3	PA
EASY TOUCH TES HEALTHPR	3	PA
EASY TOUCH TES STRIPS	3	PA
EASY TRAK II TES BLD GLUC	3	PA
EASY TRAK TES BLD GLUC	3	PA
EASYGLUCO TES	3	PA
EASYMAX 15 TES	3	PA
EASYMAX TES	3	PA
EASYPRO PLUS TES	3	PA
EASYPRO TES BLD GLUC	3	PA
ELEMENT TES	3	PA
ELEMNT COMPA TES STRIPS	3	PA
EMBRACE EVO TES	3	PA
EMBRACE PRO TES	3	PA
EMBRACE TALK TES STRIPS	3	PA
EMBRACE TES BLD GLUC	3	PA
EVOLUTION TES AUTOCODE	3	PA
FIFTY50 GLUC TES 2.0	3	PA
FORA 6 MIS CONNECT	3	PA
FORA ADVANCE TES PRO	3	PA
FORA BLOOD TES GLUCOSE	3	PA
FORA D15G TES BLD GLUC	3	PA
FORA D20 TES BLD GLUC	3	PA
FORA D40/G31 TES GLUCOSE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
FORA G20 TES BLD GLUC	3	PA
FORA G30/V10 TES BLD GLUC	3	PA
FORA GD20 TES BLD GLUC	3	PA
FORA GD50 TES	3	PA
FORA GTEL TES BLD GLUC	3	PA
FORA TN'G TES TN'G VOI	3	PA
FORA V10 TES BLD GLUC	3	PA
FORA V12 TES BLD GLUC	3	PA
FORA V20 TES BLD GLUC	3	PA
FORA V30A TES BLD GLUC	3	PA
FORACARE TES GD40	3	PA
FORACARE TES PREM V10	3	PA
FORACARE TES TST N GO	3	PA
FORTISCARE TES BLD GLUC	3	PA
FORTISCARE TES G1 BLOOD	3	PA
FREESTYLE TES	3	PA
FREESTYLE TES INSULINX	3	PA
FREESTYLE TES LITE	3	PA
FREESTYLE TES PREC NEO	3	PA
GE100 BLOOD TES GLUCOSE	3	PA
GENULTIMATE TES	3	PA
GHT TEST TES STRIPS	3	PA
GLUCO PERFEC TES 3	3	PA
GLUCOCARD 01 TES PLUS	3	PA
GLUCOCARD 01 TES SENSOR	3	PA
GLUCOCARD TES EXPRESSI	3	PA
GLUCOCARD TES SHINE	3	PA
GLUCOCARD TES VITAL	3	PA
GLUCOCARD TES X-SENSOR	3	PA
GLUCOCOM TES	3	PA
GLUCONAVII TES STRIPS	3	PA
GLUCOSE TES STRIPS	3	PA
GNP TRU METR TES STRIPS	3	PA
GNP TRUETRAC TES SMRT SYS	3	PA
GOJJI BLOOD TES GLUCOSE	3	PA
GOJJI STRIPS MIS W/LANCET	3	PA
HOME PAP KIT	3	PA
HW EMBRACE TES PRO	3	PA
HW EMBRACE TES STRIPS	3	PA
IGLUCOSE TES	3	PA
IN TOUCH TES BLOOD	3	PA
INFINITY TES BLD GLUC	3	PA
INFINITY TES VOICE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
KROGER BLOOD TES GLUCOSE	3	PA
LIBERTY NEXT TES GEN	3	PA
LIBERTY TES	3	PA
MEIJER BLOOD TES GLUCOSE	3	PA
MEIJER TES TRUETEST	3	PA
MEIJER TES TRUETRAC	3	PA
MICRODOT TES	3	PA
MICRODOT TES XTRA	3	PA
MYGLUCOHEALT TES BLD GLUC	3	PA
NEUTEK 2TEK TES STRIPS	3	PA
NO CODING TES BLD GLUC	3	PA
NOVA MAX TES GLUCOSE	3	PA
ONE DROP TES BLD GLUC	3	PA
ONETOUCH TES ULTRA	2	
ONETOUCH TES VERIO	2	
OPTIUMEZ TES	3	PA
POCKETCHEM TES EZ	3	PA
POGO AUTOMAT TES CARTRIDG	3	PA
PRECISION TES XTRA	3	PA
PREMIUM BLOO MIS GLUCOSE	3	PA
PRO VOICE TES V8/V9	3	PA
PRODIGY NO TES CODING	3	PA
PTS PANELS TES EGLU	3	PA
QUICKTEK TES	3	PA
QUINTET AC TES BLD GLUC	3	PA
QUINTET TES BLD GLUC	3	PA
REFUAH PLUS TES BLD GLUC	3	PA
RELION PREMI TES GLUCOSE	3	PA
RELION PRIME TES	3	PA
RELION PRIME TES GLUCOSE	3	PA
RELION TES ULTIMA	3	PA
RELION TRUE TES METRIX	3	PA
RIGHTEST TES GS100	3	PA
RIGHTEST TES GS300	3	PA
RIGHTEST TES GS550	3	PA
RIGHTEST TES GT333	3	PA
SMART SENSE TES TEST	3	PA
SMARTEST TES BLD GLUC	3	PA
SOLUS V2 TES AUDIBLE	3	PA
SUPREME TES	3	PA
TRU METRIX TES STRIPS	3	PA
TRUE FOCUS MIS BLOOD	3	PA
TRUE METRIX TES GLUCOSE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
TRUETEST TES	3	PA
TRUETRACK TES	3	PA
TRUETRACK TES BLD GLUC	3	PA
TRUETRACK TES STRIPS	3	PA
UDSX MEDICAT KIT SYSTEM	3	PA
UDSXMP MEDIC KIT SYSTEM	3	PA
UNISTRIP1 TES GENERIC	3	PA
VERASENS TES	3	PA
VIVAGUARD TES INO	3	PA

DIGITAL DIAGNOSTIC AIDS

CANVAS DX MIS AUTISM	3	PA
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MISCELLANEOUS CONTRAST MEDIA

<i>clariscan inj 2.5mmol</i>	1	
<i>clariscan inj 5mmol</i>	1	
<i>clariscan inj 7.5mmol</i>	1	
<i>clariscan inj 10mmol</i>	1	
<i>clariscan inj 50mmol</i>	1	
<i>gadobutrol inj 1 mmol/ml (604.72 mg/ml)</i>	1	
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i>	1	
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i>	1	
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i>	1	
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i>	1	
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i>	1	

RADIOGRAPHIC CONTRAST MEDIA

<i>iodixanol inj 270 mg/ml (iodine equivalent)</i>	1	
<i>iodixanol inj 320 mg/ml (iodine equivalent)</i>	1	
<i>iopamidol inj 41%</i>	1	
<i>iopamidol inj 61%</i>	1	

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ASTAMED MYO CAP	3	PA
ELFOLATE PLU TAB 3-35-2MG	3	PA
ENTERAGAM POW 5GM	3	PA
FOSTEUM CAP	3	PA
FOSTEUM PLUS CAP	3	PA
GALAXTRA POW	3	PA
LDL CARE POW	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LORMATE CAP	3	PA
NEOKE BHB POW	3	PA
NICAPRIN TAB	3	PA
PROLEEVA CAP	3	PA
RHEUMATE CAP	3	PA
TOBAIKIENT CAP	3	PA
VASCULERA TAB	3	PA
VB6 P5P POW	3	PA
XYZBAC TAB	3	PA

NUTRITIONAL SUPPLEMENTS

<i>asilnasal cap rms</i>	1	
ENU PRO3 POW PLUS	3	PA
EQUACARE JR POW CHOCOLA	3	PA
EQUACARE JR POW UNFLAVO	3	PA
EQUACARE JR POW VANILLA	3	PA
ESSENTIAL POW CARE JR	3	PA
GLYTACTIN POW BETTRMLK	3	PA
HCU EASY TAB	3	PA
KETOVIE 3:1 LIQ UNFLAVOR	3	
MSUD EASY TAB	3	PA
PHENYLD GMP POW DHA/FIBR	3	PA
PKU EASY TAB	3	PA
TYR EASY TAB	3	PA

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
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 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

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Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	1	PA, QL
KEVEYIS TAB 50MG	3	PA, QL
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
ethacrynate sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	1	
FUROSCIX KIT 80/10ML	3	PA
furosemide inj 10 mg/ml	1	
FUROSEMIDE INJ NAACL	3	PA
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
SOAANZ TAB 20MG	3	PA
SOAANZ TAB 40MG	3	PA
SOAANZ TAB 60MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<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	
OSMOTIC DIURETICS		
<i>mannitol iv soln 20%</i>	1	
<i>mannitol iv soln 25%</i>	1	
<i>osmitrol inj 10%</i>	1	
<i>osmitrol vfx inj 20%</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
CAROSPIR SUS 25MG/5ML	3	PA
DYRENIUM CAP 50MG	3	PA
DYRENIUM CAP 100MG	3	PA
<i>spironolactone susp 25 mg/5ml</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide sodium for inj 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 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	
THALITONE TAB 15MG	3	PA
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	3	PA, QL
ISTURISA TAB 5MG	3	PA, QL
RECORLEV TAB 150MG	3	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
BONE DENSITY REGULATORS		
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 70 mg</i>	1	
AELVIA TAB	3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
EVENITY INJ 105MG	3	PA, QL
FORTEO INJ 600/2.4	2	PA, QL
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
MIACALCIN INJ 200/ML	3	PA
MIACALCIN INJ 400/2ML	3	PA
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
PROLIA INJ 60MG/ML	2	PA, QL
RECLAST INJ 5/100ML	3	PA
<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	
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	1	PA, QL
TERIPARATIDE INJ 620/2.48	3	PA, QL
TYMLOS INJ	2	PA, QL
XGEVA INJ	3	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	1	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	1	PA
ZOLEDRONIC INJ 4/100ML	3	PA
CORTICOTROPIN		
ACTHAR INJ 80UNIT	3	PA, QL
CORTROPHIN GEL 80UNIT	3	PA, QL
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	3	PA
<i>clomid tab 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
FOLLISTIM AQ INJ 300UNIT	3	PA, QL
FOLLISTIM AQ INJ 600UNIT	3	PA, QL
FOLLISTIM AQ INJ 900UNIT	3	PA, QL
GONAL-F INJ 450UNIT	3	PA, QL
GONAL-F INJ 1050UNIT	3	PA, QL
GONAL-F RFF INJ 75UNIT	3	PA, QL
GONAL-F RFF INJ 300/0.5	3	PA, QL
GONAL-F RFF INJ 450/0.75	3	PA, QL
GONAL-F RFF INJ 900/1.5	3	PA, QL
MENOPUR INJ 75UNIT	2	PA
NOVAREL INJ 5000UNIT	3	PA
NOVAREL INJ 10000UNT	3	PA
OVIDREL INJ	2	PA
PREGNYL INJ 10000UNT	3	PA
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	1	PA
CETROTIDE KIT 0.25MG	3	PA
GANIRELIX AC INJ 250/0.5	2	PA
ORLISSA TAB 150MG	2	
ORLISSA TAB 200MG	2	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	3	PA, QL
SOMAVERT INJ 15MG	3	PA, QL
SOMAVERT INJ 20MG	3	PA, QL
SOMAVERT INJ 25MG	3	PA, QL
SOMAVERT INJ 30MG	3	PA, QL
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	3	PA
GENOTROPIN INJ 0.4MG	3	PA
GENOTROPIN INJ 0.6MG	3	PA
GENOTROPIN INJ 0.8MG	3	PA
GENOTROPIN INJ 1.2MG	3	PA
GENOTROPIN INJ 1.4MG	3	PA
GENOTROPIN INJ 1.6MG	3	PA
GENOTROPIN INJ 1.8MG	3	PA
GENOTROPIN INJ 1MG	3	PA
GENOTROPIN INJ 2MG	3	PA
GENOTROPIN INJ 5MG	3	PA
GENOTROPIN INJ 12MG	3	PA
HUMATROPE INJ 6MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 12MG	3	PA
HUMATROPE INJ 24MG	3	PA
NGENLA INJ 24/1.2ML	3	PA
NGENLA INJ 60/1.2ML	3	PA
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
NUTROPIN AQ INJ 10MG/2ML	3	PA
NUTROPIN AQ INJ 20MG/2ML	3	PA
NUTROPIN AQ INJ NUSPIN 5	3	PA
OMNITROPE INJ 5.8MG	3	PA
OMNITROPE INJ 5/1.5ML	3	PA
OMNITROPE INJ 10/1.5ML	3	PA
SAIZEN INJ 5MG	3	PA
SAIZEN INJ 8.8MG	3	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
SKYTROFA INJ 3.6MG	3	PA
SKYTROFA INJ 3MG	3	PA
SKYTROFA INJ 4.3MG	3	PA
SKYTROFA INJ 5.2MG	3	PA
SKYTROFA INJ 6.3MG	3	PA
SKYTROFA INJ 7.6MG	3	PA
SKYTROFA INJ 9.1MG	3	PA
SKYTROFA INJ 11MG	3	PA
SKYTROFA INJ 13.3MG	3	PA
SOGROYA INJ 5MG/1.5	2	PA, QL
SOGROYA INJ 10MG/1.5	2	PA, QL
SOGROYA INJ 15MG/1.5	2	PA, QL
ZOMACTON INJ 5MG	3	PA
ZOMACTON INJ 10MG	3	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
OSPHENA TAB 60MG	3	PA
<i>raloxifene hcl tab 60 mg</i>	1	AGE; ACA
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ 500MG	3	PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ 45MG	2	PA
LUPR DEP-PED INJ 3M 30MG	2	PA
LUPR DEP-PED INJ 7.5MG	2	PA
LUPR DEP-PED INJ 11.25MG	2	PA
LUPR DEP-PED INJ 15MG	2	PA
LUPRON DEPOT INJ 45MG	2	PA
SUPPRELIN LA KIT 50MG	2	PA
TRIPTODUR SUS 22.5MG	3	PA
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB 45MG	3	PA
METABOLIC MODIFIERS		
ALDURAZYME INJ 2.9MG/5M	3	PA
<i>betaine powder for oral solution</i>	1	PA
BUPHENYL POW	3	PA, QL
BUPHENYL TAB 500MG	3	PA, QL
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol inj 1 mcg/ml</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	3	PA
<i>carglumic acid soluble tab 200 mg</i>	1	PA
CARNITOR SF SOL 1GM/10ML	3	PA
CARNITOR SOL 1GM/10ML	3	PA
CARNITOR TAB 330MG	3	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL
CRYSVITA INJ 10MG/ML	3	PA, QL
CRYSVITA INJ 20MG/ML	3	PA, QL
CRYSVITA INJ 30MG/ML	3	PA, QL
CYSTADANE POW	3	PA
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	1	
ELAPRASE INJ 6MG/3ML	3	PA
ELFABRIO SOL 20/10ML	3	PA
FABRAZYME INJ 5MG	3	PA
FABRAZYME INJ 35MG	3	PA
GALAFOLD CAP 123MG	3	PA, QL
<i>javygtor pak 100mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>javygtor pow 500mg</i>	1	PA
<i>javygtor tab 100mg</i>	1	PA
KANUMA INJ 20/10ML	3	PA
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
L-CARNITINE INJ 500MG/ML	3	PA
LAMZEDE INJ 10MG	3	PA
<i>levocarnitine inj 200 mg/ml</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
LUMIZYME INJ 50MG	3	PA
MEPSEVII INJ 10MG/5ML	3	PA
MYALEPT INJ 11.3MG	3	PA, QL
NAGLAZYME INJ 1MG/ML	3	PA
NEXVIAZYME INJ 100MG	3	PA
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	PA
NITYR TAB 2MG	3	PA
NITYR TAB 5MG	3	PA
NITYR TAB 10MG	3	PA
NULIBRY INJ 9.5MG	3	PA, QL
OLPRUVA PAK 2GM	3	PA, QL
OLPRUVA PAK 3GM	3	PA, QL
OLPRUVA PAK 4 GM	3	PA, QL
OLPRUVA PAK 5GM	3	PA, QL
OLPRUVA PAK 6.67GM	3	PA, QL
OLPRUVA PAK 6GM	3	PA, QL
OPFOLDA CAP 65MG	3	PA, QL
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
PALYNZIQ INJ 2.5/0.5	3	PA, QL
PALYNZIQ INJ 10/0.5ML	3	PA, QL
PALYNZIQ INJ 20MG/ML	3	PA, QL
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>paricalcitol iv soln 2 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol iv soln 5 mcg/ml</i>	1	
PARSABIV INJ 2.5-0.5	3	PA
PARSABIV INJ 5MG/ML	3	PA
PARSABIV INJ 10MG/2ML	3	PA
PHEBURANE MIS 483/GM	2	PA, QL
POMBILITI SOL 105MG	3	PA
RAVICTI LIQ 1.1GM/ML	3	PA
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	3	PA, QL
SENSIPAR TAB 60MG	3	PA, QL
SENSIPAR TAB 90MG	3	PA, QL
<i>sodium benzoate & sodium phenylacetate iv soln 10-10%</i>	1	
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL
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
VIMIZIM INJ 5MG/5ML	3	PA
XENPOZYME INJ 4MG	3	PA
XENPOZYME SOL 20MG	3	PA
XPHOZAH TAB 20MG	3	PA
XPHOZAH TAB 30MG	3	PA
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	
KERENDIA TAB 20MG	2	
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	3	PA, QL
VOXZOGO INJ 0.56MG	3	PA, QL
VOXZOGO INJ 1.2MG	3	PA, QL
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate inj 4 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
DESMOPRESSIN SOL 1.5MG/ML	3	PA
TERLIVAZ INJ 0.85MG	3	PA
VASO/DEXTROS SOL	3	PA
VASOPRE/NAACL INJ 2UNITS	3	PA
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	1	
VASOPRESSIN SOL DEXTROSE	3	PA

PROGESTERONE RECEPTOR ANTAGONISTS

<i>mifepristone tab 200 mg</i>	1	
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PROLACTIN INHIBITORS

<i>cabergoline tab 0.5 mg</i>	1	
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SOMATOSTATIC AGENTS

LANREOTIDE INJ 120/.5ML	3	PA, QL
MYCAPSSA CAP 20MG	3	PA, QL
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	1	PA, QL
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	1	PA, QL
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	1	PA, QL
SANDOSTATIN INJ 50MCG/ML	3	PA, QL
SANDOSTATIN INJ 100MCG	3	PA, QL
SANDOSTATIN INJ 500MCG	3	PA, QL
SANDOSTATIN KIT LAR 10MG	3	PA, QL
SANDOSTATIN KIT LAR 20MG	3	PA, QL
SANDOSTATIN KIT LAR 30MG	3	PA, QL
SIGNIFOR INJ 0.3MG/ML	3	PA, QL
SIGNIFOR INJ 0.6MG/ML	3	PA, QL
SIGNIFOR INJ 0.9MG/ML	3	PA, QL
SIGNIFOR LAR INJ 10MG	3	PA, QL
SIGNIFOR LAR INJ 20MG	3	PA, QL
SIGNIFOR LAR INJ 30MG	3	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR INJ 40MG	3	PA, QL
SIGNIFOR LAR INJ 60MG	3	PA, QL
SOMATULINE INJ 60/0.2ML	2	PA, QL
SOMATULINE INJ 90/0.3ML	2	PA, QL
SOMATULINE INJ 120/.5ML	2	PA, QL

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 15MG	3	PA, QL
JYNARQUE PAK 30-15MG	3	PA, QL
JYNARQUE PAK 45-15MG	3	PA, QL
JYNARQUE PAK 60-30MG	3	PA, QL
JYNARQUE PAK 90-30MG	3	PA, QL
JYNARQUE TAB 15MG	3	PA, QL
JYNARQUE TAB 30MG	3	PA, QL
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
<i>tolvaptan tab 15 mg</i>	1	PA
<i>tolvaptan tab 30 mg</i>	1	PA

ESTROGENS

ESTROGEN COMBINATIONS

<i>amabelz tab 0.5-0.1</i>	1	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>fyavolv tab 0.5-2.5</i>	1	
<i>fyavolv tab 1-5</i>	1	
<i>jinteli tab 1mg-5mcg</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	
MYFEMBREE TAB	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
CLIMARA DIS 0.1MG	3	PA
CLIMARA DIS 0.05MG	3	PA
CLIMARA DIS 0.06MG	3	PA
CLIMARA DIS 0.025MG	3	PA
CLIMARA DIS 0.075MG	3	PA
CLIMARA DIS 0.0375MG	3	PA
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
<i>dotti dis 0.1mg</i>	1	
<i>dotti dis 0.05mg</i>	1	
<i>dotti dis 0.025mg</i>	1	
<i>dotti dis 0.075mg</i>	1	
<i>dotti dis 0.0375mg</i>	1	
EC-RX ESTRAD CRE 0.4%	3	PA
EC-RX ESTRAD CRE 0.6%	3	PA
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
ESTRADIOL MIS 6MG	3	PA
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<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	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 191
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
EVAMIST SPR 1.53MG	3	
<i>lyllana dis 0.1mg</i>	1	
<i>lyllana dis 0.05mg</i>	1	
<i>lyllana dis 0.025mg</i>	1	
<i>lyllana dis 0.075mg</i>	1	
<i>lyllana dis 0.0375mg</i>	1	
MENEST TAB 0.3MG	3	PA
MENEST TAB 0.625MG	3	PA
MENEST TAB 1.25MG	3	PA
MENEST TAB 2.5MG	3	PA
MINIVELLE DIS 0.1MG	3	PA
MINIVELLE DIS 0.05MG	3	PA
MINIVELLE DIS 0.025MG	3	PA
MINIVELLE DIS 0.075MG	3	PA
MINIVELLE DIS 0.0375MG	3	PA
PREMARIN TAB 0.3MG	3	PA
PREMARIN TAB 0.9MG	3	PA
PREMARIN TAB 0.45MG	3	PA
PREMARIN TAB 0.625MG	3	PA
PREMARIN TAB 1.25MG	3	PA
VIVELLE-DOT DIS 0.1MG	3	PA
VIVELLE-DOT DIS 0.05MG	3	PA
VIVELLE-DOT DIS 0.025MG	3	PA
VIVELLE-DOT DIS 0.075MG	3	PA
VIVELLE-DOT DIS 0.0375MG	3	PA

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</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	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **192**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<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 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
MOXIFLOXACIN INJ 400/250	3	PA
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB 1MG	3	PA
MOTEGRITY TAB 2MG	3	PA

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA

FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB 5MG	3	PA, QL
OCALIVA TAB 10MG	3	PA, QL

GALLSTONE SOLUBILIZING AGENTS

CHENODAL TAB 250MG	3	PA
RELTONE CAP 200MG	3	PA
RELTONE CAP 400MG	3	PA
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
URSODIOL CAP 200MG	3	PA
<i>ursodiol cap 300 mg</i>	1	
URSODIOL CAP 400MG	3	PA
URSODIOL SUS 30MG/ML	3	PA
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	

GASTROINTESTINAL STIMULANTS

DEXPANTHENOL INJ 250MG/ML	3	PA
GIMOTI SPR 15MG	3	PA
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	3	PA, QL
BYLVAY CAP 400MCG	3	PA, QL
BYLVAY CAP 600MCG	3	PA, QL
BYLVAY CAP 1200MCG	3	PA, QL
LIVMARLI SOL 9.5MG/ML	3	PA, QL
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ 100MG	3	PA, QL
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CIMZIA KIT 200MG	3	PA, QL
CIMZIA PREFL KIT 200MG/ML	3	PA, QL
CIMZIA START KIT 200MG/ML	3	PA, QL
COLAZAL CAP 750MG	3	PA
DELZICOL CAP 400MG	3	PA
ENTYVIO INJ 108/0.68	3	PA, QL
ENTYVIO INJ 300MG	3	PA, QL
INFLECTRA INJ 100MG	3	PA, QL
INFLIXIMAB INJ 100MG	3	PA, QL
LIALDA TAB 1.2GM	3	PA
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
OMVOH INJ 100MG/ML	3	PA, QL
OMVOH INJ 300/15ML	3	PA, QL
PENTASA CAP 250MG CR	3	PA
PENTASA CAP 500MG CR	3	PA

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Drug Name	Drug Tier	Requirements/Limits
REMICADE INJ 100MG	2	PA, QL
RENFLXIS INJ 100MG	3	PA, QL
ROWASA KIT 4GM	3	
SKYRIZI INJ 180/1.2	2	PA, QL
SKYRIZI INJ 360/2.4	2	PA, QL
SKYRIZI SOL 60MG/ML	2	PA, QL
STELARA INJ 5MG/ML	2	PA, QL
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
VELSIPITY TAB 2MG	3	PA, QL
ZYMFENTRA INJ 120MG/ML	3	PA
INTESTINAL ACIDIFIERS		
<i>enulose sol 10gm/15</i>	1	
<i>generlac sol 10gm/15</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosecron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alosecron hcl tab 1 mg (base equiv)</i>	1	PA
IBSRELA TAB 50MG	3	PA
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	PA
LOTRONEX TAB 1MG	3	PA
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
REBYOTA SUS FECAL	3	PA
VOWST CAP	3	PA, QL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
MOVANTIK TAB 12.5MG	3	PA
MOVANTIK TAB 25MG	3	PA
RELISTOR INJ 8/0.4ML	3	PA
RELISTOR INJ 12/0.6ML	3	PA
RELISTOR TAB 150MG	3	PA
SYMPROIC TAB 0.2MG	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
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
REVELA POW 0.8GM	3	PA
REVELA POW 2.4GM	3	PA
REVELA TAB 800MG	3	PA
<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	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
VELPHORO CHW 500MG	2	

SHORT BOWEL SYNDROME (SBS) AGENTS

GATTEX KIT 5MG	3	PA, QL
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TRYPTOPHAN HYDROXYLASE INHIBITORS

XERMELO TAB 250MG	3	PA; ONC
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GENERAL ANESTHETICS

ANESTHETICS - MISC.

ANESTHESIA KIT S/I-40A	3	PA
ANESTHESIA KIT S/I-40H	3	PA
<i>etomidate iv soln 2 mg/ml</i>	1	
KETAMIN/NACL INJ 10MG/ML	3	PA
KETAMIN/NACL INJ 20MG/2ML	3	PA
KETAMIN/NACL INJ 50/5ML	3	PA
KETAMIN/NACL INJ 50MG/5ML	3	PA
KETAMIN/NACL SOL 100/10ML	3	PA
KETAMINE HCL INJ 0.6MG/ML	3	PA
KETAMINE HCL INJ 1MG/ML	3	PA
<i>ketamine hcl inj 10 mg/ml</i>	1	
KETAMINE HCL INJ 30MG/3ML	3	PA
<i>ketamine hcl inj 50 mg/ml</i>	1	
KETAMINE HCL INJ 50MG/5ML	3	PA
<i>ketamine hcl inj 100 mg/ml</i>	1	
KETAMINE HCL INJ 100/2ML	3	PA
KETAMINE HCL INJ 100/10ML	3	PA
KETAMINE HCL INJ 300/30ML	3	PA
KETAMINE HCL INJ NACL	3	PA
KETAMINE HCL SOL	3	PA
KETAMINE HCL SOL 20MG/2ML	3	PA
KETAMINE HCL SOL 50MG/ML	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
KETAMINE HCL TRO 100MG	3	PA
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	1	
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i>	1	
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i>	1	
<i>propoven inj</i>	1	
<i>propoven inj 200/20ml</i>	1	
<i>propoven inj 500/50ml</i>	1	
BARBITURATE ANESTHETICS		
METHOHEX SOD INJ 100/10ML	3	PA
VOLATILE ANESTHETICS		
<i>desflurane inhal soln</i>	1	
<i>isoflurane inhal soln</i>	1	
<i>sevoflurane inhal soln</i>	1	
<i>terrell sol</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>cytra k gra crystals</i>	1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</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	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
PROCYSBI CAP 25MG	3	PA, QL
PROCYSBI CAP 75MG	3	PA, QL
PROCYSBI GRA 75MG	3	PA, QL
PROCYSBI GRA 300MG	3	PA, QL
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25%</i>	1	
<i>argyl saline sol 0.9% irr</i>	1	
<i>curity salin sol 0.9% irr</i>	1	
<i>glycine irrigation soln 1.5%</i>	1	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 197

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride irrigation soln 0.9%</i>	1	
HYPEROXALURIA AGENTS		
OXLUMO INJ 94.5/0.5	3	PA, QL
RIVFLOZA INJ 80/0.5ML	3	PA
RIVFLOZA INJ 128/0.8	3	PA
RIVFLOZA INJ 160MG/ML	3	PA
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG	3	PA, QL
FILSPARI TAB 400MG	3	PA, QL
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	PA
PENTOSAN CAP 150MG	3	PA
PENTOSAN CAP 200MG	3	PA
RIMSO-50 SOL 50%	3	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	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	
ENTADFI CAP 5-5MG	3	PA
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	PA
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	PA
RAPAFLO CAP 8MG	3	PA
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	PA
URINARY ANALGESICS		
<i>phenazo tab 200mg</i>	1	
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG	3	PA
THIOLA EC TAB 100MG	3	PA
THIOLA EC TAB 300MG	3	PA
THIOLA TAB 100MG	3	PA
<i>tiopronin tab 100 mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 198

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS		
<i>allopurinol sodium for inj 500 mg</i>	1	
<i>allopurinol tab 100 mg</i>	1	
ALLOPURINOL TAB 200MG	3	PA
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
GLOPERBA SOL 0.6/5ML	3	PA
KRYSTEXXA INJ 8MG/ML	3	PA
MITIGARE CAP 0.6MG	1	
ULORIC TAB 40MG	3	PA
ULORIC TAB 80MG	3	PA

URICOSURICS

<i>probenecid tab 500 mg</i>	1	
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HEMATOLOGICAL AGENTS - MISC.

AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA

GIVLAARI INJ 189MG/ML	3	PA
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ANTIHEMOPHILIC PRODUCTS

ADVATE INJ 250UNIT	2	PA
ADVATE INJ 500UNIT	2	PA
ADVATE INJ 1000UNIT	2	PA
ADVATE INJ 1500UNIT	2	PA
ADVATE INJ 2000UNIT	2	PA
ADVATE INJ 3000UNIT	2	PA
ADVATE INJ 4000UNIT	2	PA
ADYNOVATE INJ 250UNIT	2	PA
ADYNOVATE INJ 500UNIT	2	PA
ADYNOVATE INJ 750UNIT	2	PA
ADYNOVATE INJ 1000UNIT	2	PA
ADYNOVATE INJ 1500UNIT	2	PA
ADYNOVATE INJ 2000UNIT	2	PA
ADYNOVATE INJ 3000UNIT	2	PA
AFSTYLA KIT 250UNIT	2	PA
AFSTYLA KIT 500UNIT	2	PA
AFSTYLA KIT 1000UNIT	2	PA
AFSTYLA KIT 1500UNIT	2	PA
AFSTYLA KIT 2000UNIT	2	PA
AFSTYLA KIT 2500UNIT	2	PA
AFSTYLA KIT 3000UNIT	2	PA
ALPHANATE INJ 250 UNIT	3	PA
ALPHANATE INJ 500 UNIT	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 199

Drug Name	Drug Tier	Requirements/Limits
ALPHANATE INJ 1000UNIT	3	PA
ALPHANATE INJ 1500UNIT	3	PA
ALPHANATE INJ 2000UNIT	3	PA
ALPHANINE SD INJ 500UNIT	3	PA
ALPHANINE SD INJ 1000UNIT	3	PA
ALPHANINE SD INJ 1500UNIT	3	PA
ALPROLIX INJ 250UNIT	2	PA
ALPROLIX INJ 500UNIT	2	PA
ALPROLIX INJ 1000UNIT	2	PA
ALPROLIX INJ 2000UNIT	2	PA
ALPROLIX INJ 3000UNIT	2	PA
ALPROLIX INJ 4000UNIT	2	PA
ALTUVIIIIO INJ 250 UNIT	3	PA
ALTUVIIIIO INJ 250UNIT	3	PA
ALTUVIIIIO INJ 500UNIT	3	PA
ALTUVIIIIO INJ 1000UNIT	3	PA
ALTUVIIIIO INJ 2000UNIT	3	PA
ALTUVIIIIO INJ 3000UNIT	3	PA
ALTUVIIIIO INJ 4000UNIT	3	PA
BENEFIX INJ 250UNIT	3	PA
BENEFIX INJ 500UNIT	3	PA
BENEFIX INJ 1000UNIT	3	PA
BENEFIX INJ 2000UNIT	3	PA
BENEFIX INJ 3000UNIT	3	PA
COAGADEX INJ 250UNIT	3	PA
COAGADEX INJ 500UNIT	3	PA
CORIFACT KIT	3	PA
ELOCTATE INJ 250UNIT	2	PA
ELOCTATE INJ 500UNIT	2	PA
ELOCTATE INJ 750UNIT	2	PA
ELOCTATE INJ 1000UNIT	2	PA
ELOCTATE INJ 1500UNIT	2	PA
ELOCTATE INJ 2000UNIT	2	PA
ELOCTATE INJ 3000UNIT	2	PA
ELOCTATE INJ 4000UNIT	2	PA
ELOCTATE INJ 5000UNIT	2	PA
ELOCTATE INJ 6000UNIT	2	PA
ESPEROCT INJ 500UNIT	2	PA
ESPEROCT INJ 1000UNIT	2	PA
ESPEROCT INJ 1500UNIT	2	PA
ESPEROCT INJ 2000UNIT	2	PA
ESPEROCT INJ 3000UNIT	2	PA
FEIBA INJ	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **200**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
FIBRYGA INJ 1GM	3	PA
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
HEMLIBRA INJ 300/2ML	3	PA
HEMOFIL M INJ 250UNIT	3	PA
HEMOFIL M INJ 500UNIT	3	PA
HEMOFIL M INJ 1000UNIT	3	PA
HEMOFIL M INJ 1700UNIT	3	PA
HUMATE-P SOL 250-600	3	PA
HUMATE-P SOL 500-1200	3	PA
HUMATE-P SOL 2400UNIT	3	PA
IDELVION SOL 250UNIT	3	PA
IDELVION SOL 500UNIT	3	PA
IDELVION SOL 1000UNIT	3	PA
IDELVION SOL 2000UNIT	3	PA
IDELVION SOL 3500UNIT	3	PA
IXINITY INJ 250UNIT	3	PA
IXINITY INJ 500UNIT	3	PA
IXINITY INJ 1000UNIT	3	PA
IXINITY INJ 1500UNIT	3	PA
IXINITY INJ 2000UNIT	3	PA
IXINITY INJ 3000UNIT	3	PA
JIVI INJ 500 UNIT	2	PA
JIVI INJ 1000UNIT	2	PA
JIVI INJ 2000UNIT	2	PA
JIVI INJ 3000UNIT	2	PA
KOATE INJ 250UNIT	3	PA
KOATE INJ 500 UNIT	3	PA
KOATE INJ 1000UNIT	3	PA
KOATE-DVI INJ 500UNIT	3	PA
KOATE-DVI INJ 1000UNIT	3	PA
KOGENATE FS INJ 250UNIT	2	PA
KOGENATE FS INJ 500UNIT	2	PA
KOGENATE FS INJ 1000UNIT	2	PA
KOGENATE FS INJ 2000UNIT	2	PA
KOGENATE FS INJ 3000UNIT	2	PA
KOVALTRY INJ 250UNIT	2	PA
KOVALTRY INJ 500UNIT	2	PA
KOVALTRY INJ 1000UNIT	2	PA
KOVALTRY INJ 2000UNIT	2	PA
KOVALTRY INJ 3000UNIT	2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
NOVOEIGHT INJ 250UNIT	2	PA
NOVOEIGHT INJ 500UNIT	2	PA
NOVOEIGHT INJ 1000UNIT	2	PA
NOVOEIGHT INJ 1500UNIT	2	PA
NOVOEIGHT INJ 2000UNIT	2	PA
NOVOEIGHT INJ 3000UNIT	2	PA
NOVOSEVEN RT INJ 1MG	2	PA
NOVOSEVEN RT INJ 2MG	2	PA
NOVOSEVEN RT INJ 5MG	2	PA
NOVOSEVEN RT INJ 8MG	2	PA
NUWIQ INJ 250UNIT	2	PA
NUWIQ INJ 500UNIT	2	PA
NUWIQ INJ 1000UNIT	2	PA
NUWIQ INJ 1500UNIT	2	PA
NUWIQ INJ 2000UNIT	2	PA
NUWIQ INJ 2500UNIT	2	PA
NUWIQ INJ 3000UNIT	2	PA
NUWIQ INJ 4000UNIT	2	PA
NUWIQ KIT 250UNIT	2	PA
NUWIQ KIT 500UNIT	2	PA
NUWIQ KIT 1000UNIT	2	PA
NUWIQ KIT 1500UNIT	2	PA
NUWIQ KIT 2000UNIT	2	PA
NUWIQ KIT 2500UNIT	2	PA
NUWIQ KIT 3000UNIT	2	PA
NUWIQ KIT 4000UNIT	2	PA
OBIZUR INJ 500 UNIT	3	PA
PROFILNINE INJ 500UNIT	3	PA
PROFILNINE INJ 1000UNIT	3	PA
PROFILNINE INJ 1500UNIT	3	PA
REBINYN INJ 3000UNIT	2	PA
REBINYN SOL 500UNIT	2	PA
REBINYN SOL 1000UNIT	2	PA
REBINYN SOL 2000UNIT	2	PA
RECOMBINATE INJ	3	PA
RECOMBINATE INJ 220-400	3	PA
RECOMBINATE INJ 401-800	3	PA
RECOMBINATE INJ 801-1240	3	PA
RIASTAP SOL 1GM	3	PA
RIXUBIS INJ 250 UNIT	3	PA
RIXUBIS INJ 500UNIT	3	PA
RIXUBIS INJ 1000UNIT	3	PA
RIXUBIS INJ 2000UNIT	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **202**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
RIXUBIS INJ 3000UNIT	3	PA
SEVENFACT INJ 1MG	2	PA
SEVENFACT INJ 5MG	2	PA
TRETTEN INJ	3	PA
VONVENDI INJ 650UNIT	3	PA
VONVENDI INJ 1300UNIT	3	PA
WILATE INJ	3	PA
XYNTHA INJ 250UNIT	2	PA
XYNTHA INJ 500UNIT	2	PA
XYNTHA INJ 1000UNIT	2	PA
XYNTHA INJ 2000UNIT	2	PA
XYNTHA SOLOF INJ 500UNIT	2	PA
XYNTHA SOLOF INJ 1000UNIT	2	PA
XYNTHA SOLOF INJ 2000UNIT	2	PA
XYNTHA SOLOF INJ 3000UNIT	2	PA
XYNTHA SOLOF KIT 250UNIT	2	PA

BRADYKININ B2 RECEPTOR ANTAGONISTS

FIRAZYR INJ 30MG/3ML	3	PA, QL
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL
<i>sajazir inj 30mg/3ml</i>	1	PA, QL

COMPLEMENT INHIBITORS

BERINERT INJ 500UNIT	3	PA, QL
CINRYZE SOL 500 UNIT	3	PA, QL
EMPAVELI INJ 1080MG	2	PA, QL
ENJAYMO SOL	3	PA, QL
GOHIBIC INJ 200/20ML	3	PA
HAEGARDA INJ 2000UNIT	3	PA, QL
HAEGARDA INJ 3000UNIT	3	PA, QL
RUCONEST INJ 2100UNIT	2	PA, QL
SOLIRIS INJ 10MG/ML	3	PA
TAVNEOS CAP 10MG	3	PA, QL
ULTOMIRIS INJ 100MG/ML	3	PA
VEOPOZ INJ 400/2ML	3	PA
ZILBRYSQ INJ 16.6MG	3	PA, QL
ZILBRYSQ INJ 23MG	3	PA, QL
ZILBRYSQ INJ 32.4MG	3	PA, QL

HEMATAOLOGIC - TYROSINE KINASE INHIBITORS

TAVALISSE TAB 100MG	2	PA, QL
TAVALISSE TAB 150MG	2	PA, QL

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline tab er 400 mg</i>	1	
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- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **203**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
PLASMA EXPANDERS		
<i>hetastarch in sodium chloride inj 6-0.9%</i>	1	
<i>lmd 10%/d5w inj</i>	1	
<i>lmd 10%/nacl inj 0.9%</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	3	PA, QL
ORLADEYO CAP 110MG	2	PA, QL
ORLADEYO CAP 150MG	2	PA, QL
TAKHZYRO INJ 150MG/ML	2	PA, QL
TAKHZYRO INJ 300/2ML	2	PA, QL
PLASMA PROTEINS		
ALBUMINEX SOL 5%	3	PA
ALBUMINEX SOL 25%	3	PA
RYPLAZIM SOL 68.8MG	3	PA
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT INJ 3.75/15	3	PA
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
CABLIVI KIT 11MG	3	PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<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	
<i>dipyridamole tab 75 mg</i>	1	
<i>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</i>	1	
<i>eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)</i>	1	
<i>eptifibatide iv soln 200 mg/100ml (2 mg/ml)</i>	1	
KENGREAL SOL 50MG	3	PA
PLAVIX TAB 75MG	3	PA
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<i>tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)</i>	1	
<i>tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)</i>	1	
YOSPRALA TAB 81-40MG	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 204
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
YOSPRALA TAB 325-40MG	3	PA
ZONTIVITY TAB 2.08MG	3	PA
PROTAMINE		
<i>protamine sulfat inj 10 mg/ml</i>	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB 5MG	3	PA, QL
PYRUKYND TAB 5MG TP	3	PA, QL
PYRUKYND TAB 20MG	3	PA, QL
PYRUKYND TAB 20MGX5MG	3	PA, QL
PYRUKYND TAB 50MG	3	PA, QL
PYRUKYND TAB 50MGX20M	3	PA, QL
THROMBOLYTIC AGENT - MISC		
DEFITELIO INJ 200/2.5	3	PA
THROMBOLYTIC ENZYMES		
RETAVASE INJ FULL KIT	3	PA
RETAVASE INJ HALF-KIT	3	PA
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	2	PA, QL
CEREZYME INJ 400UNIT	2	PA, QL
ELELYSO INJ 200UNIT	3	PA, QL
<i>miglustat cap 100 mg</i>	1	PA, QL
VPRIV INJ 400UNIT	3	PA, QL
<i>yargesa cap 100mg</i>	1	PA, QL
ZAVESCA CAP 100MG	3	PA, QL
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POW 5GM	2	PA, QL
OXBRYTA TAB 300MG	3	PA, QL
OXBRYTA TAB 500MG	3	PA, QL
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	ONC
COBALAMINS		
CYANOCOBALAM SOL 2000MCG	3	PA
METHYLCOBALA INJ 1MG/ML	3	PA
METHYLCOBALA INJ 5MG/ML	3	PA
METHYLCOBALA INJ 10MG/ML	3	PA
METHYLCOBALA INJ 10000MCG	3	PA
METHYLCOBALA INJ 50000MCG	3	PA
VITAMIN KIT SYS-B12	3	PA
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	3	
ALVAIZ TAB 18MG	3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 205
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ALVAIZ TAB 36MG	3	
ALVAIZ TAB 54MG	3	
ARANESP INJ 10MCG	3	PA
ARANESP INJ 25MCG	3	PA
ARANESP INJ 40MCG	3	PA
ARANESP INJ 60MCG	3	PA
ARANESP INJ 100MCG	3	PA
ARANESP INJ 150MCG	3	PA
ARANESP INJ 200MCG	3	PA
ARANESP INJ 300MCG	3	PA
ARANESP INJ 500MCG	3	PA
DOPTELET TAB 20MG	2	PA, QL
EPOGEN INJ 2000/ML	3	PA
EPOGEN INJ 3000/ML	3	PA
EPOGEN INJ 4000/ML	3	PA
EPOGEN INJ 10000/ML	3	PA
EPOGEN INJ 20000/ML	3	PA
FULPHILA INJ 6/0.6ML	3	PA, QL
FYLNETRA INJ 6MG/0.6	2	PA, QL
GRANIX INJ 300/0.5	3	PA
GRANIX INJ 300/1ML	3	PA
GRANIX INJ 480/0.8	3	PA
GRANIX INJ 480/1.6	3	PA
JESDUVROQ TAB 1MG	3	PA, QL
JESDUVROQ TAB 2MG	3	PA, QL
JESDUVROQ TAB 4MG	3	PA, QL
JESDUVROQ TAB 6MG	3	PA, QL
JESDUVROQ TAB 8MG	3	PA, QL
LEUKINE INJ 250MCG	3	PA
MIRCERA INJ 30MCG	3	PA
MIRCERA INJ 50MCG	3	PA
MIRCERA INJ 75MCG	3	PA
MIRCERA INJ 100MCG	3	PA
MIRCERA INJ 120MCG	3	PA
MIRCERA INJ 150MCG	3	PA
MIRCERA INJ 200MCG	3	PA
MULPLETA TAB 3MG	3	PA, QL
NEULASTA INJ 6MG/0.6M	3	PA, QL
NEULASTA KIT 6MG/0.6M	3	PA, QL
NEUPOGEN INJ 300/0.5	3	PA
NEUPOGEN INJ 300MCG	3	PA
NEUPOGEN INJ 480/0.8	3	PA
NEUPOGEN INJ 480MCG	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 206
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NPLATE INJ 125MCG	3	PA
NPLATE INJ 250MCG	3	PA
NPLATE INJ 500MCG	3	PA
NYVEPRIA INJ 6/0.6ML	2	PA, QL
PROCRIT INJ 2000/ML	3	PA
PROCRIT INJ 3000/ML	3	PA
PROCRIT INJ 4000/ML	3	PA
PROCRIT INJ 10000/ML	3	PA
PROCRIT INJ 20000/ML	3	PA
PROCRIT INJ 40000/ML	3	PA
PROMACTA PAK 25MG	2	PA, QL
PROMACTA POW 12.5MG	2	PA, QL
PROMACTA TAB 12.5MG	2	PA, QL
PROMACTA TAB 25MG	2	PA, QL
PROMACTA TAB 50MG	2	PA, QL
PROMACTA TAB 75MG	2	PA, QL
REBLOZYL INJ 25MG	3	PA
REBLOZYL INJ 75MG	3	PA
RELEUKO INJ 300MCG	3	PA
RELEUKO INJ 480MCG	3	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA
ROLVEDON INJ 13.2MG	3	PA, QL
STIMUFEND INJ 6/0.6ML	3	PA, QL
UDENYCA INJ 6MG/0.6	2	PA
UDENYCA INJ 6MG/.6ML	3	PA, QL
UDENYCA ONBO INJ 6/0.6ML	3	PA
ZARXIO INJ 300/0.5	3	PA
ZARXIO INJ 480/0.8	3	PA
ZIEXTENZO INJ 6/0.6ML	3	PA, QL
HEMATOPOIETIC MIXTURES		
BENTIVITE TAB 35-1MG	3	PA
BIOPAR DELTA CAP FORTE	3	PA
CHOLECAL DF TAB	3	PA
FEONYX TAB	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **207**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
FERIVA TAB 21/7	3	PA
FERRO-PLEX TAB	3	PA
FOLI-D TAB	3	PA
FOLIC D3 CAP	3	PA
FOLITE TAB	3	PA
GENICIN TAB VITA-D	3	PA
ICAR-C PLUS TAB	3	PA
LIPO-B INJ	3	PA
METHIO/INOS/ INJ CHOL/B12	3	PA
ORTHO DF CAP 1-3775IU	3	PA
OSTACHOL TAB	3	PA
OVEEZA CAP	3	PA
TALIVA CAP	3	PA
TULIVITE TAB 35-1MG	3	PA

IRON

ACCRUFER CAP 30MG	3	PA
MONOFERRIC INJ 1000/10	3	PA

STEM CELL MOBILIZERS

APHEXDA INJ 62MG	3	PA
MOZOBIL INJ	3	PA
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	1	PA

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid inj 250 mg/ml</i>	1	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i>	1	
TRANEXAMIC INJ ACID	3	PA

HEMOSTATICS - TOPICAL

GEL-FLOW KIT	3	PA
GELFOAM-JMI KIT POWDER	3	PA
GELFOAM-JMI KIT SPONGE	3	PA

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>pentobarbital sodium inj 50 mg/ml</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **208**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital sodium inj 65 mg/ml</i>	1	
<i>phenobarbital sodium inj 130 mg/ml</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	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
SILENOR TAB 3MG	3	PA
SILENOR TAB 6MG	3	PA

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG	3	QL
AMBIEN CR TAB 12.5MG	3	QL
AMBIEN TAB 5MG	3	QL
AMBIEN TAB 10MG	3	QL
BYFAVO INJ 20MG	3	PA
DEXMED/D5W INJ 200/50ML	3	PA
DEXMED/D5W INJ 400/100	3	PA
DEXMEDE/NACL INJ 40/10ML	3	PA
DEXMEDETOMID INJ 400/4ML	3	PA
DEXMEDETOMID INJ 1000/10	3	PA
<i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</i>	1	
<i>dexmedetomidine hcl iv soln 200 mcg/2ml</i>	1	
EDLUAR SUB 5MG	3	PA, QL
EDLUAR SUB 10MG	3	PA, QL
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	QL
<i>eszopiclone tab 2 mg</i>	1	QL
<i>eszopiclone tab 3 mg</i>	1	QL
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
IGALMI MIS 120MCG	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 209
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
IGALMI MIS 180MCG	3	PA
LUNESTA TAB 1MG	3	PA, QL
LUNESTA TAB 2MG	3	PA, QL
LUNESTA TAB 3MG	3	PA, QL
MIDAZO/NACL INJ 100/100	3	PA
MIDAZOL NACL SOL 30/30ML	3	PA
MIDAZOL-NACL INJ	3	PA
MIDAZOL-NACL INJ 100/100	3	PA
MIDAZOL/NACL INJ 50/50ML	3	PA
MIDAZOL/NACL SOL 2MG/2ML	3	PA
MIDAZOL/NACL SOL 5MG/5ML	3	PA
MIDAZOL/NACL SOL 50/50ML	3	PA
MIDAZOL/NACL SOL 55/55ML	3	PA
MIDAZOL/NACL SOL 100/100	3	PA
MIDAZOL/NACL SOL 100MG	3	PA
<i>midazolam 50 mg/50ml-sodium chloride 0.9% iv soln</i>	1	
<i>midazolam 100 mg/100ml-sodium chloride 0.9% iv soln</i>	1	
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
MIDAZOLAM INJ 1MG/ML	3	PA
MIDAZOLAM INJ 2MG/2ML	3	PA
MIDAZOLAM INJ 3MG/3ML	3	PA
MIDAZOLAM INJ 5MG/5ML	3	PA
MIDAZOLAM INJ 30MG/30M	3	PA
MIDAZOLAM INJ 50/50ML	3	PA
MIDAZOLAM INJ 150/30ML	3	PA
MIDAZOLAM INJ NACL	3	PA
MIDAZOLAM SOL 2MG/2ML	3	PA
MIDAZOLAM SOL 50/50	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **210**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
MIDAZOLAM SOL 50/50ML	3	PA
MIDAZOLAM SOL 100MG	3	PA
MIDAZOLAM SOL /NACL	3	PA
MIDAZOLAM SOL NACL	3	PA
MIDAZOLAM SUS 1MG/ML	3	PA
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	
<i>zaleplon cap 5 mg</i>	1	QL
<i>zaleplon cap 10 mg</i>	1	QL
ZOLPIDEM TAR CAP 7.5MG	3	PA
<i>zolpidem tartrate tab 5 mg</i>	1	QL
<i>zolpidem tartrate tab 10 mg</i>	1	QL
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	2	
DAYVIGO TAB 10MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	3	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG	3	PA, QL
HETLIOZ LQ SUS 4MG/ML	3	PA, QL
<i>ramelteon tab 8 mg</i>	1	QL
ROZEREM TAB 8MG	3	PA, QL
<i>tasimelteon capsule 20 mg</i>	1	PA, QL

LAXATIVES

LAXATIVE COMBINATIONS

CLENPIQ SOL	2	AGE; ACA
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOL	3	PA
MOVIPREP SOL	3	PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	3	PA, AGE; ACA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	AGE; ACA
SUFLAVE SOL	3	PA, AGE
SUPREP BOWEL SOL PREP KIT	3	PA
SUTAB TAB	3	PA, AGE; ACA

LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	1	
LACTULOSE PAK 10GM	3	PA
<i>lactulose solution 10 gm/15ml</i>	1	

LUBRICANT LAXATIVES

<i>mineral oil</i>	1	
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LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

<i>articadent inj dental</i>	1	
BUFFERD LIDO INJ 0.5%	3	PA
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	1	
LIDO/EPI 1%- INJ 1:100000	3	PA
LIDO/EPI 2% INJ 1:200000	3	PA
LIDO/TETRA INJ 0.4-0.2%	3	PA
LIDOC/BICARB INJ 1-8.4%	3	PA
LIDOCAINE EP INJ 1%	3	PA
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	1	
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:50000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:200000</i>	1	
LIDOCAINE-EP INJ 0.5%	3	PA
LIDOMAR INJ	3	PA
POINT OF CAR KIT LM-2.2	3	PA
POINT OF CAR KIT LM-2.5	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
RECK INJ	3	PA
ROP-CLON-KET INJ 15/50ML	3	PA
<i>sensorcaine inj -mpf/epi</i>	1	
<i>sensorcaine/ inj epi 0.5%</i>	1	
<i>sensorcaine/ inj epi 0.25</i>	1	

LOCAL ANESTHETICS - AMIDES

BONE MARROW KIT BIOPSY	3	PA
BUPIVAC HCL INJ 0.125%	3	PA
BUPIVAC/NAACL INJ 0.25-0.9	3	PA
BUPIVAC/NAACL INJ 0.125%	3	PA
<i>bupivacaine 0.75% in dextrose inj 8.25%</i>	1	
<i>bupivacaine hcl inj 0.5%</i>	1	
<i>bupivacaine hcl inj 0.25%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.5%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.25%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i>	1	
BUPIVACAINE INJ 0.5%	3	PA
BUPIVACAINE INJ 0.25%	3	PA
<i>bupivacaine inj spinal</i>	1	
LIDOCAIN HCL INJ 10MG/ML	3	PA
LIDOCAIN HCL INJ 60MG/3ML	3	PA
LIDOCAINE HC INJ 200/10ML	3	PA
<i>lidocaine hcl local inj 0.5%</i>	1	
<i>lidocaine hcl local inj 1%</i>	1	
<i>lidocaine hcl local inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	1	
LIDOCAINE INJ 1%	3	PA
LIDOCAINE INJ 9MG/ML	3	PA
LIDOCAINE INJ 100/5ML	3	PA
<i>polocaine inj 1%</i>	1	
<i>polocaine inj 2%</i>	1	
<i>polocaine inj -mpf 1%</i>	1	
<i>polocaine inj -mpf 2%</i>	1	
<i>polocaine inj mpf 1.5%</i>	1	
POSIMIR SOL 660/5ML	3	PA
ROPIVAC/NAACL INJ 0.2-0.9%	3	PA
ROPIVAC/NAACL INJ 0.15-0.9	3	PA
ROPIVAC/NAACL INJ 2MG/ML	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 213
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>ropivacaine hcl inj 2 mg/ml</i>	1	
<i>ropivacaine hcl inj 5 mg/ml</i>	1	
<i>ropivacaine hcl inj 7.5 mg/ml</i>	1	
<i>ropivacaine hcl inj 10 mg/ml</i>	1	
ROPIVACAINE INJ 0.2%	3	PA
ROPIVACAINE INJ 0.5%	3	PA
ROPIVACAINE SOL 0.2%	3	PA
<i>sensorcaine inj 0.5%</i>	1	
<i>sensorcaine inj 0.25%</i>	1	
<i>sensorcaine inj mpf0.25%</i>	1	
<i>sensorcaine inj mpf0.75%</i>	1	
<i>sensorcaine inj mpf 0.5%</i>	1	
XARACOLL IMP 100MG	3	PA

LOCAL ANESTHETICS - ESTERS

<i>chloroprocaine hcl preservative free (pf) inj 2%</i>	1	
<i>chloroprocaine hcl preservative free (pf) inj 3%</i>	1	

MACROLIDES

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	QL (6 tabs / 5 days); Limit of one fill per 60 days
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	

CLARITHROMYCIN

<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	
<i>clarithromycin tab er 24hr 500 mg</i>	1	

ERYTHROMYCINS

<i>e.e.s. 400 tab 400mg</i>	1	
E.E.S. GRAN SUS 200/5ML	3	PA
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
ERYPED SUS 200/5ML	3	PA
ERYPED SUS 400/5ML	3	PA
<i>erythrocin inj 500mg</i>	1	
<i>erythrocin tab 250mg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin lactobionate for inj 500 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	

FIDAXOMICIN

DIFICID SUS	2	
DIFICID TAB 200MG	2	

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

ACCU-CHEK KIT FASTCLIX	2	
ACCU-CHEK KIT SOFTCLIX	2	
ADV LANCING MIS DEVICE	3	
ADVOCATE MIS LANC DEV	3	
AUTO-LANCET MIS	3	
AUTO-LANCET MIS MINI	3	
AUTOLET LANC MIS DEVICE	3	
AUTOLET MINI MIS	3	
AUTOLET PLUS MIS	3	
BD MICROTAIN MIS LANCETS	3	
CARDIOCOM MIS LANCING	3	
CAREONE ADV MIS LANCING	3	
CARETOUCH MIS EJECTOR	3	
CVS LANCING MIS DEVICE	3	
DIATHRIVE MIS LANCING	3	
DROPLET GENT MIS LANCING	3	
DROPLET LANC MIS DEVICE	3	
EASY MINI MIS	3	
EASY MINI MIS EJECT	3	
EASY TOUCH MIS	3	
EASY TOUCH MIS /EJECTOR	3	
EMBRACE LANC MIS /EJECTOR	3	
FASTCLIX MIS LANCETS	2	
FORA MIS LANCING	3	
GENTEEL PLUS MIS BLACK	3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **215**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS MIS BLUE	3	
GENTEEL PLUS MIS PINK	3	
GENTEEL PLUS MIS PURPLE	3	
GENTEEL PLUS MIS WHITE	3	
GLOBAL LANC MIS DEVICE	3	
GNP LANCING MIS DEVICE	3	
GOJJI MIS LANC DEV	3	
GOODSENSE MIS LANC DVC	3	
HC LANCING MIS DEVICE	3	
IN TOUCH LAN MIS DEVICE	3	
INCONTROL MIS LANC DEV	3	
LANCET DEVIC MIS 30G	3	
LANCET DEVIC MIS ADJUST	3	
LANCET WITH MIS EJECTOR	3	
LANCING DEVI MIS	3	
LANCING DEVI MIS 25G	3	
LANCING DEVI MIS 30G	3	
LANCING MIS DEVICE	3	
LANZO MIS LANCING	3	
LITE TOUCH MIS LANC PEN	3	
MICROLET MIS NEXT	3	
MINI LANCING MIS DEVICE	3	
MM LANCING MIS DEVICE	3	
MULTI-LANCET MIS DEVICE	3	
NOVA SUREFLX MIS LANC DEV	3	
OMNIPOD 5 G6 KIT INTRO	2	QL
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD MIS POD PALS	3	PA
ONETOUCH DEL MIS LANC DEV	2	
ONETOUCH DEL MIS PLUS 30G	2	
ONETOUCH DEL MIS PLUS 33G	2	
ONETOUCH US MIS 2 30G	2	
PRODIGY MIS LANC DEV	3	
QC LANCING MIS DEVICE	3	
RAPID-SAFE MIS LANCING	3	
RELION LANCI MIS DEVICE	3	
RIGHTTEST MIS GD500	3	
SAFE-T-PRO MIS LANCETS	2	
SELECT-LITE MIS LANC DEV	3	
SIMPLE DIAG MIS LANCING	3	
SM TRUEDRAW MIS LANC DEV	3	
SOFTCLIX MIS LANCETS	2	
SOLUS V2 MIS LANC DEV	3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 216
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT MIS LANC PEN	3	
TGT LANCING MIS DEVICE	3	
TRUEDRAW MIS LANC DEV	3	
ULTI-LANCE MIS CLR TIP	3	
VANTAGE LANC MIS DEVICE	3	
VIVAGUARD MIS LANCING	3	
GI-GU OSTOMY & IRRIGATION SUPPLIES		
URESTA START MIS KIT	3	PA
MISC. DEVICES		
CEFALY KIT MIS	3	PA
CLEVER CHOIC MIS TENS UNI	3	PA
DIGITAL TENS MIS UNIT	3	PA
EMJOI TENS MIS	3	PA
GAMMACORE D MIS SAPPHIRE	3	PA
GAMMACORE MIS	3	PA
GAMMACORE MIS REFILL	3	PA
GAMMACORE MIS SAPPHIRE	3	PA
MONARCH ETNS MIS SYSTEM	3	PA
NERIVIO MIS	3	PA
NS-2 ELECTRI MIS PATCH	3	PA
PONS MIS MOUTHPIE	3	PA
PONS SYSTEM MIS	3	PA
PRO COMFORT MIS TENS UNT	3	PA
TENS S2000 MIS PAIN REL	3	PA
ZEWA TENS/ MIS EMS UNIT	3	PA
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO IMP	3	PA
PARENTERAL THERAPY SUPPLIES		
AQINJECT PEN MIS 31GX3/16	3	PA
AQINJECT PEN MIS 32GX5/32	3	PA
ASSURE ID MIS 0.5/31G	3	PA
ASSURE ID MIS 1ML/31G	3	PA
ASSURE ID MIS 30GX5/16	3	PA
ASSURE ID MIS 30GX5MM	3	
ASSURE ID MIS 31GX5MM	3	
AUM MINI PEN MIS 32GX4MM	3	PA
AUM MINI PEN MIS 32GX5MM	3	PA
AUM MINI PEN MIS 32GX6MM	3	PA
AUM MINI PEN MIS 32GX8MM	3	PA
AUM MINI PEN MIS 33GX4MM	3	PA
AUM MINI PEN MIS 33GX5MM	3	PA
AUM MINI PEN MIS 33GX6MM	3	PA

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Drug Name	Drug Tier	Requirements/Limits
AUM READYGRD MIS 32GX4MM	3	PA
AUM SAFETY MIS 31GX4MM	3	PA
AUM SAFETY MIS 31GX5MM	3	PA
AUTOPEN MIS 1 UNIT	3	
AUTOPEN MIS 1-21UNIT	3	
AUTOPEN MIS 2 UNIT	3	
AUTOPEN MIS 2-42UNIT	3	
AUTOSHIELD MIS 30GX5MM	2	
BD PEN MINI MIS	3	
BD PEN MIS	3	
BD PEN NEEDL MIS 29GX12.7	2	
BD PEN NEEDL MIS 31GX5MM	2	
BD PEN NEEDL MIS 31GX8MM	2	
BD PEN NEEDL MIS 32GX4MM	2	
BD PEN NEEDL MIS 32GX6MM	2	
BD U-500 MIS 31GX6MM	2	
CAREFINE MIS 31GX8MM	3	PA
CAREFINE MIS 32GX4MM	3	PA
CAREFINE MIS 32GX5MM	3	PA
CAREFINE MIS 32GX6MM	3	PA
CARETOUCH MIS 31GX5MM	3	PA
CARETOUCH MIS 31GX6MM	3	PA
CARETOUCH MIS 31GX8MM	3	PA
CARETOUCH MIS 32GX4MM	3	PA
CARETOUCH MIS 32GX5MM	3	PA
CLICKFINE MIS 31GX1/4"	3	PA
CLICKFINE MIS 31GX3/16	3	PA
CLICKFINE MIS 31GX5/16	3	PA
CLICKFINE MIS 31GX8MM	3	PA
CLICKFINE MIS 32GX5/32	3	PA
COMFORT EZ MIS 29GX12MM	3	PA
COMFORT EZ MIS 30GX8MM	3	PA
COMFORT EZ MIS 31GX4MM	3	PA
COMFORT EZ MIS 31GX5/16	3	PA
COMFORT EZ MIS 31GX5MM	3	PA
COMFORT EZ MIS 31GX6MM	3	PA
COMFORT EZ MIS 31GX8MM	3	PA
COMFORT EZ MIS 32GX4MM	3	PA
COMFORT EZ MIS 32GX5MM	3	PA
COMFORT EZ MIS 32GX6MM	3	PA
COMFORT EZ MIS 32GX8MM	3	PA
COMFORT EZ MIS 33GX4MM	3	PA
COMFORT EZ MIS 33GX5MM	3	PA

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ MIS 33GX6MM	3	PA
COMFORT EZ MIS 33GX8MM	3	PA
COMFORT TOUC MIS 31GX4MM	3	PA
COMFORT TOUC MIS 31GX5MM	3	PA
COMFORT TOUC MIS 31GX6MM	3	PA
COMFORT TOUC MIS 31GX8MM	3	PA
COMFORT TOUC MIS 32GX4MM	3	PA
COMFORT TOUC MIS 32GX5MM	3	PA
COMFORT TOUC MIS 32GX6MM	3	PA
COMFORT TOUC MIS 32GX8MM	3	PA
COMFORT TOUC MIS 33GX1/4"	3	PA
COMFORT TOUC MIS 33GX3/16	3	PA
COMFORT TOUC MIS 33GX5/32	3	PA
DIATHRIVE MIS 31GX5MM	3	PA
DIATHRIVE MIS 31GX6MM	3	PA
DIATHRIVE MIS 31GX8MM	3	PA
DIATHRIVE MIS 32GX4MM	3	PA
DROPLET MICR MIS 34GX9/64	3	PA
DROPSAFE MIS 31GX5MM	3	PA
EASY COMFORT MIS 0.3/31G	3	
EASY COMFORT MIS 31GX1/4"	3	PA
EASY COMFORT MIS 31GX3/16	3	PA
EASY COMFORT MIS 31GX5/16	3	PA
EASY COMFORT MIS 31GX5MM	3	
EASY COMFORT MIS 31GX6MM	3	
EASY COMFORT MIS 32GX4MM	3	
EASY COMFORT MIS 32GX5/32	3	PA
EASY TOUCH MIS 29GX1/2"	3	PA
EASY TOUCH MIS 29GX5MM	3	PA
EASY TOUCH MIS 29GX8MM	3	PA
EASY TOUCH MIS 30G	3	PA
EASY TOUCH MIS 31GX1/4"	3	PA
EASY TOUCH MIS 31GX3/16	3	PA
EASY TOUCH MIS 31GX5/16	3	PA
EASY TOUCH MIS 32GX1/4"	3	PA
EASY TOUCH MIS 32GX3/16	3	PA
EASY TOUCH MIS 32GX5/32	3	PA
EASY TOUCH MIS 32GX5MM	3	PA
EASY TOUCH MIS 32GX6MM	3	PA
FIFTY50 MIS 31GX3/16	3	PA
FIFTY50 MIS 31GX5/16	3	PA
FIFTY50 MIS 31GX5MM	3	PA
FIFTY50 PEN MIS 31GX8MM	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
FIFTY50 PEN MIS 32GX4MM	3	PA
FIFTY50 PEN MIS 32GX6MM	3	PA
GNP ULTICARE MIS 31GX5/16	3	
GNP ULTICARE MIS 31GX5/16	3	PA
GNP ULTICARE MIS 31GX5MM	3	PA
GNP ULTICARE MIS 32GX1/4"	3	
GNP ULTICARE MIS 32GX1/4"	3	PA
GNP ULTICARE MIS 32GX5/32	3	
GNP ULTICARE MIS 32GX5/32	3	PA
HM INSULIN S MIS 0.3/31G	3	PA
HM INSULIN S MIS 1ML/30G	3	PA
HM ULTICARE MIS 31GX8MM	3	PA
IN CONTROL MIS 31GX3/16	3	PA
IN CONTROL MIS 31GX5MM	3	PA
IN CONTROL MIS 31GX6MM	3	PA
IN CONTROL MIS 31GX8MM	3	PA
INCONTROL MIS 29GX12MM	3	PA
INCONTROL MIS 31GX6MM	3	PA
INCONTROL MIS 31GX8MM	3	PA
INCONTROL MIS 32GX4MM	3	PA
INS SY 0.3ML MIS 30GX1/2"	3	PA
INS SY 0.3ML MIS 31GX5/16	3	PA
INS SY 0.5ML MIS 30GX1/2"	3	PA
INS SY 0.5ML MIS 30GX5/16	3	PA
INS SY 1/2ML MIS 30GX1/2"	3	PA
INS SYR 1ML MIS 30GX1/2"	3	PA
INS SYR 1ML MIS 30GX5/16	3	PA
INS SYR 1ML MIS 31GX5/16	3	PA
INS SYR .3ML MIS 30GX1/2"	3	PA
INSULIN SRYG MIS 1ML/32G	3	PA
INSULIN SYRG MIS 0.3/29G	2	
INSULIN SYRG MIS 0.3/29G	3	PA
INSULIN SYRG MIS 0.3/29G	3	PA
INSULIN SYRG MIS 0.3/30G	2	
INSULIN SYRG MIS 0.3/30G	3	PA
INSULIN SYRG MIS 0.3/30G	3	PA
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.3/31G	3	PA
INSULIN SYRG MIS 0.3/31G	3	PA
INSULIN SYRG MIS 0.3ML/30	3	PA
INSULIN SYRG MIS 0.3ML/31	3	PA
INSULIN SYRG MIS 0.5/27G	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **220**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/28G	2	
INSULIN SYRG MIS 0.5/28G	3	PA
INSULIN SYRG MIS 0.5/28G	3	PA
INSULIN SYRG MIS 0.5/29G	2	
INSULIN SYRG MIS 0.5/29G	3	PA
INSULIN SYRG MIS 0.5/29G	3	PA
INSULIN SYRG MIS 0.5/30G	2	
INSULIN SYRG MIS 0.5/30G	3	
INSULIN SYRG MIS 0.5/30G	3	PA
INSULIN SYRG MIS 0.5/30G	3	PA
INSULIN SYRG MIS 0.5/31G	2	
INSULIN SYRG MIS 0.5/31G	3	
INSULIN SYRG MIS 0.5/31G	3	PA
INSULIN SYRG MIS 0.5/32G	3	PA
INSULIN SYRG MIS 1/2ML/30	3	PA
INSULIN SYRG MIS 1/2ML/31	3	PA
INSULIN SYRG MIS 1ML	2	
INSULIN SYRG MIS 1ML	3	PA
INSULIN SYRG MIS 1ML/25G	3	PA
INSULIN SYRG MIS 1ML/27G	2	
INSULIN SYRG MIS 1ML/27G	3	PA
INSULIN SYRG MIS 1ML/27G	3	PA
INSULIN SYRG MIS 1ML/28G	2	
INSULIN SYRG MIS 1ML/28G	3	PA
INSULIN SYRG MIS 1ML/28G	3	PA
INSULIN SYRG MIS 1ML/29G	2	
INSULIN SYRG MIS 1ML/29G	3	PA
INSULIN SYRG MIS 1ML/29G	3	PA
INSULIN SYRG MIS 1ML/30G	2	
INSULIN SYRG MIS 1ML/30G	3	
INSULIN SYRG MIS 1ML/30G	3	PA
INSULIN SYRG MIS 1ML/30G	3	PA
INSULIN SYRG MIS 1ML/31G	2	
INSULIN SYRG MIS 1ML/31G	3	
INSULIN SYRG MIS 1ML/31G	3	PA
INSULIN SYRG MIS 2/27.5G	2	
INSULIN SYRG MIS 27GX1/2"	3	PA
INSULIN SYRG MIS 27GX1/2"	3	PA
INSULIN SYRG MIS 28GX1/2"	3	PA
INSULIN SYRG MIS 28GX1/2"	3	PA
INSULIN SYRG MIS 29GX1/2"	2	
INSULIN SYRG MIS 29GX1/2"	3	PA
INSULIN SYRG MIS 29GX1/2"	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 29GX12MM	3	PA
INSULIN SYRG MIS 30GX1/2"	3	PA
INSULIN SYRG MIS 30GX1/2"	3	PA
INSULIN SYRG MIS 30GX5/16	3	PA
INSULIN SYRG MIS 30GX5/16	3	PA
INSULIN SYRG MIS 31GX5/16	3	
INSULIN SYRG MIS 31GX5/16	3	PA
INSULIN SYRG MIS 31GX5/16	3	PA
INSULIN SYRG MIS 31GX8MM	3	PA
INSULIN SYRI MIS 0.3/31G	3	PA
INSUPEN MIS 29GX12MM	3	PA
INSUPEN MIS 31GX5MM	3	PA
INSUPEN MIS 31GX8MM	3	PA
INSUPEN MIS 32GX4MM	3	PA
LITETOUCH MIS 29GX12.7	3	PA
LITETOUCH MIS 31GX8MM	3	PA
MAXICOMFORT MIS 27GX1/2	3	PA
MAXICOMFORT MIS 27GX1/2"	3	PA
MAXICOMFORT MIS 31GX1/4"	3	PA
MM PENTIPS MIS 29GX12MM	3	PA
MM PENTIPS MIS 31GX5MM	3	PA
MM PENTIPS MIS 31GX8MM	3	PA
MM PENTIPS MIS 32GX4MM	3	PA
NOVOFINE AUT MIS 30GX8MM	3	PA
NOVOFINE MIS 32GX6MM	3	PA
NOVOFINE PLS MIS 32GX4MM	3	PA
PEN NEEDLE MIS 29GX1/2"	3	PA
PEN NEEDLE MIS 29GX3/16	3	PA
PEN NEEDLE MIS 29GX5/16	3	PA
PEN NEEDLE MIS 31GX3/16	3	PA
PEN NEEDLE MIS 31GX4MM	3	PA
PEN NEEDLE MIS 31GX5/16	3	PA
PEN NEEDLE MIS 31GX5MM	3	PA
PEN NEEDLE MIS 31GX6MM	3	PA
PEN NEEDLE MIS 31GX8MM	3	PA
PEN NEEDLE MIS 32GX1/4"	3	PA
PEN NEEDLE MIS 32GX4MM	3	PA
PEN NEEDLE MIS 32GX5/32	3	PA
PEN NEEDLE MIS 32GX5MM	3	PA
PEN NEEDLE MIS 32GX6MM	3	PA
PEN NEEDLE MIS 33GX4MM	3	PA
PEN NEEDLE MIS 33GX5/32	3	PA
PEN NEEDLE MIS 33GX5MM	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLE MIS 33GX6MM	3	PA
PEN NEEDLES MIS 29GX1/2"	3	
PEN NEEDLES MIS 29GX1/2"	3	PA
PEN NEEDLES MIS 29GX10MM	3	PA
PEN NEEDLES MIS 29GX12.7	3	PA
PEN NEEDLES MIS 29GX12MM	3	PA
PEN NEEDLES MIS 30GX3/16	3	PA
PEN NEEDLES MIS 30GX5/16	3	PA
PEN NEEDLES MIS 30GX5MM	3	PA
PEN NEEDLES MIS 30GX5MM	3	PA
PEN NEEDLES MIS 30GX8MM	3	PA
PEN NEEDLES MIS 31GX1/4"	3	PA
PEN NEEDLES MIS 31GX3/16	3	PA
PEN NEEDLES MIS 31GX5/16	3	PA
PEN NEEDLES MIS 31GX5MM	3	
PEN NEEDLES MIS 31GX5MM	3	PA
PEN NEEDLES MIS 31GX5MM	3	PA
PEN NEEDLES MIS 31GX6MM	3	
PEN NEEDLES MIS 31GX6MM	3	PA
PEN NEEDLES MIS 31GX8MM	3	
PEN NEEDLES MIS 31GX8MM	3	PA
PEN NEEDLES MIS 31GX8MM	3	PA
PEN NEEDLES MIS 32GX1/4	3	PA
PEN NEEDLES MIS 32GX1/4"	3	PA
PEN NEEDLES MIS 32GX3/16	3	PA
PEN NEEDLES MIS 32GX4MM	3	
PEN NEEDLES MIS 32GX4MM	3	PA
PEN NEEDLES MIS 32GX4MM	3	PA
PEN NEEDLES MIS 32GX5/16	3	PA
PEN NEEDLES MIS 32GX5/32	3	PA
PEN NEEDLES MIS 32GX5MM	3	PA
PEN NEEDLES MIS 32GX6MM	3	PA
PEN NEEDLES MIS 32GX8MM	3	PA
PEN NEEDLES MIS 33GX4MM	3	PA
PEN NEEDLES MIS 33GX5/32	3	PA
PEN NEEDLES MIS 33GX5MM	3	PA
PEN NEEDLES MIS 33GX6MM	3	PA
PENTIPS MIS 29GX12MM	3	
PENTIPS MIS 29GX12MM	3	PA
PENTIPS MIS 29GX12MM	3	PA
PENTIPS MIS 31GX5MM	3	PA
PENTIPS MIS 31GX5MM	3	PA
PENTIPS MIS 31GX6MM	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
PENTIPS MIS 31GX8MM	3	PA
PENTIPS MIS 31GX8MM	3	PA
PENTIPS MIS 32GX4MM	3	PA
PENTIPS MIS 32GX4MM	3	PA
PENTIPS MIS 32GX6MM	3	PA
PIP PEN NEED MIS 32GX4MM	3	PA
PREVENT DROP MIS 31GX1/4"	3	PA
PREVENT DROP MIS 31GX5/16	3	PA
PREVENT SAFE MIS 31GX1/4"	3	PA
PREVENT SAFE MIS 31GX5/16	3	PA
PRO COMFORT MIS 0.5/30G	3	PA
PRO COMFORT MIS 0.5/31G	3	PA
PRO COMFORT MIS 1ML/30G	3	PA
PRO COMFORT MIS 1ML/31G	3	PA
PRO COMFORT MIS 31GX8MM	3	PA
PRO COMFORT MIS 32GX4MM	3	PA
PRO COMFORT MIS 32GX5MM	3	PA
PRO COMFORT MIS 32GX6MM	3	PA
PURE COMFORT MIS 31GX5MM	3	PA
PURE COMFORT MIS 31GX6MM	3	PA
PURE COMFORT MIS 32GX4MM	3	PA
PURE COMFORT MIS 32GX5MM	3	PA
PURE COMFORT MIS 32GX6MM	3	PA
PURE COMFORT MIS 32GX8MM	3	PA
RA PEN NEEDL MIS 31GX3/16	3	PA
RAYA SURE MIS 29GX12MM	3	PA
RAYA SURE MIS 31GX4MM	3	PA
RAYA SURE MIS 31GX5MM	3	PA
RAYA SURE MIS 31GX6MM	3	PA
RAYA SURE MIS 31GX8MM	3	PA
RELION PEN MIS 29GX12MM	3	PA
RELION PEN MIS 31GX1/4"	3	PA
RELION PEN MIS 31GX5/16	3	PA
RELION PEN MIS 31GX6MM	3	PA
RELION PEN MIS 31GX8MM	3	PA
RELION PEN MIS 32GX4MM	3	PA
RELION PEN MIS 32GX5/32	3	PA
SECURESAFE MIS 0.5/29G	3	PA
SECURESAFE MIS 29GX1/2"	3	PA
SECURESAFE MIS 30GX5/16	3	PA
SURE COMFORT MIS 0.5/31G	3	PA
SURE COMFORT MIS 29GX1/2"	3	PA
SURE COMFORT MIS 30GX5/16	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT MIS 31GX1/4	3	PA
SURE COMFORT MIS 31GX3/16	3	PA
SURE COMFORT MIS 31GX5/16	3	PA
SURE COMFORT MIS 31GX6MM	3	PA
SURE COMFORT MIS 32GX5/32	3	PA
SURE COMFORT MIS 32GX5/32	3	PA
SURE COMFORT MIS 32GX6MM	3	PA
SYRG/NEEDLE MIS 29GX12.5	3	PA
SYRG/NEEDLE MIS 31GX6MM	3	PA
SYRG/NEEDLE MIS 31GX8MM	3	PA
SYRINGE MIS 0.5/30G	3	PA
1ML SYRINGE MIS 29G	3	PA
1ML SYRINGE MIS 30G	3	PA
1ST TIER UNI MIS 29GX12MM	3	PA
1ST TIER UNI MIS 31GX5MM	3	PA
1ST TIER UNI MIS 31GX6MM	3	PA
1ST TIER UNI MIS 31GX8MM	3	PA
1ST TIER UNI MIS 32GX4MM	3	PA
TIER UNI PLS MIS 31GX8MM	3	PA
ULTICARE MIC MIS 32GX4MM	3	PA
ULTICARE MIS 30GX3/16	3	PA
ULTICARE MIS 30GX5/16	3	PA
ULTICARE PEN MIS 31GX5MM	3	PA
ULTICARE PEN MIS 31GX6MM	3	PA
ULTICARE PEN MIS 31GX8MM	3	PA
ULTIGUARD MIS 31GX5MM	3	PA
ULTIGUARD MIS 31GX6MM	3	PA
ULTIGUARD MIS 31GX8MM	3	PA
ULTIGUARD MIS 32GX4MM	3	PA
ULTIGUARD MIS 32GX6MM	3	PA
ULTILET PEN MIS 29GX12.7	3	PA
ULTILET PEN MIS 31GX5MM	3	PA
ULTILET PEN MIS 31GX8MM	3	PA
ULTILET PEN MIS 32GX4MM	3	PA
ULTRA FLO MIS 31GX5MM	3	PA
ULTRA FLO MIS 31GX8MM	3	PA
ULTRA FLO MIS PEN NEED	3	PA
UNFINE PNTP MIS 32GX4MM	3	PA
UNIFINE PLUS MIS 31GX1/4"	3	PA
UNIFINE PLUS MIS 31GX3/16	3	PA
UNIFINE PLUS MIS 31GX5/16	3	PA
UNIFINE PLUS MIS 32GX5/32	3	PA
UNIFINE PLUS MIS 33GX5/32	3	PA

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PNTP MIS 29GX12MM	3	PA
UNIFINE PNTP MIS 30GX3/16	3	PA
UNIFINE PNTP MIS 31GX3/16	3	PA
UNIFINE PNTP MIS 31GX5/16	3	PA
UNIFINE PNTP MIS 31GX5MM	3	PA
UNIFINE PNTP MIS 31GX6MM	3	PA
UNIFINE PNTP MIS 31GX8MM	3	PA
UNIFINE PNTP MIS 32GX4MM	3	PA
UNIFINE PNTP MIS 32GX5/32	3	PA
UNIFINE PNTP MIS 32GX6MM	3	PA
UNIFINE PNTP MIS 33GX4MM	3	PA
UNIFINE PROT MIS 30GX5MM	3	
UNIFINE PROT MIS 30GX8MM	3	
UNIFINE PROT MIS 32GX4MM	3	
UNIFINE SAFE MIS 32GX4MM	3	PA
UNIFINE ULTR MIS 31GX5MM	3	PA
UNIFINE ULTR MIS 31GX6MM	3	PA
UNIFINE ULTR MIS 31GX8MM	3	PA
UNIFINE ULTR MIS 32GX4MM	3	PA
VERIFINE PEN MIS 29GX12MM	3	PA
VERIFINE PEN MIS 31GX5MM	3	PA
VERIFINE PEN MIS 31GX8MM	3	PA
VERIFINE PEN MIS 32GX4MM	3	
VERIFINE PEN MIS 32GX6MM	3	PA
ZEV RX MIS 31GX5MM	3	PA
ZEV RX MIS 31GX6MM	3	PA
ZEV RX MIS 31GX8MM	3	PA
ZEV RX MIS 32GX4MM	3	PA

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	3	PA
AIMOVIG INJ 140MG/ML	3	PA
AJOVY INJ 225/1.5	2	
EMGALITY INJ 100MG/ML	2	
EMGALITY INJ 120MG/ML	2	
NURTEC TAB 75MG ODT	2	
QULIPTA TAB 10MG	2	
QULIPTA TAB 30MG	2	
QULIPTA TAB 60MG	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	
VYEPTI INJ 100MG/ML	3	PA
ZAVZPRET SPR 10MG	3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 226
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Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE COMBINATIONS		
TREXIMET TAB 85-500MG	3	PA, QL
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj 1 mg/ml	1	
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	3	PA
ELYXYB SOL 120/4.8	3	PA
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL
almotriptan malate tab 12.5 mg	1	QL
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL
IMITREX INJ 4MG/0.5	3	QL
IMITREX INJ 6MG/0.5	3	QL
IMITREX TAB 25MG	3	QL
IMITREX TAB 50MG	3	QL
IMITREX TAB 100MG	3	QL
MAXALT TAB 10MG	3	PA, QL
MAXALT-MLT TAB 10MG	3	PA, QL
naratriptan hcl tab 1 mg (base equiv)	1	QL
naratriptan hcl tab 2.5 mg (base equiv)	1	QL
ONZETRA XSAI MIS 11MG	2	QL
RELPAX TAB 20MG	3	QL
RELPAX TAB 40MG	3	QL
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL
sumatriptan nasal spray 5 mg/act	1	QL
sumatriptan nasal spray 20 mg/act	1	QL
sumatriptan succinate inj 6 mg/0.5ml	1	QL
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 227

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL
sumatriptan succinate tab 25 mg	1	QL
sumatriptan succinate tab 50 mg	1	QL
sumatriptan succinate tab 100 mg	1	QL
TOSYMRA SOL 10MG	3	PA, QL
ZEMBRACE SYM INJ 3/0.5ML	2	QL
zolmitriptan nasal spray 5 mg/spray unit	1	QL
zolmitriptan orally disintegrating tab 2.5 mg	1	QL
zolmitriptan orally disintegrating tab 5 mg	1	QL
zolmitriptan tab 2.5 mg	1	QL
zolmitriptan tab 5 mg	1	QL

MINERALS & ELECTROLYTES

CALCIUM

CAL GLU/NAACL INJ 1/100ML	3	PA
CAL GLU/NAACL INJ 1GM/50ML	3	PA
CAL GLU/NAACL INJ 2/100ML	3	PA
CALCIUM GLUC INJ 1000/10	3	PA

ELECTROLYTE MIXTURES

KCI/LIDOCAIN INJ NAACL	3	PA
POT CHL/NAACL INJ 20/250ML	3	PA
POT CHL/NAACL SOL 40MEQ	3	PA

MAGNESIUM

MAG SUL/NAACL INJ 2/50-0.9	3	PA
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PHOSPHATE

K PHOS/NAACL INJ 15/250ML	3	PA
POT PHOSPHAT INJ 3MM/ML	3	PA
POTASSIUM INJ PHOSPHAT	3	PA

POTASSIUM

effer-k tab 25meq ef	1	
k-prime tab 25meq ef	1	
klor-con 8 tab 8meq er	1	
klor-con 10 tab 10meq er	1	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	
klor-con/ef tab 25meq fr	1	
POKONZA POW 10MEQ	3	PA
POT ACETATE INJ 2MEQ/ML	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 228

Drug Name	Drug Tier	Requirements/Limits
POT CHLORIDE INJ 10MEQ	3	PA
POT CHLORIDE INJ 20MEQ	3	PA
POT CHLORIDE INJ 40MEQ	3	PA
<i>potassium acetate inj 2 meq/ml</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50ml</i>	1	
<i>potassium chloride inj 10 meq/100ml</i>	1	
<i>potassium chloride inj 20 meq/50ml</i>	1	
<i>potassium chloride inj 20 meq/100ml</i>	1	
<i>potassium chloride inj 40 meq/100ml</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 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	
POTASSIUM INJ 100MEQ	3	PA

SODIUM

SOD CHLORIDE INJ 4MEQ/ML	3	PA
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TRACE MINERALS

LIQUILIFT KIT TRACE	3	PA
MULTRYS INJ	3	PA
SELENIOS AC INJ 60MCG/ML	3	PA
SELENIOS AC SOL 12MCG/2M	3	PA
TRALEMENT INJ	3	PA

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

CUPRIMINE CAP 250MG	3	PA
CUVRIOR TAB 300MG	3	PA
EDETATE DISO INJ 150MG/ML	3	PA
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
SYPRINE CAP 250MG	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **229**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl cap 250 mg</i>	1	
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PHOXILLUM SOL B22K/40	3	PA
PHOXILLUM SOL BK4/2.5	3	PA
TRISOD CITRA SOL 0.5%CRRT	3	PA
ENZYMES		
AMPHADASE INJ 150/ML	3	PA
XIAFLEX INJ 0.9MG	3	PA
IMMUNOMODULATORS		
JOENJA TAB 70MG	3	PA, QL
<i>lenalidomide cap 5 mg</i>	1	PA; ONC
<i>lenalidomide cap 10 mg</i>	1	PA; ONC
<i>lenalidomide cap 15 mg</i>	1	PA; ONC
<i>lenalidomide cap 20 mg</i>	1	PA, QL; ONC
<i>lenalidomide cap 25 mg</i>	1	PA, QL; ONC
<i>lenalidomide caps 2.5 mg</i>	1	PA; ONC
REVLIMID CAP 2.5MG	2	PA; ONC
REVLIMID CAP 5MG	2	PA; ONC
REVLIMID CAP 10MG	2	PA; ONC
REVLIMID CAP 15MG	2	PA; ONC
REVLIMID CAP 20MG	2	PA, QL; ONC
REVLIMID CAP 25MG	2	PA, QL; ONC
REZUROCK TAB 200MG	3	PA; ONC
RYSTIGGO INJ 280/2ML	3	PA, QL
THALOMID CAP 50MG	2	PA; ONC
THALOMID CAP 100MG	2	PA; ONC
THALOMID CAP 150MG	2	PA; ONC
THALOMID CAP 200MG	2	PA; ONC
VYVGART INJ 400/20ML	3	PA, QL
VYVGART INJ HYTRULO	3	PA, QL
IMMUNOSUPPRESSIVE AGENTS		
<i>azasan tab 75 mg</i>	1	
<i>azasan tab 100mg</i>	1	
AZATHIOPRINE INJ 100MG	3	PA
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine iv soln 50 mg/ml</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	2	PA, QL
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
IMURAN TAB 50MG	3	
LUPKYNIS CAP 7.9MG	3	PA, QL
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</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	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
UPLIZNA SOL 100MG	3	PA
IRRIGATION SOLUTIONS		
<i>argyl saline sol 100ml</i>	1	
<i>lactated ringer's for irrigation</i>	1	
<i>physiolyte sol</i>	1	
<i>physiosol sol irrigat</i>	1	
<i>ringer's solution for irrigation</i>	1	
<i>tis-u-sol sol</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
LYMPHATIC AGENTS		
SYLVANT SOL 100MG	3	PA
SYLVANT SOL 400MG	3	PA
MISC NATURAL PRODUCTS		
IMUBOLIC CAP	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 231
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Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ULTRA HERS CAP RX	3	PA
ULTRA HIS CAP	3	PA
ULTRA PCOS CAP	3	PA
XYZMUNE CAP	3	PA
MISCELLANEOUS THERAPEUTIC CLASSES		
PHENOL INJ 6%	3	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB 50MG	3	PA, QL
VIJOICE TAB 125MG	3	PA, QL
VIJOICE TAB 250MG	3	PA, QL
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	3	PA
LOKELMA PAK 10GM	3	PA
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps sus 15gm/60</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL
ZOKINVY CAP 75MG	3	PA, QL
SCLEROSING AGENTS		
POLYOX LAURY INJ 5%	3	PA
<i>sodium tetradecyl sulfate inj 3%</i>	1	
<i>sotradecol inj 1%</i>	1	
<i>sotradecol inj 3%</i>	1	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 120MG	3	PA
BENLYSTA INJ 200MG/ML	3	PA, QL
BENLYSTA INJ 400MG	3	PA
SAPHNELO SOL 300/2ML	3	PA, QL
UREMIC PRURITUS AGENTS		
KORSUVA INJ 50MCG/ML	3	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>periogard sol 0.12%</i>	1	
PERIODONTAL PRODUCTS		
ARESTIN MIS 1MG	3	PA
STEROIDS - MOUTH/THROAT/DENTAL		
ACYCLONINE AER MUM	3	PA
<i>kourzeq pst 0.1%</i>	1	
<i>oralone dent pst 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	PA
BOCASAL POW	3	PA
<i>cevimeline hcl cap 30 mg</i>	1	
EPISIL LIQ	2	
EVOXAC CAP 30MG	3	
GELX GEL	3	PA
MUCOSITISRX POW	3	PA
MUCOTROL WAF	3	PA
MUGARD LIQ	2	PA
NUMOISYN LIQ	3	PA
ORAFATE PST 10%	3	PA
ORAMAGICRX SUS	3	PA
ORAPEUTIC GEL	3	PA
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
PROTHELIAL PST 10%	3	PA
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
SALIVAMAX POW	3	PA
SILATRIX GEL 10%	3	PA
MULTIVITAMINS		
B-COMPLEX VITAMINS		
B-COMPLEX INJ	3	PA
B-COMPLEX INJ HYDRXCB	3	PA
MULTIPLE VITAMINS W/ MINERALS		
DAYAVITE TAB	3	PA
FOLAGENT CAP DHA	3	PA
FOLAMAX TAB	3	PA
FOLAMED DHA CAP	3	PA
HYLAZINC TAB	3	PA
NEOVITE TAB	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **233**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
NICADAN TAB	3	PA
NICAZEL TAB	3	PA
NICAZEL TAB FORTE	3	PA
PROFOLA TAB	3	PA
REMEDIENT CAP	3	PA
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID		
QUFLORA FE CHW	3	PA
MULTIVITAMINS		
AMLADEX TAB	3	PA
GENICIN TAB VITA-Q	3	PA
PED MULTI VITAMINS W/FL & FE		
QUFLORA FE DRO 0.25-9.5	3	PA
PED MV W/ FLUORIDE		
MULTI-VIT-FL CHW 0.5MG	3	PA
MULTI-VIT-FL CHW 0.25MG	3	PA
MULTI-VIT-FL CHW 1MG	3	PA
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	PA
ATABEX OB TAB 29-1MG	3	PA
AZESCO TAB 13-1MG	3	PA
C-NATE DHA CAP 28-1-200	3	PA
CADEAU DHA CAP	3	PA
CITRANATAL CAP HARMONY	3	PA
CITRANATAL CAP MEDLEY	3	PA
CITRANATAL MIS 90 DHA	3	PA
CITRANATAL MIS B-CALM	3	PA
CITRANATAL PAK ASSURE	3	PA
CO-NATAL FA TAB 29-1MG	3	PA
COMPLETE NAT PAK DHA	3	PA
COMPLETENATE CHW	3	PA
CONCEPT DHA CAP	3	PA
CONCEPT OB CAP	3	PA
CVS PRENATAL CHW GUMMY	3	PA
DERMACINRX TAB PRETRATE	3	PA
DUET DHA 400 MIS 25-1-400	3	PA
<i>elite-ob tab</i>	1	
ENBRACE HR CAP	3	PA
FOLIVANE-OB CAP	3	PA
<i>inatal gt tab</i>	1	
JENLIVA CAP	3	PA
KOSHR PRENAT TAB 30-1MG	3	PA
M-NATAL PLUS TAB	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
NATACHEW CHW	3	PA
NATAL PNV TAB	3	PA
NATALVIT TAB 75-1MG	3	PA
NEEVO DHA CAP 27-1.13	3	PA
NEONATAL 19 TAB	3	PA
NEONATAL FE TAB	3	PA
NEONATAL PLS TAB 27-1MG	3	PA
NEONATAL TAB COMPLETE	3	PA
NEONATAL TAB COMPLTE	3	PA
NEONATAL TAB PLUS	3	PA
NEONATAL/DHA MIS	3	PA
NESTABS DHA PAK	3	PA
NESTABS ONE CAP	3	PA
NESTABS TAB	3	PA
NIVA-PLUS TAB	3	PA
OB COMPLETE CAP ONE	3	PA
OB COMPLETE CAP PETITE	3	PA
OB COMPLETE TAB	3	PA
OB COMPLETE TAB PREMIER	3	PA
OB COMPLETE/ CAP DHA	3	PA
ONE A DAY CAP PRENATAL	3	PA
ONE A DAY CHW PRENATAL	3	PA
ONE VITE TAB 1MG PLUS	3	PA
PNV TAB 20-1 TAB	3	PA
<i>pnv-dha cap</i>	1	
PNV-DHA CAP DOCUSATE	3	PA
PNV-OMEGA CAP	3	PA
<i>pnv-select tab</i>	1	
PREGEN DHA CAP	3	PA
PREGENNA TAB	3	PA
PREMESISRX TAB	3	PA
PRENA1 CHW	3	PA
PRENA1 PEARL CAP	3	PA
PRENA 1 TRUE MIS	3	PA
PRENAISSANCE CAP	3	PA
PRENAISSANCE CAP PLUS	3	PA
PRENAT DHA CHW 0.4-25MG	3	PA
PRENATAL 19 CHW 29-1MG	3	PA
<i>prenatal 19 chw tab</i>	1	
PRENATAL 19 TAB 29-1MG	3	PA
PRENATAL DHA PAK MULTI	3	PA
PRENATAL GUM CHW 0.4-32.5	3	PA
PRENATAL MUL CAP DHA	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLS MIS MV + DHA	3	PA
PRENATAL TAB 27-1MG	3	PA
PRENATAL TAB PLUS	3	PA
PRENATAL-U CAP 106.5-1	3	PA
PRENATAL/FA CAP +DHA	3	PA
PRENATE AM TAB 1MG	3	PA
PRENATE CAP ENHANCE	3	PA
PRENATE CAP ESSENT	3	PA
PRENATE CAP PIXIE	3	PA
PRENATE CAP RESTORE	3	PA
PRENATE CHW 0.6-0.4	3	PA
PRENATE DHA CAP	3	PA
PRENATE MINI CAP	3	PA
PRENATE TAB ELITE	3	PA
PRENATRIX TAB	3	PA
PRENATRYL TAB	3	PA
PRENATVITE TAB COMPLETE	3	PA
PRENATVITE TAB PLUS	3	PA
PRENATVITE TAB RX	3	PA
PRIMACARE CAP	3	PA
PROVIDA OB CAP	3	PA
REDICHEW RX CHW	3	PA
RELNATE DHA CAP	3	PA
SE-NATAL 19 CHW	3	PA
SE-NATAL 19 TAB	3	PA
SELECT-OB CHW	3	PA
SELECT-OB+ PAK DHA	3	PA
TARON-C DHA CAP	3	PA
THERANATAL CAP ONE	3	PA
THRIVITE RX TAB 29-1MG	3	PA
TRINATAL RX TAB 1	3	PA
<i>trinate tab</i>	1	
TRISTART DHA CAP	3	PA
VINATE DHA CAP 27-1.13	3	PA
VINATE II TAB	3	PA
VINATE ONE TAB	3	PA
VITAFOL CAP ULTRA	3	PA
VITAFOL CHW GUMMIES	3	PA
VITAFOL FE+ CAP	3	PA
VITAFOL STRP MIS 1MG	3	PA
VITAFOL-NANO TAB	3	PA
VITAFOL-OB PAK +DHA	3	PA
VITAFOL-OB TAB 65-1MG	3	PA

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Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
VITAFOL-ONE CAP	3	PA
VITAMED MD CAP ONE RX	3	PA
VITAPEARL CAP	3	PA
VITATHELY TAB	3	PA
VITATRUE MIS	3	PA
VIVA DHA CAP	3	PA
WESCAP-C DHA CAP	3	PA
WESCAP-PN CAP DHA	3	PA
WESNATAL DHA PAK COMPLETE	3	PA
WESNATE DHA CAP	3	PA
WESTAB PLUS TAB 27-1MG	3	PA
WESTGEL DHA CAP	3	PA
ZALVIT TAB 13-1MG	3	PA
ZIPHEX TAB 13-1MG	3	PA

MUSCULOSKELETAL THERAPY AGENTS

ARTICULAR CARTILAGE REPAIR THERAPY

MACI MIS	3	PA
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CENTRAL MUSCLE RELAXANTS

AMRIX CAP 15MG	3	PA
AMRIX CAP 30MG	3	PA
BACLOFEN INJ 50MCG/ML	3	PA
<i>baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)</i>	1	
<i>baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)</i>	1	
<i>baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)</i>	1	
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	PA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
FLEQSUVY SUS 25MG/5ML	3	PA
LYVISPAH GRA 5MG	3	PA
LYVISPAH GRA 10MG	3	PA
LYVISPAH GRA 20MG	3	PA
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol inj 1000 mg/10ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
OZOBAX DS SOL 10MG/5ML	3	
ROBAXIN INJ 100MG/ML	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 TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium for iv soln 20 mg</i>	1	
<i>revonto inj 20mg</i>	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG	3	PA, QL
SOHONOS CAP 1MG	3	PA, QL
SOHONOS CAP 2.5MG	3	PA, QL
SOHONOS CAP 5MG	3	PA, QL
SOHONOS CAP 10MG	3	PA, QL
MUSCLE RELAXANT COMBINATIONS		
METAXALL CP KIT 0.025%	3	PA
NORGESIC TAB FORTE	3	PA
VISCOSUPPLEMENTS		
DUROLANE INJ 60MG/3ML	2	PA
EUFLEXXA INJ 10MG/ML	2	PA
GEL-ONE INJ 30MG/3ML	3	PA
GELSYN-3 INJ 16.8/2ML	2	PA
GENVISC 850 INJ 25/2.5	3	PA
HYALGAN INJ 20MG/2ML	3	PA
HYMOVIS INJ 24MG/3ML	3	PA
MONOVISC INJ 88MG/4ML	3	PA
ORTHOVISC INJ 15MG/ML	3	PA
SUPARTZ FX INJ 25/2.5ML	2	PA
SYNOJOYNT INJ 20MG/2ML	3	PA
SYNVISC INJ 8MG/ML	3	PA
SYNVISC ONE INJ 8MG/ML	3	PA

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Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
TRILURON INJ 20MG/2ML	3	PA
TRIVISC INJ 25/2.5ML	3	PA
VISCO-3 INJ 25/2.5ML	3	PA

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
DYMISTA SPR 137-50	3	PA
RYALTRIS SPR 665-25	3	PA

NASAL ANESTHETICS

COCAINE HCL SOL 40MG/ML	3	PA
GOPRELTO SOL 40MG/ML	3	PA

NASAL ANTIALLERGY

<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	

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	

NASAL STEROIDS

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
OMNARIS SPR	3	PA
QNASL AER 80MCG	3	PA
QNASL CHILD SPR 40MCG	3	PA
SINUVA IMP 1350MCG	3	PA
ZETONNA AER 37MCG	3	PA

SYMPATHOMIMETIC DECONGESTANTS

<i>epinephrine hcl nasal soln 0.1%</i>	1	
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NEUROMUSCULAR AGENTS

ALS AGENTS

EXSERVAN MIS 50MG	3	PA
RADICAVA INJ 30MG	3	PA, QL
RADICAVA ORS SUS 105/5ML	3	PA, QL
RADICAVA ORS SUS STARTER	3	PA, QL
RELYVRIO PAK 3-1GM	3	PA, QL
<i>riluzole tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DEPOLARIZING MUSCLE RELAXANTS		
SUCCINYL CHO INJ 200/10ML	3	PA
SUCCINYLCHOL INJ 20MG/ML	3	PA
SUCCINYLCHOL INJ 100/5ML	3	PA
SUCCINYLCHOL INJ 140/7ML	3	PA
SUCCINYLCHOL INJ 200/10ML	3	PA
<i>succinylcholine chloride inj 20 mg/ml</i>	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA, QL
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ 50MG/ML	3	PA, QL
EXONDYS 51 SOL 100/2ML	3	PA, QL
EXONDYS 51 SOL 500/10ML	3	PA, QL
VILTEPSO SOL	3	PA, QL
VYONDYS 53 INJ 100/2ML	3	PA, QL
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT	3	PA
BOTOX INJ 200UNIT	3	PA
DYSPORE INJ 300UNIT	2	PA
DYSPORE INJ 500UNIT	2	PA
MYOBLOC INJ 2500/0.5	3	PA
MYOBLOC INJ 5000/ML	3	PA
MYOBLOC INJ 10000/2	3	PA
XEOMIN INJ 50 UNIT	2	PA
XEOMIN INJ 100UNIT	2	PA
XEOMIN INJ 200UNIT	2	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate iv soln 100 mg/10ml</i>	1	
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	1	
<i>cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)</i>	1	
<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	1	
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	1	
ROCURON BRO SOL 100/10ML	3	PA
ROCURON BROM INJ 50MG/5ML	3	PA
<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	1	
<i>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **240**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ROCURONIUM INJ 75/7.5ML	3	PA
VECURON BROM INJ 10/10ML	3	PA
<i>vecuronium bromide for inj 10 mg</i>	1	
<i>vecuronium bromide for inj 20 mg</i>	1	

SPINAL MUSCULAR ATROPHY AGENTS (SMA)

EVRYSDI SOL	3	PA, QL
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NUTRIENTS

CARBOHYDRATES

<i>dextrose inj 5%</i>	1	
<i>dextrose inj 10%</i>	1	
<i>dextrose inj 25%</i>	1	
<i>dextrose inj 50%</i>	1	
<i>dextrose inj 70%</i>	1	

LIPIDS

CLINOLIPID EMU 20%	3	PA
DOJOLVI LIQ 100%	3	PA
INTRALIPID INJ 20%	3	PA
NEOKE MCT70 POW	3	PA
NUTRILIPID EMU 20%	3	PA
OMEGAVEN INJ 5GM/50ML	3	PA
OMEGAVEN INJ 10/100ML	3	PA

LIPOTROPICS

LIPO INJ 50-50-25	3	PA
LIPO-C INJ	3	PA
MIC/L-CARNIT INJ	3	PA

MISC. NUTRITIONAL SUBSTANCES

ALTEMIA EMU	3	PA
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PROTEINS

AMIN/DEX/CAL SOL /HEP 3%	3	PA
AMIN/DEX/CAL SOL /HEP 4%	3	PA
AMINO ACID INJ 5%	3	PA
AMINO ACID/ SOL DEX	3	
AMINO ACIDS/ SOL DEXTROSE	3	
AMINO ACIDS/ SOL DEXTROSE	3	PA
AMINO/DEXTRO SOL CAL/HEPA	3	PA
<i>aminoam cap rms</i>	1	
AMINOPROTECT INJ 5%	3	PA
<i>aminorelief cap rms</i>	1	
<i>aminosyn ii sol 15%</i>	1	
<i>clinisol sf inj 15%</i>	1	
ELCYS INJ 50MG/ML	3	PA
GLUTATHIONE INJ 6GM/30ML	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 241
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 Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
GLUTATHIONE INJ 200MG/ML	3	PA
GLYCINE INJ 50MG/ML	3	PA
L-ARGININE INJ 200MG/ML	3	PA
L-LYSINE HCL INJ 100MG/ML	3	PA
NEOKE ALCAR POW	3	PA
<i>plenamine inj 15%</i>	1	
TAURINE INJ 50MG/ML	3	PA
TRI-AMINO INJ	3	PA

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

LACRISERT MIS 5MG OP	3	PA
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BETA-BLOCKERS - OPTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	PA
BETIMOL SOL 0.25%	3	PA
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	PA
DORZOL/TIMOL SOL 2-0.5%OP	3	PA
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
TIM/BRIM/DOR SOL	3	PA
TIM/DORZ/LAT SOL	3	PA
TIMOL/BRIM SOL DORZ/LAT	3	PA
TIMOL/LATAN SOL	3	PA
<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	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	3	PA
TIMOPTIC OCU SOL 0.25% OP	3	PA

CHOLINERGIC AGONISTS

TYRVAYA SOL 0.03MG	3	PA
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- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 242
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
CYCLOPLEGIC MYDRIATICS		
<i>altafrin sol 2.5% op</i>	1	
<i>altafrin sol 10% op</i>	1	
ATROPINE SUL DRO 0.05%	3	PA
ATROPINE SUL DRO 0.025%	3	PA
ATROPINE SUL SOL 0.01%	3	PA
<i>atropine sulfate ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
TROP-CYC-PE DRO 1-1-2.5	3	PA
TROP-PHENYL SOL 1-2.5%	3	PA
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
VUITY SOL 1.25% OP	3	PA
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ 6/0.05ML	3	PA
BEVACIZUMAB INJ 1.25MG	3	
BEVACIZUMAB INJ 1.25MG	3	PA
BEVACIZUMAB INJ 2.5/.1ML	3	PA
BEVACIZUMAB INJ 2.75/.11	3	PA
BEVACIZUMAB INJ 2/0.08ML	3	
BEVACIZUMAB INJ 3.25/.13	3	PA
BYOOVIZ INJ 0.5MG	3	PA
CIMERLI INJ 0.3MG	3	PA
CIMERLI INJ 0.5MG	3	PA
EYLEA HD INJ 8MG	3	PA
EYLEA INJ 2/0.05ML	3	PA
LUCENTIS INJ 0.3MG	3	PA
LUCENTIS INJ 0.5MG	3	PA
SUSVIMO INJ 10/0.1ML	3	PA
VABYSMO INJ 6/0.05ML	3	PA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
BRIMO/DORZO SOL 0.15-2%	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **243**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
SIMBRINZA SUS 1-0.2%	2	

OPHTHALMIC ANTI-INFECTIVES

AZASITE SOL 1%	3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
CILOXAN OIN 0.3% OP	3	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
ERYTHROMYCIN OIN 5MG/GM	3	PA
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
KLARITY-A DRO 1%	3	PA
<i>levofloxacin ophth soln 1.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
MOXIFLOXACIN INJ 0.1%	3	PA
MOXIFLOXACIN INJ 1MG/ML	3	PA
MOXIFLOXACIN SOL 0.16%	3	PA
MOXIFLOXACIN SOL 1MG/ML	3	PA
MOXIFLOXACIN SOL 5MG/ML	3	PA
<i>neo-polycin oin op</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	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
TOBRA/VANCO DRO 1.5-5%	3	PA
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **244**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
XDEMVY DRO 0.25%	3	PA
ZIRGAN GEL 0.15%	3	PA
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOL 2/0.1ML	3	PA
SYFOVRE INJ 15/0.1ML	3	PA
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	3	PA
RESTASIS EMU 0.05% OP	1	
RESTASIS MUL EMU 0.05% OP	2	
VERKAZIA EMU 0.1% OP	3	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	3	PA
ROCKLATAN DRO	3	PA
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine sol 0.5% op</i>	1	
IHEEZO GEL 3%	3	PA
LIDO-EPI INJ	3	PA
LIDO-PHENYL INJ 1-1.5%	3	PA
LIDOCAINE/PH SOL 1-1.5%	3	PA
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ 15MG	3	PA
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA/PHO SOL VISC KIT	3	PA
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
DEXTENZA MIS 0.4MG	3	PA
DEXYCU SUS 9%	3	PA
<i>difluprednate ophth emulsion 0.05%</i>	1	
DOUBLE PM SOL	3	PA
FLAREX SUS 0.1% OP	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 245
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
FML LIQUIFLM SUS 0.1% OP	3	PA
INVELTYS SUS 1%	3	PA
KLARITY-L DRO 0.2%	3	PA
KLARITY-L DRO 0.5%	3	PA
LOTEMAX GEL 0.5%	3	PA
LOTEMAX OIN 0.5%	3	PA
LOTEMAX SM GEL 0.38%	3	PA
LOTEMAX SUS 0.5%	3	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	3	PA
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin oin hc 1%op</i>	1	
<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 FORTE SUS 1% OP	3	PA
PRED MILD SUS 0.12% OP	3	PA
PRED MOXIFLO SOL 1-0.5%	3	PA
PRED MOXIFLO SUS BROMFEN	3	PA
PRED SOD PHO SOL 1% OP	3	
PRED-GAT-BRO INJ	3	PA
PRED-GATI SUS 1-0.5%	3	PA
PRED-GATIFL- SUS BROMFENA	3	PA
PRED/NEPAFEN DRO 1-0.1%	3	PA
PREDNI/MOXI/ DRO NEPAFENA	3	PA
PREDNI/MOXIF DRO 1-0.5%	3	PA
PREDNIS/BROM SUS 1-0.075%	3	PA
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SOL MOX-BROM	3	PA
PRENIS-BROMF SOL 1-0.075%	3	PA
<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	3	PA
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
TRIMOXI+ INJ	3	PA
TRIPLE PMB SOL	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
TRIPLE PMK SOL	3	PA
XIPERE SUS 40MG/ML	3	PA
YUTIQ IMP 0.18MG	3	PA
ZYLET SUS 0.5-0.3%	3	PA

OPHTHALMIC SURGICAL AIDS

TOTALVISC INJ 1%-2.5%	3	PA
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OPHTHALMICS - MISC.

ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	3	PA
<i>ak-fluor inj 10% op</i>	1	
<i>altafluor-be sol 0.25-0.4</i>	1	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
BEPREVE DRO 1.5%	3	PA
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
BROMSITE DRO 0.075%	3	PA
CHONDROITIN SOL	3	PA
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTADROPS SOL 0.37%	3	PA, QL
CYSTARAN SOL 0.44%	3	PA, QL
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>fluorescein sodium iv soln 10%</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</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	
MIEBO DRO 1.3GM/ML	3	PA
NEVANAC SUS 0.1% OP	3	PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **247**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
PROLENSA SOL 0.07%	2	
UPNEEQ SOL 0.1%	3	PA
ZERVIAE DRO 0.24%	3	PA

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	1	PA
DURYSTA IMP 10MCG	3	PA
IDOSE TR IMP 75MCG	3	
IYUZEH DRO 0.005%	3	PA
<i>latanoprost ophth soln 0.005%</i>	1	
LATANOPROST SOL 0.005%	3	PA
LUMIGAN SOL 0.01%	3	PA
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
TRAVATAN Z DRO 0.004%	3	PA
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
VYZULTA SOL 0.024%	3	PA
XELPROS EMU 0.005%	3	PA

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	1	
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OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

OTIC COMBINATIONS

CIPRO HC SUS OTIC	3	PA
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</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	
OTOVEL DRO	3	PA
PRAMOTIC DRO 1-0.1%	3	PA

OTIC STEROIDS

<i>flac oil 0.01%</i>	1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
HC/ACET ACID SOL OTIC	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	

OXYTOCICS

ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING

CARBOPRO TRO INJ 250MCG	3	
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- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **248**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>carboprost tromethamine im soln 250 mcg/ml</i>	1	
MPM PAK MIS	3	PA

OXYTOCICS

<i>methergine tab 0.2mg</i>	1	
<i>methylergonovine maleate inj 0.2 mg/ml</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	
<i>oxytocin inj 10 unit/ml</i>	1	
OXYTOCIN/LAC INJ 20/1000	3	PA
OXYTOCIN/LAC INJ 30/500ML	3	PA
OXYTOCIN/LR INJ 15/250ML	3	PA
OXYTOCN/NACL INJ 15/250ML	3	PA
OXYTOCN/NACL INJ 30/500ML	3	PA
OXYTOCN/NACL SOL 20/1000	3	PA
PITOCIN INJ 10UNT/ML	3	

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

ASCENIV INJ 10%	3	PA
BIVIGAM INJ 10%	3	PA
CNJ-016 INJ	3	PA
CUTAQUIG SOL 1.65GM	2	PA
CUTAQUIG SOL 1GM	2	PA
CUTAQUIG SOL 2GM	2	PA
CUTAQUIG SOL 3.3GM	2	PA
CUTAQUIG SOL 4GM	2	PA
CUTAQUIG SOL 8GM	2	PA
CUVITRU INJ 2GM/10ML	3	PA
CUVITRU INJ 4GM/20ML	3	PA
CUVITRU INJ 8GM/40ML	3	PA
CUVITRU INJ 10/50ML	3	PA
CUVITRU SOL 1GM/5ML	3	PA
FLEBOGAMMA INJ 10/200ML	3	PA
FLEBOGAMMA INJ 20/400ML	3	PA
FLEBOGAMMA INJ DIF 5%	3	PA
GAMASTAN INJ	3	PA
GAMMAGARD INJ 1GM/10ML	3	PA
GAMMAGARD INJ 2.5GM/25	3	PA
GAMMAGARD INJ 5GM/50ML	3	PA
GAMMAGARD INJ 10GM/100	3	PA
GAMMAGARD INJ 20GM/200	3	PA
GAMMAGARD INJ 30GM/300	3	PA
GAMMAGARD SD INJ 5GM HU	3	PA
GAMMAGARD SD INJ 10GM HU	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **249**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJ 1GM/10ML	3	PA
GAMMAKED INJ 5GM/50ML	3	PA
GAMMAKED INJ 10GM/100	3	PA
GAMMAKED INJ 20GM/200	3	PA
GAMMAPLEX INJ 5%	3	PA
GAMMAPLEX INJ 10%	3	PA
GAMUNEX-C INJ 1GM/10ML	3	PA
GAMUNEX-C INJ 2.5GM/25	3	PA
GAMUNEX-C INJ 5GM/50ML	3	PA
GAMUNEX-C INJ 10GM/100	3	PA
GAMUNEX-C INJ 20GM/200	3	PA
GAMUNEX-C INJ 40/400ML	3	PA
HIZENTRA INJ 1GM/5ML	3	PA
HIZENTRA INJ 2GM/10ML	3	PA
HIZENTRA INJ 4GM/20ML	3	PA
HIZENTRA INJ 10/50ML	3	PA
HIZENTRA SOL 20%	3	PA
HYPERRAB INJ 900UNIT	3	PA
OCTAGAM INJ 1GM	3	PA
OCTAGAM INJ 1GM/20ML	3	PA
OCTAGAM INJ 2.5GM	3	PA
OCTAGAM INJ 2GM/20ML	3	PA
OCTAGAM INJ 5GM	3	PA
OCTAGAM INJ 5GM/50ML	3	PA
OCTAGAM INJ 10/100ML	3	PA
OCTAGAM INJ 10GM	3	PA
OCTAGAM INJ 20/200ML	3	PA
OCTAGAM INJ 30/300ML	3	PA
PANZYGA SOL 1GM/10ML	3	PA
PANZYGA SOL 2.5/25ML	3	PA
PANZYGA SOL 5GM/50ML	3	PA
PANZYGA SOL 10/100ML	3	PA
PANZYGA SOL 20/200ML	3	PA
PANZYGA SOL 30/300ML	3	PA
PRIVIGEN INJ 5 GRAMS	3	PA
PRIVIGEN INJ 10GRAMS	3	PA
PRIVIGEN INJ 20GRAMS	3	PA
PRIVIGEN INJ 40GRAMS	3	PA
WINRHO SDF INJ 2500UNIT	3	
XEMBIFY INJ 1GM/5ML	3	PA
XEMBIFY INJ 2GM/10ML	3	PA
XEMBIFY INJ 4GM/20ML	3	PA
XEMBIFY INJ 10G/50ML	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 250
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50/0.5ML	3	PA
SYNAGIS INJ 100MG/ML	3	PA
ZINPLAVA SOL 25MG/ML	3	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	3	PA
HYQVIA INJ 5-400	3	PA
HYQVIA INJ 10-800	3	PA
HYQVIA INJ 20-1600	3	PA
HYQVIA INJ 30-2400	3	PA
PENICILLINS		
AMINOPENICILLINS		
<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	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 1 gm</i>	1	
<i>ampicillin sodium for iv soln 2 gm</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
NATURAL PENICILLINS		
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<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	
<i>pfizerpen inj 5mu</i>	1	
<i>pfizerpen inj 20mu</i>	1	
<i>pfizerpen inj 20000000</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 251
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN COMBINATIONS		
<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>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **252**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium for inj 2 gm</i>	1	
<i>nafcillin sodium for iv soln 10 gm</i>	1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	1	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	1	

PHARMACEUTICAL ADJUVANTS

LIQUID VEHICLES

<i>bacteriostatic sodium chloride inj soln 0.9%</i>	1	
<i>glycine diluent for injection</i>	1	
TRICHOSOL SOL	3	PA
<i>water for injection</i>	1	

SEMI SOLID VEHICLES

<i>vaseline gel</i>	1	
<i>white petrolatum topical gel</i>	1	

PROGESTINS

PROGESTINS

EC-RX PROGES CRE 10%	3	PA
EC-RX PROGES CRE 20%	3	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PROMETRIUM CAP 100MG	3	PA
PROMETRIUM CAP 200MG	3	PA
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
LUCEMYRA TAB 0.18MG	3	PA

ANTI-CATAPLECTIC AGENTS

LUMRYZ PAK 6GM	2	PA, QL
LUMRYZ PAK 7.5GM	2	PA, QL

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **253**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
LUMRYZ PAK 9GM	2	PA, QL
LUMRYZ PKG 4.5GM	2	PA, QL
SOD OXYBATE SOL 500MG/ML	3	PA, QL
XYREM SOL 500MG/ML	3	PA, QL
XYWAV SOL 0.5GM/ML	2	PA, QL

ANTIDEMENTIA AGENTS

ADLARITY DIS 5MG/DAY	3	PA
ADLARITY DIS 10MG/DAY	3	PA
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 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 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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Drug Name	Drug Tier	Requirements/Limits
<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	

COMBINATION PSYCHOTHERAPEUTICS

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
LYBALVI TAB 5-10MG	3	PA
LYBALVI TAB 10-10MG	3	PA
LYBALVI TAB 15-10MG	3	PA
LYBALVI TAB 20-10MG	3	PA
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<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	

HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS

ADDYI TAB 100MG	3	PA
VYLEESI INJ 1.75/0.3	3	PA

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TAB 6MG	2	PA, QL
AUSTEDO TAB 9MG	2	PA, QL
AUSTEDO TAB 12MG	2	PA, QL
AUSTEDO XR TAB 6MG	2	PA, QL
AUSTEDO XR TAB 12MG	2	PA, QL
AUSTEDO XR TAB 24MG	2	PA, QL
AUSTEDO XR TAB TITR KIT	2	PA, QL
INGREZZA CAP 40-80MG	2	PA, QL
INGREZZA CAP 40MG	2	PA, QL
INGREZZA CAP 60MG	2	PA, QL
INGREZZA CAP 80MG	2	PA, QL
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tab 25 mg</i>	1	PA, QL
XENAZINE TAB 12.5MG	3	PA, QL
XENAZINE TAB 25MG	3	PA, QL

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	3	PA, QL
AUBAGIO TAB 7MG	3	PA, QL
AUBAGIO TAB 14MG	3	PA, QL
AVONEX PEN KIT 30MCG	2	PA, QL
AVONEX PREFL KIT 30MCG	2	PA, QL
BAFIERTAM CAP 95MG	3	PA, QL
BETASERON INJ 0.3MG	2	PA, QL
BRIUMVI INJ 150/6ML	3	PA, QL
COPAXONE INJ 20MG/ML	3	PA, QL
COPAXONE INJ 40MG/ML	2	PA, QL
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL
EXTAVIA INJ 0.3MG	3	PA, QL
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL
GILENYA CAP 0.5MG	3	PA, QL
GILENYA CAP 0.25MG	3	PA, QL
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL
<i>glatopa inj 20mg/ml</i>	1	PA, QL
<i>glatopa inj 40mg/ml</i>	1	PA, QL
KESIMPTA INJ 20/.4ML	2	PA, QL
LEMTRADA INJ 12/1.2ML	3	PA, QL
MAVENCLAD PAK 10MG(4)	3	PA, QL
MAVENCLAD PAK 10MG(5)	3	PA, QL
MAVENCLAD PAK 10MG(6)	3	PA, QL
MAVENCLAD PAK 10MG(7)	3	PA, QL
MAVENCLAD PAK 10MG(8)	3	PA, QL
MAVENCLAD PAK 10MG(9)	3	PA, QL
MAVENCLAD PAK 10MG(10)	3	PA, QL
MAYZENT PAK STARTER	2	PA, QL
MAYZENT TAB 0.25MG	2	PA, QL
MAYZENT TAB 1MG	2	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT TAB 2MG	2	PA, QL
OCREVUS INJ 300/10ML	2	PA, QL
PLEGRIDY INJ	3	PA, QL
PLEGRIDY INJ PEN	3	PA, QL
PLEGRIDY INJ STARTER	3	PA, QL
PLEGRIDY PEN INJ STARTER	3	PA, QL
PONVORY TAB 20MG	3	PA, QL
PONVORY TAB STARTER	3	PA, QL
REBIF INJ 22/0.5	2	PA, QL
REBIF INJ 44/0.5	2	PA, QL
REBIF REBIDO INJ 22/0.5	2	PA, QL
REBIF REBIDO INJ 44/0.5	2	PA, QL
REBIF REBIDO INJ TITRATN	2	PA, QL
REBIF TITRTN INJ PACK	2	PA, QL
TASCENSO ODT TAB 0.5MG	3	PA, QL
TASCENSO ODT TAB 0.25MG	3	PA, QL
TECFIDERA CAP 120MG	3	PA, QL
TECFIDERA CAP 240MG	3	PA, QL
TECFIDERA CAP STARTER	3	PA, QL
<i>teriflunomide tab 7 mg</i>	1	PA, QL
<i>teriflunomide tab 14 mg</i>	1	PA, QL
TYSABRI INJ 300/15ML	2	PA, QL
VUMERITY CAP 231MG	2	PA, QL
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL
ZEPOSIA CAP .92MG	2	PA, QL
ZEPOSIA CAP STR KIT	2	PA, QL

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

CONVENIENCE PAK	3	PA
<i>gabapentin (once-daily) tab 300 mg</i>	1	
<i>gabapentin (once-daily) tab 600 mg</i>	1	
GRALISE TAB 300MG	2	
GRALISE TAB 450MG	2	
GRALISE TAB 600MG	2	
GRALISE TAB 750MG	2	
GRALISE TAB 900MG	2	
LYRICA CR TAB 82.5MG	3	PA
LYRICA CR TAB 165MG	3	PA
LYRICA CR TAB 330MG	3	PA
<i>pregabalin tab er 24hr 82.5 mg</i>	1	
<i>pregabalin tab er 24hr 165 mg</i>	1	
<i>pregabalin tab er 24hr 330 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP 20-10MG	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	3	PA
HORIZANT TAB 600MG ER	3	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	ACA
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	ACA
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	ACA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	ACA
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOL 25/0.5ML	3	PA, QL
ONPATTRO SOL 10MG/5ML	3	PA, QL
TEGSEDI INJ 284/1.5	2	PA, QL
WAINUA INJ 45/0.8ML	3	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ 500MG	3	PA
ARALAST NP INJ 1000MG	3	PA
GLASSIA INJ	3	PA
PROLASTIN-C INJ 1000MG	2	PA
ZEMAIRA INJ 1000MG	3	PA
ZEMAIRA INJ 4000MG	2	PA
ZEMAIRA INJ 5000MG	2	PA
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP 40MG	3	PA, QL
BRONCHITOL CAP TOL TEST	3	PA, QL
KALYDECO GRA 5.8MG	3	PA, QL
KALYDECO GRA 13.4MG	3	PA, QL
KALYDECO PAK 25MG	3	PA, QL
KALYDECO PAK 50MG	3	PA, QL
KALYDECO PAK 75MG	3	PA, QL
KALYDECO TAB 150MG	3	PA, QL
ORKAMBI GRA 75-94MG	3	PA, QL
ORKAMBI GRA 100-125	3	PA, QL
ORKAMBI GRA 150-188	3	PA, QL

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	3	PA, QL
ORKAMBI TAB 200-125	3	PA, QL
PULMOZYME SOL 1MG/ML	3	PA, QL
SYMDEKO TAB 50-75MG	3	PA, QL
SYMDEKO TAB 100-150	3	PA, QL
TRIKAFTA PAK 59.5MG	3	PA, QL
TRIKAFTA PAK 75MG	3	PA, QL
TRIKAFTA TAB	3	PA, QL

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG	3	PA, QL
ESBRIET TAB 267MG	3	PA, QL
ESBRIET TAB 801MG	3	PA, QL
OFEV CAP 100MG	2	PA, QL
OFEV CAP 150MG	2	PA, QL
<i>pirfenidone cap 267 mg</i>	1	PA, QL
<i>pirfenidone tab 267 mg</i>	1	PA, QL
<i>pirfenidone tab 801 mg</i>	1	PA, QL

TETRACYCLINES

GLYCYLCYCLINES

<i>tigecycline for iv soln 50 mg</i>	1	
TIGECYCLINE INJ 50MG	3	PA
TYGACIL INJ 50MG	3	PA

TETRACYCLINES

<i>avidoxy tab 100mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
DORYX MPC TAB 60MG	3	PA
DORYX MPC TAB 120MG	3	PA
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 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	
<i>minocycline hcl cap 50 mg</i>	1	

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 Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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	
MINOLIRA TAB 105MG	3	PA
MINOLIRA TAB 135MG	3	PA
<i>mondoxyne nl cap 100mg</i>	1	
SEYSARA TAB 60MG	3	PA
SEYSARA TAB 100MG	3	PA
SEYSARA TAB 150MG	3	PA
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
TETRACYCLINE TAB 250MG	3	
TETRACYCLINE TAB 500MG	3	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
XIMINO CAP 45MG ER	3	PA
XIMINO CAP 90MG ER	3	PA
XIMINO CAP 135MG ER	3	PA

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	
SODIUM IODID SOL I-131	3	PA

THYROID HORMONES

ADTHYZA TAB 15MG	3	
ADTHYZA TAB 16.25MG	3	PA
ADTHYZA TAB 30MG	3	
ADTHYZA TAB 32.5MG	3	PA
ADTHYZA TAB 60MG	3	
ADTHYZA TAB 65MG	3	PA
ADTHYZA TAB 90MG	3	
ADTHYZA TAB 97.5MG	3	PA
ADTHYZA TAB 120MG	3	
ADTHYZA TAB 130MG	3	PA
CYTOMEL TAB 5MCG	3	PA
CYTOMEL TAB 25MCG	3	PA
CYTOMEL TAB 50MCG	3	PA
ERMEZA SOL 150/5ML	3	PA
<i>euthyrox tab 25mcg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **260**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>euthyrox tab 50mcg</i>	1	
<i>euthyrox tab 75mcg</i>	1	
<i>euthyrox tab 88mcg</i>	1	
<i>euthyrox tab 100mcg</i>	1	
<i>euthyrox tab 112mcg</i>	1	
<i>euthyrox tab 125mcg</i>	1	
<i>euthyrox tab 137mcg</i>	1	
<i>euthyrox tab 150mcg</i>	1	
<i>euthyrox tab 175mcg</i>	1	
<i>euthyrox tab 200mcg</i>	1	
<i>levo-t tab 25mcg</i>	1	
<i>levo-t tab 50mcg</i>	1	
<i>levo-t tab 75mcg</i>	1	
<i>levo-t tab 88mcg</i>	1	
<i>levo-t tab 100mcg</i>	1	
<i>levo-t tab 112mcg</i>	1	
<i>levo-t tab 125mcg</i>	1	
<i>levo-t tab 137mcg</i>	1	
<i>levo-t tab 150mcg</i>	1	
<i>levo-t tab 175mcg</i>	1	
<i>levo-t tab 200mcg</i>	1	
<i>levo-t tab 300 mcg</i>	1	
LEVOTHYROXIN INJ 100/5ML	3	PA
LEVOTHYROXIN INJ 100MCG	3	PA
LEVOTHYROXIN INJ 200/5ML	3	PA
LEVOTHYROXIN INJ 500/5ML	3	PA
<i>levothyroxine sodium for iv inj 100 mcg</i>	1	
<i>levothyroxine sodium for iv inj 200 mcg</i>	1	
<i>levothyroxine sodium for iv inj 500 mcg</i>	1	
<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	
<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>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **261**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium iv soln 10 mcg/ml</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	
NIVA THYROID TAB 15MG	3	PA
NIVA THYROID TAB 30MG	3	PA
NIVA THYROID TAB 60MG	3	PA
NIVA THYROID TAB 90MG	3	PA
NIVA THYROID TAB 120MG	3	PA
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	
THYQUIDITY SOL 100MCG	3	PA
TIROSINT CAP 13MCG	3	PA
TIROSINT CAP 25MCG	3	PA
TIROSINT CAP 37.5MCG	3	PA
TIROSINT CAP 44MCG	3	PA
TIROSINT CAP 50MCG	3	PA
TIROSINT CAP 62.5MCG	3	PA
TIROSINT CAP 75MCG	3	PA
TIROSINT CAP 88MCG	3	PA
TIROSINT CAP 100MCG	3	PA
TIROSINT CAP 112MCG	3	PA
TIROSINT CAP 125MCG	3	PA
TIROSINT CAP 137MCG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 150MCG	3	PA
TIROSINT CAP 175MCG	3	PA
TIROSINT CAP 200	3	PA
TIROSINT-SOL SOL 13MCG/ML	3	PA
TIROSINT-SOL SOL 25MCG/ML	3	PA
TIROSINT-SOL SOL 37.5/ML	3	PA
TIROSINT-SOL SOL 44MCG/ML	3	PA
TIROSINT-SOL SOL 50MCG/ML	3	PA
TIROSINT-SOL SOL 62.5/ML	3	PA
TIROSINT-SOL SOL 75MCG/ML	3	PA
TIROSINT-SOL SOL 88MCG/ML	3	PA
TIROSINT-SOL SOL 100MCG	3	PA
TIROSINT-SOL SOL 112MCG	3	PA
TIROSINT-SOL SOL 125MCG	3	PA
TIROSINT-SOL SOL 137MCG	3	PA
TIROSINT-SOL SOL 150MCG	3	PA
TIROSINT-SOL SOL 175MCG	3	PA
TIROSINT-SOL SOL 200MCG	3	PA
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 137mcg</i>	1	
<i>unithroid tab 150mcg</i>	1	
<i>unithroid tab 175mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ATROPINE SUL INJ 0.1MG/ML	3	PA
ATROPINE SUL INJ 0.4MG/ML	3	PA
ATROPINE SUL INJ 0.8/2ML	3	PA
ATROPINE SUL INJ 0.05MG/1	3	PA
ATROPINE SUL INJ 1.2/3ML	3	PA
ATROPINE SUL INJ 1/2.5ML	3	PA
ATROPINE SUL INJ 1MG/ML	3	PA
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	1	
<i>atropine sulfate iv soln 0.4 mg/ml</i>	1	
<i>atropine sulfate iv soln 1 mg/ml</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	1	
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	1	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl inj 10 mg/ml</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
GLYCATE TAB 1.5MG	3	PA
GLYCOPYRROLA INJ 0.6/3ML	3	PA
GLYCOPYRROLA INJ 1MG/5ML	3	PA
GLYCOPYRROLA TAB 1.5MG	3	PA
<i>glycopyrrolate inj 0.2 mg/ml</i>	1	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
GLYRX-PF INJ 1MG/5ML	3	PA
GLYRX-PF INJ .6MG/3ML	3	PA
GLYRX-PF SOL 0.2MG/ML	3	PA
GLYRX-PF SOL 0.4/2	3	PA
<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	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
LIBRAX CAP 5-2.5MG	3	PA
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **264**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<i>oscimin tab 0.125mg</i>	1	
ROBINUL FORT TAB 2MG	3	PA
ROBINUL TAB 1MG	3	PA

H-2 ANTAGONISTS

<i>cimetidine tab 200 mg</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 in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<i>famotidine preservative free inj 20 mg/2ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	

MISC. ANTI-ULCER

CARAFATE SUS 1GM/10ML	3	PA
CARAFATE TAB 1GM	3	PA
<i>sucralfate tab 1 gm</i>	1	

PROTON PUMP INHIBITORS

ACIPHEX TAB 20MG	3	PA
DEXILANT CAP 30MG DR	3	PA
DEXILANT CAP 60MG DR	3	PA
<i>dexlansoprazole cap delayed release 30 mg</i>	1	PA
<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>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	
FIRST PANTPR SUS 4MG/ML	3	PA
FIRST-OMEPRA SUS 2MG/ML	3	
<i>lansoprazole cap delayed release 15 mg</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 265
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
<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>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	
PREVACID CAP 30MG DR	3	PA
PREVACID TAB 15MG STB	3	PA
PREVACID TAB 30MG STB	3	PA
PRILOSEC POW 2.5MG	3	PA
PRILOSEC POW 10MG	3	PA
PROTONIX PAK 40MG	3	PA
PROTONIX TAB 20MG	3	PA
PROTONIX TAB 40MG	3	PA
<i>rabeprazole sodium ec tab 20 mg</i>	1	
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
HELIDAC MIS THERAPY	3	PA
KONVOMEPSUS 2-84/ML	3	PA
PYLERA CAP	3	
TALICIA CAP	2	
ZEGERID CAP 20-1100	3	PA
ZEGERID CAP 40-1100	3	PA
ZEGERID POW 20-1680	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 266
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ZEGERID POW 40-1680	3	PA

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<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	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>oxybutynin chloride solution 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>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	3	PA
TOVIAZ TAB 8MG	3	PA
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TAB 75MG	2	
MYRBETRIQ SUS 8MG/ML	3	PA
MYRBETRIQ TAB 25MG	3	PA
MYRBETRIQ TAB 50MG	3	PA

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<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	

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	1	
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- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 267

Drug Name	Drug Tier	Requirements/Limits
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG	3	PA
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3 sup 200mg</i>	1	
NUVESSA GEL 1.3%	3	PA
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VANDAZOLE GEL 0.75%	3	PA
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
ESTRING MIS 7.5/24HR	3	PA
FEMRING MIS 0.1MG/24	3	PA
FEMRING MIS 0.05/24H	3	PA
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	3	PA
VAGIFEM TAB 10MCG	1	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	PA
ADRENALIN INJ 30/30ML	3	PA
AUVI-Q INJ 0.1MG	2	
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
EPINEPHR PRO KIT 1MG/ML	3	PA
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
EPINEPHRINE KIT SNAP-EMS	3	PA
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 268

Drug Name	Drug Tier	Requirements/Limits
<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	
EPINPHEPHRIN KIT SNAP	3	PA
EPINPHEPHRIN KIT SNAP-V	3	PA
EPIPEN 2-PAK INJ 0.3MG	3	PA
EPIPEN-JR INJ 0.15MG	3	PA

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa cap 100 mg</i>	1	PA, QL
<i>droxidopa cap 200 mg</i>	1	PA, QL
<i>droxidopa cap 300 mg</i>	1	PA, QL
NORTHERA CAP 100MG	3	PA, QL
NORTHERA CAP 200MG	3	PA, QL
NORTHERA CAP 300MG	3	PA, QL

VASOPRESSORS

AKOVAZ INJ 25MG/5ML	3	PA
AKOVAZ SOL 50MG/ML	3	PA
BIORPHEN INJ	3	PA
EMERPHED INJ 25MG/5ML	3	PA
EMERPHED INJ 50/10ML	3	PA
EMERPHED SOL 5MG/ML	3	PA
EPHEDRI/NAACL INJ 50/10ML	3	PA
EPHEDRI/NAACL INJ 50MG/5ML	3	PA
EPHEDRI/NAACL SOL 10MG/ML	3	PA
EPHEDRI/NAACL SOL 25MG/5ML	3	PA
EPHEDRI/NAACL SOL 100/10ML	3	PA
EPHEDRIN SUL INJ 25MG/5ML	3	PA
EPHEDRINE INJ 25MG/5ML	3	PA
EPHEDRINE INJ 50/10ML	3	PA
EPHEDRINE INJ 50MG/5ML	3	PA
EPHEDRINE SU SOL 5MG/ML	3	PA
<i>ephedrine sulfate iv soln 50 mg/ml</i>	1	
EPINEPH/NAACL INJ 1MG/10ML	3	PA
EPINEPH/NAACL SOL 1MG/10ML	3	PA
EPINEPH/NAACL SOL 2/250ML	3	PA
EPINEPH/NAACL SOL 4/250ML	3	PA
EPINEPH/NAACL SOL 5/250ML	3	PA
EPINEPH/NAACL SOL 8/250ML	3	PA
EPINEPHR/D5W INJ 100/10ML	3	PA
EPINEPHR/D5W SOL 2/250-5%	3	PA
EPINEPHR/D5W SOL 4/250ML	3	PA
EPINEPHRINE INJ 1MG/ML	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 269
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE SOL 4/250ML	3	PA
EPINEPHRINE SOL 5/250ML	3	PA
EPINEPHRINE SOL 8MG/250	3	PA
GIAPREZA INJ 0.5MG/ML	3	PA
GIAPREZA INJ 2.5MG	3	PA
<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	
NOREPIN/D5W INJ 4/250ML	3	PA
NOREPIN/D5W INJ 8/250ML	3	PA
NOREPIN/D5W INJ 16/250ML	3	PA
NOREPIN/NACL INJ 4/250ML	3	PA
NOREPIN/NACL INJ 8/250ML	3	PA
NOREPIN/NACL INJ 16/250ML	3	PA
NOREPINE/D5W INJ 4/250ML	3	PA
NOREPINEPHRI INJ DEXTROSE	3	PA
NOREPINEPHRI SOL NACL	3	PA
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	1	
PHENYL/NACL INJ 0.4/10ML	3	PA
PHENYL/NACL INJ 0.5/5ML	3	PA
PHENYL/NACL INJ 0.8/10ML	3	PA
PHENYL/NACL INJ 1MG/10ML	3	PA
PHENYL/NACL INJ 5MG/50ML	3	PA
PHENYL/NACL INJ 10/250ML	3	PA
PHENYL/NACL INJ 20/50ML	3	PA
PHENYL/NACL INJ 20/250ML	3	PA
PHENYL/NACL INJ 25/200ML	3	PA
PHENYL/NACL INJ 25/250ML	3	PA
PHENYL/NACL INJ 40/250ML	3	PA
PHENYL/NACL INJ 50/250ML	3	PA
PHENYL/NACL INJ 80/250ML	3	PA
PHENYL/NACL SOL 0.8/10ML	3	PA
PHENYLE/NACL INJ 100/10ML	3	PA
PHENYLEPHRIN INJ 0.4/10ML	3	PA
PHENYLEPHRIN INJ 0.5/5ML	3	PA
PHENYLEPHRIN INJ SODIUM	3	PA
PHENYLEPHRIN SOL NACL	3	PA
<i>phenylephrine hcl iv soln 10 mg/ml</i>	1	
REZIPRES INJ	3	

VITAMINS

WATER SOLUBLE VITAMINS

ASCOR SOL 25000MG	3	PA
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- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **270**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Drug Name	Drug Tier	Requirements/Limits
ASCORBIC ACD INJ 500MG/ML	3	PA
ASCORBIC ACI SOL 500MG/ML	3	PA
PYRIDOXAL-5- INJ PHOSPHAT	3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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<i>adenosine iv soln 12 mg/4ml</i>	59	ADYNOVATE INJ 250UNIT	199
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ADRENALIN INJ 1MG/ML.....	268	ADZENYS XR TAB 3.1MG	26
ADRENALIN INJ 30/30ML	268	ADZENYS XR TAB 6.3MG	26
<i>adriamycin inj 50mg</i>	112	ADZENYS XR TAB 9.4MG	26
ADTHYZA TAB 120MG	260	AFINITOR DIS TAB 2MG	113
ADTHYZA TAB 130MG	260	AFINITOR DIS TAB 3MG	113
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ADTHYZA TAB 16.25MG.....	260	AFINITOR TAB 10MG	113
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ADVAIR HFA AER 45/21.....	63	AFSTYLA KIT 1500UNIT	199
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ADVANCE TES MICRO-DW	175	AFSTYLA KIT 250UNIT	199
ADVATE INJ 1000UNIT.....	199	AFSTYLA KIT 3000UNIT.....	199
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AIRDUO DGHLR INH 232-14.....	63	183
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AIRDUO RESPI INH 232-14	63	<i>alendronate sodium tab 5 mg</i>	183
AIRDUO RESPI INH 55-14	63	<i>alendronate sodium tab 70 mg</i>	183
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AKLIEF CRE 0.005%	155	ALIMTA INJ 100MG	105
AKOVAZ INJ 25MG/5ML.....	269	ALIMTA INJ 500MG.....	105
AKOVAZ SOL 50MG/ML.....	269	ALIQOPA INJ 60MG.....	113
<i>ala-cort cre 1%</i>	162	<i>aliskiren fumarate tab 150 mg (base</i>	
ALADERM PLUS EMU	168	<i>equivalent)</i>	102
ALA-SCALP LOT 2%	162	<i>aliskiren fumarate tab 300 mg (base</i>	
<i>albendazole tab 200 mg</i>	53	<i>equivalent)</i>	102
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<i>mg/3ml)</i>	63	ALLEVYN AG PAD 2	171
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>		ALLEVYN AG PAD 3.....	171
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<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>		ALLEVYN AG PAD 5.....	171
<i>(base equiv)</i>	63	ALLEVYN AG PAD 6.....	171
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>		ALLEVYN AG PAD 7	171
<i>(base equiv)</i>	63	ALLEVYN GENT PAD 4	171
<i>albuterol sulfate syrup 2 mg/5ml</i>	63	ALLEVYN GENT PAD 8	171
<i>albuterol sulfate tab 2 mg</i>	63	<i>allopurinol sodium for inj 500 mg</i>	199
<i>albuterol sulfate tab 4 mg</i>	63	<i>allopurinol tab 100 mg</i>	199
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.....	162	<i>allopurinol tab 300 mg</i>	199
<i>alclometasone dipropionate oint 0.05%</i> .	162	ALLZITAL TAB 25-325MG	41
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ALDACTONE TAB 25MG	182	<i>almotriptan malate tab 6.25 mg</i>	227
ALDACTONE TAB 50MG	182	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	195
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ALPHANATE INJ 1500UNIT	200	ALTOPREV TAB 60MG ER	93
ALPHANATE INJ 2000UNIT	200	ALTRENO LOT 0.05%	155
ALPHANATE INJ 250 UNIT	199	ALTUVIIIIO INJ 1000UNIT	200
ALPHANATE INJ 500 UNIT	199	ALTUVIIIIO INJ 2000UNIT	200
ALPHANINE SD INJ 1000UNIT	200	ALTUVIIIIO INJ 250UNIT	200
ALPHANINE SD INJ 1500UNIT	200	ALTUVIIIIO INJ 250 UNIT	200
ALPHANINE SD INJ 500UNIT	200	ALTUVIIIIO INJ 3000UNIT	200
<i>alprazolam orally disintegrating tab 0.25</i>		ALTUVIIIIO INJ 4000UNIT	200
<i>mg</i>	58	ALTUVIIIIO INJ 500UNIT	200
<i>alprazolam orally disintegrating tab 0.5 mg</i>		ALUNBRIG PAK.....	113
.....	58	ALUNBRIG TAB 180MG	113
<i>alprazolam orally disintegrating tab 1 mg</i>	58	ALUNBRIG TAB 30MG	113
<i>alprazolam orally disintegrating tab 2 mg</i>	58	ALUNBRIG TAB 90MG	113
<i>alprazolam tab 0.25 mg</i>	58	ALVAIZ TAB 18MG	205
<i>alprazolam tab 0.5 mg</i>	58	ALVAIZ TAB 36MG	206
<i>alprazolam tab 0.5mg xr</i>	58	ALVAIZ TAB 54MG	206
<i>alprazolam tab 1 mg</i>	58	ALVAIZ TAB 9MG.....	205
<i>alprazolam tab 1mg xr</i>	58	ALVESCO AER 160MCG	62
<i>alprazolam tab 2 mg</i>	58	ALVESCO AER 80MCG	62
<i>alprazolam tab 2mg xr</i>	58	<i>alvimopan cap 12 mg</i>	195
<i>alprazolam tab 3mg xr</i>	58	<i>alyacen tab 1/35</i>	145
<i>alprazolam tab er 24hr 0.5 mg</i>	58	<i>alyacen tab 7/7/7</i>	145
<i>alprazolam tab er 24hr 1 mg</i>	58	ALYMSYS SOL 100/4ML	107
<i>alprazolam tab er 24hr 2 mg</i>	58	ALYMSYS SOL 400/16ML.....	107
<i>alprazolam tab er 24hr 3 mg</i>	58	<i>alyq tab 20mg</i>	142
ALPROLIX INJ 1000UNIT	200	<i>amabelz tab 0.5-0.1</i>	190
ALPROLIX INJ 2000UNIT	200	<i>amantadine hcl cap 100 mg</i>	120
ALPROLIX INJ 250UNIT	200	<i>amantadine hcl soln 50 mg/5ml</i>	120
ALPROLIX INJ 3000UNIT	200	<i>amantadine hcl tab 100 mg</i>	120
ALPROLIX INJ 4000UNIT.....	200	AMBIEN CR TAB 12.5MG	209
ALPROLIX INJ 500UNIT	200	AMBIEN CR TAB 6.25MG	209
ALREX SUS 0.2%	245	AMBIEN TAB 10MG	209
<i>altacaine sol 0.5% op</i>	245	AMBIEN TAB 5MG	209
ALTACE CAP 1.25MG	95	<i>ambrisentan tab 10 mg</i>	142
ALTACE CAP 10MG	95	<i>ambrisentan tab 5 mg</i>	142
ALTACE CAP 2.5MG	95	<i>amcinonide oint 0.1%</i>	162
ALTACE CAP 5MG	95	AMELUZ GEL 10%	160
<i>altafluor-be sol 0.25-0.4</i>	247	AMERICAN ELM INJ 1:20	174
<i>altafrin sol 10% op</i>	243	AMERICAN ELM SOL	32
<i>altafrin sol 2.5% op</i>	243	AMERICAN SOL BEECH	32
<i>altavera tab</i>	145	AMERICAN SOL COCKROAC	32
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ALTOPREV TAB 20MG ER	93	<i>amethyst tab 90-20mcg</i>	145

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	AMJEVITA INJ 80/0.8ML	36
.....	AMLADEX TAB	234
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	140
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	140
.....	<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	140
<i>amiloride hcl tab 5 mg</i>	<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	140
AMIN/DEX/CAL SOL /HEP 3%	<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	139
AMIN/DEX/CAL SOL /HEP 4%	<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	139
AMINO/DEXTRO SOL CAL/HEPA.....	<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	140
AMINO ACID/ SOL DEX.....	<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	140
AMINO ACID INJ 5%.....	<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	140
AMINO ACIDS/ SOL DEXTROSE	<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	140
<i>aminoam cap rms</i>	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	140
<i>aminocaproic acid inj 250 mg/ml</i>	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	98
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	98
<i>aminocaproic acid tab 1000 mg</i>	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	98
<i>aminocaproic acid tab 500 mg</i>	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	98
<i>aminophylline inj 25 mg/ml</i>	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	98
AMINOPROTECT INJ 5%	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	98
<i>aminorelief cap rms</i>	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	98
<i>aminosyn ii sol 15%</i>	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	98
AMIODARO/D5W INJ 450/250.....	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	98
AMIODARO/D5W INJ 900/500		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>		
.....		
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>		
.....		
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>		
.....		
<i>amiodarone hcl tab 100 mg</i>		
<i>amiodarone hcl tab 200 mg</i>		
<i>amiodarone hcl tab 400 mg</i>		
<i>amitriptyline hcl tab 100 mg</i>		
<i>amitriptyline hcl tab 10 mg</i>		
<i>amitriptyline hcl tab 150 mg</i>		
<i>amitriptyline hcl tab 25 mg</i>		
<i>amitriptyline hcl tab 50 mg</i>		
<i>amitriptyline hcl tab 75 mg</i>		
AMJEVITA INJ 10/0.2ML		
AMJEVITA INJ 20/0.2ML		
AMJEVITA INJ 20/0.4ML		
AMJEVITA INJ 40/0.4ML		
AMJEVITA INJ 40/0.8ML		

amlodipine besylate tab 10 mg (base equivalent)	135	amoxicillin (trihydrate) for susp 250 mg/5ml.....	251
amlodipine besylate tab 2.5 mg (base equivalent)	135	amoxicillin (trihydrate) for susp 400 mg/5ml.....	251
amlodipine besylate tab 5 mg (base equivalent)	135	amoxicillin (trihydrate) tab 500 mg	251
amlodipine besylate-valsartan tab 10-160 mg	99	amoxicillin (trihydrate) tab 875 mg	251
amlodipine besylate-valsartan tab 10-320 mg	99	amoxicillin & k clavulanate chew tab 200-28.5 mg.....	252
amlodipine besylate-valsartan tab 5-160 mg	98	amoxicillin & k clavulanate chew tab 400-57 mg	252
amlodipine besylate-valsartan tab 5-320 mg	98	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	252
AMLODIPINE SUS 1MG/ML	136	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	252
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	99	amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	252
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	99	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	252
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg.....	99	amoxicillin & k clavulanate tab 250-125 mg	252
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	99	amoxicillin & k clavulanate tab 500-125 mg	252
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	99	amoxicillin & k clavulanate tab 875-125 mg	252
amnestem cap 10mg	155	amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....	252
amnestem cap 20mg.....	155	AMPHADASE INJ 150/ML	230
amnestem cap 40mg.....	155	amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg.....	26
AMONDYS 45 INJ 50MG/ML	240	amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	26
AMORPH WOUND GEL DRESSING	171	amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	26
amoxapine tab 100 mg	79	amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	26
amoxapine tab 150 mg	79	amphetamine-dextroamphetamine cap er 24hr 10 mg.....	26
amoxapine tab 25 mg	79	amphetamine-dextroamphetamine cap er 24hr 15 mg	26
amoxapine tab 50 mg.....	79	amphetamine-dextroamphetamine cap er 24hr 20 mg	26
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	266	amphetamine-dextroamphetamine cap er 24hr 25 mg	26
amoxicillin (trihydrate) cap 250 mg	251		
amoxicillin (trihydrate) cap 500 mg	251		
amoxicillin (trihydrate) chew tab 125 mg	251		
amoxicillin (trihydrate) chew tab 250 mg	251		
amoxicillin (trihydrate) for susp 125 mg/5ml	251		
amoxicillin (trihydrate) for susp 200 mg/5ml.....	251		

<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	27	AMRIX CAP 30MG	237
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	26	AMVUTTRA SOL 25/0.5ML	258
<i>amphetamine-dextroamphetamine tab 10 mg</i>	27	AMZEEQ AER 4%	155
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	27	ANAFRANIL CAP 25MG	79
<i>amphetamine-dextroamphetamine tab 15 mg</i>	27	ANAFRANIL CAP 50MG	79
<i>amphetamine-dextroamphetamine tab 20 mg</i>	27	ANAFRANIL CAP 75MG	79
<i>amphetamine-dextroamphetamine tab 30 mg</i>	27	<i>anagrelide hcl cap 0.5 mg</i>	204
<i>amphetamine-dextroamphetamine tab 5 mg</i>	27	<i>anagrelide hcl cap 1 mg</i>	204
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	27	<i>ana-lex kit</i>	53
<i>amphetamine sulfate tab 10 mg</i>	26	<i>anastrozole tab 1 mg</i>	110
<i>amphetamine sulfate tab 5 mg</i>	26	ANDRODERM DIS 2MG/24HR	52
<i>amphotericin b for iv soln 50 mg</i>	89	ANDRODERM DIS 4MG/24HR	52
<i>amphotericin b liposome iv for susp 50 mg</i>	89	ANDROGEL GEL 1.62%	52
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	252	ANESTHESIA KIT S/I-40A	196
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	252	ANESTHESIA KIT S/I-40H	196
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	252	ANNOVERA MIS	150
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	252	<i>anodyne lpt kit 2.5-2.5%</i>	167
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	252	ANORO ELLIPT AER 62.5-25	63
<i>ampicillin cap 500 mg</i>	251	ANTICOAGULNT INJ SOD CITR	65
<i>ampicillin sodium for inj 125 mg</i>	251	ANTIVERT CHW 25MG	88
<i>ampicillin sodium for inj 1 gm</i>	251	ANTIVERT TAB 50MG	88
<i>ampicillin sodium for inj 250 mg</i>	251	ANUSOL-HC CRE 2.5%	53
<i>ampicillin sodium for inj 2 gm</i>	251	APADAZ TAB 4.08-325	49
<i>ampicillin sodium for inj 500 mg</i>	251	APADAZ TAB 6.12-325	49
<i>ampicillin sodium for iv soln 10 gm</i>	251	APADAZ TAB 8.16-325	49
<i>ampicillin sodium for iv soln 1 gm</i>	251	APEXICON E CRE 0.05%	162
<i>ampicillin sodium for iv soln 2 gm</i>	251	APHEXDA INJ 62MG	208
AMPYRA TAB 10MG	256	APIDRA INJ SOLOSTAR	83
AMRIX CAP 15MG	237	APIDRA INJ U-100	83
		APLENZIN TAB 174MG	75
		APLENZIN TAB 348MG	75
		APLENZIN TAB 522MG	75
		APOKYN INJ 10MG/ML	120
		<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	120
		APONVIE INJ 32/4.4ML	89
		<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	243
		<i>aprepitant capsule 125 mg</i>	89
		<i>aprepitant capsule 40 mg</i>	89
		<i>aprepitant capsule 80 mg</i>	89
		<i>aprepitant capsule therapy pack 80 & 125 mg</i>	89
		<i>apri tab</i>	145

APTENSIO XR CAP 10MG	29	<i>argyl saline sol 100ml</i>	231
APTENSIO XR CAP 15MG	29	ARICEPT TAB 10MG	254
APTENSIO XR CAP 20MG.....	29	ARICEPT TAB 23MG.....	254
APTENSIO XR CAP 30MG.....	29	ARICEPT TAB 5MG	254
APTENSIO XR CAP 40MG	29	ARIDA GEL.....	171
APTENSIO XR CAP 50MG.....	29	ARIDOL KIT.....	174
APTENSIO XR CAP 60MG.....	29	ARIKAYCE SUS	35
APTIOM TAB 200MG	68	ARIMIDEX TAB 1MG.....	110
APTIOM TAB 400MG	68	<i>aripiprazole orally disintegrating tab 10 mg</i>	128
APTIOM TAB 600MG	68	<i>aripiprazole orally disintegrating tab 15 mg</i>	128
APTIOM TAB 800MG	68	<i>aripiprazole oral solution 1 mg/ml</i>	128
APTIVUS CAP 250MG.....	129	<i>aripiprazole tab 10 mg</i>	128
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AQINJECT PEN MIS 32GX5/32	217	<i>aripiprazole tab 20 mg</i>	128
AQUACEL AG PAD 5	171	<i>aripiprazole tab 2 mg</i>	128
AQUACEL FOAM PAD 5	171	<i>aripiprazole tab 30 mg</i>	128
AQUACEL FOAM PAD 7	171	<i>aripiprazole tab 5 mg</i>	128
AQUORAL SPR	233	ARIXTRA INJ 10/0.8ML.....	65
ARAKODA TAB 100MG.....	103	ARIXTRA INJ 2.5/0.5.....	65
ARALAST NP INJ 1000MG	258	ARIXTRA INJ 5/0.4ML	65
ARALAST NP INJ 500MG.....	258	ARIXTRA INJ 7.5/0.6.....	65
<i>aranelle tab</i>	145	ARIZONA INJ CYPRESS	32
ARANESP INJ 100MCG.....	206	<i>armodafinil tab 150 mg</i>	29
ARANESP INJ 10MCG	206	<i>armodafinil tab 200 mg</i>	29
ARANESP INJ 150MCG.....	206	<i>armodafinil tab 250 mg</i>	29
ARANESP INJ 200MCG.....	206	<i>armodafinil tab 50 mg</i>	29
ARANESP INJ 25MCG	206	ARMONAIR DIG AER 113MCG	62
ARANESP INJ 300MCG.....	206	ARMONAIR DIG AER 232MCG	62
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ARANESP INJ 500MCG.....	206	ARNUITY ELPT INH 100MCG	62
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ARAVA TAB 10MG	41	ARNUITY ELPT INH 50MCG	62
ARAVA TAB 20MG.....	41	AROMASIN TAB 25MG.....	110
ARAZLO LOT 0.045%	155	<i>arsenic trioxide iv soln 10 mg/10ml (1</i> <i>mg/ml)</i>	118
ARCALYST INJ 220MG	38	<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	118
ARESTIN MIS 1MG	233	ARTESUNATE SOL 110MG.....	103
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i> <i>(base equiv)</i>	63	ARTHROTEC 50 TAB	39
ARGATRB/NAACL INJ 50/50ML	67	ARTHROTEC 75 TAB	39
ARGATRB/NAACL INJ 50MG/50	67	<i>articadent inj dental</i>	212
<i>argatroban inj 250 mg/2.5ml (concentrate</i> <i>for iv infusion)</i>	67	ARZERRA CON 100/5ML	108
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	67		
<i>argyl saline sol 0.9% irr</i>	197		

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<i>ascomp/cod cap 30mg</i>	49	ATACAND HCT TAB 16-12.5.....	99
ASCORBIC ACD INJ 500MG/ML	271	ATACAND HCT TAB 32-12.5	99
ASCORBIC ACI SOL 500MG/ML.....	271	ATACAND HCT TAB 32-25MG	99
ASCOR SOL 25000MG	270	ATACAND TAB 16MG.....	96
<i>asenapine maleate sl tab 10 mg (base</i>		ATACAND TAB 32MG	96
<i>equiv)</i>	125	ATACAND TAB 4MG	96
<i>asenapine maleate sl tab 2.5 mg (base</i>		ATACAND TAB 8MG	96
<i>equiv)</i>	125	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>		129
.....	125	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	
<i>ashlyna tab</i>	145	129
<i>asilnasal cap rms</i>	180	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	
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ASMANEX HFA AER 100 MCG.....	62	<i>atenolol tab 100 mg</i>	133
ASMANEX HFA AER 200 MCG.....	62	<i>atenolol tab 25 mg</i>	133
ASMANEX HFA AER 50MCG.....	62	<i>atenolol tab 50 mg</i>	133
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ASPERGILLUS INJ 1:10	32	ATIVAN TAB 0.5MG.....	58
ASPERGILLUS INJ 1:20.....	32	ATIVAN TAB 1MG.....	58
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>		ATIVAN TAB 2MG	58
.....	204	<i>atomoxetine hcl cap 100 mg (base equiv)</i> 28	
ASPRUZYO SPR GRA 1000MG.....	57	<i>atomoxetine hcl cap 10 mg (base equiv)</i> ..28	
ASPRUZYO SPR GRA 500MG	57	<i>atomoxetine hcl cap 18 mg (base equiv)</i> ..28	
ASSURE 3 TES	175	<i>atomoxetine hcl cap 25 mg (base equiv)</i> ..28	
ASSURE 4 TES.....	175	<i>atomoxetine hcl cap 40 mg (base equiv)</i> .28	
ASSURE ID MIS 0.5/31G.....	217	<i>atomoxetine hcl cap 60 mg (base equiv)</i> .28	
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ASSURE II TES	175	<i>equivalent)</i>	93
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ASSURE PRISM TES MULTI.....	175	<i>equivalent)</i>	93
ASSURE PRO TES	175	<i>atorvastatin calcium tab 40 mg (base</i>	
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<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	102	AUM MINI PEN MIS 33GX6MM	217
<i>atovaquone susp 750 mg/5ml</i>	54	AUM READYGRD MIS 32GX4MM	218
<i>atracurium besylate iv soln 100 mg/10ml</i>	240	AUM SAFETY MIS 31GX4MM.....	218
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ATROPINE SUL DRO 0.05%.....	243	<i>aurovela tab 1/20</i>	145
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	263	<i>aurovela tab 1.5/30</i>	145
<i>atropine sulfate iv soln 0.4 mg/ml</i>	263	AURYXIA TAB 210MG	195
<i>atropine sulfate iv soln 1 mg/ml</i>	263	AUSTEDO TAB 12MG.....	255
<i>atropine sulfate ophth soln 1%</i>	243	AUSTEDO TAB 6MG	255
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	264	AUSTEDO TAB 9MG	255
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	264	AUSTEDO XR TAB 12MG.....	255
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	264	AUSTEDO XR TAB 24MG.....	255
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AUM MINI PEN MIS 32GX6MM	217	AUVI-Q INJ 0.3MG.....	268
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		AVEIDAOXIA GEL	170
		AVENOVA SOL 0.01%.....	169
		<i>aviane tab</i>	145
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<i>azacitidine for inj 100 mg</i>	105	BACLOFEN INJ 50MCG/ML.....	237
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<i>azasan tab 100mg</i>	230	<i>mcg/ml)</i>	237
<i>azasan tab 75 mg</i>	230	<i>baclofen intrathecal inj 20 mg/20ml (1000</i>	
AZASITE SOL 1%	244	<i>mcg/ml)</i>	237
AZATHIOPRINE INJ 100MG	230	<i>baclofen intrathecal inj 40 mg/20ml (2000</i>	
<i>azathioprine tab 100 mg</i>	230	<i>mcg/ml)</i>	237
<i>azathioprine tab 50 mg</i>	230	<i>baclofen oral soln 10 mg/5ml</i>	237
<i>azathioprine tab 75 mg</i>	230	<i>baclofen oral soln 5 mg/5ml</i>	237
<i>azelaic acid gel 15%</i>	170	<i>baclofen tab 10 mg</i>	237
<i>azelastine hcl-fluticasone prop nasal spray</i>		<i>baclofen tab 20 mg</i>	237
<i>137-50 mcg/act</i>	239	<i>baclofen tab 5 mg</i>	237
<i>azelastine hcl nasal spray 0.1% (137</i>		<i>bac tab</i>	41
<i>mcg/spray)</i>	239	<i>bacteriostatic sodium chloride inj soln 0.9%</i>	
<i>azelastine hcl nasal spray 0.15% (205.5</i>		253
<i>mcg/spray)</i>	239	BAFIERTAM CAP 95MG.....	256
<i>azelastine hcl ophth soln 0.05%</i>	247	BAHIA SOL EXTRACT	32
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AZESCO TAB 13-1MG	234	BALD CYPRESS INJ 1:20	32
<i>azithromycin for susp 100 mg/5ml</i>	214	<i>balsalazide disodium cap 750 mg</i>	194
<i>azithromycin for susp 200 mg/5ml</i>	214	BALSAM PERU OIN CASTOR.....	171
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<i>azithromycin tab 600 mg</i>	214	BANZEL SUS 40MG/ML.....	68
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<i>aztreonam for inj 2 gm</i>	56	BARRIGEL INJ 20MG/ML	53

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BASAGLAR INJ 100UNIT.....	83	BENEFIX INJ 1000UNIT	200
BASAGLAR INJ TEMPO PN	83	BENEFIX INJ 2000UNIT.....	200
BAVENCIO INJ 20MG/ML.....	108	BENEFIX INJ 250UNIT	200
BAYBERRY WAX SOL MYR EXTR	32	BENEFIX INJ 3000UNIT.....	200
B-COMPLEX INJ	233	BENEFIX INJ 500UNIT	200
B-COMPLEX INJ HYDRXCB	233	BENICAR HCT TAB 20-12.5	99
BD MICROTAIN MIS LANCETS.....	215	BENICAR HCT TAB 40-12.5.....	99
BD PEN MINI MIS.....	218	BENICAR HCT TAB 40-25MG	99
BD PEN MIS	218	BENICAR TAB 20MG	96
BD PEN NEEDL MIS 29GX12.7	218	BENICAR TAB 40MG.....	96
BD PEN NEEDL MIS 31GX5MM.....	218	BENICAR TAB 5MG	96
BD PEN NEEDL MIS 31GX8MM.....	218	BENLYSTA INJ 120MG	232
BD PEN NEEDL MIS 32GX4MM.....	218	BENLYSTA INJ 200MG/ML.....	232
BD PEN NEEDL MIS 32GX6MM	218	BENLYSTA INJ 400MG	232
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BELBUCA MIS 600MCG	50	<i>benzepero aer 5.3%</i>	<i>156</i>
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BELBUCA MIS 75MCG	50	BENZEPRO LIQ 6.8%	156
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BELSOMRA TAB 10MG.....	211	BENZHY/ACETA TAB 8.16-325.....	49
BELSOMRA TAB 15MG	211	<i>benzoin compound tincture</i>	<i>169</i>
BELSOMRA TAB 20MG	211	<i>benzonatate cap 100 mg</i>	<i>154</i>
BELSOMRA TAB 5MG.....	211	<i>benzonatate cap 150 mg</i>	<i>154</i>
<i>benazepril & hydrochlorothiazide tab 10-</i>		<i>benzonatate cap 200 mg</i>	<i>154</i>
<i>12.5 mg.....</i>	<i>99</i>	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
<i>benazepril & hydrochlorothiazide tab 20-</i>		<i>.....</i>	<i>156</i>
<i>12.5 mg.....</i>	<i>99</i>	<i>benzoyl peroxide foam 9.8%</i>	<i>156</i>
<i>benazepril & hydrochlorothiazide tab 20-25</i>		<i>benzoyl peroxide-hydrocortisone lotion 5-</i>	
<i>mg</i>	<i>99</i>	<i>0.5%</i>	<i>156</i>
<i>benazepril & hydrochlorothiazide tab 5-</i>		BENZOYL PERX LIQ 6.9%	156
<i>6.25 mg.....</i>	<i>99</i>	BENZ PER FOR LOT HC 7.5-1.....	155
<i>benazepril hcl tab 10 mg</i>	<i>95</i>	BENZ PEROXID GEL 6.5%.....	155
<i>benazepril hcl tab 20 mg.....</i>	<i>95</i>	<i>benztropine mesylate inj 1 mg/ml</i>	<i>120</i>
<i>benazepril hcl tab 40 mg</i>	<i>95</i>	<i>benztropine mesylate tab 0.5 mg</i>	<i>120</i>
<i>benazepril hcl tab 5 mg</i>	<i>95</i>	<i>benztropine mesylate tab 1 mg.....</i>	<i>120</i>
<i>bendamustine hcl for iv soln 100 mg</i>	<i>104</i>	<i>benztropine mesylate tab 2 mg</i>	<i>120</i>
<i>bendamustine hcl for iv soln 25 mg</i>	<i>104</i>	BEOVU INJ 6/0.05ML	243
BENDAMUSTINE SOL 100/4ML.....	104	<i>bepotastine besilate ophth soln 1.5%</i>	<i>247</i>

BEPREVE DRO 1.5%.....	247	<i>bethanechol chloride tab 10 mg</i>	267
BERINERT INJ 500UNIT	203	<i>bethanechol chloride tab 25 mg</i>	267
BERMUDA GRAS INJ 10000BAU	32	<i>bethanechol chloride tab 50 mg</i>	267
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BESIVANCE SUS 0.6%	244	BETHKIS NEB 300/4ML.....	35
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BETA 1 KIT KIT 30MG/5ML.....	151	BETOPTIC-S SUS 0.25% OP	242
<i>betaine powder for oral solution</i>	186	BEVACIZUMAB INJ 1.25MG	243
<i>betamethasone dipropionate augmented</i>		BEVACIZUMAB INJ 2/0.08ML.....	243
<i>cream 0.05%</i>	162	BEVACIZUMAB INJ 2.5/.1ML	243
<i>betamethasone dipropionate augmented</i>		BEVACIZUMAB INJ 2.75/.11	243
<i>gel 0.05%</i>	162	BEVACIZUMAB INJ 3.25/.13.....	243
<i>betamethasone dipropionate augmented</i>		BEVESPI AER 9-4.8MCG.....	63
<i>lotion 0.05%</i>	163	BEXAGLIFLOZN TAB 20MG	85
<i>betamethasone dipropionate augmented</i>		<i>bexarotene cap 75 mg</i>	118
<i>oint 0.05%</i>	163	<i>bexarotene gel 1%</i>	160
<i>betamethasone dipropionate cream 0.05%</i>		BIAFINE EMU.....	171
.....	163	<i>bicalutamide tab 50 mg</i>	110
<i>betamethasone dipropionate lotion 0.05%</i>		BIDIL TAB	140
.....	163	BIKTARVY TAB.....	129
<i>betamethasone sod phosphate & acetate</i>		BILAC CAP	86
<i>inj susp 6 (3-3) mg/ml</i>	151	<i>bimatoprost ophth soln 0.03%</i>	248
<i>betamethasone valerate aerosol foam</i>		BI-MIX INJ 150-5MG.....	140
<i>0.12%</i>	163	BIMZELX INJ 160MG/ML	161
<i>betamethasone valerate cream 0.1% (base</i>		BIONECT AER 0.2%	171
<i>equivalent)</i>	163	BIONECT CRE 0.2%	171
<i>betamethasone valerate lotion 0.1% (base</i>		BIONECT GEL 0.2%	171
<i>equivalent)</i>	163	BIOPAR DELTA CAP FORTE.....	207
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<i>equivalent)</i>	163	BIOSTEP MIS 4.....	171
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BETAPACE AF TAB 120MG	134	<i>cap 140-125-125 mg</i>	266
BETAPACE AF TAB 160MG	134	<i>bisoprolol & hydrochlorothiazide tab 10-</i>	
BETAPACE AF TAB 80MG.....	134	<i>6.25 mg</i>	99
BETAPACE TAB 120MG.....	134	<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>	
BETAPACE TAB 160MG.....	134	<i>6.25 mg</i>	99
BETAPACE TAB 80MG	134	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>	
BETA-PHOS/AC INJ 3-3MG/ML.....	151	<i>mg</i>	99
BETASERON INJ 0.3MG	256	<i>bisoprolol fumarate tab 10 mg</i>	133
<i>betaxolol hcl ophth soln 0.5%</i>	242	<i>bisoprolol fumarate tab 5 mg</i>	133
<i>betaxolol hcl tab 10 mg</i>	133	<i>bivalirudin trifluoroacetate for iv soln 250</i>	
<i>betaxolol hcl tab 20 mg</i>	133	<i>mg (base equiv)</i>	67

<i>bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)</i>	67	BRILINTA TAB 60MG	204
BIVIGAM INJ 10%	249	BRILINTA TAB 90MG	204
BLACK/SWEET INJ BIRCH	32	BRIMO/DORZO SOL 0.15-2%	243
BLACK WAL/CA INJ 1:20	174	<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	170
<i>bleomycin sulfate for inj 15 unit</i>	112	<i>brimonidine tartrate ophth soln 0.1%</i>	244
<i>bleomycin sulfate for inj 30 unit</i>	112	<i>brimonidine tartrate ophth soln 0.15%</i> ..	244
BLINCYTO INJ 35MCG.....	108	<i>brimonidine tartrate ophth soln 0.2%</i>	244
<i>blisovi 24 tab fe 1/20</i>	146	<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	242
<i>blisovi fe tab 1/20</i>	146	<i>brinzolamide ophth susp 1%</i>	247
<i>blisovi fe tab 1.5/30</i>	146	BRIUMVI INJ 150/6ML	256
BLOOD GLUCOS TES	175	BRIXADI SOL 128/0.36.....	51
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BLOOD GLUCOS TES STRIPS	175	BRIXADI SOL 32/0.64	51
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<i>bortezomib for inj 3.5 mg</i>	113	BROME SOL 1:20	32
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BORTEZOMIB INJ 2.5MG.....	114	<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	247
BORTEZOMIB INJ 3.5/1.4	114	<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	247
BORTEZOMIB INJ 3.5MG.....	114	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	247
<i>bosentan tab 125 mg</i>	142	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	120
<i>bosentan tab 62.5 mg</i>	142	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	120
BOSULIF CAP 100MG	114	BROMPHENIRAM INJ 10MG/ML.....	90
BOSULIF CAP 50MG.....	114	BROMSITE DRO 0.075%	247
BOSULIF TAB 100MG.....	114	BRONCHITOL CAP 40MG	258
BOSULIF TAB 400MG.....	114	BRONCHITOL CAP TOL TEST.....	258
BOSULIF TAB 500MG.....	114	BRUKINSA CAP 80MG	114
BOTOX INJ 100UNIT	240	BRYHALI LOT 0.01%	163
BOTOX INJ 200UNIT.....	240	<i>budesonide delayed release particles cap 3 mg</i>	151
BOTRYTIS CIN INJ 1:20	32, 174	<i>budesonide inhalation susp 0.25 mg/2ml</i> 62	
BOTRYTIS EXT SOL 1:10	32	<i>budesonide inhalation susp 0.5 mg/2ml</i> ..	62
BPCO OIN	171	<i>budesonide inhalation susp 1 mg/2ml</i>	62
BRAFTOVI CAP 75MG	114	<i>budesonide rectal foam 2 mg/act</i>	53
BRENZAVVY TAB 20MG	85	BUFFERD LIDO INJ 0.5%.....	212
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BREO ELLIPTA INH 200-25	63		
BREO ELLIPTA INH 50-25MCG	63		
BREZTRI AERO AER SPHERE	63		
BRIDION INJ 200/2ML.....	87		
BRIDION INJ 500/5ML.....	87		
<i>briellyn tab</i>	146		

<i>bumetanide inj 0.25 mg/ml</i>	181	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	51
<i>bumetanide tab 0.5 mg</i>	181	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	51
<i>bumetanide tab 1 mg</i>	181	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	51
<i>bumetanide tab 2 mg</i>	181	<i>buprenorphine td patch weekly 10 mcg/hr</i>	51
BUP/DEXAMETH INJ /EPI	151	<i>buprenorphine td patch weekly 15 mcg/hr</i>	51
BUPHENYL POW	186	<i>buprenorphine td patch weekly 20 mcg/hr</i>	51
BUPHENYL TAB 500MG	186	<i>buprenorphine td patch weekly 5 mcg/hr</i>	51
BUPIVAC/NACL INJ 0.125%	213	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	51
BUPIVAC/NACL INJ 0.25-0.9.....	213	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	258
<i>bupivacaine 0.75% in dextrose inj 8.25%</i>	213	<i>bupropion hcl tab 100 mg</i>	75
<i>bupivacaine hcl inj 0.25%</i>	213	<i>bupropion hcl tab 75 mg</i>	75
<i>bupivacaine hcl inj 0.5%</i>	213	<i>bupropion hcl tab er 12hr 100 mg</i>	75
<i>bupivacaine hcl preservative free (pf) inj 0.25%</i>	213	<i>bupropion hcl tab er 12hr 150 mg</i>	75
<i>bupivacaine hcl preservative free (pf) inj 0.5%</i>	213	<i>bupropion hcl tab er 12hr 200 mg</i>	75
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i>	213	<i>bupropion hcl tab er 24hr 150 mg</i>	75
BUPIVACAINE INJ 0.25%.....	213	<i>bupropion hcl tab er 24hr 300 mg</i>	75
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	212	<i>bupropion hcl tab er 24hr 450 mg</i>	75
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	212	<i>bupirone hcl tab 10 mg</i>	58
BUPIVACAINE INJ 0.5%	213	<i>bupirone hcl tab 15 mg</i>	58
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	212	<i>bupirone hcl tab 30 mg</i>	58
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	212	<i>bupirone hcl tab 5 mg</i>	58
BUPIVACAINE INJ DEXAMETH	151	<i>bupirone hcl tab 7.5 mg</i>	58
<i>bupivacaine inj spinal</i>	213	<i>busulfan inj 6 mg/ml</i>	104
BUPIVAC HCL INJ 0.125%	213	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	41
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	51	<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	49
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	51	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	49
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	51	<i>butalbital-acetaminophen tab 50-325 mg</i>	41
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	51	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	42
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	51	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	49
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	51	<i>butorphanol tartrate inj 1 mg/ml</i>	51
		<i>butorphanol tartrate inj 2 mg/ml</i>	51

<i>butorphanol tartrate nasal soln 10 mg/ml</i>	.51
BUTRANS DIS 10MCG/HR	51
BUTRANS DIS 15MCG/HR	51
BUTRANS DIS 20MCG/HR	51
BUTRANS DIS 5MCG/HR	51
BUTRANS DIS 7.5/HR	51
BYDUREON BC INJ 2/0.85ML	83
BYETTA INJ 10MCG	83
BYETTA INJ 5MCG	83
BYFAVO INJ 20MG	209
BYLVAY CAP 1200MCG	194
BYLVAY CAP 200MCG	194
BYLVAY CAP 400MCG	194
BYLVAY CAP 600MCG	194
BYOOVIZ INJ 0.5MG	243
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BYSTOLIC TAB 2.5MG	133
BYSTOLIC TAB 20MG	134
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CA ALGINATE PAD 2	171
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CABENUVA SUS 400-600	129
CABENUVA SUS 600-900	129
<i>cabergoline tab 0.5 mg</i>	189
CABLIVI KIT 11MG	204
CABOMETYX TAB 20MG	114
CABOMETYX TAB 40MG	114
CABOMETYX TAB 60MG	114
CADEAU DHA CAP	234
CADUET TAB 10-10MG	140
CADUET TAB 10-20MG	140
CADUET TAB 10-40MG	140
CADUET TAB 10-80MG	140
CADUET TAB 5-10MG	140
CADUET TAB 5-20MG	140
CADUET TAB 5-40MG	140
CADUET TAB 5-80MG	140
<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>	28
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	28
<i>calcipotriene oint 0.005%</i>	161

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	161
<i>calcitonin (salmon) inj 200 unit/ml</i>	183
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	183
<i>calcitrene oin 0.005%</i>	161
<i>calcitriol cap 0.25 mcg</i>	186
<i>calcitriol cap 0.5 mcg</i>	186
<i>calcitriol inj 1 mcg/ml</i>	186
<i>calcitriol oral soln 1 mcg/ml</i>	186
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	195
<i>calcium acetate (phosphate binder) tab 667 mg</i>	195
CALCIUM GLUC INJ 1000/10	228
CAL GLU/NACL INJ 1/100ML	228
CAL GLU/NACL INJ 1GM/50ML	228
CAL GLU/NACL INJ 2/100ML	228
CALI PEPPER INJ TREE	32
CALQUENCE TAB 100MG	114
CAMBIA POW 50MG	227
CAMCEVI INJ 42MG	111
<i>camila tab 0.35mg</i>	150
<i>camrese lo tab</i>	146
<i>camrese tab</i>	146
CAMZYOS CAP 10MG	139
CAMZYOS CAP 15MG	139
CAMZYOS CAP 2.5MG	139
CAMZYOS CAP 5MG	139
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	99
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	99
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	99
<i>candesartan cilexetil tab 16 mg</i>	97
<i>candesartan cilexetil tab 32 mg</i>	97
<i>candesartan cilexetil tab 4 mg</i>	96
<i>candesartan cilexetil tab 8 mg</i>	96
<i>candida albicans skin test antigen</i>	174
CANDIDA ALBI SOL 1:1000	32
CANDIDA ALBI SOL 100MG/ML	33
CANTHARIDIN SOL 0.7%	167
CANVAS DX MIS AUTISM	179
<i>capecitabine tab 150 mg</i>	105

<i>capecitabine tab 500 mg</i>	105	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	121
CAPEX SHA 0.01%	163	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	121
CAPRELSA TAB 100MG	114	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	121
CAPRELSA TAB 300MG.....	114	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	121
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	99	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	121
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	99	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	121
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	100	<i>carbidopa tab 25 mg</i>	120
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	100	<i>carbinoxamine maleate soln 4 mg/5ml</i>	90
<i>captopril tab 100 mg</i>	95	<i>carbinoxamine maleate tab 4 mg</i>	90
<i>captopril tab 12.5 mg</i>	95	CARBINOXAMIN TAB 6MG	90
<i>captopril tab 25 mg</i>	95	<i>carboplatin iv soln 150 mg/15ml</i>	104
<i>captopril tab 50 mg</i>	95	<i>carboplatin iv soln 450 mg/45ml</i>	104
CARAC CRE 0.5%	160	<i>carboplatin iv soln 50 mg/5ml</i>	104
CARAFATE SUS 1GM/10ML.....	265	<i>carboplatin iv soln 600 mg/60ml</i>	104
CARAFATE TAB 1GM.....	265	<i>carboprost tromethamine im soln 250 mcg/ml</i>	249
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<i>carbamazepine cap er 12hr 300 mg</i>	68	<i>cardioplegic soln</i>	139
<i>carbamazepine chew tab 100 mg</i>	69	CARDIZEM CD CAP 120MG/24	136
<i>carbamazepine susp 100 mg/5ml</i>	69	CARDIZEM CD CAP 180MG/24	136
<i>carbamazepine tab 200 mg</i>	69	CARDIZEM CD CAP 240MG/24	136
<i>carbamazepine tab er 12hr 100 mg</i>	69	CARDIZEM CD CAP 300MG/24	136
<i>carbamazepine tab er 12hr 200 mg</i>	69	CARDIZEM CD CAP 360MG/24	136
<i>carbamazepine tab er 12hr 400 mg</i>	69	CARDIZEM LA TAB 120MG	136
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CARBATROL CAP 200MG.....	69	CARDIZEM LA TAB 240MG.....	136
CARBATROL CAP 300MG.....	69	CARDIZEM LA TAB 300MG/24	136
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	120	CARDIZEM LA TAB 360MG.....	136
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	121	CARDIZEM LA TAB 420MG/24	136
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	121	CARDIZEM TAB 120MG	136
<i>carbidopa & levodopa tab 10-100 mg</i>	121	CARDIZEM TAB 30MG.....	136
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CAREONE ADV MIS LANCING.....	215	<i>cefaclor cap 250 mg</i>	144
CARESENS N TES	175	<i>cefaclor cap 500 mg</i>	144
CARESENS N TES GLUCOSE	175	<i>cefaclor for susp 250 mg/5ml</i>	144
CARETOUCH MIS 31GX5MM	218	<i>cefadroxil cap 500 mg</i>	143
CARETOUCH MIS 31GX6MM	218	<i>cefadroxil for susp 250 mg/5ml</i>	143
CARETOUCH MIS 31GX8MM	218	<i>cefadroxil for susp 500 mg/5ml</i>	143
CARETOUCH MIS 32GX4MM	218	<i>cefadroxil tab 1 gm</i>	143
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CARETOUCH MIS EJECTOR	215	CEFAZOL/DEXT SOL 2G/100ML.....	143
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<i>carglumic acid soluble tab 200 mg</i>	186	CEFAZOL/NACL INJ 3/100ML	143
<i>carisoprodol tab 350 mg</i>	237	CEFAZOLIN INJ 1GM/10ML	143
<i>carmustine for inj 100 mg</i>	104	CEFAZOLIN INJ 2GM/20ML	143
CARMUSTINE INJ 300MG	104	CEFAZOLIN INJ 3GM/30ML	143
CARMUSTINE INJ 50MG	104	<i>cefazolin sodium for inj 10 gm</i>	144
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CARNITOR SOL 1GM/10ML	186	<i>cefazolin sodium for inj 2 gm</i>	144
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<i>carteolol hcl ophth soln 1%</i>	242	<i>cefazolin sodium for iv soln 1 gm</i>	144
<i>cartia xt cap 120/24hr</i>	136	CEFAZOLIN SOL	144
<i>cartia xt cap 180/24hr</i>	136	<i>cefdinir cap 300 mg</i>	144
<i>cartia xt cap 240/24hr</i>	136	<i>cefdinir for susp 125 mg/5ml</i>	144
<i>cartia xt cap 300/24hr</i>	136	<i>cefdinir for susp 250 mg/5ml</i>	144
<i>carvedilol phosphate cap er 24hr 10 mg</i> .	133	<i>cefepime hcl for inj 1 gm</i>	145
<i>carvedilol phosphate cap er 24hr 20 mg</i> .	133	<i>cefepime hcl for iv soln 2 gm</i>	145
<i>carvedilol phosphate cap er 24hr 40 mg</i> .	133	CEFEPIME SOL 100GM	145
<i>carvedilol phosphate cap er 24hr 80 mg</i> .	133	<i>cefixime cap 400 mg</i>	144
<i>carvedilol tab 12.5 mg</i>	133	<i>cefixime for susp 100 mg/5ml</i>	144
<i>carvedilol tab 25 mg</i>	133	<i>cefixime for susp 200 mg/5ml</i>	144
<i>carvedilol tab 3.125 mg</i>	133	CEFOTAXIME INJ 1GM	144
<i>carvedilol tab 6.25 mg</i>	133	CEFOTAXIME INJ 2GM.....	144
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<i>casprofungin acetate for iv soln 50 mg</i>	89	<i>cefotetan disodium for inj 2 gm</i>	144
<i>casprofungin acetate for iv soln 70 mg</i>	89	<i>cefoxitin sodium for iv soln 10 gm</i>	144
CATAPRES-TTS DIS 0.1/24HR	97	<i>cefoxitin sodium for iv soln 1 gm</i>	144
CATAPRES-TTS DIS 0.2/24HR	97	<i>cefoxitin sodium for iv soln 2 gm</i>	144
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.....	CERACADE EMU.....	168
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.....	CERAMAX LOT	168
<i>cefepodoxime proxetil tab 200 mg</i>	CERDELGA CAP 84MG.....	205
.....	CEREZYME INJ 400UNIT	205
<i>cefprozil for susp 125 mg/5ml</i>	cerovel lot 40%.....	166
.....	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	91
<i>cefprozil for susp 250 mg/5ml</i>	91
.....	<i>cetorelix acetate for inj kit 0.25 mg</i>	184
<i>cefprozil tab 250 mg</i>	CETROTIDE KIT 0.25MG	184
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<i>cefprozil tab 500 mg</i>	charlotte 24 chw fe 1/20	146
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<i>ceftazidime for iv soln 2 gm</i>	CHLOOXIA SOL	163
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<i>ceftriaxone sodium for inj 10 gm</i>	1 gm.....	54
.....	<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
<i>ceftriaxone sodium for inj 1 gm</i>	mg	255
.....	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
<i>ceftriaxone sodium for inj 250 mg</i>	mg	255
.....	<i>chlordiazepoxide hcl cap 10 mg</i>	59
<i>ceftriaxone sodium for inj 2 gm</i>	<i>chlordiazepoxide hcl cap 25 mg</i>	59
.....	<i>chlordiazepoxide hcl cap 5 mg</i>	59
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<i>ceftriaxone sodium for iv soln 2 gm</i>	2%.....	214
.....	<i>chlorprocaine hcl preservative free (pf) inj</i>	
<i>ceftriaxone sodium in dextrose inj 20</i>	3%.....	214
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.....	<i>chloroquine phosphate tab 500 mg</i>	103
<i>ceftriaxone sodium in dextrose inj 40</i>	<i>chlorothiazide sodium for inj 500 mg</i>	182
mg/ml.....	<i>chlorpromazine hcl inj 25 mg/ml</i>	127
.....	<i>chlorpromazine hcl inj 50 mg/2ml</i>	127
<i>cefuroxime axetil tab 250 mg</i>	<i>chlorpromazine hcl tab 100 mg</i>	127
.....	<i>chlorpromazine hcl tab 10 mg</i>	127
<i>cefuroxime axetil tab 500 mg</i>	<i>chlorpromazine hcl tab 200 mg</i>	127
.....	<i>chlorpromazine hcl tab 25 mg</i>	127
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<i>celecoxib cap 200 mg</i>		39
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<i>celecoxib cap 400 mg</i>		39
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<i>celecoxib cap 50 mg</i>		39
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CELEXA TAB 10MG		76
CELEXA TAB 20MG		76
CELEXA TAB 40MG		76
<i>cephalexin cap 250 mg</i>		144
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<i>cephalexin cap 500 mg</i>		144
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<i>cephalexin cap 750 mg</i>		144
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<i>cephalexin for susp 125 mg/5ml</i>		144
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<i>cephalexin for susp 250 mg/5ml</i>		144
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<i>cephalexin tab 250 mg</i>		144
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<i>cephalexin tab 500 mg</i>		144

<i>chlorpromazine hcl tab 50 mg</i>	127	CIMZIA PREFL KIT 200MG/ML	194
<i>chlorthalidone tab 25 mg</i>	182	CIMZIA START KIT 200MG/ML.....	194
<i>chlorthalidone tab 50 mg</i>	182	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	186
<i>chlorzoxazone tab 500 mg</i>	237	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	186
CHOLBAM CAP 250MG	193	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	186
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<i>cholestyramine light powder packets 4 gm</i>	92	CIPRO (10%) SUS 500MG/5	192
<i>cholestyramine powder 4 gm/dose</i>	92	CIPRO (5%) SUS 250MG/5	192
<i>cholestyramine powder packets 4 gm</i>	92	<i>ciprofloxacin 200 mg/100ml in d5w</i>	192
<i>choline fenofibrate cap dr 135 mg</i> (<i>fenofibric acid equiv</i>)	92	<i>ciprofloxacin 400 mg/200ml in d5w</i>	192
<i>choline fenofibrate cap dr 45 mg (fenofibric</i> <i>acid equiv)</i>	92	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	248
CHONDROITIN SOL.....	247	<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i>	244
CHOR GONADOT INJ 10000UNT	183	<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i>	248
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CIALIS TAB 20MG	140	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	192
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CIBINQO TAB 50MG	165	CIPRO TAB 500MG	192
<i>ciclodan sol 8%</i>	159	<i>cisatracurium besylate (pf) iv soln 10</i> <i>mg/5ml (2 mg/ml)</i>	240
<i>ciclopirox gel 0.77%</i>	159	<i>cisatracurium besylate (pf) iv soln 200</i> <i>mg/20ml (10 mg/ml)</i>	240
<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i>	159	<i>cisatracurium besylate iv soln 20 mg/10ml</i> <i>(2 mg/ml)</i>	240
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	159	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	104
<i>ciclopirox shampoo 1%</i>	159	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	104
<i>ciclopirox solution 8%</i>	159	CISPLATIN INJ 50MG.....	104
<i>cidofovir iv inj 75 mg/ml</i>	131	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	104
<i>cilostazol tab 100 mg</i>	204	CITALOPRAM CAP 30MG	76
<i>cilostazol tab 50 mg</i>	204	<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i>	76
CILOXAN OIN 0.3% OP.....	244	<i>citalopram hydrobromide tab 10 mg (base</i> <i>equiv)</i>	76
CIMDUO TAB 300-300	129	<i>citalopram hydrobromide tab 20 mg (base</i> <i>equiv)</i>	76
CIMERLI INJ 0.3MG.....	243		
CIMERLI INJ 0.5MG.....	243		
<i>cimetidine tab 200 mg</i>	265		
<i>cimetidine tab 300 mg</i>	265		
<i>cimetidine tab 400 mg</i>	265		
<i>cimetidine tab 800 mg</i>	265		
CIMZIA KIT 200MG	194		

<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	76	CLICKFINE MIS 31GX3/16	218
CITRANATAL CAP HARMONY	234	CLICKFINE MIS 31GX5/16	218
CITRANATAL CAP MEDLEY	234	CLICKFINE MIS 31GX8MM	218
CITRANATAL MIS 90 DHA	234	CLICKFINE MIS 32GX5/32	218
CITRANATAL MIS B-CALM	234	CLIMARA DIS 0.025MG	191
CITRANATAL PAK ASSURE.....	234	CLIMARA DIS 0.0375MG	191
CLADOSPORIUM INJ 1:20	33	CLIMARA DIS 0.05MG.....	191
CLADOSPORIUM INJ CLADOSPO.....	33	CLIMARA DIS 0.06MG.....	191
CLADOSPORIUM SOL 1:20	33	CLIMARA DIS 0.075MG	191
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> ..	105	CLIMARA DIS 0.1MG.....	191
<i>claravis cap 10mg</i>	156	CLIMARA PRO DIS WEEKLY	190
<i>claravis cap 20mg</i>	156	<i>clindacin aer 1%</i>	156
<i>claravis cap 30mg</i>	156	<i>clindacin mis etz 1%</i>	156
<i>claravis cap 40mg</i>	156	<i>clindacin-p pad 1%</i>	156
<i>clariscan inj 10mmol</i>	179	<i>clindamycin hcl cap 150 mg</i>	55
<i>clariscan inj 2.5mmol</i>	179	<i>clindamycin hcl cap 300 mg</i>	55
<i>clariscan inj 50mmol</i>	179	<i>clindamycin hcl cap 75 mg</i>	55
<i>clariscan inj 5mmol</i>	179	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	56
<i>clariscan inj 7.5mmol</i>	179	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	156
<i>clarithromycin for susp 125 mg/5ml</i>	214	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	156
<i>clarithromycin for susp 250 mg/5ml</i>	214	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	156
<i>clarithromycin tab 250 mg</i>	214	<i>clindamycin phosphate foam 1%</i>	156
<i>clarithromycin tab 500 mg</i>	214	<i>clindamycin phosphate gel 1%</i>	156
<i>clarithromycin tab er 24hr 500 mg</i>	214	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	56
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	91	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	56
<i>clemastine fumarate tab 2.68 mg</i>	91	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	56
CLENPIQ SOL.....	211	<i>clindamycin phosphate inj 600 mg/4ml</i> ...56	
CLEOCIN CAP 150MG	55	<i>clindamycin phosphate inj 900 mg/6ml</i> ...56	
CLEOCIN CAP 300MG	55	<i>clindamycin phosphate inj 9 gm/60ml</i>	56
CLEOCIN CAP 75MG.....	55	<i>clindamycin phosphate lotion 1%</i>	156
CLEOCIN CRE 2% VAG	268	<i>clindamycin phosphate soln 1%</i>	156
CLEOCIN PED SOL 75MG/5ML	55	<i>clindamycin phosphate swab 1%</i>	156
CLEOCIN SUP 100MG	268	<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	156
CLEVER CHEK TES	175	<i>clindamycin phosphate vaginal cream 2%</i>	268
CLEVER CHEK TES AUTO CD	175		
CLEVER CHEK TES TALK	175		
CLEVER CHEK TES VOICE.....	176		
CLEVER CHOIC MIS TENS UNI	217		
CLEVER CHOIC TES MICRO	176		
CLEVR CHOICE TES AUTO-CD.....	176		
CLEVR CHOICE TES NOCODE.....	176		
CLICKFINE MIS 31GX1/4.....	218		

<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%	156	<i>clonidine hcl inj (for epidural infusion) 100</i> <i>mcg/ml</i>	42
CLINDAVIX KIT	156	<i>clonidine hcl inj (for epidural infusion) 500</i> <i>mcg/ml</i>	42
CLINDMYC/NAC INJ 300/50ML	56	<i>clonidine hcl tab 0.1 mg</i>	97
CLINDMYC/NAC INJ 600/50ML	56	<i>clonidine hcl tab 0.2 mg</i>	97
CLINDMYC/NAC INJ 900/50ML	56	<i>clonidine hcl tab 0.3 mg</i>	97
<i>clinisol sf inj 15%</i>	241	<i>clonidine hcl tab er 12hr 0.1 mg</i>	28
CLINOLIPID EMU 20%	241	<i>clonidine hcl tab er 24hr 0.17 mg (base</i> <i>equivalent)</i>	98
<i>clobazam suspension 2.5 mg/ml</i>	68	<i>clonidine td patch weekly 0.1 mg/24hr</i>	98
<i>clobazam tab 10 mg</i>	68	<i>clonidine td patch weekly 0.2 mg/24hr</i>	98
<i>clobazam tab 20 mg</i>	68	<i>clonidine td patch weekly 0.3 mg/24hr</i>	98
<i>clobetasol propionate cream 0.05%</i>	163	<i>clopidogrel bisulfate tab 300 mg (base</i> <i>equiv)</i>	204
<i>clobetasol propionate emollient base cream</i> <i>0.05%</i>	163	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	204
<i>clobetasol propionate foam 0.05%</i>	163	<i>clorazepate dipotassium tab 15 mg</i>	59
<i>clobetasol propionate gel 0.05%</i>	163	<i>clorazepate dipotassium tab 3.75 mg</i>	59
<i>clobetasol propionate lotion 0.05%</i>	163	<i>clorazepate dipotassium tab 7.5 mg</i>	59
<i>clobetasol propionate oint 0.05%</i>	163	<i>clotrimazole cream 1%</i>	159
<i>clobetasol propionate shampoo 0.05%</i> ..	163	<i>clotrimazole soln 1%</i>	159
<i>clobetasol propionate soln 0.05%</i>	163	<i>clotrimazole troche 10 mg</i>	232
CLOBETAVIX KIT 0.05%	163	<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	159
CLOBEX LOT 0.05%	163	<i>clotrimazole w/ betamethasone lotion 1-</i> <i>0.05%</i>	159
CLOBEX SHA 0.05%	163	<i>clozapine orally disintegrating tab 100 mg</i>	125
CLOBEX SPR 0.05%	163	<i>clozapine orally disintegrating tab 12.5 mg</i>	125
<i>clodan sha 0.05%</i>	163	<i>clozapine orally disintegrating tab 150 mg</i>	125
CLODERM CRE 0.1%	163	<i>clozapine orally disintegrating tab 200 mg</i>	125
<i>clofarabine iv soln 1 mg/ml</i>	105	<i>clozapine orally disintegrating tab 25 mg</i> 125	
<i>clomid tab 50mg</i>	183	<i>clozapine tab 100 mg</i>	125
<i>clomipramine hcl cap 25 mg</i>	79	<i>clozapine tab 200 mg</i>	125
<i>clomipramine hcl cap 50 mg</i>	79	<i>clozapine tab 25 mg</i>	125
<i>clomipramine hcl cap 75 mg</i>	79	<i>clozapine tab 50 mg</i>	125
<i>clonazepam orally disintegrating tab 0.125</i> <i>mg</i>	68	CLOZARIL TAB 100MG	125
<i>clonazepam orally disintegrating tab 0.25</i> <i>mg</i>	68	CLOZARIL TAB 200MG	125
<i>clonazepam orally disintegrating tab 0.5 mg</i>	68	CLOZARIL TAB 25MG	125
<i>clonazepam orally disintegrating tab 1 mg</i>	68	CLOZARIL TAB 50MG	125
<i>clonazepam orally disintegrating tab 2 mg</i>	68		
<i>clonazepam tab 0.5 mg</i>	68		
<i>clonazepam tab 1 mg</i>	68		
<i>clonazepam tab 2 mg</i>	68		

C-NATE DHA CAP 28-1-200	234	COMFORT EZ MIS 32GX4MM	218
CNJ-016 INJ	249	COMFORT EZ MIS 32GX5MM	218
COAGADEX INJ 250UNIT.....	200	COMFORT EZ MIS 32GX6MM	218
COAGADEX INJ 500UNIT	200	COMFORT EZ MIS 32GX8MM	218
<i>coal tar soln 20%</i>	170	COMFORT EZ MIS 33GX4MM	218
COCAINE HCL SOL 40MG/ML	239	COMFORT EZ MIS 33GX5MM	218
COCKLEBUR EX SOL 1:20	33	COMFORT EZ MIS 33GX6MM	219
COCKROACH INJ 1:20.....	33, 174	COMFORT EZ MIS 33GX8MM	219
<i>codeine sulfate tab 30 mg</i>	42	COMFORT TOUC MIS 31GX4MM	219
CODEINE SULF TAB 15MG.....	42	COMFORT TOUC MIS 31GX5MM	219
CODEINE SULF TAB 60MG.....	42	COMFORT TOUC MIS 31GX6MM	219
COENZYME INJ Q-10	35	COMFORT TOUC MIS 31GX8MM	219
COLAZAL CAP 750MG.....	194	COMFORT TOUC MIS 32GX4MM	219
<i>colchicine tab 0.6 mg</i>	199	COMFORT TOUC MIS 32GX5MM	219
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	198	COMFORT TOUC MIS 32GX6MM	219
<i>colesevelam hcl packet for susp 3.75 gm</i>	92	COMFORT TOUC MIS 32GX8MM	219
<i>colesevelam hcl tab 625 mg</i>	92	COMFORT TOUC MIS 33GX1/4.....	219
COLESTID FLA GRA 5/7.5GM	92	COMFORT TOUC MIS 33GX3/16.....	219
COLESTID FLA GRA 5GM	92	COMFORT TOUC MIS 33GX5/32	219
COLESTID GRA 5GM	92	COMPLERA TAB	129
COLESTID POW 5GM	92	COMPLETENATE CHW	234
COLESTID TAB 1GM	92	COMPLETE NAT PAK DHA.....	234
<i>colestipol hcl granule packets 5 gm</i>	92	<i>compro sup 25mg</i>	127
<i>colestipol hcl granules 5 gm</i>	92	COMTAN TAB 200MG.....	120
<i>colestipol hcl tab 1 gm</i>	92	CO-NATAL FA TAB 29-1MG	234
<i>colistimethate sod for inj 150 mg (colistin</i> <i>base activity)</i>	56	CONCEPT DHA CAP.....	234
COLLANEX POW	172	CONCEPT OB CAP	234
COLUMVI INJ 10/10ML.....	108	CONCERTA TAB 18MG.....	29
COLUMVI INJ 2.5MG	108	CONCERTA TAB 27MG	29
COMBIGAN SOL 0.2/0.5%.....	242	CONCERTA TAB 36MG	29
COMBIPATCH DIS	190	CONCERTA TAB 54MG.....	29
COMBOGESIC INJ 300-1000	39	CONDYLOX GEL 0.5%.....	167
COMETRIQ KIT 100MG.....	114	CONFIRM/MICR TES GLUCOSE.....	176
COMETRIQ KIT 140MG.....	114	CONJUPRI TAB 2.5MG	136
COMETRIQ KIT 60MG	114	CONJUPRI TAB 5MG	136
COMFORT EZ MIS 29GX12MM	218	<i>constulose sol 10gm/15</i>	212
COMFORT EZ MIS 30GX8MM	218	CONTOUR TES BLD GLUC	176
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COMFORT EZ MIS 31GX5MM	218	COOL BLOOD TES GLUCOSE	176
COMFORT EZ MIS 31GX6MM	218	COPAXONE INJ 20MG/ML	256
COMFORT EZ MIS 31GX8MM	218	COPAXONE INJ 40MG/ML	256
		COPIKTRA CAP 15MG	114
		COPIKTRA CAP 25MG.....	114

CORDRAN 80X3 TAP 4MCG/CM	163	CRESEMBA CAP 186 MG	90
CORDRAN CRE 0.05%	163	CRESEMBA CAP 74.5MG	89
CORDRAN LOT 0.05%.....	163	CRESTOR TAB 10MG	93
COREG CR CAP 10MG	133	CRESTOR TAB 20MG	93
COREG CR CAP 20MG.....	133	CRESTOR TAB 40MG	93
COREG CR CAP 40MG	133	CRESTOR TAB 5MG.....	93
COREG CR CAP 80MG	133	CRINONE GEL 4% VAG.....	268
COREG TAB 12.5MG.....	133	CRINONE GEL 8% VAG.....	268
COREG TAB 25MG	133	<i>cromolyn sodium ophth soln 4%</i>	<i>247</i>
COREG TAB 3.125MG.....	133	<i>cromolyn sodium oral conc 100 mg/5ml</i>	<i>193</i>
COREG TAB 6.25MG	133	<i>cromolyn sodium soln nebu 20 mg/2ml....</i>	<i>61</i>
CORGARD TAB 20MG	134	<i>crotran lot 10%</i>	<i>170</i>
CORGARD TAB 40MG	135	<i>cryselle-28 tab 28 tabs</i>	<i>146</i>
CORIFACT KIT.....	200	CRYSVITA INJ 10MG/ML	186
CORLANOR TAB 5MG	143	CRYSVITA INJ 20MG/ML.....	186
CORLANOR TAB 7.5MG	143	CRYSVITA INJ 30MG/ML.....	186
CORN POLLEN SOL 1:20	33	CUPRIMINE CAP 250MG.....	229
CORTEF TAB 10MG.....	151	CURAFOAM AG PAD 4.....	172
CORTEF TAB 20MG	151	CURITY HYPER MIS 1/2	172
CORTEF TAB 5MG.....	151	CURITY NAACL PAD 6.....	172
CORTIFOAM AER 90MG	53	<i>curity salin sol 0.9% irr.....</i>	<i>197</i>
CORTISONE TAB 25MG	151	CUTAQUIG SOL 1.65GM	249
CORTROPHIN GEL 80UNIT.....	183	CUTAQUIG SOL 1GM	249
COSELA INJ 300MG.....	118	CUTAQUIG SOL 2GM	249
COSENTYX INJ 125/5ML	161	CUTAQUIG SOL 3.3GM	249
COSENTYX INJ 150MG/ML.....	161	CUTAQUIG SOL 4GM	249
COSENTYX INJ 300DOSE.....	161	CUTAQUIG SOL 8GM	249
COSENTYX INJ 75MG/0.5.....	161	CUVITRU INJ 10/50ML	249
COSENTYX PEN INJ 150MG/ML	161	CUVITRU INJ 2GM/10ML.....	249
COSENTYX PEN INJ 300DOSE	161	CUVITRU INJ 4GM/20ML.....	249
COSENTYX UNO INJ 300/2ML.....	161	CUVITRU INJ 8GM/40ML.....	249
<i>cosyntropin for inj 0.25 mg.....</i>	<i>174</i>	CUVITRU SOL 1GM/5ML.....	249
COTELLIC TAB 20MG.....	114	CUVRIOR TAB 300MG	229
COTEMPLA XR TAB 17.3MG.....	29	CVS ADVANCED TES GLUCOSE	176
COTEMPLA XR TAB 25.9MG.....	29	CVS GLUCOSE TES TEST STR	176
COTEMPLA XR TAB 8.6MG.....	29	CVS LANCING MIS DEVICE.....	215
COZAAR TAB 100MG	97	CVS PRENATAL CHW GUMMY	234
COZAAR TAB 25MG	97	CYANOCOBALAM SOL 2000MCG	205
COZAAR TAB 50MG	97	<i>cyclobenzaprine hcl tab 10 mg.....</i>	<i>237</i>
CREON CAP 12000UNT	180	<i>cyclobenzaprine hcl tab 5 mg</i>	<i>237</i>
CREON CAP 24000UNT.....	180	<i>cyclopentolate hcl ophth soln 1%</i>	<i>243</i>
CREON CAP 3000UNIT	180	<i>cyclophosphamide cap 25 mg</i>	<i>104</i>
CREON CAP 36000UNT.....	180	<i>cyclophosphamide cap 50 mg</i>	<i>104</i>
CREON CAP 6000UNIT	180	<i>cyclophosphamide for inj 1 gm</i>	<i>104</i>

<i>cyclophosphamide for inj 2 gm</i>	104
<i>cyclophosphamide for inj 500 mg</i>	104
<i>cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)</i>	104
<i>cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)</i>	105
<i>cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)</i>	105
<i>cycloserine cap 250 mg</i>	104
<i>cyclosporine cap 100 mg</i>	230
<i>cyclosporine cap 25 mg</i>	230
<i>cyclosporine iv soln 50 mg/ml</i>	230
<i>cyclosporine modified cap 100 mg</i>	231
<i>cyclosporine modified cap 25 mg</i>	230
<i>cyclosporine modified cap 50 mg</i>	230
<i>cyclosporine modified oral soln 100 mg/ml</i>	231
CYLTEZO INJ 10/0.2ML	36
CYLTEZO INJ 20/0.4ML	36
CYLTEZO INJ 40/0.8ML	37
CYLTEZO INJ CROHNS	37
CYLTEZO INJ PSORIASI	37
CYMBALTA CAP 20MG	78
CYMBALTA CAP 30MG	78
CYMBALTA CAP 60MG	78
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	91
<i>cyproheptadine hcl tab 4 mg</i>	91
CYRAMZA INJ 100/10ML	107
CYRAMZA INJ 500/50ML	107
<i>cyred eq tab</i>	146
CYSTADANE POW	186
CYSTADROPS SOL 0.37%	247
CYSTAGON CAP 150MG	197
CYSTAGON CAP 50MG	197
CYSTARAN SOL 0.44%	247
<i>cytarabine inj 20 mg/ml</i>	105
<i>cytarabine inj pf 100 mg/ml</i>	105
<i>cytarabine inj pf 20 mg/ml</i>	105
CYTOMEL TAB 25MCG	260
CYTOMEL TAB 50MCG	260
CYTOMEL TAB 5MCG	260
CYTOTEC TAB 100MCG	266
CYTOTEC TAB 200MCG	266
<i>cytra k gra crystals</i>	197

D	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	67
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	67
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	67
<i>dacarbazine for inj 100 mg</i>	118
<i>dacarbazine for inj 200 mg</i>	118
<i>dactinomycin for inj 0.5 mg</i>	112
<i>dalfampridine tab er 12hr 10 mg</i>	256
DALIRESP TAB 250MCG	62
DALIRESP TAB 500MCG	62
<i>danazol cap 100 mg</i>	52
<i>danazol cap 200 mg</i>	52
<i>danazol cap 50 mg</i>	52
DANDELION INJ 1:20	33
DANTRIUM CAP 25MG	238
<i>dantrolene sodium cap 100 mg</i>	238
<i>dantrolene sodium cap 25 mg</i>	238
<i>dantrolene sodium cap 50 mg</i>	238
<i>dantrolene sodium for iv soln 20 mg</i>	238
DANYELZA INJ 40/10ML	108
<i>dapsone gel 5%</i>	156
<i>dapsone gel 7.5%</i>	156
<i>dapsone tab 100 mg</i>	55
<i>dapsone tab 25 mg</i>	55
DAPTOMY/NAACL INJ 1000/100	54
DAPTOMY/NAACL INJ 350/50ML	54
DAPTOMY/NAACL INJ 500/50ML	54
DAPTOMY/NAACL INJ 700/100	54
<i>daptomycin for iv soln 350 mg</i>	55
<i>daptomycin for iv soln 500 mg</i>	55
DARAPRIM TAB 25MG	103
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	267
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	267
<i>darunavir tab 600 mg</i>	129
<i>darunavir tab 800 mg</i>	129
DARZALEX SOL 100/5ML	108
DARZALEX SOL 100MG/5M	108
DARZALEX SOL 400/20ML	108
DARZALEX SOL 400MG/20	108

DARZALEX SOL FASPRO	113	<i>demeclocycline hcl tab 150 mg</i>	259
<i>dasetta tab 1/35</i>	146	<i>demeclocycline hcl tab 300 mg</i>	259
<i>dasetta tab 7/7/7</i>	146	DEOXIADENTAR GEL	156
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	112	DEOXIA GEL	156
DAURISMO TAB 100MG	110	DEOXIA LOT	156
DAURISMO TAB 25MG	110	DEOXIATAR SOL	156
DAXXIFY INJ 100U	166	DEOXIAVAR CRE	156
DAYAVITE TAB	233	DEPAKOTE ER TAB 250MG	74
<i>daysee tab</i>	146	DEPAKOTE ER TAB 500MG	74
DAYTRANA DIS 10MG/9HR	29	DEPAKOTE SPR CAP 125MG	74
DAYTRANA DIS 15MG/9HR	29	DEPAKOTE TAB 125MG DR	74
DAYTRANA DIS 20MG/9HR	30	DEPAKOTE TAB 250MG DR	74
DAYTRANA DIS 30MG/9HR	30	DEPAKOTE TAB 500MG DR	74
DAYVIGO TAB 10MG	211	DEPO-PROVERA INJ 150MG/ML	150
DAYVIGO TAB 5MG	211	DEPO-SQ PROV INJ 104	150
DAZAVEIDAOXI GEL	170	<i>depo-testost inj 100mg/ml</i>	52
DAZOMON GEL 0.25%	170	<i>depo-testost inj 200mg/ml</i>	52
D-CARE BLOOD TES GLUCOSE	176	DERMACINRX CAP PROBISOL	86
<i>deblitane tab 0.35mg</i>	150	DERMACINRX CAP PROBITRA	86
<i>decitabine for inj 50 mg</i>	106	DERMACINRX TAB PRETRATE	234
DEFENCATH SOL	67	DERMALID PAK	167
<i>deferasirox granules packet 180 mg</i>	87	DERMA-SMOOTH OIL /FS BODY	163
<i>deferasirox granules packet 360 mg</i>	87	DERMA-SMOOTH OIL /FS SCLP	163
<i>deferasirox granules packet 90 mg</i>	87	DERMASO PLUS CRE	168
<i>deferasirox tab 180 mg</i>	87	DERPIXA GEL	172
<i>deferasirox tab 360 mg</i>	87	DESCOVY TAB 120-15MG	129
<i>deferasirox tab 90 mg</i>	87	DESCOVY TAB 200/25MG	129
<i>deferasirox tab for oral susp 125 mg</i>	87	DESFERAL INJ 500MG	87
<i>deferasirox tab for oral susp 250 mg</i>	87	<i>desflurane inhal soln</i>	197
<i>deferasirox tab for oral susp 500 mg</i>	87	<i>desipramine hcl tab 100 mg</i>	79
<i>deferiprone tab 1000 mg</i>	87	<i>desipramine hcl tab 10 mg</i>	79
<i>deferiprone tab 500 mg</i>	87	<i>desipramine hcl tab 150 mg</i>	79
<i>deferoxamine mesylate for inj 2 gm</i>	87	<i>desipramine hcl tab 25 mg</i>	79
<i>deferoxamine mesylate for inj 500 mg</i>	87	<i>desipramine hcl tab 50 mg</i>	79
DEFITELIO INJ 200/2.5	205	<i>desipramine hcl tab 75 mg</i>	79
<i>deflazacort tab 18 mg</i>	151	<i>desloratadine tab 5 mg</i>	91
<i>deflazacort tab 30 mg</i>	151	<i>desloratadine tab orally disintegrating 2.5 mg</i>	91
<i>deflazacort tab 36 mg</i>	151	<i>desloratadine tab orally disintegrating 5 mg</i>	91
<i>deflazacort tab 6 mg</i>	151	<i>desmopressin acetate inj 4 mcg/ml</i>	188
DELSTRIGO TAB	129	<i>desmopressin acetate nasal spray soln 0.01%</i>	189
DELUO SPR	172		
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<i>emtricitabine caps 200 mg</i>	129	<i>mg/0.8ml</i>	66
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>enoxaparin sodium inj soln pref syr 150</i>	
<i>tab 100-150 mg</i>	129	<i>mg/ml</i>	66
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>enoxaparin sodium inj soln pref syr 30</i>	
<i>tab 133-200 mg</i>	129	<i>mg/0.3ml</i>	66
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>enoxaparin sodium inj soln pref syr 40</i>	
<i>tab 167-250 mg</i>	129	<i>mg/0.4ml</i>	66
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>enoxaparin sodium inj soln pref syr 60</i>	
<i>tab 200-300 mg</i>	129	<i>mg/0.6ml</i>	66
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FENTANYL CIT INJ 2750MCG	43	FENTANYL CIT SOL 10MCG/ML.....	43
FENTANYL CIT INJ 50MCG/ML	42	FENTANYL CIT SOL 2500/50	43
FENTANYL CIT INJ 550/55ML	43	FENTANYL CIT SOL 2500MCG.....	43
FENTANYL CIT INJ 5MCG/ML.....	42	FENTANYL INJ 5000/100	44
FENTANYL CIT INJ ROPIV.....	50	FENTANYL INJ 50MCG/ML	43
<i>fentanyl citrate buccal tab 100 mcg (base</i>		FENTANYL ROP INJ 2MCG/ML.....	50
<i>equiv)</i>	43	FENTANYL ROP INJ NACL.....	50
<i>fentanyl citrate buccal tab 200 mcg (base</i>		<i>fentanyl td patch 72hr 100 mcg/hr</i>	44
<i>equiv)</i>	43	<i>fentanyl td patch 72hr 12 mcg/hr.....</i>	44
<i>fentanyl citrate buccal tab 400 mcg (base</i>		<i>fentanyl td patch 72hr 25 mcg/hr</i>	44
<i>equiv)</i>	43	<i>fentanyl td patch 72hr 37.5 mcg/hr.....</i>	44
<i>fentanyl citrate buccal tab 600 mcg (base</i>		<i>fentanyl td patch 72hr 50 mcg/hr.....</i>	44
<i>equiv)</i>	43	<i>fentanyl td patch 72hr 62.5 mcg/hr.....</i>	44
<i>fentanyl citrate buccal tab 800 mcg (base</i>		<i>fentanyl td patch 72hr 75 mcg/hr</i>	44
<i>equiv)</i>	43	<i>fentanyl td patch 72hr 87.5 mcg/hr.....</i>	44
<i>fentanyl citrate lozenge on a handle 1200</i>		FENT-BUP-NAC INJ	49
<i>mcg</i>	43	FENTNYL/NACL INJ 1.25/250	44
<i>fentanyl citrate lozenge on a handle 1600</i>		FENTNYL/NACL INJ 10/2ML	44
<i>mcg</i>	43	FENTNYL/NACL INJ 10MCG/ML	44
<i>fentanyl citrate lozenge on a handle 200</i>		FENTNYL/NACL INJ 1M/100ML.....	44
<i>mcg</i>	43	FENTNYL/NACL INJ 2/100ML.....	44

FENTNYL/NACL INJ 2.5/100	44	FIRE ANT INJ 1:10	33
FENTNYL/NACL INJ 2.5/250.....	44	FIRMAGON INJ 120MG	111
FENTNYL/NACL INJ 500/50ML	44	FIRMAGON INJ 80MG.....	111
FENTORA TAB 100MCG	44	FIRST-METRON SUS 50MG/ML	53
FENTORA TAB 200MCG.....	44	FIRST-OMEPPRA SUS 2MG/ML	265
FENTORA TAB 400MCG.....	44	FIRST PANTPR SUS 4MG/ML	265
FENTORA TAB 600MCG.....	44	FIRVANQ SOL 25MG/ML.....	55
FENTORA TAB 800MCG.....	44	FIRVANQ SOL 50MG/ML.....	55
FEONYX TAB	207	<i>flac oil 0.01%</i>	248
FERIVA TAB 21/7.....	208	FLAREX SUS 0.1% OP.....	245
FERPRX 2-DAY TAB 1000MG.....	87	<i>flavoxate hcl tab 100 mg</i>	267
FERRIPROX SOL 100MG/ML.....	87	FLEBOGAMMA INJ 10/200ML	249
FERRIPROX TAB 1000MG.....	87	FLEBOGAMMA INJ 20/400ML	249
FERRIPROX TAB 500MG	87	FLEBOGAMMA INJ DIF 5%.....	249
FERRO-PLEX TAB.....	208	<i>flecainide acetate tab 100 mg</i>	60
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	267	<i>flecainide acetate tab 150 mg</i>	60
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	267	<i>flecainide acetate tab 50 mg</i>	60
FIASP FLEX INJ TOUCH	83	FLEQSUVY SUS 25MG/5ML	237
FIASP INJ 100/ML.....	83	FLOLAN INJ 0.5MG	141
FIASP PENFIL INJ U-100	83	FLOLAN INJ 1.5MG	141
FIASP PMPCRT INJ U-100	83	FLOLIPID SUS 20MG/5ML.....	93
FIBRYGA INJ 1GM.....	201	FLOLIPID SUS 40MG/5ML	93
FIFTY50 GLUC TES 2.0	176	FLOMAX CAP 0.4MG.....	198
FIFTY50 MIS 31GX3/16	219	<i>floxuridine for inj 0.5 gm</i>	106
FIFTY50 MIS 31GX5/16	219	<i>fluconazole for susp 10 mg/ml</i>	90
FIFTY50 MIS 31GX5MM.....	219	<i>fluconazole for susp 40 mg/ml</i>	90
FIFTY50 PEN MIS 31GX8MM	219	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	90
FIFTY50 PEN MIS 32GX4MM.....	220	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	90
FIFTY50 PEN MIS 32GX6MM.....	220	FLUCONAZOLE SOL /NACL.....	90
FILSPARI TAB 200MG	198	<i>fluconazole tab 100 mg</i>	90
FILSPARI TAB 400MG	198	<i>fluconazole tab 150 mg</i>	90
FILSUVEZ GEL 10%.....	172	<i>fluconazole tab 200 mg</i>	90
FINACEA AER 15%	170	<i>fluconazole tab 50 mg</i>	90
FINAPID SOL 0.1-5%.....	166	<i>flucytosine cap 250 mg</i>	89
FINAPOD SOL 0.1-7%	166	<i>fludarabine phosphate for inj 50 mg</i>	106
FINAPODTAR SOL.....	166	<i>fludarabine phosphate inj 25 mg/ml</i>	106
<i>finasteride tab 5 mg</i>	198	<i>fludrocortisone acetate tab 0.1 mg</i>	154
<i>finngolimod hcl cap 0.5 mg (base equiv)</i>	256	<i>flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)</i>	88
FINTEPLA SOL 2.2MG/ML.....	69	<i>flumazenil iv soln 1 mg/10ml (0.1 mg/ml)</i>	88
<i>finzala chw fe 1/20</i>	146	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	239
FIORICET CAP	42		
FIRAZYR INJ 30MG/3ML.....	203		
FIRDAPSE TAB 10MG.....	103		
FIRE ANT EXT INJ 1:20	33		

<i>fluocinolone acetonide (otic) oil 0.01%</i> ..248	<i>fluphenazine hcl oral conc 5 mg/ml</i>.....127
<i>fluocinolone acetonide cream 0.01%</i> .....164	<i>fluphenazine hcl tab 10 mg</i>.....127
<i>fluocinolone acetonide cream 0.025%</i> ...164	<i>fluphenazine hcl tab 1 mg</i> .....127
<i>fluocinolone acetonide oil 0.01% (body oil)</i> .....164	<i>fluphenazine hcl tab 2.5 mg</i> .....127
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....164	<i>fluphenazine hcl tab 5 mg</i> .....127
<i>fluocinolone acetonide oint 0.025%</i>.....164	<i>flurazepam hcl cap 15 mg</i>.....209
<i>fluocinolone acetonide soln 0.01%</i> .....164	<i>flurazepam hcl cap 30 mg</i>.....209
<i>fluocinonide cream 0.05%</i>.....164	<i>flurbiprofen sodium ophth soln 0.03%</i> ..247
<i>fluocinonide emulsified base cream 0.05%</i> .....164	<i>flurbiprofen tab 100 mg</i>.....39
<i>fluocinonide gel 0.05%</i> .....164	<i>flurbiprofen tab 50 mg</i>.....39
<i>fluocinonide oint 0.05%</i> .....164	<i>fluticasone propionate cream 0.05%</i> .....164
<i>fluocinonide soln 0.05%</i>.....164	<i>fluticasone propionate lotion 0.05%</i> .....164
<i>fluorescein sodium iv soln 10%</i>.....247	<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>.....239
<i>fluorescein w/ benoxinate ophth soln 0.25-</i> <i>0.4%</i> .....247	<i>fluticasone propionate oint 0.005%</i> .....164
<i>fluorescein w/ proparacaine ophth soln</i> <i>0.25-0.5%</i> .....247	<i>fluticasone-salmeterol aer powder ba 100-</i> <i>50 mcg/act</i>.....63
<i>fluorometholone ophth susp 0.1%</i> .....245	<i>fluticasone-salmeterol aer powder ba 250-</i> <i>50 mcg/act</i>.....63
<i>fluorouracil cream 5%</i> .....160	<i>fluticasone-salmeterol aer powder ba 500-</i> <i>50 mcg/act</i>.....63
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> .....106	<i>fluvastatin sodium cap 20 mg (base</i> <i>equivalent)</i>.....93
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> .....106	<i>fluvastatin sodium cap 40 mg (base</i> <i>equivalent)</i>.....93
<i>fluorouracil iv soln 500 mg/10ml (50</i> <i>mg/ml)</i> .....106	<i>fluvastatin sodium tab er 24 hr 80 mg (base</i> <i>equivalent)</i> .....94
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> .....106	<i>fluvoxamine maleate cap er 24hr 100 mg</i> .76
<i>fluorouracil soln 2%</i> .....160	<i>fluvoxamine maleate cap er 24hr 150 mg</i> .76
<i>fluorouracil soln 5%</i> .....161	<i>fluvoxamine maleate tab 100 mg</i>.....76
<i>FLUOVIX PLUS PAK 0.1%</i>.....164	<i>fluvoxamine maleate tab 25 mg</i>.....76
<i>fluoxetine hcl cap 10 mg</i>.....76	<i>fluvoxamine maleate tab 50 mg</i> .....76
<i>fluoxetine hcl cap 20 mg</i>.....76	<i>FLYPROGPIDTA SOL</i> .....166
<i>fluoxetine hcl cap 40 mg</i>.....76	<i>FML FORTE SUS 0.25% OP</i> .....245
<i>fluoxetine hcl cap delayed release 90 mg</i> 76	<i>FML LIQUIFLM SUS 0.1% OP</i> .....246
<i>fluoxetine hcl solution 20 mg/5ml</i> .....76	<i>FOCALIN TAB 10MG</i>.....30
<i>fluoxetine hcl tab 10 mg</i> .....76	<i>FOCALIN TAB 2.5MG</i> .....30
<i>fluoxetine hcl tab 20 mg</i>.....76	<i>FOCALIN TAB 5MG</i> .....30
<i>FLUOXIA CRE 0.05-4%</i>.....157	<i>FOCALIN XR CAP 10MG</i> .....30
<i>fluphenazine decanoate inj 25 mg/ml</i> ....127	<i>FOCALIN XR CAP 15MG</i>.....30
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....127	<i>FOCALIN XR CAP 20MG</i>.....30
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....127	<i>FOCALIN XR CAP 25MG</i> .....30
	<i>FOCALIN XR CAP 30MG</i>.....30
	<i>FOCALIN XR CAP 35MG</i>.....30

FOCALIN XR CAP 40MG.....	30	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	63
FOCALIN XR CAP 5MG	30	.....	63
FOLAGENT CAP DHA.....	233	FORTEO INJ 600/2.4	183
FOLAMAX TAB	233	FORTESTA GEL 10MG/ACT	52
FOLAMED DHA CAP.....	233	FORTISCARE TES BLD GLUC.....	177
FOLIC D3 CAP	208	FORTISCARE TES G1 BLOOD	177
FOLI-D TAB.....	208	FOSAMAX TAB 70MG.....	183
FOLITE TAB	208	<i>fosamprenavir calcium tab 700 mg (base</i>	
FOLIVANE-OB CAP	234	<i>equiv).....</i>	129
FOLLISTIM AQ INJ 300UNIT	184	<i>fosaprepitant dimeglumine for iv infusion</i>	
FOLLISTIM AQ INJ 600UNIT	184	<i>150 mg (base eq).....</i>	89
FOLLISTIM AQ INJ 900UNIT	184	<i>foscarnet sodium inj 6000 mg/250ml (24</i>	
FOLOTYN INJ 20MG/ML	106	<i>mg/ml)</i>	131
FOLOTYN INJ 40MG/2ML.....	106	<i>fosfomycin tromethamine powd pack 3 gm</i>	
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	87	<i>(base equivalent).....</i>	56
<i>fondaparinux sodium subcutaneous inj 10</i>		<i>fosinopril sodium & hydrochlorothiazide tab</i>	
<i>mg/0.8ml.....</i>	66	<i>10-12.5 mg</i>	100
<i>fondaparinux sodium subcutaneous inj 2.5</i>		<i>fosinopril sodium & hydrochlorothiazide tab</i>	
<i>mg/0.5ml.....</i>	66	<i>20-12.5 mg.....</i>	100
<i>fondaparinux sodium subcutaneous inj 5</i>		<i>fosinopril sodium tab 10 mg.....</i>	95
<i>mg/0.4ml.....</i>	66	<i>fosinopril sodium tab 20 mg</i>	95
<i>fondaparinux sodium subcutaneous inj 7.5</i>		<i>fosinopril sodium tab 40 mg.....</i>	95
<i>mg/0.6ml.....</i>	66	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
FORA 6 MIS CONNECT.....	176	<i>(phenytoin equiv)</i>	74
FORA ADVANCE TES PRO	176	<i>fosphenytoin sodium inj 500 mg/10ml</i>	
FORA BLOOD TES GLUCOSE.....	176	<i>(phenytoin equiv)</i>	74
FORACARE TES GD40	177	FOSRENOL CHW 1000MG.....	196
FORACARE TES PREM V10	177	FOSRENOL CHW 500MG.....	196
FORACARE TES TST N GO	177	FOSRENOL CHW 750MG.....	196
FORA D15G TES BLD GLUC.....	176	FOSRENOL POW 1000MG	196
FORA D20 TES BLD GLUC.....	176	FOSRENOL POW 750MG	196
FORA D40/G31 TES GLUCOSE	176	FOSTEUM CAP	179
FORA G20 TES BLD GLUC.....	177	FOSTEUM PLUS CAP	179
FORA G30/V10 TES BLD GLUC	177	FOTIVDA CAP 0.89MG.....	114
FORA GD20 TES BLD GLUC	177	FOTIVDA CAP 1.34MG.....	114
FORA GD50 TES	177	FRAGMIN INJ 10000/ML.....	66
FORA GTEL TES BLD GLUC.....	177	FRAGMIN INJ 12500UNT	66
FORA MIS LANCING	215	FRAGMIN INJ 15000UNT.....	66
FORA TN'G TES TN'G VOI	177	FRAGMIN INJ 18000UNT.....	66
FORA V10 TES BLD GLUC.....	177	FRAGMIN INJ 2500/0.2.....	66
FORA V12 TES BLD GLUC	177	FRAGMIN INJ 2500/ML.....	66
FORA V20 TES BLD GLUC	177	FRAGMIN INJ 5000/0.2	66
FORA V30A TES BLD GLUC	177	FRAGMIN INJ 7500/0.3.....	66
<i>formaldehyde solution 10%</i>	128	FRAGMIN INJ 95000UNT	66

FREESTYLE TES	177	<i>gadoterate meglumine iv soln 10</i>	
FREESTYLE TES INSULINX.....	177	<i>mmol/20ml (0.5 mmol/ml).....</i>	179
FREESTYLE TES LITE.....	177	<i>gadoterate meglumine iv soln 2.5</i>	
FREESTYLE TES PREC NEO	177	<i>mmol/5ml (0.5 mmol/ml)</i>	179
FROTEK CRE 10%.....	159	<i>gadoterate meglumine iv soln 50</i>	
<i>frovatriptan succinate tab 2.5 mg (base</i>		<i>mmol/100ml (0.5 mmol/ml)</i>	179
<i>equivalent).....</i>	227	<i>gadoterate meglumine iv soln 5 mmol/10ml</i>	
FRUZAQLA CAP 1MG	107	<i>(0.5 mmol/ml)</i>	179
FRUZAQLA CAP 5MG	107	<i>gadoterate meglumine iv soln 7.5</i>	
FULPHILA INJ 6/0.6ML	206	<i>mmol/15ml (0.5 mmol/ml)</i>	179
<i>fulvestrant inj soln pref syr 250 mg/5ml ...</i>	111	GALAFOLD CAP 123MG	186
FUNGIMEZ SOL.....	160	<i>galantamine hydrobromide cap er 24hr 16</i>	
FUROSCIX KIT 80/10ML.....	181	<i>mg</i>	254
<i>furosemide inj 10 mg/ml.....</i>	181	<i>galantamine hydrobromide cap er 24hr 24</i>	
FUROSEMIDE INJ NACL.....	181	<i>mg</i>	254
<i>furosemide oral soln 10 mg/ml.....</i>	181	<i>galantamine hydrobromide cap er 24hr 8</i>	
<i>furosemide oral soln 8 mg/ml</i>	181	<i>mg</i>	254
<i>furosemide tab 20 mg</i>	181	<i>galantamine hydrobromide oral soln 4</i>	
<i>furosemide tab 40 mg</i>	181	<i>mg/ml</i>	254
<i>furosemide tab 80 mg</i>	181	<i>galantamine hydrobromide tab 12 mg ...</i>	254
FUZEON INJ 90MG.....	129	<i>galantamine hydrobromide tab 4 mg</i>	254
FYARRO SUS 100MG	114	<i>galantamine hydrobromide tab 8 mg</i>	254
<i>fyavolv tab 0.5-2.5.....</i>	190	GALAXTRA POW	179
<i>fyavolv tab 1-5</i>	190	GAMASTAN INJ	249
FYCOMPA SUS 0.5MG/ML.....	67	GAMMACORE D MIS SAPPHIRE	217
FYCOMPA TAB 10MG.....	68	GAMMACORE MIS	217
FYCOMPA TAB 12MG.....	68	GAMMACORE MIS REFILL	217
FYCOMPA TAB 2MG	67	GAMMACORE MIS SAPPHIRE.....	217
FYCOMPA TAB 4MG	68	GAMMAGARD INJ 10GM/100.....	249
FYCOMPA TAB 6MG	68	GAMMAGARD INJ 1GM/10ML.....	249
FYCOMPA TAB 8MG	68	GAMMAGARD INJ 2.5GM/25.....	249
FYLNETRA INJ 6MG/0.6	206	GAMMAGARD INJ 20GM/200	249
G		GAMMAGARD INJ 30GM/300	249
<i>gabapentin (once-daily) tab 300 mg.....</i>	257	GAMMAGARD INJ 5GM/50ML	249
<i>gabapentin (once-daily) tab 600 mg</i>	257	GAMMAGARD SD INJ 10GM HU	249
<i>gabapentin cap 100 mg.....</i>	69	GAMMAGARD SD INJ 5GM HU	249
<i>gabapentin cap 300 mg</i>	69	GAMMAKED INJ 10GM/100.....	250
<i>gabapentin cap 400 mg.....</i>	69	GAMMAKED INJ 1GM/10ML.....	250
<i>gabapentin oral soln 250 mg/5ml</i>	69	GAMMAKED INJ 20GM/200	250
<i>gabapentin tab 600 mg.....</i>	69	GAMMAKED INJ 5GM/50ML	250
<i>gabapentin tab 800 mg.....</i>	69	GAMMAPLEX INJ 10%.....	250
GABAPENTIN TAB TINYTABS.....	69	GAMMAPLEX INJ 5%	250
<i>gadobutrol inj 1 mmol/ml (604.72 mg/ml)</i>		GAMUNEX-C INJ 10GM/100.....	250
<i>.....</i>	179	GAMUNEX-C INJ 1GM/10ML	250

GAMUNEX-C INJ 2.5GM/25	250	GENOTROPIN INJ 0.8MG	184
GAMUNEX-C INJ 20GM/200	250	GENOTROPIN INJ 1.2MG	184
GAMUNEX-C INJ 40/400ML.....	250	GENOTROPIN INJ 1.4MG	184
GAMUNEX-C INJ 5GM/50ML	250	GENOTROPIN INJ 1.6MG	184
GANCICLOVIR INJ 500/25	131	GENOTROPIN INJ 1.8MG	184
GANCICLOVIR INJ 500MG.....	131	GENOTROPIN INJ 12MG	184
<i>ganciclovir sodium for inj 500 mg</i>	131	GENOTROPIN INJ 1MG.....	184
GANIRELIX AC INJ 250/0.5	184	GENOTROPIN INJ 2MG	184
<i>gatifloxacin ophth soln 0.5%</i>	244	GENOTROPIN INJ 5MG	184
GATTEX KIT 5MG	196	<i>gentamicin in saline inj 0.8 mg/ml</i>	35
<i>gavilyte-c sol</i>	211	<i>gentamicin in saline inj 1.2 mg/ml</i>	36
<i>gavilyte-g sol</i>	211	<i>gentamicin in saline inj 1.6 mg/ml</i>	36
GAVRETO CAP 100MG.....	114	<i>gentamicin in saline inj 1 mg/ml</i>	35
GAZYVA INJ 25MG/ML.....	108	<i>gentamicin in saline inj 2 mg/ml</i>	36
GE100 BLOOD TES GLUCOSE	177	<i>gentamicin sulfate cream 0.1%</i>	159
<i>gefitinib tab 250 mg</i>	110	<i>gentamicin sulfate inj 10 mg/ml</i>	36
GEL-FLOW KIT	208	<i>gentamicin sulfate inj 40 mg/ml</i>	36
GELFOAM-JMI KIT POWDER	208	<i>gentamicin sulfate oint 0.1%</i>	159
GELFOAM-JMI KIT SPONGE.....	208	<i>gentamicin sulfate ophth soln 0.3%</i>	244
GEL-ONE INJ 30MG/3ML	238	GENTEEL PLUS MIS BLACK.....	215
GELSYN-3 INJ 16.8/2ML.....	238	GENTEEL PLUS MIS BLUE.....	216
GELX GEL	233	GENTEEL PLUS MIS PINK	216
<i>gemcitabine hcl for inj 1 gm</i>	106	GENTEEL PLUS MIS PURPLE.....	216
<i>gemcitabine hcl for inj 200 mg</i>	106	GENTEEL PLUS MIS WHITE	216
<i>gemcitabine hcl for inj 2 gm</i>	106	GENULTIMATE TES	177
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> <i>(base equiv)</i>	106	GENVISC 850 INJ 25/2.5.....	238
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i> <i>mg/ml) (base equiv)</i>	106	GENVOYA TAB.....	129
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i> <i>mg/ml) (base equiv)</i>	106	GERMAN INJ COCKROAC.....	33
<i>gemfibrozil tab 600 mg</i>	93	GHT TEST TES STRIPS.....	177
<i>gemmily cap 1/20</i>	146	GIAPREZA INJ 0.5MG/ML.....	270
GEMTESA TAB 75MG.....	267	GIAPREZA INJ 2.5MG	270
GENADUR LIQ.....	168	GILENYA CAP 0.25MG.....	256
<i>generlac sol 10gm/15</i>	195	GILENYA CAP 0.5MG.....	256
<i>gengraf cap 100mg</i>	231	GILOTRIF TAB 20MG.....	110
<i>gengraf cap 25mg</i>	231	GILOTRIF TAB 30MG.....	110
<i>gengraf sol 100mg/ml</i>	231	GILOTRIF TAB 40MG.....	110
GENICIN TAB VITA-D.....	208	GIMOTI SPR 15MG.....	193
GENICIN TAB VITA-Q.....	234	GIVLAARI INJ 189MG/ML	199
GENOTROPIN INJ 0.2MG.....	184	GLARGIN YFGN INJ 100U/ML.....	83
GENOTROPIN INJ 0.4MG	184	GLARGIN YFGN SOL 100U/ML	83
GENOTROPIN INJ 0.6MG	184	GLASSIA INJ.....	258
		<i>glatiramer acetate soln prefilled syringe 20</i> <i>mg/ml</i>	256

<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	256	<i>glyburide micronized tab 6 mg</i>	86
<i>glatopa inj 20mg/ml</i>	256	<i>glyburide tab 1.25 mg</i>	86
<i>glatopa inj 40mg/ml</i>	256	<i>glyburide tab 2.5 mg</i>	86
GLEEVEC TAB 100MG	114	<i>glyburide tab 5 mg</i>	86
GLEEVEC TAB 400MG	114	GLYCATE TAB 1.5MG	264
<i>glimepiride tab 1 mg</i>	86	<i>glycine diluent for injection</i>	253
<i>glimepiride tab 2 mg</i>	86	GLYCINE INJ 50MG/ML	242
<i>glimepiride tab 4 mg</i>	86	<i>glycine irrigation soln 1.5%</i>	197
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	80	GLYCOPYRROLA INJ 0.6/3ML	264
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ..	80	GLYCOPYRROLA INJ 1MG/5ML	264
<i>glipizide-metformin hcl tab 5-500 mg</i>	80	GLYCOPYRROLA TAB 1.5MG	264
<i>glipizide tab 10 mg</i>	86	<i>glycopyrrolate inj 0.2 mg/ml</i>	264
<i>glipizide tab 5 mg</i>	86	<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	264
<i>glipizide tab er 24hr 10 mg</i>	86	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> 264	
<i>glipizide tab er 24hr 2.5 mg</i>	86	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	264
<i>glipizide tab er 24hr 5 mg</i>	86	<i>glycopyrrolate inj pf soln prefilled syringe</i> <i>0.2 mg/ml</i>	264
<i>glipizide xl tab 10mg</i>	86	<i>glycopyrrolate inj pf soln pref syr 0.4</i> <i>mg/2ml (0.2 mg/ml)</i>	264
<i>glipizide xl tab 2.5mg</i>	86	<i>glycopyrrolate oral soln 1 mg/5ml</i>	264
<i>glipizide xl tab 5mg</i>	86	<i>glycopyrrolate tab 1 mg</i>	264
GLOBAL LANC MIS DEVICE	216	<i>glycopyrrolate tab 2 mg</i>	264
GLOPERBA SOL 0.6/5ML	199	<i>glydo gel 2%</i>	167
GLUCAGEN INJ HYPOKIT	82	GLYRX-PF INJ .6MG/3ML	264
<i>glucagon (rdna) for inj kit 1 mg</i>	82	GLYRX-PF INJ 1MG/5ML	264
GLUCAGON EMR SOL 1MG	82	GLYRX-PF SOL 0.2MG/ML	264
GLUCOCARD 01 TES PLUS	177	GLYRX-PF SOL 0.4/2	264
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GLUCO PERFEC TES 3	177	GNP ULTICARE MIS 31GX5MM	220
GLUCOSE TES STRIPS	177	GNP ULTICARE MIS 32GX1/4	220
GLUMETZA TAB 1000MG	82	GNP ULTICARE MIS 32GX5/32	220
GLUMETZA TAB 500MG	82	GOCOVRI CAP 137MG	121
GLUTATHIONE INJ 200MG/ML	242	GOCOVRI CAP 68.5MG	121
GLUTATHIONE INJ 6GM/30ML	241	GOHIBIC INJ 200/20ML	203
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<i>glyburide-metformin tab 2.5-500 mg</i>	80	GOJJI MIS LANC DEV	216
<i>glyburide-metformin tab 5-500 mg</i>	80		
<i>glyburide micronized tab 1.5 mg</i>	86		
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HUMIRA PEN KIT CD/UC/HS	37	<i>mg</i>	50
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HUMIRA PEN KIT PS/UV	37	<i>mg</i>	50
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<i>hydralazine hcl tab 10 mg</i>	102	<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	
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<i>hydrocortisone enema 100 mg/60ml</i>	53	<i>hydromorphone hcl inj 2 mg/ml</i>	45
<i>hydrocortisone lotion 2.5%</i>	164	<i>hydromorphone hcl liqd 1 mg/ml</i>	45
<i>hydrocortisone oint 1%</i>	164	<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	45
<i>hydrocortisone oint 2.5%</i>	164	<i>hydromorphone hcl tab 2 mg</i>	45
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<i>hydrocortisone perianal cream 2.5%</i>	53	<i>hydromorphone hcl tab 8 mg</i>	45
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<i>hydrocortisone valerate cream 0.2%</i>	164	<i>hydromorphone hcl tab er 24hr 8 mg</i>	45
<i>hydrocortisone valerate oint 0.2%</i>	164	HYDROMORPHON INJ 0.2MG/ML	45
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<i>gm/15ml</i>	<i>195</i>	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>	<i>70</i>
LACTULOSE PAK 10GM.....	212	<i>starter kit</i>	<i>70</i>
<i>lactulose solution 10 gm/15ml.....</i>	<i>212</i>	<i>lamotrigine tab chewable dispersible 25 mg</i>	<i>70</i>
LAMICTAL CHW 25MG.....	69	<i>.....</i>	<i>70</i>
LAMICTAL CHW 5MG	69	<i>lamotrigine tab chewable dispersible 5 mg</i>	<i>70</i>
LAMICTAL KIT START 35	69	<i>.....</i>	<i>70</i>
LAMICTAL KIT START 49	70	<i>lamotrigine tab disint 21 x 25 mg & 7 x 50</i>	<i>70</i>
LAMICTAL KIT START 98	70	<i>mg titration kit.....</i>	<i>70</i>
LAMICTAL ODT KIT	70	<i>lamotrigine tab disint 25 (14) & 50 mg (14) &</i>	<i>70</i>
LAMICTAL ODT TAB 100MG.....	70	<i>100 mg (7) kit</i>	<i>70</i>
LAMICTAL ODT TAB 200MG	70	<i>lamotrigine tab disint 42 x 50mg & 14 x</i>	<i>70</i>
LAMICTAL ODT TAB 25MG.....	70	<i>100mg titration kit</i>	<i>70</i>
LAMICTAL ODT TAB 50MG.....	70	<i>lamotrigine tab er 24hr 100 mg</i>	<i>70</i>

<i>lamotrigine tab er 24hr 200 mg</i>	70	<i>leena tab</i>	147
<i>lamotrigine tab er 24hr 250 mg</i>	71	<i>leflunomide tab 10 mg</i>	41
<i>lamotrigine tab er 24hr 25 mg</i>	70	<i>leflunomide tab 20 mg</i>	41
<i>lamotrigine tab er 24hr 300 mg</i>	71	LEMTRADA INJ 12/1.2ML	256
<i>lamotrigine tab er 24hr 50 mg</i>	70	<i>lenalidomide cap 10 mg</i>	230
LAMZEDE INJ 10MG	187	<i>lenalidomide cap 15 mg</i>	230
LANCET DEVIC MIS 30G	216	<i>lenalidomide cap 20 mg</i>	230
LANCET DEVIC MIS ADJUST	216	<i>lenalidomide cap 25 mg</i>	230
LANCET WITH MIS EJECTOR	216	<i>lenalidomide cap 5 mg</i>	230
LANCING DEVI MIS	216	<i>lenalidomide caps 2.5 mg</i>	230
LANCING DEVI MIS 25G	216	LENSCALE INJ 1:20	33
LANCING DEVI MIS 30G	216	LENVIMA CAP 10 MG	107
LANCING MIS DEVICE	216	LENVIMA CAP 12MG	107
LANOXIN TAB 0.125MG	139	LENVIMA CAP 14 MG	107
LANOXIN TAB 0.25MG	139	LENVIMA CAP 18 MG	107
LANREOTIDE INJ 120/ .5ML	189	LENVIMA CAP 20 MG	107
<i>lansoprazole cap delayed release 15 mg</i>	265	LENVIMA CAP 24 MG	107
<i>lansoprazole cap delayed release 30 mg</i>	266	LENVIMA CAP 4MG	107
LANTUS INJ 100/ML	84	LENVIMA CAP 8 MG	107
LANTUS SOLOS INJ 100/ML	84	LEQVIO SOL	95
LANZO MIS LANCING	216	LESCOL XL TAB 80MG	94
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	115	<i>lessina tab</i>	147
L-ARGININE INJ 200MG/ML	242	LETAIRIS TAB 10MG	142
<i>larin 24 tab fe 1/20</i>	147	LETAIRIS TAB 5MG	142
<i>larin fe tab 1/20</i>	147	<i>letrozole tab 2.5 mg</i>	111
<i>larin fe tab 1.5/30</i>	147	<i>leucovorin calcium for inj 100 mg</i>	118
<i>larin tab 1/20</i>	147	<i>leucovorin calcium for inj 200 mg</i>	118
<i>larin tab 1.5/30</i>	147	<i>leucovorin calcium for inj 350 mg</i>	118
LASIX TAB 20MG	181	<i>leucovorin calcium for inj 500 mg</i>	119
LASIX TAB 40MG	181	<i>leucovorin calcium for inj 50 mg</i>	118
LASIX TAB 80MG	181	<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	119
<i>latanoprost ophth soln 0.005%</i>	248	<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	119
LATANOPROST SOL 0.005%	248	<i>leucovorin calcium tab 10 mg</i>	119
LATUDA TAB 120MG	123	<i>leucovorin calcium tab 15 mg</i>	119
LATUDA TAB 20MG	123	<i>leucovorin calcium tab 25 mg</i>	119
LATUDA TAB 40MG	123	<i>leucovorin calcium tab 5 mg</i>	119
LATUDA TAB 60MG	123	LEUKERAN TAB 2MG	105
LATUDA TAB 80MG	123	LEUKINE INJ 250MCG	206
<i>layolis fe chw</i>	147	LEUPR/BUPIV SOL 25-5MG	111
L-CARNITINE INJ 500MG/ML	187	<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	111
LDL CARE POW	179	LEUPROLIDE INJ 22.5MG	111
LDO PLUS GEL 4%	167		

levabuterol hcl soln nebu 0.31 mg/3ml (base equiv)	64	levofloxacin ophth soln 1.5%	244
levabuterol hcl soln nebu 0.63 mg/3ml (base equiv)	64	levofloxacin oral soln 25 mg/ml	193
levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)	64	levofloxacin tab 250 mg	193
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	64	levofloxacin tab 500 mg	193
levabuterol tartrate inhal aerosol 45 mcg/act (base equiv)	64	levofloxacin tab 750 mg	193
levamlodipine maleate tab 2.5 mg	137	levoleucovorin calcium for iv inj 50 mg (base equiv)	119
levamlodipine maleate tab 5 mg	137	levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	119
LEVEMIR INJ	84	levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	119
LEVEMIR INJ FLEXPEN	84	levonest tab	147
levetiracetam inj 500 mg/5ml (100 mg/ml)	71	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	147
levetiracetam in sodium chloride iv soln 1000 mg/100ml	71	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	147
levetiracetam in sodium chloride iv soln 1500 mg/100ml	71	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	147
levetiracetam in sodium chloride iv soln 500 mg/100ml	71	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	147
levetiracetam oral soln 100 mg/ml	71	levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg	147
levetiracetam tab 1000 mg	71	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	147
levetiracetam tab 250 mg	71	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	147
levetiracetam tab 500 mg	71	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	147
levetiracetam tab 750 mg	71	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	147
levetiracetam tab er 24hr 500 mg	71	levora-28 tab 0.15/30	147
levetiracetam tab er 24hr 750 mg	71	levothyroxine sodium for iv inj 100 mcg ..	261
LEVICYN GEL	169	levothyroxine sodium for iv inj 200 mcg ..	261
LEVICYN SOL DERMAL	172	levothyroxine sodium for iv inj 500 mcg ..	261
levobunolol hcl ophth soln 0.5%	242	levothyroxine sodium tab 100 mcg	261
levocarnitine inj 200 mg/ml	187	levothyroxine sodium tab 112 mcg	261
levocarnitine oral soln 1 gm/10ml (10%) ..	187	levothyroxine sodium tab 125 mcg	261
levocarnitine tab 330 mg	187	levothyroxine sodium tab 137 mcg	261
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	91	levothyroxine sodium tab 150 mcg	261
levocetirizine dihydrochloride tab 5 mg ...	91	levothyroxine sodium tab 175 mcg	261
levofloxacin in d5w iv soln 250 mg/50ml	192	levothyroxine sodium tab 200 mcg	261
levofloxacin in d5w iv soln 500 mg/100ml	192	levothyroxine sodium tab 25 mcg	261
levofloxacin in d5w iv soln 750 mg/150ml	192	levothyroxine sodium tab 300 mcg	261
levofloxacin iv soln 25 mg/ml	192	levothyroxine sodium tab 50 mcg	261

<i>levothyroxine sodium tab 75 mcg</i>	261	LIDO/TETRA INJ 0.4-0.2%	212
<i>levothyroxine sodium tab 88 mcg</i>	261	LIDOC/BICARB INJ 1-8.4%	212
LEVOTHYROXIN INJ 100/5ML	261	LIDOCA/NACL INJ 2%	60
LEVOTHYROXIN INJ 100MCG	261	LIDOCAIN/D5W INJ 2MG/ML	60
LEVOTHYROXIN INJ 200/5ML	261	LIDOCAINE/PH SOL 1-1.5%	245
LEVOTHYROXIN INJ 500/5ML	261	LIDOCAINE-EP INJ 0.5%	212
<i>levo-t tab 100mcg</i>	261	LIDOCAINE EP INJ 1%	212
<i>levo-t tab 112mcg</i>	261	LIDOCAINE HC INJ 200/10ML	213
<i>levo-t tab 125mcg</i>	261	<i>lidocaine hcl(cardiac) iv pf soln pref syr 100</i>	
<i>levo-t tab 137mcg</i>	261	<i>mg/5ml (2%)</i>	60
<i>levo-t tab 150mcg</i>	261	<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i>	
<i>levo-t tab 175mcg</i>	261	<i>mg/5ml(1%)</i>	60
<i>levo-t tab 200mcg</i>	261	<i>lidocaine hcl (cardiac) iv soln pref syr 100</i>	
<i>levo-t tab 25mcg</i>	261	<i>mg/5ml (2%)</i>	60
<i>levo-t tab 300 mcg</i>	261	<i>lidocaine hcl (cardiac) iv soln pref syr 50</i>	
<i>levo-t tab 50mcg</i>	261	<i>mg/5ml (1%)</i>	60
<i>levo-t tab 75mcg</i>	261	<i>lidocaine hcl laryngotracheal soln 4%</i> ...	232
<i>levo-t tab 88mcg</i>	261	<i>lidocaine hcl local inj 0.5%</i>	213
<i>levoxyl tab 100mcg</i>	262	<i>lidocaine hcl local inj 1%</i>	213
<i>levoxyl tab 112mcg</i>	262	<i>lidocaine hcl local inj 2%</i>	213
<i>levoxyl tab 125mcg</i>	262	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levoxyl tab 137mcg</i>	262	<i>0.5%</i>	213
<i>levoxyl tab 150mcg</i>	262	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levoxyl tab 175mcg</i>	262	<i>1.5%</i>	213
<i>levoxyl tab 200mcg</i>	262	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levoxyl tab 25mcg</i>	261	<i>1%</i>	213
<i>levoxyl tab 50mcg</i>	261	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levoxyl tab 75mcg</i>	262	<i>2%</i>	213
<i>levoxyl tab 88mcg</i>	262	<i>lidocaine hcl local preservative free (pf) inj</i>	
LEVSIN/SL SUB 0.125MG	264	<i>4%</i>	213
LEVSIN TAB 0.125MG	264	<i>lidocaine hcl lotion 3%</i>	167
LEXAPRO TAB 10MG	76	<i>lidocaine hcl soln 4%</i>	167
LEXAPRO TAB 20MG	76	<i>lidocaine hcl urethral/mucosal gel prefilled</i>	
LEXAPRO TAB 5MG	76	<i>syringe 2%</i>	167
LEXETTE AER 0.05%	164	<i>lidocaine hcl viscous soln 2%</i>	232
LIALDA TAB 1.2GM	194	<i>lidocaine-hydrocortisone acetate cream 1-</i>	
LIBERTY NEXT TES GEN	178	<i>1%</i>	165
LIBERTY TES	178	<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	
LIBRAX CAP 5-2.5MG	264	.....	212
LIBTAYO INJ 350/7ML	109	<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i>	
LICART DIS 1.3%	159	.....	212
LIDO/EPI 1%- INJ 1:100000	212	LIDOCAINE INJ 1%	213
LIDO/EPI 2% INJ 1:200000	212	<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	
LIDO/RAC/TET GEL	167	.....	212

LIDOCAINE INJ 100/5ML	213	<i>liothyronine sodium tab 50 mcg</i>	262
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	212	<i>liothyronine sodium tab 5 mcg</i>	262
<i>lidocaine inj 2% w/ epinephrine-1:200000</i>	212	LIPITOR TAB 10MG	94
<i>lidocaine inj 2% w/ epinephrine-1:500002</i>	212	LIPITOR TAB 20MG	94
LIDOCAINE INJ 20MG/ML	60	LIPITOR TAB 40MG	94
LIDOCAINE INJ 9MG/ML	213	LIPITOR TAB 80MG	94
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	60	LIPO-B INJ	208
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	60	LIPO-C INJ.....	241
<i>lidocaine oint 5%</i>	167	LIPO INJ 50-50-25	241
<i>lidocaine patch 5%</i>	167	LIQREV SUS 10MG/ML	142
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	167	LIQUILIFT KIT TRACE	229
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> .	167	<i>lisdexamfetamine dimesylate cap 10 mg</i> ..	27
LIDOCAINE SOL 100/10	60	<i>lisdexamfetamine dimesylate cap 20 mg</i> .	27
LIDOCAIN HCL INJ 10MG/ML	213	<i>lisdexamfetamine dimesylate cap 30 mg</i> .	27
LIDOCAIN HCL INJ 60MG/3ML	213	<i>lisdexamfetamine dimesylate cap 40 mg</i> .	27
<i>lidocan iii pad 5%</i>	167	<i>lisdexamfetamine dimesylate cap 50 mg</i> .	27
LIDOCIDEX I INJ 5-10MG	152	<i>lisdexamfetamine dimesylate cap 60 mg</i> .	27
LIDODERM DIS 5%.....	167	<i>lisdexamfetamine dimesylate cap 70 mg</i> .	27
LIDO-EPI INJ.....	245	<i>lisdexamfetamine dimesylate chew tab 10</i> <i>mg</i>	27
LIDO-EP-TETR GEL	167	<i>lisdexamfetamine dimesylate chew tab 20</i> <i>mg</i>	27
LIDO-EP-TETR SOL	167	<i>lisdexamfetamine dimesylate chew tab 30</i> <i>mg</i>	27
LIDOLITE KIT 5%	167	<i>lisdexamfetamine dimesylate chew tab 40</i> <i>mg</i>	28
LIDOMAR INJ	212	<i>lisdexamfetamine dimesylate chew tab 50</i> <i>mg</i>	28
LIDO-PHENYL INJ 1-1.5%.....	245	<i>lisdexamfetamine dimesylate chew tab 60</i> <i>mg</i>	28
<i>lidopin cre 3%</i>	168	<i>lisinopril & hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	100
LIDOSOL-50 KIT 5%	168	<i>lisinopril & hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	100
LIDOSOL KIT 5%	168	<i>lisinopril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	100
LIDOSTREAM KIT 5% & 10%	168	<i>lisinopril tab 10 mg</i>	95
LIDTOPIC CRE 7.5%.....	168	<i>lisinopril tab 2.5 mg</i>	95
LIDTOPIC MAX CRE 10%	168	<i>lisinopril tab 20 mg</i>	96
LIKMEZ SUS 500/5ML	53	<i>lisinopril tab 30 mg</i>	96
<i>lincomycin hcl inj 300 mg/ml</i>	56	<i>lisinopril tab 40 mg</i>	96
<i>linezolid for susp 100 mg/5ml</i>	56	<i>lisinopril tab 5 mg</i>	95
LINEZOLID INJ 2MG/ML.....	56	LITETOUCH MIS 29GX12.7	222
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	56	LITETOUCH MIS 31GX8MM.....	222
<i>linezolid tab 600 mg</i>	56		
LINZESS CAP 145MCG	195		
LINZESS CAP 290MCG.....	195		
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<i>liothyronine sodium iv soln 10 mcg/ml</i> ...	262		
<i>liothyronine sodium tab 25 mcg</i>	262		

LITE TOUCH MIS LANC PEN	216	<i>lorazepam tab 1 mg</i>	59
<i>lithium carbonate cap 150 mg</i>	123	<i>lorazepam tab 2 mg</i>	59
<i>lithium carbonate cap 300 mg</i>	123	LORBRENA TAB 100MG.....	115
<i>lithium carbonate cap 600 mg</i>	123	LORBRENA TAB 25MG.....	115
<i>lithium carbonate tab 300 mg</i>	123	LORMATE CAP	180
<i>lithium carbonate tab er 300 mg</i>	123	<i>loryna tab 3-0.02mg</i>	148
<i>lithium carbonate tab er 450 mg</i>	123	<i>losartan potassium & hydrochlorothiazide</i>	
LITHIUM SOL 8MEQ/5ML	123	<i>tab 100-12.5 mg</i>	100
LITHOBID TAB 300MG CR	123	<i>losartan potassium & hydrochlorothiazide</i>	
LITHOSTAT TAB 250MG	198	<i>tab 100-25 mg</i>	100
LIVALO TAB 1MG	94	<i>losartan potassium & hydrochlorothiazide</i>	
LIVALO TAB 2MG.....	94	<i>tab 50-12.5 mg</i>	100
LIVALO TAB 4MG.....	94	<i>losartan potassium tab 100 mg</i>	97
LIVMARLI SOL 9.5MG/ML	194	<i>losartan potassium tab 25 mg</i>	97
L-LYSINE HCL INJ 100MG/ML	242	<i>losartan potassium tab 50 mg</i>	97
<i>lmd 10%/d5w inj</i>	204	LOTEMAX GEL 0.5%	246
<i>lmd 10%/nacl inj 0.9%</i>	204	LOTEMAX OIN 0.5%	246
L-MESITRAN GEL SOFT	172	LOTEMAX SM GEL 0.38%	246
LMR PLUS KIT	168	LOTEMAX SUS 0.5%	246
LOCOID LIPO CRE 0.1%	165	LOTENSIN HCT TAB 10-12.5.....	100
LOCOID LOT 0.1%	165	LOTENSIN HCT TAB 20-12.5	100
LODINE TAB 400MG	40	LOTENSIN HCT TAB 20-25MG	100
LODOCO TAB 0.5MG.....	140	LOTENSIN TAB 10MG.....	96
<i>loestrin 21 tab 1.5/30</i>	148	LOTENSIN TAB 20MG.....	96
<i>loestrin fe tab 1/20</i>	148	LOTENSIN TAB 40MG.....	96
<i>loestrin fe tab 1.5/30</i>	148	<i>loteprednol etabonate ophth gel 0.5%</i> ...246	
<i>loestrin tab 1/20-21</i>	148	<i>loteprednol etabonate ophth susp 0.2%</i> 246	
<i>lojaimiess tab</i>	148	<i>loteprednol etabonate ophth susp 0.5%</i> 246	
LOKELMA PAK 10GM	232	LOTREL CAP 10-20MG.....	101
LOKELMA PAK 5GM.....	232	LOTREL CAP 10-40MG	101
LO LOESTRIN TAB 1-10-10	147	LOTREL CAP 5-10MG.....	101
LOMOTIL TAB 2.5MG.....	86	LOTREL CAP 5-20MG	101
LONSURF TAB 15-6.14.....	113	LOTREXONE CAP 1.5MG.....	42
LONSURF TAB 20-8.19	113	LOTREXONE CAP 4.5MG.....	42
<i>loperamide hcl cap 2 mg</i>	86	LOTRONEX TAB 0.5MG.....	195
LOPID TAB 600MG.....	93	LOTRONEX TAB 1MG.....	195
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		<i>lovastatin tab 10 mg</i>	94
<i>(80-20 mg/ml)</i>	130	<i>lovastatin tab 20 mg</i>	94
<i>lopinavir-ritonavir tab 100-25 mg</i>	130	<i>lovastatin tab 40 mg</i>	94
<i>lopinavir-ritonavir tab 200-50 mg</i>	130	LOVAZA CAP 1GM	92
<i>lorazepam conc 2 mg/ml</i>	59	<i>low-ogestrel tab</i>	148
<i>lorazepam inj 2 mg/ml</i>	59	<i>loxapine succinate cap 10 mg</i>	125
<i>lorazepam inj 4 mg/ml</i>	59	<i>loxapine succinate cap 25 mg</i>	125
<i>lorazepam tab 0.5 mg</i>	59	<i>loxapine succinate cap 50 mg</i>	125

<i>loxapine succinate cap 5 mg</i>	125	<i>lyllana dis 0.025mg</i>	192
LOYON SOL.....	169	<i>lyllana dis 0.0375mg</i>	192
<i>lo-zumandimi tab 3-0.02mg</i>	148	<i>lyllana dis 0.05mg</i>	192
<i>lubiprostone cap 24 mcg</i>	193	<i>lyllana dis 0.075mg</i>	192
<i>lubiprostone cap 8 mcg</i>	193	<i>lyllana dis 0.1mg</i>	192
LUCEMYRA TAB 0.18MG	253	LYNPARZA TAB 100MG	115
LUCENTIS INJ 0.3MG.....	243	LYNPARZA TAB 150MG	115
LUCENTIS INJ 0.5MG.....	243	LYRICA CAP 100MG	71
LUMAKRAS TAB 120MG.....	115	LYRICA CAP 150MG	71
LUMAKRAS TAB 320MG.....	115	LYRICA CAP 200MG	71
LUMIGAN SOL 0.01%.....	248	LYRICA CAP 225MG.....	71
LUMIZYME INJ 50MG.....	187	LYRICA CAP 25MG.....	71
LUMRYZ PAK 6GM	253	LYRICA CAP 300MG	71
LUMRYZ PAK 7.5GM	253	LYRICA CAP 50MG.....	71
LUMRYZ PAK 9GM	254	LYRICA CAP 75MG.....	71
LUMRYZ PKG 4.5GM.....	254	LYRICA CR TAB 165MG	257
LUNESTA TAB 1MG	210	LYRICA CR TAB 330MG.....	257
LUNESTA TAB 2MG	210	LYRICA CR TAB 82.5MG.....	257
LUNESTA TAB 3MG	210	LYRICA SOL 20MG/ML.....	71
LUNSUMIO INJ 1MG/ML	109	LYSODREN TAB 500MG	111
LUNSUMIO INJ 30MG/30	109	LYTGOBI TAB 4MG	115
LUPKYNIS CAP 7.9MG.....	231	LYUMJEV INJ 100UT/ML.....	84
LUPR DEP-PED INJ 11.25MG.....	186	LYUMJEV KWPN INJ 100UT/ML	84
LUPR DEP-PED INJ 15MG	186	LYUMJEV KWPN INJ 200UT/ML	84
LUPR DEP-PED INJ 3M 30MG.....	186	LYUMJEV TMPO INJ 100UT/ML	84
LUPR DEP-PED INJ 7.5MG.....	186	LYVISPAH GRA 10MG	237
LUPRON DEPOT INJ 11.25MG	111	LYVISPAH GRA 20MG.....	237
LUPRON DEPOT INJ 22.5MG	111	LYVISPAH GRA 5MG	237
LUPRON DEPOT INJ 3.75MG.....	111	<i>lyza tab 0.35mg</i>	150
LUPRON DEPOT INJ 30MG.....	111	M	
LUPRON DEPOT INJ 45MG.....	111, 186	MACI MIS	237
LUPRON DEPOT INJ 7.5MG	111	MACROBID CAP 100MG.....	56
<i>lurasidone hcl tab 120 mg</i>	123	MACRODANTIN CAP 100MG.....	56
<i>lurasidone hcl tab 20 mg</i>	123	MACRODANTIN CAP 25MG.....	56
<i>lurasidone hcl tab 40 mg</i>	123	MACRODANTIN CAP 50MG	56
<i>lurasidone hcl tab 60 mg</i>	123	<i>mafenide acetate packet for topical soln</i>	
<i>lurasidone hcl tab 80 mg</i>	123	5% (50 gm).....	162
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LYBALVI TAB 10-10MG	255	MALARONE TAB 62.5-25.....	102
LYBALVI TAB 15-10MG	255	<i>malathion lotion 0.5%</i>	170
LYBALVI TAB 20-10MG.....	255	<i>mannitol iv soln 20%</i>	182
LYBALVI TAB 5-10MG.....	255	<i>mannitol iv soln 25%</i>	182
<i>lyleq tab 0.35mg</i>	150	<i>maraviroc tab 150 mg</i>	130

<i>maraviroc tab 300 mg</i>	130	MEDROL TAB 8MG.....	152
MARGENZA INJ 250/10ML.....	108	<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	150
MARINOL CAP 2.5MG.....	89	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	150
<i>marlissa tab 0.15/30</i>	148	<i>medroxyprogesterone acetate tab 10 mg</i>	253
MARSH ELDER INJ 1:20	33	<i>medroxyprogesterone acetate tab 2.5 mg</i>	253
MAS CARE-PAK KIT 10MG/ML	152	<i>medroxyprogesterone acetate tab 5 mg</i>	253
MATRIX WOUND MIS BILAYER.....	172	<i>mefenamic acid cap 250 mg</i>	40
MATULANE CAP 50MG.....	118	<i>mefloquine hcl tab 250 mg</i>	103
MAVENCLAD PAK 10MG(10)	256	<i>megestrol acetate susp 40 mg/ml</i>	111
MAVENCLAD PAK 10MG(4)	256	<i>megestrol acetate susp 625 mg/5ml</i>	253
MAVENCLAD PAK 10MG(5)	256	<i>megestrol acetate tab 20 mg</i>	111
MAVENCLAD PAK 10MG(6)	256	<i>megestrol acetate tab 40 mg</i>	111
MAVENCLAD PAK 10MG(7)	256	MEIJER BLOOD TES GLUCOSE	178
MAVENCLAD PAK 10MG(8)	256	MEIJER TES TRUETEST	178
MAVENCLAD PAK 10MG(9)	256	MEIJER TES TRUETRAC	178
MAVYRET PAK 50-20MG.....	132	MEKINIST SOL 0.05/ML	115
MAVYRET TAB 100-40MG	132	MEKINIST TAB 0.5MG	115
MAXALT-MLT TAB 10MG	227	MEKINIST TAB 2MG.....	115
MAXALT TAB 10MG.....	227	MEKTOVI TAB 15MG.....	115
MAXICOMFORT MIS 27GX1/2	222	MELALEUCA INJ 1:20	33
MAXICOMFORT MIS 31GX1/4.....	222	MELOXICAM SUS 7.5/5ML	40
MAXIDEX SUS 0.1% OP.....	246	<i>meloxicam susp 7.5 mg/5ml</i>	40
MAXITROL OIN 0.1% OP.....	246	<i>meloxicam tab 15 mg</i>	40
MAXITROL SUS 0.1% OP	246	<i>meloxicam tab 7.5 mg</i>	40
MAXZIDE-25 TAB.....	181	<i>melphalan hcl for inj 50 mg (base equiv)</i>	105
MAXZIDE TAB 75-50	181	<i>melphalan tab 2 mg</i>	105
MAYZENT PAK STARTER	256	<i>memantine hcl cap er 24hr 14 mg</i>	254
MAYZENT TAB 0.25MG	256	<i>memantine hcl cap er 24hr 21 mg</i>	254
MAYZENT TAB 1MG	256	<i>memantine hcl cap er 24hr 28 mg</i>	254
MAYZENT TAB 2MG	257	<i>memantine hcl cap er 24hr 7 mg</i>	254
MEADOW FESCU INJ 100000BA	33	<i>memantine hcl oral solution 2 mg/ml</i>	254
<i>meclizine hcl tab 12.5 mg</i>	88	<i>memantine hcl tab 10 mg</i>	254
<i>meclizine hcl tab 25 mg</i>	88	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	254
<i>meclizine hcl tab 50 mg</i>	88	<i>memantine hcl tab 5 mg</i>	254
<i>meclofenamate sodium cap 100 mg</i>	40	MENEST TAB 0.3MG.....	192
<i>meclofenamate sodium cap 50 mg</i>	40	MENEST TAB 0.625MG	192
MEDIHONEY GEL WOUND.....	173	MENEST TAB 1.25MG.....	192
MEDIHONEY PAD 2.....	173	MENEST TAB 2.5MG	192
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MEDIHONEY PST WOUND.....	173		
MEDROL TAB 16MG	152		
MEDROL TAB 2MG.....	152		
MEDROL TAB 4MG.....	152		

<i>meperidine hcl inj 100 mg/ml</i>	46	<i>methadone con 10mg/ml</i>	46
<i>meperidine hcl inj 25 mg/ml</i>	46	<i>methadone hcl conc 10 mg/ml</i>	46
<i>meperidine hcl inj 50 mg/ml</i>	46	<i>methadone hcl soln 10 mg/5ml</i>	46
<i>meperidine hcl oral soln 50 mg/5ml</i>	46	<i>methadone hcl soln 5 mg/5ml</i>	46
<i>meperidine hcl tab 50 mg</i>	46	<i>methadone hcl tab 10 mg</i>	46
MEPILEX AG PAD 4	173	<i>methadone hcl tab 5 mg</i>	46
<i>meprobamate tab 200 mg</i>	58	<i>methadone hcl tab for oral susp 40 mg</i>	46
<i>meprobamate tab 400 mg</i>	58	METHADONE INJ 10MG/ML	46
MEPSEVII INJ 10MG/5ML	187	<i>methadose tab 40mg</i>	46
<i>mercaptapurine tab 50 mg</i>	106	<i>methamphetamine hcl tab 5 mg</i>	28
MEROP/NACL INJ 1GM/50ML	54	<i>methazolamide tab 25 mg</i>	181
MEROP/NACL INJ 500/50ML.....	54	<i>methazolamide tab 50 mg</i>	181
MEROPENEM INJ 2GM	54	<i>methenamine hippurate tab 1 gm</i>	56
<i>meropenem iv for soln 1 gm</i>	54	<i>methenamine mandelate tab 0.5 gm</i>	56
<i>meropenem iv for soln 500 mg</i>	54	<i>methenamine mandelate tab 1 gm</i>	56
<i>merzee cap 1/20</i>	148	<i>methergine tab 0.2mg</i>	249
<i>mesalamine cap dr 400 mg</i>	194	<i>methimazole tab 10 mg</i>	260
<i>mesalamine cap er 24hr 0.375 gm</i>	194	<i>methimazole tab 5 mg</i>	260
<i>mesalamine cap er 500 mg</i>	194	METHIO/INOS/ INJ CHOL/B12	208
<i>mesalamine enema 4 gm</i>	194	METHITEST TAB 10MG	52
<i>mesalamine rectal enema 4 gm & cleanser</i> <i>wipe kit</i>	194	<i>methocarbamol inj 1000 mg/10ml</i>	237
<i>mesalamine suppos 1000 mg</i>	194	<i>methocarbamol tab 500 mg</i>	238
<i>mesalamine tab delayed release 1.2 gm</i> .	194	<i>methocarbamol tab 750 mg</i>	238
<i>mesalamine tab delayed release 800 mg</i>	194	METHOHEX SOD INJ 100/10ML.....	197
<i>mesna inj 100 mg/ml</i>	119	<i>methotrexate sodium for inj 1 gm</i>	106
MESQUITE SOL EXTRACT	33	<i>methotrexate sodium inj 250 mg/10ml (25</i> <i>mg/ml)</i>	106
METADATE CD CAP 10MG.....	30	<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	106
METADATE CD CAP 20MG	30	<i>methotrexate sodium inj pf 1000 mg/40ml</i> <i>(25 mg/ml)</i>	106
METADATE CD CAP 30MG	30	<i>methotrexate sodium inj pf 250 mg/10ml</i> <i>(25 mg/ml)</i>	106
METADATE CD CAP 40MG	30	<i>methotrexate sodium inj pf 50 mg/2ml (25</i> <i>mg/ml)</i>	106
METADATE CD CAP 50MG	30	<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	106
METADATE CD CAP 60MG	30	<i>methoxsalen rapid cap 10 mg</i>	161
METAXALL CP KIT 0.025%.....	238	<i>methscopolamine bromide tab 2.5 mg</i> ...264	
<i>metaxalone tab 800 mg</i>	237	<i>methscopolamine bromide tab 5 mg</i>.....264	
METDRAY GEL 2-17%	167	<i>methsuximide cap 300 mg</i>	74
<i>metformin hcl oral soln 500 mg/5ml</i>	82	METHY-BUPIVA SUS 8-5MG/ML.....	152
<i>metformin hcl tab 1000 mg</i>	82	METHYL-BUPIV SUS 40-5MG	152
<i>metformin hcl tab 500 mg</i>	82	METHYLCOBALA INJ 10000MCG	205
<i>metformin hcl tab 625 mg</i>	82		
<i>metformin hcl tab 850 mg</i>	82		
<i>metformin hcl tab er 24hr 500 mg</i>	82		
<i>metformin hcl tab er 24hr 750 mg</i>	82		

METHYLCOBALA INJ 10MG/ML.....	205	<i>methylphenidate hcl chew tab 2.5 mg.....</i>	31
METHYLCOBALA INJ 1MG/ML	205	<i>methylphenidate hcl chew tab 5 mg</i>	31
METHYLCOBALA INJ 50000MCG	205	<i>methylphenidate hcl soln 10 mg/5ml.....</i>	31
METHYLCOBALA INJ 5MG/ML.....	205	<i>methylphenidate hcl soln 5 mg/5ml</i>	31
<i>methylene blue iv soln 50 mg/10ml (5</i>		<i>methylphenidate hcl tab 10 mg</i>	31
<i>mg/ml)</i>	87	<i>methylphenidate hcl tab 20 mg</i>	31
<i>methylergonovine maleate inj 0.2 mg/ml</i>		<i>methylphenidate hcl tab 5 mg</i>	31
<i>.....</i>	249	<i>methylphenidate hcl tab er 10 mg</i>	31
<i>methylergonovine maleate tab 0.2 mg ...</i>	249	<i>methylphenidate hcl tab er 20 mg.....</i>	31
METHYLIN SOL 10MG/5ML	30	<i>methylphenidate hcl tab er 24hr 18 mg</i>	31
METHYLIN SOL 5MG/5ML.....	30	<i>methylphenidate hcl tab er 24hr 27 mg.....</i>	31
METHYLP/LIDO INJ 40-10/ML	152	<i>methylphenidate hcl tab er 24hr 36 mg.....</i>	31
METHYLP/LIDO INJ 80-10/ML	152	<i>methylphenidate hcl tab er 24hr 54 mg.....</i>	31
<i>methylphenidate hcl cap er 10 mg (cd)</i>	30	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methylphenidate hcl cap er 20 mg (cd)</i>	30	<i>(osm) 18 mg</i>	31
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>		<i>methylphenidate hcl tab er osmotic release</i>	
<i>.....</i>	30	<i>(osm) 27 mg</i>	31
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>		<i>methylphenidate hcl tab er osmotic release</i>	
<i>.....</i>	30	<i>(osm) 36 mg.....</i>	31
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>		<i>methylphenidate hcl tab er osmotic release</i>	
<i>.....</i>	31	<i>(osm) 54 mg.....</i>	31
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>		<i>methylphenidate td patch 10 mg/9hr</i>	31
<i>.....</i>	31	<i>methylphenidate td patch 15 mg/9hr</i>	31
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>		<i>methylphenidate td patch 20 mg/9hr.....</i>	31
<i>.....</i>	31	<i>methylphenidate td patch 30 mg/9hr.....</i>	31
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>		METHYLPHENID TAB 45MG ER	30
<i>.....</i>	31	METHYLPHENID TAB 63MG ER	30
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>		METHYLPREDNI INJ 80MG/ML.....	152
<i>.....</i>	31	<i>methylprednisolone acetate inj susp 40</i>	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>		<i>mg/ml</i>	152
<i>.....</i>	31	<i>methylprednisolone acetate inj susp 80</i>	
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>		<i>mg/ml.....</i>	152
<i>.....</i>	31	<i>methylprednisolone sod succ for inj 1000</i>	
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>		<i>mg (base equiv)</i>	153
<i>.....</i>	31	<i>methylprednisolone sod succ for inj 125 mg</i>	
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>		<i>(base equiv)</i>	152
<i>.....</i>	31	<i>methylprednisolone sod succ for inj 40 mg</i>	
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>		<i>(base equiv)</i>	152
<i>.....</i>	31	<i>methylprednisolone sod succ for inj 500 mg</i>	
<i>methylphenidate hcl cap er 30 mg (cd).....</i>	31	<i>(base equiv)</i>	152
<i>methylphenidate hcl cap er 40 mg (cd).....</i>	31	<i>methylprednisolone tab 16 mg</i>	153
<i>methylphenidate hcl cap er 50 mg (cd).....</i>	31	<i>methylprednisolone tab 32 mg.....</i>	153
<i>methylphenidate hcl cap er 60 mg (cd).....</i>	31	<i>methylprednisolone tab 4 mg</i>	153
<i>methylphenidate hcl chew tab 10 mg</i>	31	<i>methylprednisolone tab 8 mg.....</i>	153

<i>methylprednisolone tab therapy pack 4 mg (21)</i>	153	<i>metronidazole gel 1%</i>	170
METHYLPREDNI SUS 50MG/ML.....	152	<i>metronidazole iv soln 500 mg/100ml</i>	54
METHYL SALIC LIQ	167	<i>metronidazole lotion 0.75%</i>	170
<i>methyltestosterone cap 10 mg</i>	52	<i>metronidazole tab 250 mg</i>	54
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	193	<i>metronidazole tab 500 mg</i>	54
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	194	<i>metronidazole vaginal gel 0.75%</i>	268
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	194	METRONIDAZOL SUS 50MG/ML	53
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	194	<i>metyrosine cap 250 mg</i>	96
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	194	<i>mexiletine hcl cap 150 mg</i>	60
<i>metolazone tab 10 mg</i>	182	<i>mexiletine hcl cap 200 mg</i>	60
<i>metolazone tab 2.5 mg</i>	182	<i>mexiletine hcl cap 250 mg</i>	60
<i>metolazone tab 5 mg</i>	182	MIACALCIN INJ 200/ML.....	183
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	101	MIACALCIN INJ 400/2ML	183
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	101	<i>mibelas 24 chw fe</i>	148
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	101	MIC/L-CARNIT INJ.....	241
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	134	<i>micafungin sodium for iv soln 100 mg</i>	89
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	134	<i>micafungin sodium for iv soln 50 mg</i>	89
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	134	MICARDIS HCT TAB 40/12.5	101
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	134	MICARDIS HCT TAB 80/12.5	101
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	134	MICARDIS HCT TAB 80-25MG	101
<i>metoprolol tartrate tab 100 mg</i>	134	MICARDIS TAB 20MG	97
<i>metoprolol tartrate tab 25 mg</i>	134	MICARDIS TAB 40MG	97
<i>metoprolol tartrate tab 37.5 mg</i>	134	MICARDIS TAB 80MG	97
<i>metoprolol tartrate tab 50 mg</i>	134	<i>miconazole 3 sup 200mg</i>	268
<i>metoprolol tartrate tab 75 mg</i>	134	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	160
METROCREAM CRE 0.75%	170	<i>micrgstin 24 tab fe 1/20</i>	148
METROGEL GEL 1%.....	170	MICROCYN LIQ.....	173
METROLOTION LOT 0.75%	170	MICRODOT TES	178
<i>metronidazole cap 375 mg</i>	54	MICRODOT TES XTRA	178
<i>metronidazole cream 0.75%</i>	170	<i>microgestin tab 1/20</i>	148
<i>metronidazole gel 0.75%</i>	170	<i>microgestin tab 1.5/30</i>	148
		<i>microgestin tab fe 1/20</i>	148
		<i>microgestin tab fe1.5/30</i>	148
		MICROLET MIS NEXT	216
		MICURADERM EMU	162
		MIDAZO/NAACL INJ 100/100.....	210
		MIDAZOL/NAACL INJ 50/50ML	210
		MIDAZOL/NAACL SOL 100/100	210
		MIDAZOL/NAACL SOL 100MG	210
		MIDAZOL/NAACL SOL 2MG/2ML.....	210
		MIDAZOL/NAACL SOL 50/50ML.....	210
		MIDAZOL/NAACL SOL 55/55ML	210
		MIDAZOL/NAACL SOL 5MG/5ML	210

<i>midazolam 100 mg/100ml-sodium chloride</i>	MIDAZOL-NACL INJ 100/100.....	210	210
0.9% iv soln	MIDAZOL NACL SOL 30/30ML.....	210	210
<i>midazolam 50 mg/50ml-sodium chloride</i>	<i>midodrine hcl tab 10 mg</i>	210	270
0.9% iv soln	<i>midodrine hcl tab 2.5 mg</i>	210	270
<i>midazolam hcl inj 10 mg/10ml (base</i>	<i>midodrine hcl tab 5 mg</i>	210	270
equivalent)	MIEBO DRO 1.3GM/ML	210	247
<i>midazolam hcl inj 10 mg/2ml (base</i>	<i>mifepristone tab 200 mg</i>	210	189
equivalent)	<i>mifepristone tab 300 mg</i>	210	82
<i>midazolam hcl inj 25 mg/5ml (base</i>	<i>miglitol tab 100 mg</i>	210	80
equivalent)	<i>miglitol tab 25 mg</i>	210	80
<i>midazolam hcl inj 2 mg/2ml (base</i>	<i>miglitol tab 50 mg</i>	210	80
equivalent)	<i>miglustat cap 100 mg</i>	210	205
<i>midazolam hcl inj 50 mg/10ml (base</i>	<i>mili tab 0.25/35</i>	210	148
equivalent)	<i>milrinone lactate in dextrose 5% iv soln 20</i>	210	139
<i>midazolam hcl inj 5 mg/5ml (base</i>	<i>mg/100ml</i>	210	139
equivalent)	<i>milrinone lactate in dextrose 5% iv soln 40</i>	210	139
<i>midazolam hcl inj 5 mg/ml (base</i>	<i>mg/200ml</i>	210	139
equivalent)	<i>milrinone lactate iv soln 10 mg/10ml (base</i>	210	139
<i>midazolam hcl inj pf 10 mg/2ml (base</i>	equivalent)	210	139
equivalent)	<i>milrinone lactate iv soln 20 mg/20ml (base</i>	210	139
<i>midazolam hcl inj pf 2 mg/2ml (base</i>	equivalent)	210	139
equivalent)	<i>milrinone lactate iv soln 50 mg/50ml (base</i>	210	139
<i>midazolam hcl inj pf 5 mg/5ml (base</i>	equivalent)	210	139
equivalent)	<i>mimvey tab 1-0.5mg</i>	210	190
<i>midazolam hcl inj pf 5 mg/ml (base</i>	MIMYX CRE	210	169
equivalent)	<i>mineral oil</i>	210	212
<i>midazolam hcl syrup 2 mg/ml (base</i>	MINI LANCING MIS DEVICE.....	210	216
equivalent)	MINIVELLE DIS 0.025MG	210	192
MIDAZOLAM INJ 150/30ML	MINIVELLE DIS 0.0375MG	210	192
MIDAZOLAM INJ 1MG/ML	MINIVELLE DIS 0.05MG	210	192
MIDAZOLAM INJ 2MG/2ML	MINIVELLE DIS 0.075MG	210	192
MIDAZOLAM INJ 30MG/30M	MINIVELLE DIS 0.1MG.....	210	192
MIDAZOLAM INJ 3MG/3ML	<i>minocycline hcl cap 100 mg</i>	210	260
MIDAZOLAM INJ 50/50ML	<i>minocycline hcl cap 50 mg</i>	210	259
MIDAZOLAM INJ 5MG/5ML	<i>minocycline hcl cap 75 mg</i>	210	260
MIDAZOLAM INJ NACL.....	<i>minocycline hcl tab 100 mg</i>	210	260
MIDAZOLAM SOL /NACL.....	<i>minocycline hcl tab 50 mg</i>	211	260
MIDAZOLAM SOL 100MG	<i>minocycline hcl tab 75 mg</i>	211	260
MIDAZOLAM SOL 2MG/2ML.....	MINOLIRA TAB 105MG	210	260
MIDAZOLAM SOL 50/50.....	MINOLIRA TAB 135MG	210	260
MIDAZOLAM SOL 50/50ML	<i>minoxidil tab 10 mg</i>	211	102
MIDAZOLAM SOL NACL	<i>minoxidil tab 2.5 mg</i>	211	102
MIDAZOLAM SUS 1MG/ML.....	MIRCERA INJ 100MCG	211	206
MIDAZOL-NACL INJ	MIRCERA INJ 120MCG	210	206

MIRCERA INJ 150MCG	206	MM PENTIPS MIS 32GX4MM.....	222
MIRCERA INJ 200MCG	206	M-NATAL PLUS TAB	234
MIRCERA INJ 30MCG.....	206	<i>modafinil tab 100 mg</i>	31
MIRCERA INJ 50MCG.....	206	<i>modafinil tab 200 mg</i>	31
MIRCERA INJ 75MCG.....	206	<i>moexipril hcl tab 15 mg</i>	96
MIRENA IUD SYSTEM	150	<i>moexipril hcl tab 7.5 mg</i>	96
MIRO3D WOUND PAD 10X5X2CM	173	<i>molindone hcl tab 10 mg</i>	127
MIRO3D WOUND PAD 2X2X2CM	173	<i>molindone hcl tab 25 mg</i>	127
MIRO3D WOUND PAD 3X3X2CM	173	<i>molindone hcl tab 5 mg</i>	127
MIRO3D WOUND PAD 5X5X2CM	173	<i>mometasone furoate cream 0.1%</i>	165
<i>mirtazapine orally disintegrating tab 15 mg</i>	75	<i>mometasone furoate nasal susp 50</i> <i>mcg/act</i>	239
<i>mirtazapine orally disintegrating tab 30 mg</i>	75	<i>mometasone furoate oint 0.1%</i>	165
<i>mirtazapine orally disintegrating tab 45 mg</i>	75	<i>mometasone furoate solution 0.1% (lotion)</i>	165
<i>mirtazapine tab 15 mg</i>	75	MONARCH ETNS MIS SYSTEM	217
<i>mirtazapine tab 30 mg</i>	75	<i>mondoxyne nl cap 100mg</i>	260
<i>mirtazapine tab 45 mg</i>	75	MONJUVI INJ 200MG	109
<i>mirtazapine tab 7.5 mg</i>	75	MONOFERRIC INJ 1000/10.....	208
MIRVASO GEL 0.33%	170	<i>mono-lynyah tab 0.25-35</i>	148
<i>misoprostol tab 100 mcg</i>	266	MONOVISC INJ 88MG/4ML	238
<i>misoprostol tab 200 mcg</i>	266	<i>montelukast sodium chew tab 4 mg (base</i> <i>equiv)</i>	61
MITE SOL D.FARINA	33	<i>montelukast sodium chew tab 5 mg (base</i> <i>equiv)</i>	61
MITE SOL D.PTERON.....	33	<i>montelukast sodium oral granules packet 4</i> <i>mg (base equiv)</i>	61
MITE SOL EXTRACT	33	<i>montelukast sodium tab 10 mg (base equiv)</i>	61
MITIGARE CAP 0.6MG.....	199	MORPHIN/NACL INJ 100/100	46
<i>mitigo inj 10mg/ml</i>	46	MORPHIN/NACL INJ 1MG/ML	46
<i>mitigo inj 25mg/ml</i>	46	MORPHIN/NACL INJ 2MG-0.9%	46
<i>mitomycin for iv soln 20 mg</i>	112	MORPHIN/NACL INJ 30/30ML.....	46
<i>mitomycin for iv soln 40 mg</i>	112	MORPHIN/NACL INJ 4MG-0.9%	46
<i>mitomycin for iv soln 5 mg</i>	112	MORPHIN/NACL INJ 50/50ML.....	46
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i> <i>mg/ml)</i>	113	MORPHIN/NACL INJ 500/100	46
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i> <i>mg/ml)</i>	113	MORPHIN/NACL INJ 55/55ML	46
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i> <i>mg/ml)</i>	113	MORPHIN/NACL SOL 50/50ML	46
MIXED SOL FEATHERS	33	<i>morphine sulfat beads cap er 24hr 120 mg</i>	46
MIXED SOL RAGWEED.....	33	<i>morphine sulfat beads cap er 24hr 30 mg</i>	46
MM LANCING MIS DEVICE	216	<i>morphine sulfat beads cap er 24hr 45 mg</i>	46
MM PENTIPS MIS 29GX12MM	222	.....	46
MM PENTIPS MIS 31GX5MM	222		
MM PENTIPS MIS 31GX8MM	222		

<i>morphine sulfate beads cap er 24hr 60 mg</i>	46	MOUNJARO INJ 10MG/0.5	83
<i>morphine sulfate beads cap er 24hr 75 mg</i>	46	MOUNJARO INJ 12.5/0.5.....	83
<i>morphine sulfate beads cap er 24hr 90 mg</i>	46	MOUNJARO INJ 15MG/0.5	83
<i>morphine sulfate cap er 24hr 100 mg</i>	47	MOUNJARO INJ 2.5/0.5.....	83
<i>morphine sulfate cap er 24hr 10 mg</i>	47	MOUNJARO INJ 5MG/0.5.....	83
<i>morphine sulfate cap er 24hr 20 mg</i>	47	MOUNJARO INJ 7.5/0.5.....	83
<i>morphine sulfate cap er 24hr 30 mg</i>	47	MOUNTAIN SOL CEDAR	34
<i>morphine sulfate cap er 24hr 50 mg</i>	47	MOUSE EPITHE INJ 1:20	34, 174
<i>morphine sulfate cap er 24hr 60 mg</i>	47	MOVANTIK TAB 12.5MG.....	195
<i>morphine sulfate cap er 24hr 80 mg</i>	47	MOVANTIK TAB 25MG	195
<i>morphine sulfate inj pf 0.5 mg/ml</i>	47	MOVIPREP SOL.....	212
<i>morphine sulfate inj pf 1 mg/ml</i>	47	<i>moxifloxacin hcl 400 mg/250ml in sodium</i> <i>chloride 0.8% inj</i>	193
<i>morphine sulfate iv soln 10 mg/ml</i>	47	<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i> <i>(2 times daily)</i>	244
<i>morphine sulfate iv soln 4 mg/ml</i>	47	<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	244
<i>morphine sulfate iv soln 8 mg/ml</i>	47	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	193
<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i>	47	MOXIFLOXACIN INJ 0.1%	244
<i>morphine sulfate oral soln 10 mg/5ml</i>	47	MOXIFLOXACIN INJ 1MG/ML.....	244
<i>morphine sulfate tab 15 mg</i>	47	MOXIFLOXACIN INJ 400/250.....	193
<i>morphine sulfate tab 30 mg</i>	47	MOXIFLOXACIN SOL 0.16%.....	244
<i>morphine sulfate tab er 100 mg</i>	47	MOXIFLOXACIN SOL 1MG/ML	244
<i>morphine sulfate tab er 15 mg</i>	47	MOXIFLOXACIN SOL 5MG/ML	244
<i>morphine sulfate tab er 200 mg</i>	47	MOZOBIL INJ	208
<i>morphine sulfate tab er 30 mg</i>	47	MPM PAK MIS.....	249
<i>morphine sulfate tab er 60 mg</i>	47	MS CONTIN TAB 100MG ER.....	47
MORPHINE SUL INJ 10MG/ML.....	46	MS CONTIN TAB 15MG ER	47
MORPHINE SUL INJ 150/30ML	46	MS CONTIN TAB 200MG ER	47
MORPHINE SUL INJ 250MG/50.....	46	MS CONTIN TAB 30MG ER.....	47
MORPHINE SUL INJ 2MG/ML.....	46	MS CONTIN TAB 60MG ER	47
MORPHINE SUL INJ 4MG/ML	46	MSUD EASY TAB	180
MORPHINE SUL INJ 5MG/ML	46	MUCOR EXT INJ 1:20.....	34
MORPHINE SUL INJ 8MG/ML	46	MUCOR INJ 1:20.....	34
MORPHINE SUL INJ NACL	46	MUCOSITISRX POW	233
MORPHIN SULF SOL 0.5MG/ML.....	46	MUCOTROL WAF.....	233
MOSQUITO INJ 1:100	174	MUGARD LIQ	233
MOTTEGRITY TAB 1MG	193	MUGWORT SOL EXTRACT	34
MOTTEGRITY TAB 2MG.....	193	MULPLETA TAB 3MG.....	206
MOTOFEN TAB 1-0.025	86	MULTAQ TAB 400MG.....	60
MOTPOLY XR CAP 100MG.....	71	MULTI-LANCET MIS DEVICE	216
MOTPOLY XR CAP 150MG.....	71	MULTI-VIT-FL CHW 0.25MG	234
MOTPOLY XR CAP 200MG	71	MULTI-VIT-FL CHW 0.5MG.....	234

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<i>mupirocin oint 2%</i>	159	<i>nabumetone tab 500 mg</i>	40
MUSCUSOLICE CRE 2%.....	159	<i>nabumetone tab 750 mg</i>	40
MUSCUSOLICE CRE 5%.....	159	<i>nadolol tab 20 mg</i>	135
MUSE SUP 1000MCG.....	141	<i>nadolol tab 40 mg</i>	135
MUSE SUP 250MCG.....	141	<i>nadolol tab 80 mg</i>	135
MUSE SUP 500MCG.....	141	<i>nafcillin sodium for inj 1 gm</i>	252
<i>mutamycin inj 20mg</i>	113	<i>nafcillin sodium for inj 2 gm</i>	253
<i>mutamycin inj 40mg</i>	113	<i>nafcillin sodium for iv soln 10 gm</i>	253
<i>mutamycin inj 5mg</i>	113	<i>naftifine hcl cream 1%</i>	160
MVASI INJ 100MG.....	107	<i>naftifine hcl cream 2%</i>	160
MVASI INJ 400MG.....	107	<i>naftifine hcl gel 2%</i>	160
MYALEPT INJ 11.3MG.....	187	NAFTIN GEL 1%.....	160
MYAMBUTOL TAB 400MG.....	104	NAFTIN GEL 2%.....	160
MYCAMINE INJ 50MG.....	89	NAGLAZYME INJ 1MG/ML.....	187
MYCAPSSA CAP 20MG.....	189	<i>nalbuphine hcl inj 10 mg/ml</i>	51
<i>mycophenolate mofetil cap 250 mg</i>	231	<i>nalbuphine hcl inj 20 mg/ml</i>	51
<i>mycophenolate mofetil for oral susp 200</i> <i>mg/ml</i>	231	NALMEFENE INJ 1MG/ML.....	88
<i>mycophenolate mofetil hcl for iv soln 500</i> <i>mg (base equiv)</i>	231	NALOCET TAB 2.5-300.....	50
<i>mycophenolate mofetil tab 500 mg</i>	231	<i>naloxone hcl inj 0.4 mg/ml</i>	88
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	231	<i>naloxone hcl inj 4 mg/10ml</i>	88
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	231	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	88
MYDAYIS CAP 12.5MG.....	28	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	88
MYDAYIS CAP 25MG.....	28	<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i>	88
MYDAYIS CAP 37.5MG.....	28	NALTREX CAP 1.5MG.....	42
MYDAYIS CAP 50MG.....	28	NALTREX CAP 4.5MG.....	42
MYFEMBREE TAB.....	190	<i>naltrexone hcl tab 50 mg</i>	88
MYGLUCOHEALT TES BLD GLUC.....	178	NAMZARIC CAP.....	254
MYLERAN TAB 2MG.....	105	NAMZARIC CAP 14-10MG.....	254
MYLOTARG INJ 4.5MG.....	109	NAMZARIC CAP 21-10MG.....	254
MYOBLOC INJ 10000/2.....	240	NAMZARIC CAP 28-10MG.....	254
MYOBLOC INJ 2500/0.5.....	240	NAMZARIC CAP 7-10MG.....	254
MYOBLOC INJ 5000/ML.....	240	NANRAN OIN 2-2%.....	159
MYRBETRIQ SUS 8MG/ML.....	267	NAPRELAN TAB 375MG CR.....	40
MYRBETRIQ TAB 25MG.....	267	NAPRELAN TAB 500MG CR.....	40
MYRBETRIQ TAB 50MG.....	267	NAPRELAN TAB 750MG CR.....	40
MYSOLINE TAB 250MG.....	71	<i>naproxen sodium tab 275 mg</i>	40
MYSOLINE TAB 50MG.....	71	<i>naproxen sodium tab 550 mg</i>	40
MYTESI TAB 125MG.....	86	<i>naproxen tab 250 mg</i>	40
		<i>naproxen tab 375 mg</i>	40
		<i>naproxen tab 500 mg</i>	40
		<i>naproxen tab ec 375 mg</i>	40

<i>naproxen tab ec 500 mg</i>	40	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	227	<i>mg/ml-10000 unit/ml-1%</i>	248
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ..	227	<i>neomycin sulfate tab 500 mg</i>	36
NARDIL TAB 15MG.....	76	NEONATAL/DHA MIS	235
NATACHEW CHW	235	NEONATAL 19 TAB	235
NATAL PNV TAB	235	NEONATAL FE TAB.....	235
NATALVIT TAB 75-1MG	235	NEONATAL PLS TAB 27-1MG	235
NATAZIA TAB.....	148	NEONATAL TAB COMPLETE	235
<i>nateglinide tab 120 mg</i>	85	NEONATAL TAB COMPLTE.....	235
<i>nateglinide tab 60 mg</i>	85	NEONATAL TAB PLUS	235
NATESTO GEL 5.5MG.....	52	<i>neo-polycin oin hc 1%op</i>	246
NAYZILAM SPR 5MG.....	68	<i>neo-polycin oin op</i>	244
<i>nebivolol hcl tab 10 mg (base equivalent)</i>		NEOSALUS AER.....	169
.....	134	NEOSALUS CRE.....	169
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>		NEOSALUS LOT	169
.....	134	NEOSTIG METH INJ 2MG/2ML	103
<i>nebivolol hcl tab 20 mg (base equivalent)</i>		NEOSTIG METH INJ 3MG/3ML.....	103
.....	134	NEOSTIG METH INJ 4MG/4ML.....	103
<i>nebivolol hcl tab 5 mg (base equivalent)</i> .	134	NEOSTIG METH INJ 5MG/5ML.....	103
<i>nebusal neb 3%</i>	154	NEOSTIGMINE INJ 5MG/5ML.....	103
<i>necon tab 0.5/35</i>	148	<i>neostigmine methylsulfate iv soln 10 mg/10</i>	
NEEVO DHA CAP 27-1.13	235	<i>ml (1 mg/ml)</i>	103
<i>nefazodone hcl tab 100 mg</i>	77	<i>neostigmine methylsulfate iv soln 5 mg/10</i>	
<i>nefazodone hcl tab 150 mg</i>	77	<i>ml (0.5 mg/ml)</i>	103
<i>nefazodone hcl tab 200 mg</i>	77	<i>neostigmine methylsulfate soln pref syr 3</i>	
<i>nefazodone hcl tab 250 mg</i>	77	<i>mg/3ml (1 mg/ml)</i>	103
<i>nefazodone hcl tab 50 mg</i>	77	NEO-SYNALAR CRE.....	159
<i>nelarabine iv soln 5 mg/ml</i>	106	NEOVITE TAB	233
NENDRUX GEL 5-40%.....	168	NERIVIO MIS.....	217
NEOKE ALCAR POW	242	NERLYNX TAB 40MG	116
NEOKE BHB POW.....	180	NESTABS DHA PAK.....	235
NEOKE MCT70 POW	241	NESTABS ONE CAP	235
NEOKE RA LIP POW 800MG/GM.....	35	NESTABS TAB	235
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>		NETTLE INJ 1:40.....	34
<i>400unt-10000unt op oin</i>	244	<i>neuac gel 1.2-5%</i>	157
<i>neomycin-polymy-gramicid op sol 1.75-</i>		NEULASTA INJ 6MG/0.6M	206
<i>10000-0.025mg-unt-mg/ml</i>	244	NEULASTA KIT 6MG/0.6M	206
<i>neomycin-polymyxin b gu irrigation soln</i> 197		NEUPOGEN INJ 300/0.5.....	206
<i>neomycin-polymyxin-dexamethasone</i>		NEUPOGEN INJ 300MCG	206
<i>ophth oint 0.1%</i>	246	NEUPOGEN INJ 480/0.8	206
<i>neomycin-polymyxin-dexamethasone</i>		NEUPOGEN INJ 480MCG	206
<i>ophth susp 0.1%</i>	246	NEUPRO DIS 1MG/24HR	121
<i>neomycin-polymyxin-hc ophth susp</i>	246	NEUPRO DIS 2MG/24HR.....	121
<i>neomycin-polymyxin-hc otic soln 1%</i>	248	NEUPRO DIS 3MG/24HR.....	121

NEUPRO DIS 4MG/24HR	121	NICAZEL TAB	234
NEUPRO DIS 6MG/24HR	121	NICAZEL TAB FORTE	234
NEUPRO DIS 8MG/24HR	121	<i>nifedipine cap 10 mg</i>	137
NEURAPTINE CRE 10%.....	159	<i>nifedipine cap 20 mg</i>	137
NEURONTIN CAP 100MG	71	<i>nifedipine tab er 24hr 30 mg</i>	137
NEURONTIN CAP 300MG	71	<i>nifedipine tab er 24hr 60 mg</i>	137
NEURONTIN CAP 400MG	71	<i>nifedipine tab er 24hr 90 mg</i>	137
NEURONTIN SOL 250/5ML.....	71	<i>nifedipine tab er 24hr osmotic release 30</i>	
NEURONTIN TAB 600MG.....	71	<i>mg</i>	137
NEURONTIN TAB 800MG.....	71	<i>nifedipine tab er 24hr osmotic release 60</i>	
NEUTEK 2TEK TES STRIPS.....	178	<i>mg</i>	137
NEVANAC SUS 0.1% OP	247	<i>nifedipine tab er 24hr osmotic release 90</i>	
<i>nevirapine susp 50 mg/5ml</i>	130	<i>mg</i>	137
<i>nevirapine tab 200 mg</i>	130	<i>nikki tab 3-0.02mg</i>	148
<i>nevirapine tab er 24hr 400 mg</i>	130	NILANDRON TAB 150MG.....	111
NEXAVAR TAB 200MG.....	116	<i>nilutamide tab 150 mg</i>	111
NEXICLON XR TAB 0.17MG.....	98	<i>nimodipine cap 30 mg</i>	137
NEXIUM CAP 20MG	266	NINLARO CAP 2.3MG.....	116
NEXIUM CAP 40MG	266	NINLARO CAP 3MG.....	116
NEXIUM GRA 10MG DR.....	266	NINLARO CAP 4MG.....	116
NEXIUM GRA 2.5MG DR	266	NIPRIDE RTU INJ 20/100ML.....	102
NEXIUM GRA 20MG DR	266	NIPRIDE RTU INJ 50/100ML.....	102
NEXIUM GRA 40MG DR.....	266	<i>nisoldipine tab er 24hr 17 mg</i>	137
NEXIUM GRA 5MG DR	266	<i>nisoldipine tab er 24hr 20 mg</i>	137
NEXLETOL TAB 180MG	91	<i>nisoldipine tab er 24hr 25.5 mg</i>	138
NEXLIZET TAB 180/10MG.....	92	<i>nisoldipine tab er 24hr 30 mg</i>	138
NEXOBRID GEL 8.8%.....	166	<i>nisoldipine tab er 24hr 34 mg</i>	138
NEXTERONE INJ.....	60	<i>nisoldipine tab er 24hr 40 mg</i>	138
NEXSTELLIS TAB 3-14.2MG	148	<i>nisoldipine tab er 24hr 8.5 mg</i>	137
NEXVIAZYME INJ 100MG.....	187	<i>nitazoxanide tab 500 mg</i>	54
NGENLA INJ 24/1.2ML	185	<i>nitisinone cap 10 mg</i>	187
NGENLA INJ 60/1.2ML	185	<i>nitisinone cap 20 mg</i>	187
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>		<i>nitisinone cap 2 mg</i>	187
.....	95	<i>nitisinone cap 5 mg</i>	187
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	95	NITRO-DUR DIS 0.1MG/HR	57
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	95	NITRO-DUR DIS 0.2MG/HR.....	57
NICADAN TAB.....	234	NITRO-DUR DIS 0.3MG/HR.....	57
NICAPRIN TAB.....	180	NITRO-DUR DIS 0.4MG/HR.....	57
<i>nicardipine hcl cap 20 mg</i>	137	NITRO-DUR DIS 0.6MG/HR.....	57
<i>nicardipine hcl cap 30 mg</i>	137	NITRO-DUR DIS 0.8MG/HR.....	57
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	137	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
NICARDIPINE INJ NAACL.....	137	.....	56
NICARDIPINE SOL 20/200ML.....	137	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	
NICARDIPINE SOL 40/200ML.....	137	.....	56

<i>nitrofurantoin macrocrystalline cap 50 mg</i>	56	NORDITROPIN INJ 5/1.5ML.....	185
<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	57	<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr.....	150
<i>nitrofurantoin susp 25 mg/5ml</i>	57	NOREPIN/D5W INJ 16/250ML.....	270
NITROFURANTO SUS 50MG/5ML.....	56	NOREPIN/D5W INJ 4/250ML.....	270
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i> ...	57	NOREPIN/D5W INJ 8/250ML.....	270
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i> ...	57	NOREPIN/NAACL INJ 16/250ML.....	270
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i> ..	57	NOREPIN/NAACL INJ 4/250ML.....	270
<i>nitroglycerin oint 0.4%</i>	53	NOREPIN/NAACL INJ 8/250ML.....	270
<i>nitroglycerin sl tab 0.3 mg</i>	57	NOREPINE/D5W INJ 4/250ML.....	270
<i>nitroglycerin sl tab 0.4 mg</i>	57	NOREPINEPHRI INJ DEXTROSE.....	270
<i>nitroglycerin sl tab 0.6 mg</i>	57	<i>norepinephrine bitartrate iv soln 1 mg/ml</i> <i>(base equivalent)</i>	270
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	57	NOREPINEPHRI SOL NAACL.....	270
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	57	<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.4 mg-35 mcg</i>	148
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	57	<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i>	148
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	57	<i>norethindrone ace & ethinyl estradiol-fe tab</i> 1.5 mg-30 mcg.....	148
<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i>	57	<i>norethindrone ace & ethinyl estradiol-fe tab</i> 1 mg-20 mcg.....	148
NITROLINGUAL SPR 400MCG.....	57	<i>norethindrone ace & ethinyl estradiol-fe tab</i> 1 mg-20 mcg.....	148
<i>nitroprusside sodium iv soln 25 mg/ml</i> ...	102	<i>norethindrone ace & ethinyl estradiol tab 1.5</i> <i>mg-30 mcg</i>	148
NITROSTAT SUB 0.3MG.....	57	<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	148
NITROSTAT SUB 0.4MG.....	57	<i>norethindrone ace-eth estradiol-fe chew</i> <i>tab 1 mg-20 mcg (24)</i>	148
NITROSTAT SUB 0.6MG.....	57	<i>norethindrone ace-ethinyl estradiol-fe cap 1</i> <i>mg-20 mcg (24)</i>	148
NITYR TAB 10MG.....	187	<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg.....	190
NITYR TAB 2MG.....	187	<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg.....	190
NITYR TAB 5MG.....	187	<i>norethindrone acetate tab 5 mg</i>	253
NIVA-PLUS TAB.....	235	<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> 20/1-30/1-35 mg-mcg.....	148
NIVA THYROID TAB 120MG.....	262	<i>norethindrone tab 0.35 mg</i>	150
NIVA THYROID TAB 15MG.....	262	NORGESIC TAB FORTE.....	238
NIVA THYROID TAB 30MG.....	262	<i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	148
NIVA THYROID TAB 60MG.....	262	<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> 25/0.25-25 mg-mcg.....	149
NIVA THYROID TAB 90MG.....	262		
NIVESTYM INJ 300/0.5.....	207		
NIVESTYM INJ 300MCG.....	207		
NIVESTYM INJ 480/0.8.....	207		
NIVESTYM INJ 480MCG.....	207		
<i>nizatidine cap 150 mg</i>	265		
<i>nizatidine cap 300 mg</i>	265		
NO CODING TES BLD GLUC.....	178		
<i>nora-be tab 0.35mg</i>	150		
NORDITROPIN INJ 10/1.5ML.....	185		
NORDITROPIN INJ 15/1.5ML.....	185		
NORDITROPIN INJ 30/3ML.....	185		

<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	149	NOVOLIN N INJ 100 UNIT	84
NORITATE CRE 1%	170	NOVOLIN N INJ RELION	84
NORLIQVA SOL 1MG/ML	138	NOVOLIN N INJ U-100	84
<i>norlyroc tab 0.35mg</i>	150	NOVOLIN R INJ 100 UNIT	85
NORMLGEL AG GEL	173	NOVOLIN R INJ RELION	85
NORPACE CAP 100MG	59	NOVOLIN R INJ U-100.....	85
NORPACE CAP 150MG	59	NOVOLOG INJ 100/ML	85
NORPRAMIN TAB 10MG	79	NOVOLOG INJ FLEXPEN	85
NORPRAMIN TAB 25MG.....	79	NOVOLOG INJ FLEX REL	85
NORTHERA CAP 100MG	269	NOVOLOG INJ PENFILL.....	85
NORTHERA CAP 200MG.....	269	NOVOLOG INJ RELION	85
NORTHERA CAP 300MG.....	269	NOVOLOG MIX INJ 70/30.....	85
<i>nortrel tab 0.5/35</i>	149	NOVOLOG MIX INJ FLEXPEN	85
<i>nortrel tab 1/35</i>	149	NOVOLOG MIX INJ FLEX REL	85
<i>nortrel tab 7/7/7</i>	149	NOVOLOG RELI INJ 70/30	85
<i>nortriptyline hcl cap 10 mg</i>	79	NOVOSEVEN RT INJ 1MG.....	202
<i>nortriptyline hcl cap 25 mg</i>	79	NOVOSEVEN RT INJ 2MG	202
<i>nortriptyline hcl cap 50 mg</i>	79	NOVOSEVEN RT INJ 5MG.....	202
<i>nortriptyline hcl cap 75 mg</i>	79	NOVOSEVEN RT INJ 8MG.....	202
<i>nortriptyline hcl soln 10 mg/5ml</i>	80	NOXAFIL INJ 300/16.7	90
NORVASC TAB 10MG	138	NOXAFIL PAK 300MG.....	90
NORVASC TAB 2.5MG	138	NOXAFIL SUS 40MG/ML.....	90
NORVASC TAB 5MG	138	NOXAFIL TAB 100MG.....	90
NORVIR POW 100MG	130	NPLATE INJ 125MCG	207
NORVIR TAB 100MG.....	130	NPLATE INJ 250MCG	207
NOURIANZ TAB 20MG	120	NPLATE INJ 500MCG.....	207
NOURIANZ TAB 40MG	120	NS-2 ELECTRI MIS PATCH.....	217
NOVA MAX TES GLUCOSE	178	NUBEQA TAB 300MG.....	111
NOVAREL INJ 10000UNT.....	184	NUCALA INJ 100MG	61
NOVAREL INJ 5000UNIT	184	NUCALA INJ 100MG/ML.....	61
NOVA SUREFLX MIS LANC DEV.....	216	NUCALA INJ 40MG/0.4.....	61
NOVOEIGHT INJ 1000UNIT.....	202	NUCARACLINPA KIT	157
NOVOEIGHT INJ 1500UNIT.....	202	NUCYNTA ER TAB 100MG.....	47
NOVOEIGHT INJ 2000UNIT	202	NUCYNTA ER TAB 150MG.....	47
NOVOEIGHT INJ 250UNIT.....	202	NUCYNTA ER TAB 200MG	47
NOVOEIGHT INJ 3000UNIT	202	NUCYNTA ER TAB 250MG	47
NOVOEIGHT INJ 500UNIT	202	NUCYNTA ER TAB 50MG	47
NOVOFINE AUT MIS 30GX8MM	222	NUCYNTA TAB 100MG.....	47
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NUDROXIPAK KIT E-400	40	<i>nylia tab 1/35</i>	149
NUDROXIPAK KIT I-800	40	<i>nylia tab 7/7/7</i>	149
NUDROXIPAK KIT M-15	40	<i>nymyo tab 0.25-35</i>	149
NUDROXIPAK KIT N-500	41	NYNUTEY CRE 23-7%	168
NUDEXTA CAP 20-10MG	258	<i>nystatin cream 100000 unit/gm</i>	160
NUJO SOL 0.1%	167	<i>nystatin oint 100000 unit/gm</i>	160
NUJU CRE 0.1%	167	<i>nystatin susp 100000 unit/ml</i>	232
<i>nulev tab 0.125mg</i>	264	<i>nystatin tab 500000 unit</i>	89
NULIBRY INJ 9.5MG.....	187	<i>nystatin topical powder 100000 unit/gm</i>	160
NUMOISYN LIQ	233	<i>nystatin-triamcinolone cream 100000-0.1</i>	
NUPLAZID CAP 34MG	123	<i>unit/gm-%</i>	160
NUPLAZID TAB 10MG	123	<i>nystatin-triamcinolone oint 100000-0.1</i>	
NURTEC TAB 75MG ODT	226	<i>unit/gm-%</i>	160
NUSURGEPAK KIT SURGICAL	169	<i>nystop pow 100000</i>	160
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NUWIQ INJ 1000UNIT	202	OCTAGAM INJ 10GM	250
NUWIQ INJ 1500UNIT	202	OCTAGAM INJ 1GM	250
NUWIQ INJ 2000UNIT	202	OCTAGAM INJ 1GM/20ML	250
NUWIQ INJ 2500UNIT	202	OCTAGAM INJ 2.5GM	250
NUWIQ INJ 250UNIT	202	OCTAGAM INJ 20/200ML	250
NUWIQ INJ 3000UNIT	202	OCTAGAM INJ 2GM/20ML.....	250
NUWIQ INJ 4000UNIT	202	OCTAGAM INJ 30/300ML	250
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NUWIQ KIT 1000UNIT	202	OCTAGAM INJ 5GM/50ML	250
NUWIQ KIT 1500UNIT	202	<i>octreotide acetate inj 1000 mcg/ml (1</i>	
NUWIQ KIT 2000UNIT	202	<i>mg/ml)</i>	189
NUWIQ KIT 2500UNIT.....	202	<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
NUWIQ KIT 250UNIT	202	<i>mg/ml)</i>	189
NUWIQ KIT 3000UNIT	202	<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
NUWIQ KIT 4000UNIT	202	<i>mg/ml)</i>	189
NUWIQ KIT 500UNIT.....	202	<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
<i>nyamyc pow 100000</i>	160	<i>mg/ml)</i>	189

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<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	189	OLIVE TREE INJ 1:20	34
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	189	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> .101	
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	189	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	101
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<i>ofloxacin ophth soln 0.3%</i>	244	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>101	
<i>ofloxacin otic soln 0.3%</i>	248	<i>olmesartan medoxomil tab 20 mg</i>97	
<i>ofloxacin tab 300 mg</i>	193	<i>olmesartan medoxomil tab 40 mg</i>97	
<i>ofloxacin tab 400 mg</i>	193	<i>olmesartan medoxomil tab 5 mg</i>97	
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<i>orphenadrine citrate inj 30 mg/ml</i>	238	<i>oxaprozin tab 600 mg</i>	41
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<i>oscimin tab 0.125mg</i>	265	<i>oxcarbazepine tab 150 mg</i>	71
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	132	<i>oxcarbazepine tab 300 mg</i>	71
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	132	<i>oxcarbazepine tab 600 mg</i>	71
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<i>oxycodone hcl soln 5 mg/5ml</i>	47	<i>pacerone tab 100mg</i>	61
<i>oxycodone hcl tab 10 mg</i>	47	<i>pacerone tab 200mg</i>	61
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<i>paricalcitol iv soln 2 mcg/ml</i>	187	<i>(base equiv)</i>	106
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<i>perphenazine-amitriptyline tab 2-25 mg</i>	255	PHENYL/NAACL INJ 80/250ML	270
<i>perphenazine-amitriptyline tab 4-10 mg</i>	255	PHENYL/NAACL SOL 0.8/10ML	270
<i>perphenazine-amitriptyline tab 4-25 mg</i>	255	PHENYLD GMP POW DHA/FIBR	180
<i>perphenazine-amitriptyline tab 4-50 mg</i>	255	PHENYLE/NAACL INJ 100/10ML	270
<i>perphenazine tab 16 mg</i>	127	<i>phenylephrine hcl iv soln 10 mg/ml</i>	270
<i>perphenazine tab 2 mg</i>	127	<i>phenylephrine hcl ophth soln 10%</i>	243
<i>perphenazine tab 4 mg</i>	127	<i>phenylephrine hcl ophth soln 2.5%</i>	243
<i>perphenazine tab 8 mg</i>	127	PHENYLEPHRIN INJ 0.4/10ML	270
PERSERIS INJ 120MG	124	PHENYLEPHRIN INJ 0.5/5ML	270
PERSERIS INJ 90MG	124	PHENYLEPHRIN INJ 1MG/1ML	141
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<i>pfizerpen inj 20000000</i>	251	PHENYLEPHRIN SOL NAACL	270
<i>pfizerpen inj 20mu</i>	251	<i>phenytek cap 200mg</i>	74
<i>pfizerpen inj 5mu</i>	251	<i>phenytek cap 300mg</i>	74
PHEBURANE MIS 483/GM	188	<i>phenytoin chew tab 50 mg</i>	74
PHEDRAX SHA 2-2%	160	<i>phenytoin sodium extended cap 100 mg</i>	74
<i>phenazo tab 200mg</i>	198	<i>phenytoin sodium extended cap 200 mg</i>	74
<i>phenelzine sulfate tab 15 mg</i>	76	<i>phenytoin sodium extended cap 300 mg</i>	74
<i>phenobarbital elixir 20 mg/5ml</i>	208	<i>phenytoin sodium inj 50 mg/ml</i>	74
<i>phenobarbital sodium inj 130 mg/ml</i>	209	<i>phenytoin susp 125 mg/5ml</i>	74
<i>phenobarbital sodium inj 65 mg/ml</i>	209	PHEODOYO CRE	160
<i>phenobarbital tab 100 mg</i>	209	PHEOXIA CRE 2-4%	160
<i>phenobarbital tab 15 mg</i>	209	PHESGO SOL	113
<i>phenobarbital tab 16.2 mg</i>	209	PHEYO CRE	160
<i>phenobarbital tab 30 mg</i>	209	<i>philith tab 0.4-35</i>	149
<i>phenobarbital tab 32.4 mg</i>	209	PHLAG SPR	169
<i>phenobarbital tab 60 mg</i>	209	PHOTREXA/PHO SOL VISC KIT	245
<i>phenobarbital tab 64.8 mg</i>	209	PHOXILLUM SOL B22K/40	230
<i>phenobarbital tab 97.2 mg</i>	209	PHOXILLUM SOL BK4/2.5	230
PHENOL INJ 6%	232	<i>physiolyte sol</i>	231
<i>phenoxybenzamine hcl cap 10 mg</i>	96	<i>physiosol sol irrigat</i>	231
<i>phentolamine mesylate for inj 5 mg</i>	96	PIDPROGTAR SOL	166
PHENYL/NAACL INJ 0.4/10ML	270	PIFELTRO TAB 100MG	130
PHENYL/NAACL INJ 0.5/5ML	270	<i>pilocarpine hcl ophth soln 1%</i>	243
PHENYL/NAACL INJ 0.8/10ML	270	<i>pilocarpine hcl ophth soln 2%</i>	243
PHENYL/NAACL INJ 10/250ML	270	<i>pilocarpine hcl ophth soln 4%</i>	243
PHENYL/NAACL INJ 1MG/10ML	270	<i>pilocarpine hcl tab 5 mg</i>	233
PHENYL/NAACL INJ 20/250ML	270	<i>pilocarpine hcl tab 7.5 mg</i>	233
PHENYL/NAACL INJ 20/50ML	270	<i>pimecrolimus cream 1%</i>	167
PHENYL/NAACL INJ 25/200ML	270	<i>pimozide tab 1 mg</i>	258
PHENYL/NAACL INJ 25/250ML	270	<i>pimozide tab 2 mg</i>	258
PHENYL/NAACL INJ 40/250ML	270	<i>pimtrea tab</i>	149
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<i>pioglitazone hcl tab 45 mg (base equiv)</i> ...	85	POD-CARE 100 KIT 40MG/ML	153
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<i>piperacillin sod-tazobactam sod for inj 13.5</i>		PODIATROLE PAK 2-20%.....	160
<i>gm (12-1.5 gm)</i>	252	<i>podofilox gel 0.5%</i>	167
<i>piperacillin sod-tazobactam sod for inj 2.25</i>		<i>podofilox soln 0.5%</i>	167
<i>gm (2-0.25 gm)</i>	252	PODOXIA SOL 7-4%	166
<i>piperacillin sod-tazobactam sod for inj 4.5</i>		PODPROG SOL 7-0.1%	166
<i>gm (4-0.5 gm)</i>	252	PODPROGTAR SOL.....	166
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<i>pitavastatin calcium tab 2 mg</i>	94	<i>polocaine inj 2%</i>	213
<i>pitavastatin calcium tab 4 mg</i>	94	<i>polocaine inj mpf 1.5%</i>	213
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<i>potassium chloride inj 20 meq/50ml</i>	229	PRADAXA PAK 40MG	67
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<i>meq/15ml)</i>	229	121
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<i>potassium chloride tab er 8 meq (600 mg)</i>		<i>pramipexole dihydrochloride tab er 24hr</i>	122
.....	229	<i>0.75 mg</i>	122
<i>potassium citrate & citric acid soln 1100-</i>		<i>pramipexole dihydrochloride tab er 24hr 1.5</i>	122
<i>334 mg/5ml</i>	197	<i>mg</i>	122
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<i>prasugrel hcl tab 5 mg (base equiv)</i>	204	<i>prednisone tab 5 mg</i>	153
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<i>prazosin hcl cap 2 mg</i>	98	<i>pregabalin cap 150 mg</i>	72
<i>prazosin hcl cap 5 mg</i>	98	<i>pregabalin cap 200 mg</i>	72
PR CREAM KIT	169	<i>pregabalin cap 225 mg</i>	72
PRECISION TES XTRA.....	178	<i>pregabalin cap 25 mg</i>	72
PRED/NEPAFEN DRO 1-0.1%.....	246	<i>pregabalin cap 300 mg</i>	72
PRED FORTE SUS 1% OP	246	<i>pregabalin cap 50 mg</i>	72
PRED-GAT-BRO INJ.....	246	<i>pregabalin cap 75 mg</i>	72
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PRED MILD SUS 0.12% OP	246	<i>pregabalin tab er 24hr 330 mg</i>	257
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PRENATAL TAB 27-1MG	236	<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i>	103
PRENATAL TAB PLUS	236	<i>primidone tab 250 mg</i>	72
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PRENATE CAP PIXIE	236	PRIVIGEN INJ 10GRAMS	250
PRENATE CAP RESTORE	236	PRIVIGEN INJ 20GRAMS	250
PRENATE CHW 0.6-0.4	236	PRIVIGEN INJ 40GRAMS	250
PRENATE DHA CAP	236	PRIVIGEN INJ 5 GRAMS	250
PRENATE MINI CAP	236	PROAIR DIGIH AER	64
PRENATE TAB ELITE	236	PROAIR RESPI AER	64
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PRESTALIA TAB 14-10MG	101	<i>procentra sol 5mg/5ml</i>	28
PRESTALIA TAB 3.5-2.5	101	<i>prochlorperazine edisylate inj 10 mg/2ml</i>	127
PRESTALIA TAB 7-5MG	101	<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i>	127
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<i>proctosol hc cre 2.5%</i>	53	<i>promethegan sup 25mg</i>	91
<i>proctozone cre -hc 2.5%</i>	53	<i>promethegan sup 50mg</i>	91
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PROFILNINE INJ 500UNIT	202	<i>propafenone hcl cap er 12hr 325 mg.....</i>	60
PROFOLA TAB.....	234	<i>propafenone hcl cap er 12hr 425 mg.....</i>	60
<i>progesterone cap 100 mg.....</i>	253	<i>propafenone hcl tab 150 mg.....</i>	60
<i>progesterone cap 200 mg</i>	253	<i>propafenone hcl tab 225 mg</i>	60
<i>progesterone im in oil 50 mg/ml</i>	253	<i>propafenone hcl tab 300 mg.....</i>	60
PROLASTIN-C INJ 1000MG	258	<i>proparacaine hcl ophth soln 0.5%</i>	245
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PROLATE TAB 5-300MG	50	<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	
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<i>propranolol hcl oral soln 20 mg/5ml</i>	135	PURE COMFORT MIS 32GX5MM	224
<i>propranolol hcl oral soln 40 mg/5ml</i>	135	PURE COMFORT MIS 32GX6MM	224
<i>propranolol hcl tab 10 mg</i>	135	PURE COMFORT MIS 32GX8MM	224
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<i>propranolol hcl tab 40 mg</i>	135	PYLERA CAP	266
<i>propranolol hcl tab 60 mg</i>	135	<i>pyrazinamide tab 500 mg</i>	104
<i>propranolol hcl tab 80 mg</i>	135	<i>pyridostigmine bromide oral soln 60</i>	
<i>propylthiouracil tab 50 mg</i>	260	<i>mg/5ml</i>	103
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PROVENTIL AER HFA	64	<i>pyrimethamine tab 25 mg</i>	103
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SANTYL OIN 250/GM.....	166	<i>selenium sulfide lotion 2.5%</i>	162
SAPHNELO SOL 300/2ML.....	232	SELZENTRY SOL 20MG/ML	130
<i>sapropterin dihydrochloride powder packet</i>		SELZENTRY TAB 150MG	130
<i>100 mg</i>	188	SELZENTRY TAB 300MG	130
<i>sapropterin dihydrochloride powder packet</i>		SEMGLEE INJ 100U/ML	85
<i>500 mg</i>	188	SEMGLEE SOL 100U/ML.....	85
<i>sapropterin dihydrochloride tab 100 mg</i> ..	188	SE-NATAL 19 CHW	236
SARCLISA SOL 100/5ML.....	109	SE-NATAL 19 TAB.....	236
SARCLISA SOL 500/25ML.....	109	SENSIPAR TAB 30MG.....	188
SAROXIA CRE 4-0.05%.....	158	SENSIPAR TAB 60MG.....	188
SAVAYSA TAB 15MG	65	SENSIPAR TAB 90MG.....	188
SAVAYSA TAB 30MG	65	<i>sensorcaine/ inj epi 0.25</i>	213
SAVAYSA TAB 60MG	65	<i>sensorcaine/ inj epi 0.5%</i>	213
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	82	<i>sensorcaine inj 0.25%</i>	214
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	82	<i>sensorcaine inj 0.5%</i>	214
<i>saxagliptin-metformin hcl tab er 24hr 2.5-</i>		<i>sensorcaine inj -mpf/epi</i>	213
<i>1000 mg</i>	81	<i>sensorcaine inj mpf0.25%</i>	214
<i>saxagliptin-metformin hcl tab er 24hr 5-</i>		<i>sensorcaine inj mpf 0.5%</i>	214
<i>1000 mg</i>	81	<i>sensorcaine inj mpf0.75%</i>	214
<i>saxagliptin-metformin hcl tab er 24hr 5-500</i>		SEREVENT DIS AER 50MCG	64
<i>mg</i>	81	SERNIVO SPR 0.05%	165
SCARZEN SKIN KIT REPAIR.....	165	SEROQUEL TAB 100MG.....	126
SCEMBLIX TAB 20MG	116	SEROQUEL TAB 200MG	126
SCEMBLIX TAB 40MG.....	116	SEROQUEL TAB 25MG.....	126
<i>scopolamine td patch 72hr 1 mg/3days</i>	89	SEROQUEL TAB 300MG.....	126
SEBUDERM GEL.....	169	SEROQUEL TAB 400MG.....	126
SECUADO DIS 3.8MG.....	126	SEROQUEL TAB 50MG	126
SECUADO DIS 5.7MG.....	126	SEROQUEL XR TAB 150MG.....	126
SECUADO DIS 7.6MG.....	126	SEROQUEL XR TAB 200MG	126
SECURESAFE MIS 0.5/29G	224	SEROQUEL XR TAB 300MG	126
SECURESAFE MIS 29GX1/2.....	224	SEROQUEL XR TAB 400MG.....	126
SECURESAFE MIS 30GX5/16	224	SEROQUEL XR TAB 50MG	126
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SEGLUROMET TAB 2.5-1000	81	SEROSTIM INJ 5MG.....	185
SEGLUROMET TAB 2.5-500.....	81	SEROSTIM INJ 6MG.....	185
SEGLUROMET TAB 7.5-1000	81	SERTRALINE CAP 150MG	77
SEGLUROMET TAB 7.5-500.....	81	SERTRALINE CAP 200MG	77
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<i>sertraline hcl oral concentrate for solution</i>	SILIGENTLE PAD 4	173
20 mg/ml	SILIGENTLE PAD 6	173
<i>sertraline hcl tab 100 mg</i>	SILIGENTLE PAD AG 2	173
<i>sertraline hcl tab 25 mg</i>	SILIGENTLE PAD AG 4	173
<i>sertraline hcl tab 50 mg</i>	SILIQ INJ 210/1.5	161
<i>setlakin tab</i>	<i>silodosin cap 4 mg</i>	198
<i>sevelamer carbonate packet 0.8 gm</i>	<i>silodosin cap 8 mg</i>	198
<i>sevelamer carbonate packet 2.4 gm</i>	SILVADENE CRE 1%	162
<i>sevelamer carbonate tab 800 mg</i>	<i>silver sulfadiazine cream 1%</i>	162
<i>sevelamer hcl tab 400 mg</i>	SILVRSTAT GEL DRESSING	173
<i>sevelamer hcl tab 800 mg</i>	SIMBRINZA SUS 1-0.2%	244
SEVENFACT INJ 1MG	<i>simliya tab 28 day</i>	149
SEVENFACT INJ 5MG	<i>simpesse tab</i>	149
<i>sevoflurane inhal soln</i>	SIMPLE DIAG MIS LANCING	216
SEYSARA TAB 100MG	SIMPONI ARIA SOL 50MG/4ML	37
SEYSARA TAB 150MG	SIMPONI INJ 100MG/ML	37
SEYSARA TAB 60MG	SIMPONI INJ 50/0.5ML	37
SG RAGWEED INJ 1:20	<i>simvastatin tab 10 mg</i>	94
SHAGBARK HCK SOL EXTRACT	<i>simvastatin tab 20 mg</i>	94
<i>sharobel tab 0.35mg</i>	<i>simvastatin tab 40 mg</i>	94
SHEEP SORREL INJ 1:20	<i>simvastatin tab 5 mg</i>	94
SHORT RAGWEE INJ 1:20	<i>simvastatin tab 80 mg</i>	94
SIGNIFOR INJ 0.3MG/ML	SINCALIDE INJ 5MCG	174
SIGNIFOR INJ 0.6MG/ML	SINEMET TAB 10-100MG	122
SIGNIFOR INJ 0.9MG/ML	SINEMET TAB 25-100MG	122
SIGNIFOR LAR INJ 10MG	SINGULAIR CHW 4MG	62
SIGNIFOR LAR INJ 20MG	SINGULAIR CHW 5MG	62
SIGNIFOR LAR INJ 30MG	SINGULAIR GRA 4MG	62
SIGNIFOR LAR INJ 40MG	SINGULAIR TAB 10MG	62
SIGNIFOR LAR INJ 60MG	SINUVA IMP 1350MCG	239
SIKLOS TAB 1000MG	<i>sirolimus oral soln 1 mg/ml</i>	231
SIKLOS TAB 100MG	<i>sirolimus tab 0.5 mg</i>	231
SILATRIX GEL 10%	<i>sirolimus tab 1 mg</i>	231
<i>sildenafil citrate for suspension 10 mg/ml</i>	<i>sirolimus tab 2 mg</i>	231
.....	SITAVIG TAB 50MG	132
<i>sildenafil citrate iv soln 10 mg/12.5ml (base</i>	SKYCLARYS CAP 50MG	240
<i>equivalent)</i>	SKYLA IUD 13.5MG	150
<i>sildenafil citrate tab 100 mg</i>	SKYRIZI INJ 150MG/ML	161
<i>sildenafil citrate tab 20 mg</i>	SKYRIZI INJ 180/1.2	195
<i>sildenafil citrate tab 25 mg</i>	SKYRIZI INJ 360/2.4	195
<i>sildenafil citrate tab 50 mg</i>	SKYRIZI PEN INJ 150MG/ML	161
SILENOR TAB 3MG	SKYRIZI SOL 60MG/ML	195
SILENOR TAB 6MG	SKYTROFA INJ 11MG	185
SILIGENTLE PAD 2	SKYTROFA INJ 13.3MG	185

SKYTROFA INJ 3.6MG.....	185	SOHONOS CAP 2.5MG	238
SKYTROFA INJ 3MG	185	SOHONOS CAP 5MG	238
SKYTROFA INJ 4.3MG.....	185	<i>solifenacin succinate tab 10 mg</i>	267
SKYTROFA INJ 5.2MG.....	185	<i>solifenacin succinate tab 5 mg</i>	267
SKYTROFA INJ 6.3MG.....	185	SOLIQUA INJ 100/33.....	81
SKYTROFA INJ 7.6MG.....	185	SOLIRIS INJ 10MG/ML.....	203
SKYTROFA INJ 9.1MG.....	185	SOLOSEC GRA 2GM	35
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SOAAZ TAB 20MG	181	SOMATULINE INJ 60/0.2ML.....	190
SOAAZ TAB 40MG	181	SOMATULINE INJ 90/0.3ML.....	190
SOAAZ TAB 60MG	181	SOMAVERT INJ 10MG	184
SOD CHLORIDE INJ 4MEQ/ML	229	SOMAVERT INJ 15MG	184
SOD CIT-GENT INJ 4%-320	67	SOMAVERT INJ 20MG.....	184
<i>sodium benzoate & sodium phenylacetate</i>		SOMAVERT INJ 25MG.....	184
<i>iv soln 10-10%</i>	188	SOMAVERT INJ 30MG.....	184
<i>sodium chloride irrigation soln 0.9%</i>	198	SONAFINE EMU	173
<i>sodium chloride soln nebu 0.9%</i>	154	SOOLANTRA CRE 1%.....	170
<i>sodium chloride soln nebu 10%</i>	155	<i>sorafenib tosylate tab 200 mg (base</i>	
<i>sodium chloride soln nebu 3%</i>	155	<i>equivalent)</i>	116
<i>sodium chloride soln nebu 7%</i>	155	SORILUX AER 0.005%.....	161
SODIUM CITRA SOL 4%	65	SORREL/DOCK INJ EXTRACT	35
<i>sodium citrate & citric acid soln 500-334</i>		<i>sotalol hcl (afib/afl) tab 120 mg</i>	135
<i>mg/5ml</i>	197	<i>sotalol hcl (afib/afl) tab 160 mg</i>	135
SODIUM IODID SOL I-131.....	260	<i>sotalol hcl (afib/afl) tab 80 mg</i>	135
<i>sodium phenylbutyrate oral powder 3</i>		<i>sotalol hcl tab 120 mg</i>	135
<i>gm/teaspoonful</i>	188	<i>sotalol hcl tab 160 mg</i>	135
<i>sodium phenylbutyrate tab 500 mg</i>	188	<i>sotalol hcl tab 240 mg</i>	135
<i>sodium polystyrene sulfonate powder</i>	232	<i>sotalol hcl tab 80 mg</i>	135
<i>sodium tetradecyl sulfate inj 3%</i>	232	<i>sotradecol inj 1%</i>	232
<i>sodium thiosulfate iv soln 250 mg/ml (25%)</i>		<i>sotradecol inj 3%</i>	232
.....	88	SOTYKTU TAB 6MG.....	161
SOD OXYBATE SOL 500MG/ML.....	254	SOVALDI PAK 150MG	132
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>		SOVALDI PAK 200MG	132
<i>3.13-1.6 gm/177ml</i>	212	SOVALDI TAB 200MG.....	132
SOFTCLIX MIS LANCETS	216	SOVALDI TAB 400MG	132
SOGROYA INJ 10MG/1.5	185	SPEVIGO INJ 450/7.5.....	161
SOGROYA INJ 15MG/1.5	185	<i>spinosad susp 0.9%</i>	170
SOGROYA INJ 5MG/1.5.....	185	SPINY SOL PIGWEED	35
SOHONOS CAP 1.5MG	238	SPIRIVA AER 1.25MCG.....	61
SOHONOS CAP 10MG.....	238	SPIRIVA CAP HANDIHLR.....	61
SOHONOS CAP 1MG	238	SPIRIVA SPR 2.5MCG	61

<i>spironolactone & hydrochlorothiazide tab</i>		STRATA GRT GEL	173
25-25 mg	181	STRATA MARK GEL	169
<i>spironolactone susp 25 mg/5ml</i>	182	STRATA XRT GEL	169
<i>spironolactone tab 100 mg</i>	182	STRATTERA CAP 100MG.....	29
<i>spironolactone tab 25 mg</i>	182	STRATTERA CAP 10MG	29
<i>spironolactone tab 50 mg</i>	182	STRATTERA CAP 18MG	29
SPORANOX CAP 100MG	90	STRATTERA CAP 25MG.....	29
SPORANOX SOL 10MG/ML.....	90	STRATTERA CAP 40MG	29
SPRAVATO SOL 56MG DOS.....	76	STRATTERA CAP 60MG	29
SPRAVATO SOL 84MG DOS.....	76	STRATTERA CAP 80MG	29
SPRING BIRCH INJ 1:20	35	STRENSIQ INJ 18/0.45	188
<i>sprintec 28 tab 28 day</i>	149	STRENSIQ INJ 28/0.7ML	188
SPRITAM TAB 1000MG	72	STRENSIQ INJ 40MG/ML	188
SPRITAM TAB 250MG.....	72	STRENSIQ INJ 80/0.8ML.....	188
SPRITAM TAB 500MG.....	72	<i>streptomycin sulfate for inj 1 gm</i>	36
SPRITAM TAB 750MG.....	72	STRIBILD TAB	130
SPRIX SPR 15.75MG	41	STRIVERDI AER 2.5MCG.....	64
SPRYCEL TAB 100MG	116	STROMECTOL TAB 3MG	53
SPRYCEL TAB 140MG	116	STRONTIUM INJ SR-89.....	118
SPRYCEL TAB 20MG	116	SUBOXONE MIS 12-3MG	51
SPRYCEL TAB 50MG.....	116	SUBOXONE MIS 2-0.5MG	51
SPRYCEL TAB 70MG	116	SUBOXONE MIS 4-1MG	51
SPRYCEL TAB 80MG.....	116	SUBOXONE MIS 8-2MG.....	51
<i>sps sus 15gm/60</i>	232	<i>subvenite kit start 35</i>	72
SPY AGENT GR INJ 25MG.....	175	<i>subvenite kit start 49</i>	72
<i>sronyx tab</i>	149	<i>subvenite kit start 98</i>	72
<i>ssd cre 1%</i>	162	<i>subvenite tab 100mg</i>	72
STANDARDIZED SOL MITE.....	35	<i>subvenite tab 150mg</i>	72
STANDARDIZED SOL MITE MIX.....	35	<i>subvenite tab 200mg</i>	72
STEGLATRO TAB 15MG	86	<i>subvenite tab 25mg</i>	72
STEGLATRO TAB 5MG.....	86	SUCCINYL CHO INJ 200/10ML.....	240
STEGLUJAN TAB 15-100MG	81	<i>succinylcholine chloride inj 20 mg/ml</i>	240
STEGLUJAN TAB 5-100MG.....	81	SUCCINYLCHOL INJ 100/5ML.....	240
STELARA INJ 45MG/0.5	161	SUCCINYLCHOL INJ 140/7ML	240
STELARA INJ 5MG/ML.....	195	SUCCINYLCHOL INJ 200/10ML.....	240
STELARA INJ 90MG/ML	161	SUCCINYLCHOL INJ 20MG/ML.....	240
STENDRA TAB 100MG.....	141	<i>sucrafate tab 1 gm</i>	265
STENDRA TAB 200MG.....	141	<i>sufentanil citrate inj 100 mcg/2ml (50</i>	
STENDRA TAB 50MG	141	<i>mcg/ml)</i>	48
STERILE TOPI GEL L.E.T.	168	<i>sufentanil citrate inj 250 mcg/5ml (50</i>	
STIMUFEND INJ 6/0.6ML.....	207	<i>mcg/ml)</i>	48
STIOLTO AER 2.5-2.5	64	<i>sufentanil citrate inj 50 mcg/ml</i>	48
STIVARGA TAB 40MG	116	SUFLAVE SOL.....	212
STRATA CTX GEL	169	<i>sulconazole nitrate cream 1%</i>	160

<i>sulconazole nitrate solution 1%</i>	160	SUNLENCA TAB 300MG	130
<i>sulfacetamide sodium lotion 10% (acne)</i>	158	SUNOSI TAB 150MG	29
<i>sulfacetamide sodium ophth oint 10%</i> ...	244	SUNOSI TAB 75MG	29
<i>sulfacetamide sodium ophth soln 10%</i> ...	244	SUPARTZ FX INJ 25/2.5ML	238
<i>sulfacetamide sodium-prednisolone ophth</i>		SUPER BI-MIX INJ 150-10MG	141
<i>soln 10-0.23(0.25)%</i>	246	SUPER INJ QUAD-MIX.....	141
<i>sulfamethoxazole-trimethoprim iv soln</i>		SUPER INJ TRI-MIX.....	141
<i>400-80 mg/5ml</i>	54	SUPPRELIN LA KIT 50MG	186
<i>sulfamethoxazole-trimethoprim susp 200-</i>		SUPREME TES.....	178
<i>40 mg/5ml</i>	54	SUPREP BOWEL SOL PREP KIT.....	212
<i>sulfamethoxazole-trimethoprim tab 400-80</i>		SURE COMFORT MIS 0.5/31G	224
<i>mg</i>	54	SURE COMFORT MIS 29GX1/2	224
<i>sulfamethoxazole-trimethoprim tab 800-</i>		SURE COMFORT MIS 30GX5/16.....	224
<i>160 mg</i>	54	SURE COMFORT MIS 31GX1/4.....	225
<i>sulfamez emu 10-1%</i>	158	SURE COMFORT MIS 31GX3/16.....	225
<i>sulfasalazine tab 500 mg</i>	195	SURE COMFORT MIS 31GX5/16.....	225
<i>sulfasalazine tab delayed release 500 mg</i>		SURE COMFORT MIS 31GX6MM	225
.....	195	SURE COMFORT MIS 32GX5/32	225
<i>sulfatrim pd sus 200-40/5</i>	54	SURE COMFORT MIS 32GX6MM	225
<i>sulindac tab 150 mg</i>	41	SURE COMFORT MIS LANC PEN	217
<i>sulindac tab 200 mg</i>	41	SURE RESULT KIT O3D3 SYS	92
<i>sumatriptan nasal spray 20 mg/act</i>	227	SUSTOL INJ 10/0.4ML	88
<i>sumatriptan nasal spray 5 mg/act</i>	227	SUSVIMO IMP	217
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	227	SUSVIMO INJ 10/0.1ML	243
<i>sumatriptan succinate solution auto-</i>		SUTAB TAB.....	212
<i>injector 4 mg/0.5ml</i>	227	SUTENT CAP 12.5MG.....	116
<i>sumatriptan succinate solution auto-</i>		SUTENT CAP 25MG	117
<i>injector 6 mg/0.5ml</i>	227	SUTENT CAP 37.5MG	117
<i>sumatriptan succinate solution cartridge 4</i>		SUTENT CAP 50MG.....	117
<i>mg/0.5ml</i>	228	SWEET GUM INJ 1:20	35
<i>sumatriptan succinate solution cartridge 6</i>		SWEET VERNAL INJ GRASS PO	35
<i>mg/0.5ml</i>	228	SX1 POST-OP KIT MEDICATE	168
<i>sumatriptan succinate tab 100 mg</i>	228	<i>syeda tab 3-0.03mg</i>	149
<i>sumatriptan succinate tab 25 mg</i>	228	SYFOVRE INJ 15/0.1ML.....	245
<i>sumatriptan succinate tab 50 mg</i>	228	SYLVANT SOL 100MG	231
<i>sunitinib malate cap 12.5 mg (base</i>		SYLVANT SOL 400MG.....	231
<i>equivalent)</i>	116	SYMBICORT AER 160-4.5.....	64
<i>sunitinib malate cap 25 mg (base</i>		SYMBICORT AER 80-4.5	64
<i>equivalent)</i>	116	SYMDEKO TAB 100-150.....	259
<i>sunitinib malate cap 37.5 mg (base</i>		SYMDEKO TAB 50-75MG.....	259
<i>equivalent)</i>	116	SYMLINPEN 60 INJ 1000MCG	80
<i>sunitinib malate cap 50 mg (base</i>		SYMLNPEN 120 INJ 1000MCG	80
<i>equivalent)</i>	116	SYMPAZAN MIS 10MG.....	68
SUNLENCA INJ	130	SYMPAZAN MIS 20MG	68

SYMPAZAN MIS 5MG.....	68	<i>tacrolimus oint 0.03%</i>	167
SYMPROIC TAB 0.2MG	195	<i>tacrolimus oint 0.1%</i>	167
SYMTUZA TAB.....	131	<i>tadalafil tab 10 mg</i>	141
SYNAGIS INJ 100MG/ML.....	251	<i>tadalafil tab 2.5 mg</i>	141
SYNAGIS INJ 50/0.5ML	251	<i>tadalafil tab 20 mg</i>	141
SYNALAR CRE 0.025%	165	<i>tadalafil tab 20 mg (pah)</i>	142
SYNALAR OIN 0.025%	165	<i>tadalafil tab 5 mg</i>	141
SYNDROS SOL 5MG/ML	89	TADLIQ SUS 20MG/5ML.....	142
SYNERDERM EMU.....	169	TAFINLAR CAP 50MG	117
SYNJARDY TAB	81	TAFINLAR CAP 75MG.....	117
SYNJARDY TAB 12.5-500.....	81	TAFINLAR TAB 10MG	117
SYNJARDY TAB 5-1000MG	81	<i>tafluprost preservative free (pf) ophth soln</i>	
SYNJARDY TAB 5-500MG.....	81	<i>0.0015%</i>	248
SYNJARDY XR TAB	81	TAGRISSE TAB 40MG.....	110
SYNJARDY XR TAB 10-1000	81	TAGRISSE TAB 80MG.....	110
SYNJARDY XR TAB 25-1000	81	TAKHZYRO INJ 150MG/ML	204
SYNJARDY XR TAB 5-1000MG	81	TAKHZYRO INJ 300/2ML	204
SYNOJOYNT INJ 20MG/2ML.....	238	TALICIA CAP	266
SYNTHROID TAB 100MCG	262	TALIVA CAP.....	208
SYNTHROID TAB 112MCG	262	TALL RAGWEED SOL 1:20	35
SYNTHROID TAB 125MCG	262	TALTZ INJ 80MG/ML	161
SYNTHROID TAB 137MCG.....	262	TALVEY INJ 3/1.5ML.....	109
SYNTHROID TAB 150MCG	262	TALVEY INJ 40MG/ML.....	109
SYNTHROID TAB 175MCG	262	TALZENNA CAP 0.1MG	117
SYNTHROID TAB 200MCG	262	TALZENNA CAP 0.25MG	117
SYNTHROID TAB 25MCG.....	262	TALZENNA CAP 0.35MG	117
SYNTHROID TAB 300MCG	262	TALZENNA CAP 0.5MG.....	117
SYNTHROID TAB 50MCG.....	262	TALZENNA CAP 0.75MG	117
SYNTHROID TAB 75MCG.....	262	TALZENNA CAP 1MG	117
SYNTHROID TAB 88MCG.....	262	<i>tamoxifen citrate tab 10 mg (base</i>	
SYNVISC INJ 8MG/ML.....	238	<i>equivalent)</i>	111
SYNVISC ONE INJ 8MG/ML.....	238	<i>tamoxifen citrate tab 20 mg (base</i>	
SYPRINE CAP 250MG	229	<i>equivalent)</i>	111
SYRG/NEEDLE MIS 29GX12.5	225	<i>tamsulosin hcl cap 0.4 mg</i>	198
SYRG/NEEDLE MIS 31GX6MM	225	TARCEVA TAB 100MG	110
SYRG/NEEDLE MIS 31GX8MM	225	TARCEVA TAB 150MG.....	110
SYRINGE MIS 0.5/30G	225	TARCEVA TAB 25MG	110
T		TARDEOXIA CRE	158
TABLOID TAB 40MG.....	107	TARDIMAXIA GEL.....	158
TABRECTA TAB 150MG.....	117	TARGRETIN CAP 75MG	118
TABRECTA TAB 200MG.....	117	TARGRETIN GEL 1%.....	161
<i>tacrolimus cap 0.5 mg</i>	231	<i>tarina 24 fe tab</i>	149
<i>tacrolimus cap 1 mg</i>	231	<i>tarina fe tab 1/20 eq</i>	149
<i>tacrolimus cap 5 mg</i>	231	TARON-C DHA CAP	236

TAROXIA CRE	158	TEGSEDI INJ 284/1.5.....	258
TARPEYO CAP 4MG.....	154	<i>telmisartan-amlodipine tab 40-10 mg</i>	101
TASCENSO ODT TAB 0.25MG	257	<i>telmisartan-amlodipine tab 40-5 mg</i>	101
TASCENSO ODT TAB 0.5MG	257	<i>telmisartan-amlodipine tab 80-10 mg</i>	101
TASIGNA CAP 150MG	117	<i>telmisartan-amlodipine tab 80-5 mg</i>	101
TASIGNA CAP 200MG.....	117	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
TASIGNA CAP 50MG.....	117	<i>12.5 mg</i>	101
<i>tasimelteon capsule 20 mg</i>	211	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
TAURINE INJ 50MG/ML	242	<i>mg</i>	101
TAVALISSE TAB 100MG	203	<i>telmisartan-hydrochlorothiazide tab 80-25</i>	
TAVALISSE TAB 150MG.....	203	<i>mg</i>	101
TAVNEOS CAP 10MG.....	203	<i>telmisartan tab 20 mg</i>	97
<i>taysofy cap 1/20</i>	149	<i>telmisartan tab 40 mg</i>	97
TAZAROTENE AER 0.1%.....	158	<i>telmisartan tab 80 mg</i>	97
<i>tazarotene cream 0.1%</i>	161	<i>temazepam cap 15 mg</i>	211
<i>tazarotene gel 0.05%</i>	162	<i>temazepam cap 22.5 mg</i>	211
<i>tazarotene gel 0.1%</i>	162	<i>temazepam cap 30 mg</i>	211
<i>tazicef inj 1gm</i>	145	<i>temazepam cap 7.5 mg</i>	211
<i>tazicef inj 2gm</i>	145	TEMODAR INJ 100MG.....	105
<i>tazicef inj 6gm</i>	145	<i>temozolomide cap 100 mg</i>	105
TAZORAC CRE 0.05%	162	<i>temozolomide cap 140 mg</i>	105
TAZORAC CRE 0.1%.....	162	<i>temozolomide cap 180 mg</i>	105
TAZORAC GEL 0.05%.....	162	<i>temozolomide cap 20 mg</i>	105
TAZORAC GEL 0.1%.....	162	<i>temozolomide cap 250 mg</i>	105
<i>taztia xt cap 120mg/24</i>	138	<i>temozolomide cap 5 mg</i>	105
<i>taztia xt cap 180mg/24</i>	138	<i>temsirolimus soln for iv infusion 25 mg/ml</i>	
<i>taztia xt cap 240mg/24</i>	138	.....	117
<i>taztia xt cap 300mg er</i>	138	<i>tencon tab 50-325mg</i>	42
<i>taztia xt cap 360mg/24</i>	138	<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TAZVERIK TAB 200MG.....	117	.....	131
TECENTRIQ INJ 1200/20	109	TENS S2000 MIS PAIN REL.....	217
TECENTRIQ INJ 840/14	109	TEPEZZA INJ 500MG.....	185
TECFIDERA CAP 120MG	257	TEPMETKO TAB 225MG.....	117
TECFIDERA CAP 240MG	257	<i>terazosin hcl cap 10 mg (base equivalent)</i> 98	
TECFIDERA CAP STARTER.....	257	<i>terazosin hcl cap 1 mg (base equivalent)</i> ..98	
TECHNELITE KIT HEU	175	<i>terazosin hcl cap 2 mg (base equivalent)</i> .98	
TECHNELITE KIT LEU.....	175	<i>terazosin hcl cap 5 mg (base equivalent)</i> .98	
TECVAYLI INJ 153/1.7.....	109	<i>terbinafine hcl tab 250 mg</i>	89
TECVAYLI INJ 30MG/3ML.....	109	<i>terbutaline sulfate inj 1 mg/ml</i>	64
TEGRETOL SUS 100/5ML	72	<i>terbutaline sulfate tab 2.5 mg</i>	64
TEGRETOL TAB 200MG.....	72	<i>terbutaline sulfate tab 5 mg</i>	64
TEGRETOL-XR TAB 100MG.....	72	<i>terconazole vaginal cream 0.4%</i>	268
TEGRETOL-XR TAB 200MG	72	<i>terconazole vaginal cream 0.8%</i>	268
TEGRETOL-XR TAB 400MG	72	<i>terconazole vaginal suppos 80 mg</i>	268

<i>teriflunomide tab 14 mg</i>	257	THALOMID CAP 100MG	230
<i>teriflunomide tab 7 mg</i>	257	THALOMID CAP 150MG	230
<i>teriparatide (recombinant) soln pen-inj 600</i>		THALOMID CAP 200MG	230
<i>mcg/2.4ml</i>	183	THALOMID CAP 50MG.....	230
TERIPARATIDE INJ 620/2.48	183	THEO-24 CAP 100MG CR.....	64
TERLIVAZ INJ 0.85MG.....	189	THEO-24 CAP 200MG CR	64
<i>terrell sol</i>	197	THEO-24 CAP 300MG CR	64
TESTIM GEL 1%(50MG).....	52	THEO-24 CAP 400MG ER.....	64
TESTOPEL MIS PELLETS	52	<i>theophylline elixir 80 mg/15ml</i>	64
TESTOST CYP INJ 200MG/ML	52	<i>theophylline soln 80 mg/15ml</i>	64
<i>testosterone cypionate im inj in oil 100</i>		<i>theophylline tab er 12hr 300 mg</i>	64
<i>mg/ml</i>	52	<i>theophylline tab er 12hr 450 mg</i>	64
<i>testosterone cypionate im inj in oil 200</i>		<i>theophylline tab er 24hr 400 mg</i>	64
<i>mg/ml</i>	52	<i>theophylline tab er 24hr 600 mg</i>	64
<i>testosterone enanthate im inj in oil 200</i>		THERANATAL CAP ONE.....	236
<i>mg/ml</i>	52	THIOLA EC TAB 100MG.....	198
TESTOSTERONE MIS 100MG	52	THIOLA EC TAB 300MG	198
TESTOSTERONE MIS 200MG	52	THIOLA TAB 100MG.....	198
TESTOSTERONE MIS 25MG.....	52	<i>thioridazine hcl tab 100 mg</i>	127
TESTOSTERONE MIS 50MG.....	52	<i>thioridazine hcl tab 10 mg</i>	127
<i>testosterone td gel 10mg/act (2%)</i>	52	<i>thioridazine hcl tab 25 mg</i>	127
<i>testosterone td gel 12.5 mg/act (1%)</i>	52	<i>thioridazine hcl tab 50 mg</i>	127
<i>testosterone td gel 20.25 mg/1.25gm</i>		<i>thiotepa for inj 100 mg</i>	105
<i>(1.62%)</i>	52	<i>thiotepa for inj 15 mg</i>	105
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	52	<i>thiothixene cap 10 mg</i>	128
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	52	<i>thiothixene cap 1 mg</i>	128
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>		<i>thiothixene cap 2 mg</i>	128
.....	53	<i>thiothixene cap 5 mg</i>	128
<i>testosterone td gel 50 mg/5gm (1%)</i>	53	THRIVITE RX TAB 29-1MG.....	236
<i>testosterone td soln 30 mg/act</i>	53	THYQUIDITY SOL 100MCG	262
TETOXIA CRE 0.01-4%	165	THYROGEN INJ 0.9MG.....	175
TETPIDTAR SOL	166	<i>tiadylt cap 120mg/24</i>	138
<i>tetrabenazine tab 12.5 mg</i>	255	<i>tiadylt cap 180mg/24</i>	138
<i>tetrabenazine tab 25 mg</i>	256	<i>tiadylt cap 240mg/24</i>	138
<i>tetracaine hcl ophth soln 0.5%</i>	245	<i>tiadylt cap 300mg/24</i>	138
<i>tetracycline hcl cap 250 mg</i>	260	<i>tiadylt cap 360mg/24</i>	138
<i>tetracycline hcl cap 500 mg</i>	260	<i>tiadylt cap 420mg/24</i>	138
TETRACYCLINE TAB 250MG.....	260	<i>tiagabine hcl tab 12 mg</i>	74
TETRACYCLINE TAB 500MG	260	<i>tiagabine hcl tab 16 mg</i>	74
TEXACORT SOL 2.5%	165	<i>tiagabine hcl tab 2 mg</i>	73
TEZSPIRE INJ 210MG	61	<i>tiagabine hcl tab 4 mg</i>	73
TEZSPIRE SOL 210MG.....	61	TIAZAC CAP 120MG/24.....	138
TGT LANCING MIS DEVICE.....	217	TIAZAC CAP 180MG/24	138
THALITONE TAB 15MG.....	182	TIAZAC CAP 240MG/24.....	138

TIAZAC CAP 300MG/24.....	138	TIROSINT CAP 100MCG	262
TIAZAC CAP 360MG/24.....	138	TIROSINT CAP 112MCG.....	262
TIAZAC CAP 420MG/24.....	138	TIROSINT CAP 125MCG.....	262
TIBSOVO TAB 250MG	117	TIROSINT CAP 137MCG.....	262
TIER UNI PLS MIS 31GX8MM	225	TIROSINT CAP 13MCG.....	262
<i>tigecycline for iv soln 50 mg</i>	259	TIROSINT CAP 150MCG	263
TIGECYCLINE INJ 50MG	259	TIROSINT CAP 175MCG.....	263
TIKOSYN CAP 125MCG.....	61	TIROSINT CAP 200.....	263
TIKOSYN CAP 250MCG.....	61	TIROSINT CAP 25MCG	262
TIKOSYN CAP 500MCG	61	TIROSINT CAP 37.5MCG.....	262
<i>tilia fe tab</i>	149	TIROSINT CAP 44MCG.....	262
TIM/BRIM/DOR SOL	242	TIROSINT CAP 50MCG.....	262
TIM/DORZ/LAT SOL.....	242	TIROSINT CAP 62.5MCG.....	262
TIMOL/BRIM SOL DORZ/LAT	242	TIROSINT CAP 75MCG	262
TIMOL/LATAN SOL	242	TIROSINT CAP 88MCG	262
<i>timolol maleate ophth gel forming soln</i>		TIROSINT-SOL SOL 100MCG.....	263
0.25%	242	TIROSINT-SOL SOL 112MCG.....	263
<i>timolol maleate ophth gel forming soln</i>		TIROSINT-SOL SOL 125MCG	263
0.5%.....	242	TIROSINT-SOL SOL 137MCG	263
<i>timolol maleate ophth soln 0.25%</i>	242	TIROSINT-SOL SOL 13MCG/ML.....	263
<i>timolol maleate ophth soln 0.5%</i>	242	TIROSINT-SOL SOL 150MCG	263
<i>timolol maleate ophth soln 0.5% (once-</i>		TIROSINT-SOL SOL 175MCG	263
<i>daily)</i>	242	TIROSINT-SOL SOL 200MCG	263
<i>timolol maleate preservative free ophth soln</i>		TIROSINT-SOL SOL 25MCG/ML	263
0.25%	242	TIROSINT-SOL SOL 37.5/ML	263
<i>timolol maleate preservative free ophth soln</i>		TIROSINT-SOL SOL 44MCG/ML	263
0.5%.....	242	TIROSINT-SOL SOL 50MCG/ML	263
<i>timolol maleate tab 10 mg</i>	135	TIROSINT-SOL SOL 62.5/ML.....	263
<i>timolol maleate tab 20 mg</i>	135	TIROSINT-SOL SOL 75MCG/ML	263
<i>timolol maleate tab 5 mg</i>	135	TIROSINT-SOL SOL 88MCG/ML	263
TIMOPTIC OCU SOL 0.25% OP	242	<i>tis-u-sol sol</i>	231
TIMOPTIC OCU SOL 0.5% OP	242	TIVDAK INJ 40MG	109
TIMOTHY GRAS INJ 10000BAU	35	TIVICAY PD TAB 5MG.....	131
TIMOTHY GRAS INJ POLLEN.....	35	TIVICAY TAB 50MG	131
TIMOTHY SOL GRASS.....	35	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	
<i>tinidazole tab 250 mg</i>	54	.....	238
<i>tinidazole tab 500 mg</i>	54	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	
<i>tiopronin tab 100 mg</i>	198	.....	238
<i>tiotropium bromide monohydrate inhal cap</i>		<i>tizanidine hcl cap 6 mg (base equivalent)</i>	
<i>18 mcg (base equiv)</i>	61	.....	238
<i>tirofiban hcl in nacl 0.9% iv soln 12.5</i>		<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>mg/250ml (base eq)</i>	204	.....	238
<i>tirofiban hcl in nacl 0.9% iv soln 5</i>		<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
<i>mg/100ml (base equiv)</i>	204	.....	238

TLANDO CAP 112.5 MG	53	TOPIDEX KIT 10MG/1ML	154
TOBAIKIENT CAP	180	<i>topiramate cap er 24hr 100 mg</i>	72
TOBI NEB 300/5ML	36	<i>topiramate cap er 24hr 200 mg</i>	72
TOBI PODHALR CAP 28MG.....	36	<i>topiramate cap er 24hr 25 mg</i>	72
TOBRA/VANCO DRO 1.5-5%	244	<i>topiramate cap er 24hr 50 mg</i>	72
TOBRADEX OIN 0.3-0.1%.....	246	<i>topiramate sprinkle cap 15 mg</i>	72
TOBRADEX ST SUS 0.3-0.05	246	<i>topiramate sprinkle cap 25 mg</i>	72
<i>tobramycin-dexamethasone ophth susp</i>		<i>topiramate tab 100 mg</i>	73
0.3-0.1%	246	<i>topiramate tab 200 mg</i>	73
<i>tobramycin nebu soln 300 mg/4ml</i>	36	<i>topiramate tab 25 mg</i>	73
<i>tobramycin nebu soln 300 mg/5ml</i>	36	<i>topiramate tab 50 mg</i>	73
<i>tobramycin ophth soln 0.3%</i>	244	<i>topotecan hcl for inj 4 mg (base equiv) ...</i>	120
<i>tobramycin sulfate for inj 1.2 gm</i>	36	<i>topotecan hcl inj 4 mg/4ml (base equiv) (for</i>	
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		<i>infusion)</i>	120
<i>mg/ml) (base equiv)</i>	36	TOPROL XL TAB 100MG.....	134
<i>tobramycin sulfate inj 10 mg/ml (base</i>		TOPROL XL TAB 200MG	134
<i>equivalent)</i>	36	TOPROL XL TAB 25MG.....	134
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		TOPROL XL TAB 50MG	134
<i>mg/ml) (base equiv)</i>	36	<i>toremifene citrate tab 60 mg (base</i>	
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		<i>equivalent)</i>	111
<i>mg/ml) (base equiv)</i>	36	TORISEL INJ 25MG/ML.....	117
TOBREX OIN 0.3% OP	244	<i>toremide tab 100 mg</i>	182
TOLAK CRE 4%	161	<i>toremide tab 10 mg</i>	182
<i>tolcapone tab 100 mg</i>	120	<i>toremide tab 20 mg</i>	182
TOLSURA CAP 65MG.....	90	<i>toremide tab 5 mg</i>	182
<i>tolterodine tartrate cap er 24hr 2 mg</i>	267	TOSYMRA SOL 10MG.....	228
<i>tolterodine tartrate cap er 24hr 4 mg</i>	267	TOTALVISC INJ 1%-2.5%	247
<i>tolterodine tartrate tab 1 mg</i>	267	TOUJEO MAX INJ 300/ML.....	85
<i>tolterodine tartrate tab 2 mg</i>	267	TOUJEO SOLO INJ 300/ML	85
<i>tolvaptan tab 15 mg</i>	190	TOVIAZ TAB 4MG	267
<i>tolvaptan tab 30 mg</i>	190	TOVIAZ TAB 8MG	267
TOPAMAX SPR CAP 15MG	72	TRACLEER TAB 125MG.....	142
TOPAMAX SPR CAP 25MG.....	72	TRACLEER TAB 32MG	142
TOPAMAX TAB 100MG	72	TRACLEER TAB 62.5MG.....	142
TOPAMAX TAB 200MG.....	72	TRADJENTA TAB 5MG.....	82
TOPAMAX TAB 25MG	72	TRALEMENT INJ	229
TOPAMAX TAB 50MG.....	72	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	
TOPICAL GEL L.E.T	168	.....	50
TOPICORT CRE 0.05%	165	<i>tramadol hcl oral soln 5 mg/ml</i>	48
TOPICORT CRE 0.25%	165	<i>tramadol hcl tab 25 mg</i>	48
TOPICORT GEL 0.05%	165	<i>tramadol hcl tab 50 mg</i>	48
TOPICORT OIN 0.05%.....	165	<i>tramadol hcl tab er 24hr 100 mg</i>	48
TOPICORT OIN 0.25%.....	165	<i>tramadol hcl tab er 24hr 200 mg</i>	48
TOPICORT SPR 0.25%.....	165	<i>tramadol hcl tab er 24hr 300 mg</i>	48

<i>tramadol hcl tab er 24hr biphasic release</i> 100 mg	48	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	142
<i>tramadol hcl tab er 24hr biphasic release</i> 200 mg	48	<i>treprostinil inj soln 200 mg/20ml (10</i> <i>mg/ml).....</i>	142
<i>tramadol hcl tab er 24hr biphasic release</i> 300 mg	48	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	142
TRAMADOL SOL 5MG/ML	49	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	142
<i>trandolapril tab 1 mg</i>	96	TRESIBA FLEX INJ 100UNIT	85
<i>trandolapril tab 2 mg</i>	96	TRESIBA FLEX INJ 200UNIT.....	85
<i>trandolapril tab 4 mg</i>	96	TRESIBA INJ 100UNIT	85
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	101	<i>tretinoin cap 10 mg</i>	118
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	101	<i>tretinoin cream 0.025%</i>	158
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	102	<i>tretinoin cream 0.05%</i>	158
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	102	<i>tretinoin cream 0.1%</i>	158
<i>tranexamic acid iv soln 1000 mg/10ml (100</i> <i>mg/ml).....</i>	208	<i>tretinoin gel 0.01%</i>	158
<i>tranexamic acid-sodium chloride iv soln</i> <i>1000 mg/100ml-0.7%</i>	208	<i>tretinoin gel 0.025%</i>	158
<i>tranexamic acid tab 650 mg</i>	208	<i>tretinoin gel 0.05%</i>	158
TRANEXAMIC INJ ACID	208	<i>tretinoin microsphere gel 0.04%</i>	158
TRANSDERM-SC DIS 1MG/3DAY	89	<i>tretinoin microsphere gel 0.08%</i>	158
<i>tranylcyromine sulfate tab 10 mg</i>	76	<i>tretinoin microsphere gel 0.1%</i>	158
TRAVATAN Z DRO 0.004%.....	248	TRETTEN INJ.....	203
<i>travoprost ophth soln 0.004%</i> <i>(benzalkonium free) (bak free)</i>	248	TREXALL TAB 10MG	107
TRAZIMERA INJ 150MG	108	TREXALL TAB 15MG	107
TRAZIMERA INJ 420MG	108	TREXALL TAB 5MG.....	107
<i>trazodone hcl tab 100 mg</i>	77	TREXALL TAB 7.5MG.....	107
<i>trazodone hcl tab 150 mg</i>	77	TREXIMET TAB 85-500MG	227
<i>trazodone hcl tab 300 mg</i>	77	<i>trezix cap</i>	50
<i>trazodone hcl tab 50 mg</i>	77	TRIAM-BUPIVA SUS 40-5MG.....	154
TREANDA INJ 100MG.....	105	<i>triamcinolone acetone aerosol soln 0.147</i> <i>mg/gm</i>	165
TREANDA INJ 25MG.....	105	<i>triamcinolone acetone cream 0.025%</i>	165
TREE MIX SOL 9	35	<i>triamcinolone acetone cream 0.1%</i>	165
TRELEGY AER 100MCG	64	<i>triamcinolone acetone cream 0.5%</i>	165
TRELEGY AER 200MCG.....	64	<i>triamcinolone acetone dental paste 0.1%</i>	233
TRELSTAR MIX INJ 11.25MG	111	<i>triamcinolone acetone inj susp 40 mg/ml</i>	154
TRELSTAR MIX INJ 22.5MG	111	<i>triamcinolone acetone lotion 0.025%</i> ..	165
TRELSTAR MIX INJ 3.75MG	111	<i>triamcinolone acetone lotion 0.1%</i>	165
TREMFYA INJ 100MG/ML.....	162	<i>triamcinolone acetone oint 0.025%</i>	165
		<i>triamcinolone acetone oint 0.1%</i>	165
		<i>triamcinolone acetone oint 0.5%</i>	165
		TRIAMCINOLON INJ 80MG/ML	154

TRI-AMINO INJ	242	<i>tri-lynyah tab</i>	149
<i>triamterene & hydrochlorothiazide cap</i>		TRILIPIX CAP 135MG	93
37.5-25 mg	181	TRILIPIX CAP 45MG	93
<i>triamterene & hydrochlorothiazide tab 37.5-</i>		<i>tri-lo-mili tab</i>	149
25 mg	181	<i>tri-lo tab estaryll</i>	149
<i>triamterene & hydrochlorothiazide tab 75-</i>		<i>tri-lo- tab marzia</i>	149
50 mg	181	<i>tri-lo- tab sprintec</i>	149
<i>triamterene cap 100 mg</i>	182	TRILURON INJ 20MG/2ML	239
<i>triamterene cap 50 mg</i>	182	<i>trimethobenzamide hcl cap 300 mg</i>	89
<i>triazolam tab 0.125 mg</i>	211	<i>trimethoprim tab 100 mg</i>	54
<i>triazolam tab 0.25 mg</i>	211	<i>tri-mili tab</i>	149
TRIBENZOR20- TAB 5-12.5MG	102	<i>trimipramine maleate cap 100 mg</i>	80
TRIBENZOR40- TAB 10-12.5	102	<i>trimipramine maleate cap 25 mg</i>	80
TRIBENZOR40- TAB 10-25MG	102	<i>trimipramine maleate cap 50 mg</i>	80
TRIBENZOR40- TAB 5-12.5MG	102	TRI-MIX INJ	141
TRIBENZOR40- TAB 5-25MG	102	TRIMOXI+ INJ	246
TRICHOSOL SOL	253	TRINATAL RX TAB 1	236
TRICOPHYTON SOL MENTAGRO	35	<i>trinate tab</i>	236
TRICOR TAB 145MG	93	TRINTELLIX TAB 10MG	77
TRICOR TAB 48MG	93	TRINTELLIX TAB 20MG	77
<i>triderm cre 0.5%</i>	165	TRINTELLIX TAB 5MG	77
<i>trientine hcl cap 250 mg</i>	230	<i>tri-nymyo tab</i>	149
<i>tri-estaryll tab</i>	149	TRIPLE COMPL CRE 3 KIT	159
<i>trifluoperazine hcl tab 10 mg (base</i>		TRIPLE PMB SOL	246
equivalent)	127	TRIPLE PMK SOL	247
<i>trifluoperazine hcl tab 1 mg (base</i>		TRIPTODUR SUS 22.5MG	186
equivalent)	127	TRISOD CITRA SOL 0.5%CRRT	230
<i>trifluoperazine hcl tab 2 mg (base</i>		<i>tri-sprintec tab</i>	149
equivalent)	127	TRISTART DHA CAP	236
<i>trifluoperazine hcl tab 5 mg (base</i>		TRIUMEQ PD TAB	131
equivalent)	127	TRIUMEQ TAB	131
<i>trifluridine ophth soln 1%</i>	244	TRIVISC INJ 25/2.5ML	239
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ..	120	<i>trivora-28 tab</i>	149
<i>trihexyphenidyl hcl tab 2 mg</i>	120	<i>tri-vylibra tab</i>	149
<i>trihexyphenidyl hcl tab 5 mg</i>	120	<i>tri-vylibra tab lo</i>	149
TRIJARDY XR TAB	81	TRODELVY SOL 180MG	120
TRIKAFTA PAK 59.5MG	259	TROKENDI XR CAP 100MG	73
TRIKAFTA PAK 75MG	259	TROKENDI XR CAP 200MG	73
TRIKAFTA TAB	259	TROKENDI XR CAP 25MG	73
<i>tri-legest tab fe</i>	149	TROKENDI XR CAP 50MG	73
TRILEPTAL SUS 300MG/5M	73	TROP-CYC-PE DRO 1-1-2.5	243
TRILEPTAL TAB 150MG	73	<i>tropicamide ophth soln 0.5%</i>	243
TRILEPTAL TAB 300MG	73	<i>tropicamide ophth soln 1%</i>	243
TRILEPTAL TAB 600MG	73	TROP-PHENYL SOL 1-2.5%	243

<i>trosipium chloride cap er 24hr 60 mg</i>	267	TYVASO SOL 0.6MG/ML.....	142
<i>trosipium chloride tab 20 mg</i>	267	TYVASO START SOL 0.6MG/ML.....	142
TRUEDRAW MIS LANC DEV.....	217	TZIELD INJ 2MG/2ML.....	82
TRUE FOCUS MIS BLOOD.....	178	U	
TRUE METRIX TES GLUCOSE.....	178	UBRELVY TAB 100MG.....	226
TRUETEST TES.....	179	UBRELVY TAB 50MG.....	226
TRUETRACK TES.....	179	UCERIS TAB 9MG.....	154
TRUETRACK TES BLD GLUC.....	179	UDENYCA INJ 6MG/.6ML.....	207
TRUETRACK TES STRIPS.....	179	UDENYCA INJ 6MG/0.6.....	207
TRULICITY INJ 0.75/0.5.....	83	UDENYCA ONBO INJ 6/0.6ML.....	207
TRULICITY INJ 1.5/0.5.....	83	UDSX MEDICAT KIT SYSTEM.....	179
TRULICITY INJ 3/0.5.....	83	UDSXMP MEDIC KIT SYSTEM.....	179
TRULICITY INJ 4.5/0.5.....	83	ULORIC TAB 40MG.....	199
TRU METRIX TES STRIPS.....	178	ULORIC TAB 80MG.....	199
TRUVADA TAB 100-150.....	131	ULTICARE MIC MIS 32GX4MM.....	225
TRUVADA TAB 133-200.....	131	ULTICARE MIS 30GX3/16.....	225
TRUVADA TAB 167-250.....	131	ULTICARE MIS 30GX5/16.....	225
TRUVADA TAB 200-300.....	131	ULTICARE PEN MIS 31GX5MM.....	225
TRUXIMA INJ 100/10ML.....	109	ULTICARE PEN MIS 31GX6MM.....	225
TRUXIMA INJ 500/50ML.....	109	ULTICARE PEN MIS 31GX8MM.....	225
TUDORZA PRES AER 400/ACT.....	61	ULTIGUARD MIS 31GX5MM.....	225
TUKYSA TAB 150MG.....	108	ULTIGUARD MIS 31GX6MM.....	225
TUKYSA TAB 50MG.....	108	ULTIGUARD MIS 31GX8MM.....	225
TULIVITE TAB 35-1MG.....	208	ULTIGUARD MIS 32GX4MM.....	225
TURALIO CAP 125MG.....	117	ULTIGUARD MIS 32GX6MM.....	225
<i>turqoz tab</i>	149	ULTI-LANCE MIS CLR TIP.....	217
TUXARIN ER TAB 54.3-8MG.....	154	ULTILET PEN MIS 29GX12.7.....	225
TWIRLA DIS 120-30.....	150	ULTILET PEN MIS 31GX5MM.....	225
TWYNEO CRE 0.1-3%.....	158	ULTILET PEN MIS 31GX8MM.....	225
TYBLUME CHW 0.1-0.02.....	149	ULTILET PEN MIS 32GX4MM.....	225
<i>tydemy tab</i>	149	ULTOMIRIS INJ 100MG/ML.....	203
TYGACIL INJ 50MG.....	259	ULTRA FLO MIS 31GX5MM.....	225
TYKERB TAB 250MG.....	117	ULTRA FLO MIS 31GX8MM.....	225
TYMLOS INJ.....	183	ULTRA FLO MIS PEN NEED.....	225
TYR EASY TAB.....	180	ULTRA HERS CAP RX.....	232
TYRVAYA SOL 0.03MG.....	242	ULTRA HIS CAP.....	232
TYSABRI INJ 300/15ML.....	257	ULTRA PCOS CAP.....	232
TYVASO DPI POW 16-32-48.....	142	<i>ultrasound - gel</i>	175
TYVASO DPI POW 16-32MCG.....	142	ULTRAVATE LOT 0.05%.....	165
TYVASO DPI POW 16MCG.....	142	UNFINE PNTP MIS 32GX4MM.....	225
TYVASO DPI POW 32MCG.....	142	UNIFINE PLUS MIS 31GX1/4.....	225
TYVASO DPI POW 48MCG.....	142	UNIFINE PLUS MIS 31GX3/16.....	225
TYVASO DPI POW 64MCG.....	142	UNIFINE PLUS MIS 31GX5/16.....	225
TYVASO REFIL SOL 0.6MG/ML.....	142	UNIFINE PLUS MIS 32GX5/32.....	225

UNIFINE PLUS MIS 33GX5/32.....	225	UPTRAVI TAB 800MCG.....	143
UNIFINE PNTP MIS 29GX12MM.....	226	UREA AER 35%	166
UNIFINE PNTP MIS 30GX3/16	226	<i>urea cream 40%</i>	166
UNIFINE PNTP MIS 31GX3/16	226	<i>uredeb cre 39%</i>	166
UNIFINE PNTP MIS 31GX5/16	226	<i>uremez-40 cre 40%</i>	166
UNIFINE PNTP MIS 31GX5MM.....	226	URESOL CRE 42.5%.....	166
UNIFINE PNTP MIS 31GX6MM.....	226	URESTA START MIS KIT	217
UNIFINE PNTP MIS 31GX8MM.....	226	UROCIT-K 10 TAB.....	197
UNIFINE PNTP MIS 32GX4MM.....	226	UROCIT-K 15 TAB.....	197
UNIFINE PNTP MIS 32GX5/32	226	UROCIT-K 5 TAB.....	197
UNIFINE PNTP MIS 32GX6MM.....	226	UROXATRAL TAB 10MG.....	198
UNIFINE PNTP MIS 33GX4MM.....	226	URSO 250 TAB 250MG.....	193
UNIFINE PROT MIS 30GX5MM.....	226	URSODIOL CAP 200MG.....	193
UNIFINE PROT MIS 30GX8MM.....	226	<i>ursodiol cap 300 mg</i>	193
UNIFINE PROT MIS 32GX4MM.....	226	URSODIOL CAP 400MG.....	193
UNIFINE SAFE MIS 32GX4MM.....	226	URSODIOL SUS 30MG/ML.....	193
UNIFINE ULTR MIS 31GX5MM	226	<i>ursodiol tab 250 mg</i>	193
UNIFINE ULTR MIS 31GX6MM	226	<i>ursodiol tab 500 mg</i>	193
UNIFINE ULTR MIS 31GX8MM	226	URSO FORTE TAB 500MG.....	193
UNIFINE ULTR MIS 32GX4MM.....	226	UZEDY INJ 100MG.....	125
UNISTRIP1 TES GENERIC.....	179	UZEDY INJ 125MG.....	125
<i>unithroid tab 100mcg</i>	263	UZEDY INJ 150MG.....	125
<i>unithroid tab 112mcg</i>	263	UZEDY INJ 200MG.....	125
<i>unithroid tab 125mcg</i>	263	UZEDY INJ 250MG.....	125
<i>unithroid tab 137mcg</i>	263	UZEDY INJ 50MG.....	125
<i>unithroid tab 150mcg</i>	263	UZEDY INJ 75MG.....	125
<i>unithroid tab 175mcg</i>	263	V	
<i>unithroid tab 200mcg</i>	263	VABYSMO INJ 6/0.05ML.....	243
<i>unithroid tab 25mcg</i>	263	VAGIFEM TAB 10MCG.....	268
<i>unithroid tab 300mcg</i>	263	<i>valacyclovir hcl tab 1 gm</i>	132
<i>unithroid tab 50mcg</i>	263	<i>valacyclovir hcl tab 500 mg</i>	132
<i>unithroid tab 75mcg</i>	263	VALCHLOR GEL 0.016%	161
<i>unithroid tab 88mcg</i>	263	VALCYTE SOL 50MG/ML.....	131
UPLIZNA SOL 100MG.....	231	VALCYTE TAB 450MG.....	131
UPNEEQ SOL 0.1%.....	248	<i>valganciclovir hcl for soln 50 mg/ml (base</i> <i>equiv)</i>	131
UPTRAVI INJ 1800MCG.....	143	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	131
UPTRAVI PACK TAB 200/800.....	143	<i>valproate sodium inj 100 mg/ml</i>	75
UPTRAVI TAB 1000MCG	143	<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	75
UPTRAVI TAB 1200MCG	143	<i>valproic acid cap 250 mg</i>	75
UPTRAVI TAB 1400MCG	143	<i>valrubicin soln for intravesical instillation 40</i> <i>mg/ml</i>	113
UPTRAVI TAB 1600MCG	143		
UPTRAVI TAB 200MCG.....	143		
UPTRAVI TAB 400MCG.....	143		
UPTRAVI TAB 600MCG.....	143		

<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	102	<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	55
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	102	<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	55
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	102	VANCOMYCIN SUS +SYRSPEN.....	55
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	102	VANDAZOLE GEL 0.75%.....	268
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	102	VANFLYTA TAB 17.7MG.....	117
<i>valsartan oral soln 4 mg/ml</i>	97	VANFLYTA TAB 26.5MG.....	117
<i>valsartan tab 160 mg</i>	97	VANOS CRE 0.1%.....	165
<i>valsartan tab 320 mg</i>	97	VANTAGE LANC MIS DEVICE.....	217
<i>valsartan tab 40 mg</i>	97	<i>vardenafil hcl orally disintegrating tab 10 mg</i>	141
<i>valsartan tab 80 mg</i>	97	<i>vardenafil hcl tab 10 mg</i>	141
VALSTAR SOL 40MG/ML.....	113	<i>vardenafil hcl tab 2.5 mg</i>	141
VALTOCO SPR 10MG.....	68	<i>vardenafil hcl tab 20 mg</i>	141
VALTOCO SPR 15MG.....	68	<i>vardenafil hcl tab 5 mg</i>	141
VALTOCO SPR 20MG.....	68	VARDIMAXIA GEL.....	158
VALTOCO SPR 5MG.....	68	<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	258
VALTrex TAB 1GM.....	132	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	258
VALTrex TAB 500MG.....	132	<i>varenicline tartrate tab 1 mg (base equiv)</i>	258
VANCOcIN CAP 125MG.....	55	VAROPHEN KIT 1.5%.....	159
VANCOcIN CAP 250MG.....	55	VAROXIA CRE.....	158
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	55	VAROXIA GEL.....	158
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	55	VASCEPA CAP 0.5GM.....	92
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	55	VASCEPA CAP 1GM.....	92
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	55	VASCULERA TAB.....	180
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	55	<i>vaseline gel</i>	253
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	55	VASERETIC TAB 10-25MG.....	102
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	55	VASHE CLEANS SOL.....	173
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	55	VASHE WOUND SOL.....	173
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	55	VASHE WOUND SOL THERAPY.....	173
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	55	VASO/DEXTROS SOL.....	189
		VASOPRE/NAcl INJ 2UNITS.....	189
		<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	189
		VASOPRESSIN SOL DEXTROSE.....	189
		VB6 P5P POW.....	180
		VECTIBIX INJ 100MG.....	110
		VECTIBIX INJ 400MG.....	110
		VECTICAL OIN 3MCG/GM.....	162
		VECURON BROM INJ 10/10ML.....	241

<i>vecuronium bromide for inj 10 mg</i>	241	VEOPOZ INJ 400/2ML.....	203
<i>vecuronium bromide for inj 20 mg</i>	241	VEOZAH TAB 45MG.....	186
VEGZELMA SOL 100/4ML.....	107	VERAPAMIL CAP 100MG ER.....	138
VEGZELMA SOL 400/16ML.....	107	<i>verapamil hcl cap er 24hr 100 mg</i>	138
VEKLURY INJ 100MG.....	133	<i>verapamil hcl cap er 24hr 120 mg</i>	138
VELCADE INJ 3.5MG.....	117	<i>verapamil hcl cap er 24hr 180 mg</i>	138
VELETRI INJ 0.5MG.....	142	<i>verapamil hcl cap er 24hr 200 mg</i>	138
VELETRI INJ 1.5MG.....	142	<i>verapamil hcl cap er 24hr 240 mg</i>	138
<i>velivet pak</i>	149	<i>verapamil hcl cap er 24hr 300 mg</i>	138
VELPHORO CHW 500MG.....	196	<i>verapamil hcl cap er 24hr 360 mg</i>	138
VELSIPITY TAB 2MG.....	195	<i>verapamil hcl iv soln 2.5 mg/ml</i>	138
VELTASSA POW 16.8GM.....	232	<i>verapamil hcl tab 120 mg</i>	138
VELTASSA POW 25.2GM.....	232	<i>verapamil hcl tab 40 mg</i>	138
VELTASSA POW 8.4GM.....	232	<i>verapamil hcl tab 80 mg</i>	138
VELTIN GEL.....	158	<i>verapamil hcl tab er 120 mg</i>	138
VEMLIDY TAB 25MG.....	132	<i>verapamil hcl tab er 180 mg</i>	138
VENCLEXTA TAB 100MG.....	110	<i>verapamil hcl tab er 240 mg</i>	138
VENCLEXTA TAB 10MG.....	110	VERASENS TES.....	179
VENCLEXTA TAB 50MG.....	110	VERDESO AER 0.05%.....	165
VENCLEXTA TAB START PK.....	110	VEREGEN OIN 15%.....	158
VENELEX OIN.....	173	VERIFINE PEN MIS 29GX12MM.....	226
VENIPUNCTURE KIT PHLEBOTO.....	168	VERIFINE PEN MIS 31GX5MM.....	226
<i>venlafaxine hcl cap er 24hr 150 mg (base</i> <i>equivalent)</i>	78	VERIFINE PEN MIS 31GX8MM.....	226
<i>venlafaxine hcl cap er 24hr 37.5 mg (base</i> <i>equivalent)</i>	78	VERIFINE PEN MIS 32GX4MM.....	226
<i>venlafaxine hcl cap er 24hr 75 mg (base</i> <i>equivalent)</i>	78	VERIFINE PEN MIS 32GX6MM.....	226
<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i>	78	VERKAZIA EMU 0.1% OP.....	245
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	78	VERQUOVO TAB 10MG.....	143
<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i>	78	VERQUOVO TAB 2.5MG.....	143
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	78	VERQUOVO TAB 5MG.....	143
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	78	VERZENIO TAB 100MG.....	117
<i>venlafaxine hcl tab er 24hr 225 mg (base</i> <i>equivalent)</i>	78	VERZENIO TAB 150MG.....	117
VENLAFAXINE TAB 112.5MG.....	78	VERZENIO TAB 200MG.....	117
VENTAVIS SOL 10MCG/ML.....	142	VERZENIO TAB 50MG.....	117
VENTAVIS SOL 20MCG/ML.....	142	<i>vestura tab 3-0.02mg</i>	150
VENTOLIN HFA AER.....	64	VFEND SUS 40MG/ML.....	90
		VFEND TAB 200MG.....	90
		VFEND TAB 50MG.....	90
		VIAGRA TAB 100MG.....	141
		VIAGRA TAB 25MG.....	141
		VIAGRA TAB 50MG.....	141
		VIBERZI TAB 100MG.....	195
		VIBERZI TAB 75MG.....	195
		VIBRAMYCIN CAP 100MG.....	260
		VIBRAMYCIN SUS 25MG/5ML.....	260

VICTOZA INJ 18MG/3ML	83	VIREAD TAB 250MG	131
VIDAZA INJ 100MG	107	VIREAD TAB 300MG	131
<i>vienva tab 0.1-20</i>	150	VISCO-3 INJ 25/2.5ML	239
<i>vigabatrín powd pack 500 mg</i>	74	VISTOGARD PAK 10GM	88
<i>vigabatrín tab 500 mg</i>	74	VISUDYNE INJ 15MG	245
<i>vigadrone pow 500mg</i>	74	VITAFOL CAP ULTRA	236
VIGAMOX DRO 0.5%	244	VITAFOL CHW GUMMIES	236
<i>vigpoder pow 500mg</i>	74	VITAFOL FE+ CAP	236
VIIBRYD TAB 10MG	77	VITAFOL-NANO TAB	236
VIIBRYD TAB 20MG	77	VITAFOL-OB PAK +DHA	236
VIIBRYD TAB 40MG	78	VITAFOL-OB TAB 65-1MG	236
VIJOICE TAB 125MG	232	VITAFOL-ONE CAP	237
VIJOICE TAB 250MG	232	VITAFOL STRP MIS 1MG	236
VIJOICE TAB 50MG	232	VITAMED MD CAP ONE RX	237
<i>vilazodone hcl tab 10 mg</i>	78	VITAMIN KIT SYS-B12	205
<i>vilazodone hcl tab 20 mg</i>	78	VITAPEARL CAP	237
<i>vilazodone hcl tab 40 mg</i>	78	VITATHELY TAB	237
VILTEPSO SOL	240	VITATRUE MIS	237
VIMIZIM INJ 5MG/5ML	188	VITRAKVI CAP 100MG	117
VIMOVO TAB 375-20MG	41	VITRAKVI CAP 25MG	117
VIMOVO TAB 500-20MG	41	VITRAKVI SOL 20MG/ML	117
VIMPAT INJ 200MG/20	73	VIVA DHA CAP	237
VIMPAT SOL 10MG/ML	73	VIVAGUARD MIS LANCING	217
VIMPAT TAB 100MG	73	VIVAGUARD TES INO	179
VIMPAT TAB 150MG	73	VIVELLE-DOT DIS 0.025MG	192
VIMPAT TAB 200MG	73	VIVELLE-DOT DIS 0.0375MG	192
VIMPAT TAB 50MG	73	VIVELLE-DOT DIS 0.05MG	192
VINATE DHA CAP 27-1.13	236	VIVELLE-DOT DIS 0.075MG	192
VINATE II TAB	236	VIVELLE-DOT DIS 0.1MG	192
VINATE ONE TAB	236	VIVIMUSTA INJ 100/4ML	105
<i>vinblastine sulfate inj 1 mg/ml</i>	119	VIZIMPRO TAB 15MG	110
<i>vincristine sulfate iv soln 1 mg/ml</i>	119	VIZIMPRO TAB 30MG	110
<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	119	VIZIMPRO TAB 45MG	110
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	119	VOGELXO GEL 1%(50MG)	53
VIOKACE TAB 10440	180	VOGELXO GEL PUMP 1%	53
VIOKACE TAB 20880	180	<i>volnea tab</i>	150
<i>viorele tab</i>	150	VONJO CAP 100MG	117
VIRACEPT TAB 250MG	131	VONVENDI INJ 1300UNIT	203
VIRACEPT TAB 625MG	131	VONVENDI INJ 650UNIT	203
VIREAD POW 40MG/GM	131	VOQUEZNA TAB 10MG	266
VIREAD TAB 150MG	131	VOQUEZNA TAB 20MG	266
VIREAD TAB 200MG	131	<i>voriconazole for inj 200 mg</i>	90
		<i>voriconazole for susp 40 mg/ml</i>	90
		<i>voriconazole tab 200 mg</i>	90

<i>voriconazole tab 50 mg</i>	90	<i>warfarin sodium tab 7.5 mg</i>	65
VOSEVI TAB.....	132	<i>water for injection</i>	253
VOTRIENT TAB 200MG.....	117	<i>water for irrigation, sterile irrigation soln</i>	231
VOWST CAP.....	195	WAX MYRTLE INJ 1:20	35
VOXZOGO INJ 0.4MG.....	188	WELIREG TAB 40MG	112
VOXZOGO INJ 0.56MG	188	WELLBUTRIN TAB 100MG SR	75
VOXZOGO INJ 1.2MG.....	188	WELLBUTRIN TAB 150MG SR	75
VP GKL CRE KIT	159	WELLBUTRIN TAB 200MG SR	75
VPRIV INJ 400UNIT.....	205	WELLBUTRIN TAB XL 150MG	75
VRAYLAR CAP 1.5-3MG.....	123	WELLBUTRIN TAB XL 300MG.....	75
VRAYLAR CAP 1.5MG	123	<i>wera tab 0.5/35</i>	150
VRAYLAR CAP 3MG.....	123	WESCAP-C DHA CAP	237
VRAYLAR CAP 4.5MG.....	123	WESCAP-PN CAP DHA.....	237
VRAYLAR CAP 6MG.....	123	WESNATAL DHA PAK COMPLETE.....	237
VTAMA CRE 1%	162	WESNATE DHA CAP.....	237
VUITY SOL 1.25% OP.....	243	WESTAB PLUS TAB 27-1MG.....	237
VUMERITY CAP 231MG.....	257	WESTERN JUNI INJ 1:40	35
VYEPTI INJ 100MG/ML.....	226	WESTERN JUNI SOL 1:20.....	35
<i>vyfemla tab 0.4-35</i>	150	WESTGEL DHA CAP	237
VYJUVEK GEL	173	WHITE ALDER INJ 1:20.....	35, 174
VYLEESI INJ 1.75/0.3	255	WHITE ASH INJ 1:20.....	174
<i>vylibra tab 0.25-35</i>	150	WHITE BIRCH INJ 1:20	35, 174
VYNDAMAX CAP 61MG.....	143	WHITE MULBER SOL 1:20	35
VYNDAQEL CAP 20MG	143	WHITE OAK SOL	35
VYONDYS 53 INJ 100/2ML.....	240	<i>white petrolatum topical gel</i>	253
VYTORIN TAB 10-10MG	92	WHITE PINE INJ 1:20	35
VYTORIN TAB 10-20MG.....	92	WILATE INJ.....	203
VYTORIN TAB 10-40MG	92	WINLEVI CRE 1%	158
VYTORIN TAB 10-80MG.....	92	WINRHO SDF INJ 2500UNIT	250
VYVGART INJ 400/20ML.....	230	<i>wixela inhub aer 100/50</i>	64
VYVGART INJ HYTRULO	230	<i>wixela inhub aer 250/50</i>	64
VYZULTA SOL 0.024%.....	248	<i>wixela inhub aer 500/50</i>	64
W		WPR PLUS MIS	168
WAINUA INJ 45/0.8ML	258	<i>wymzya fe chw 0.4mg-35</i>	150
WAKIX TAB 17.8MG.....	29	WYNZORA CRE.....	165
WAKIX TAB 4.45MG.....	29	X	
<i>warfarin sodium tab 10 mg</i>	65	XADAGO TAB 100MG	122
<i>warfarin sodium tab 1 mg</i>	65	XADAGO TAB 50MG	122
<i>warfarin sodium tab 2.5 mg</i>	65	XALKORI CAP 150MG.....	117
<i>warfarin sodium tab 2 mg</i>	65	XALKORI CAP 200MG	117
<i>warfarin sodium tab 3 mg</i>	65	XALKORI CAP 20MG	117
<i>warfarin sodium tab 4 mg</i>	65	XALKORI CAP 250MG	117
<i>warfarin sodium tab 5 mg</i>	65	XALKORI CAP 50MG	117
<i>warfarin sodium tab 6 mg</i>	65	XANAX TAB 0.25MG	59

XANAX TAB 0.5MG	59	XEOMIN INJ 100UNIT	240
XANAX TAB 1MG.....	59	XEOMIN INJ 200UNIT.....	240
XANAX TAB 2MG	59	XEOMIN INJ 50 UNIT	240
XANAX XR TAB 0.5MG.....	59	XERALUX CRE.....	169
XANAX XR TAB 1MG.....	59	XERMELO TAB 250MG.....	196
XANAX XR TAB 2MG	59	XEROFORM OCL PAD 1X8.....	173
XANAX XR TAB 3MG	59	XEROFORM OCL PAD 4.....	173
XARACOLL IMP 100MG.....	214	XEROFORM OIL MIS 1	173
XARELTO STAR TAB 15/20MG	65	XEROFORM OIL MIS ROLL 4X9.....	173
XARELTO SUS 1MG/ML	65	XEROFORM OIL PAD 2	173
XARELTO TAB 10MG	65	XEROFORM PET PAD 4X4 DRES.....	173
XARELTO TAB 15MG	65	XEROFORM PET PAD 5X9 DRES.....	173
XARELTO TAB 2.5MG.....	65	XEROFRM GAUZ MIS 1.....	174
XARELTO TAB 20MG	65	XEROFRM GAUZ MIS 5.....	174
XCELLISTEM POW 250MG	173	XEROFRM GAUZ PAD 5	174
XCOPRI PAK 100-150	73	XEROFRM PETR PAD 2.....	174
XCOPRI PAK 12.5-25	73	XEROFRM PETR PAD 4.....	174
XCOPRI PAK 150-200.....	73	XEROFRM ROLL MIS 4	174
XCOPRI PAK 50-100MG	73	XGEVA INJ.....	183
XCOPRI TAB 100MG.....	73	XIAFLEX INJ 0.9MG.....	230
XCOPRI TAB 150MG	73	XIFAXAN TAB 550MG.....	54
XCOPRI TAB 200MG	73	XIGDUO XR TAB 10-1000.....	82
XCOPRI TAB 50MG.....	73	XIGDUO XR TAB 10-500MG.....	81
XDEMVY DRO 0.25%	245	XIGDUO XR TAB 2.5-1000	81
XELJANZ SOL 1MG/ML.....	38	XIGDUO XR TAB 5-1000MG.....	81
XELJANZ TAB 10MG.....	38	XIGDUO XR TAB 5-500MG.....	81
XELJANZ TAB 5MG	38	XIIDRA DRO 5%	245
XELJANZ XR TAB 11MG.....	38	XIMINO CAP 135MG ER.....	260
XELJANZ XR TAB 22MG	38	XIMINO CAP 45MG ER	260
XELODA TAB 150MG	107	XIMINO CAP 90MG ER	260
XELODA TAB 500MG	107	XIPERE SUS 40MG/ML	247
XELPROS EMU 0.005%	248	XOFIGO INJ 1100KBQ	118
XELSTRYM PAD 13.5/9HR.....	28	XOFLUZA TAB 40MG	132
XELSTRYM PAD 18MG/9HR.....	28	XOFLUZA TAB 80MG	133
XELSTRYM PAD 4.5MG/9H	28	XOLAIR INJ 150MG/ML	61
XELSTRYM PAD 9MG/9HR	28	XOLAIR INJ 300/2ML	61
XEMBIFY INJ 10G/50ML	250	XOLAIR INJ 75/0.5	61
XEMBIFY INJ 1GM/5ML.....	250	XOLAIR SOL 150MG	61
XEMBIFY INJ 2GM/10ML	250	XOPENEX HFA AER	64
XEMBIFY INJ 4GM/20ML.....	250	XOSPATA TAB 40MG	117
XENAZINE TAB 12.5MG.....	256	XPHOZAH TAB 20MG.....	188
XENAZINE TAB 25MG	256	XPHOZAH TAB 30MG.....	188
XENPOZYME INJ 4MG	188	XPOVIO PAK 40MG	112
XENPOZYME SOL 20MG.....	188	XPOVIO PAK 50MG	112

XPOVIO PAK 60MG	112	YUPELRI SOL.....	61
XPOVIO PAK 80MG	112	YUSIMRY INJ 40/0.8ML	37
XTAMPZA ER CAP 13.5MG.....	49	YUTIQ IMP 0.18MG	247
XTAMPZA ER CAP 18MG	49	Z	
XTAMPZA ER CAP 27MG.....	49	<i>zafemy dis 150/35</i>	150
XTAMPZA ER CAP 36MG	49	<i>zafirlukast tab 10 mg</i>	62
XTAMPZA ER CAP 9MG.....	49	<i>zafirlukast tab 20 mg</i>	62
XTANDI CAP 40MG	111	<i>zaleplon cap 10 mg</i>	211
XTANDI TAB 40MG.....	111	<i>zaleplon cap 5 mg</i>	211
XTANDI TAB 80MG.....	112	ZALTRAP INJ 100/4ML	107
<i>xulane dis 150-35</i>	150	ZALTRAP INJ 200/8ML.....	107
XULTOPHY INJ 100/3.6	82	ZALVIT TAB 13-1MG.....	237
XYBIOTIC CAP.....	86	ZANABIN GEL HYDROGEL.....	174
XYNTHA INJ 1000UNIT	203	ZANAFLEX TAB 4MG	238
XYNTHA INJ 2000UNIT	203	ZARONTIN CAP 250MG.....	74
XYNTHA INJ 250UNIT	203	ZARONTIN SOL 250/5ML.....	74
XYNTHA INJ 500UNIT	203	ZARXIO INJ 300/0.5	207
XYNTHA SOLOF INJ 1000UNIT	203	ZARXIO INJ 480/0.8	207
XYNTHA SOLOF INJ 2000UNIT	203	ZAVESCA CAP 100MG.....	205
XYNTHA SOLOF INJ 3000UNIT	203	ZAVZPRET SPR 10MG	226
XYNTHA SOLOF INJ 500UNIT.....	203	ZEGALOGUE INJ 0.6/0.6	82
XYNTHA SOLOF KIT 250UNIT	203	ZEGERID CAP 20-1100	266
XYOSTED INJ 100/0.5.....	53	ZEGERID CAP 40-1100	266
XYOSTED INJ 50/0.5	53	ZEGERID POW 20-1680	266
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<i>zenzedi tab 15mg</i>	28	<i>ziprasidone hcl cap 40 mg</i>	123
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<i>zenzedi tab 20mg</i>	28	<i>ziprasidone hcl cap 80 mg</i>	123
<i>zenzedi tab 30mg</i>	28	<i>ziprasidone mesylate for inj 20 mg (base</i> <i>equivalent)</i>	123
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