

2022 CDPHP® Commercial Clinical Formulary- 2

(Effective 10-1-2022)

NON-DISCRIMINATION/MULTI-LANGUAGE INTERPRETER SERVICES: APPLIES TO MEMBERS/ENROLLEES ONLY

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP:

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

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019 (TDD 1-800-537-7697).

Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call the number on your member ID card (TTY: 711).

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員 ID 卡上的電話（聽力障礙電傳：711）。

ВНИМАНИЕ: Если вы говорите на иностранном языке, вы можете воспользоваться бесплатными услугами перевода. Позвоните по номеру на вашей ID карточке участника (Телетайп: 711).

ATANSYON: Si ou pale yon lang ki pa Angle, wap jwenn sèvis asistans lang gratis disponib pou ou. Rele nimewo ki sou kat ID manm ou a (TTY: 711).

주의: 영어 이외의 언어를 사용하는 경우 무료로 언어 지원 서비스를 받을 수 있습니다. 귀하의 회원 ID 카드에 있는 번호로 전화하십시오(TTY: 711).

ATTENZIONE: Se non parla inglese né una lingua anglofona, sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero presente sulla scheda ID dei membri (TTY: 711).

אויפֿמערקזאַם: אויב איר רעדט, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פֿרײ פֿון אפּצאל. רופֿט דעם נומער אויף אייער מעמבער ID קארטל (TTY: 711)

মনোযোগ দিনঃ আপনি যদি ইংরেজি বহির্ভূত কোন ভাষায় কথা বলেন, আপনার জন্য বিনা খরচায় ভাষা সহায়তা উপলভ্য রয়েছে। আপনার সদস্য আইডি কার্ডের নম্বরে কল করুন (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer na Twojej członkowskiej karcie ID (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة اللغة مجاناً. اتصل بالرقم الموجود ببطاقة الهوية لعضويتك (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez au numéro indiqué sur votre carte de membre (ATS : 711).

توجه دیں: اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، آپ کے لیے زبان کی اعانت کی خدمت مفت دستیاب ہیں۔ اپنے ممبر آئی ڈی کارڈ پر درج نمبر پر کال کریں (TTY: 711)۔

ATENSYON: Kung nagsasalita kayo ng wikang iba sa Ingles, magagamit niyo ang mga serbisyo sa tulong sa wika nang walang bayad. Tawagan ang numero sa inyong card miyembro ID (TTY: 711).

ΠΡΟΣΟΧΗ: Αν δεν μιλάτε Αγγλικά, υπάρχουν στη διάθεσή σας υπηρεσίες γλωσσικής υποστήριξης οι οποίες παρέχονται δωρεάν. Καλέστε τον αριθμό που θα βρείτε στην ατομική σας ταυτότητα μέλους (TTY: 711).

VINI RE: Nëse flisni një gjuhë jo-anglisht, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Telefonojini numrit në kartën tuaj të ID të anëtarit (TTY: 711).

CDPHP® Commercial Formulary 2

INTRODUCTION

CDPHP® (Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc.) is pleased to provide the *CDPHP Commercial Formulary 2* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Commercial Formulary 2* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information. This *CDPHP Commercial Formulary 2* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Commercial Formulary 2* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

CDPHP assumes no responsibility for the actions or omissions of any medical practitioner based upon reliance, in whole or in part, on the information contained herein. **The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information.**

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>.

Please note, the information found in the *CDPHP Commercial Formulary 2* does not apply to any of the CDPHP Medicare or Medicaid products that offer prescription drug benefits. For information on these plans, please visit the Medicare or Medicaid Information section on <http://www.cdphp.com>.

PREFACE

The *CDPHP Commercial Formulary 2* represents CDPHP's prescription drug formulary and is organized by sections. The first section includes a list of CDPHP drugs requiring prior authorization. Thereafter, each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed alphabetically within each tier. This is a comprehensive list, only dosage forms and strengths of the drug cited are included in the *CDPHP Commercial Formulary 2*. **Generics should be considered the first line of prescribing.**

The CDPHP formulary is a closed formulary. In a closed formulary, drugs are either covered or not covered. Products not covered are only available by medical exception.

Coverage of any agent listed in the formulary is subject to the member's contract and prescription drug rider. Quantity limits, prior authorization, dose optimization, and/or step therapy requirements may apply. Non self-administered Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Commercial Formulary 2* are covered under the prescription drug coverage section of the member contract. In addition, over-the-counter (OTC) products, with the exception of insulin and

diabetes monitoring products, are usually not covered. Covered OTC products and their associated tier placement are listed throughout this document.

Drugs represented in the *CDPHP Commercial Formulary 2* may have varying cost to the member. Tier 1 medications are available at the lowest cost, and tier 3 medications and medications not on the list will cost the most.

The tiered format places drugs into tiers in the following manner:

Tier 1: Generic prescription drugs which offer the most cost-effective alternative to available brand-name prescription drug products. It may also include those brand-name prescription drug products determined by the Plan's Pharmacy and Therapeutics (P&T) Committee to be included in quality initiative programs.

Tier 2: Preferred brand-name prescription drug products which offer overall clinical and/or financial value. Selected generic prescription drug products may also be included in this tier if they are not as cost effective as a tier 1 generic drug.

Tier 3: All other covered brand-name or generic prescription drugs which do not offer significant clinical and/or cost advantages over a tier 1 or a tier 2 drug.

Due to Federal and New York State mandates, certain drug classes will have no member cost share or a reduced member cost share than what is stated in this document. Examples of these drug classes include, but are not limited to, diabetic drugs, oral contraceptives and oral oncology drugs.

Please note that all new drugs will not be covered on the formulary and require prior authorization until reviewed by the CDPHP P&T Committee.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians and pharmacists whose primary role on the committee is to ensure that the most clinically appropriate and cost-effective drugs will be available for CDPHP members. The P&T Committee is responsible for reviewing new drugs, reviewing and revising pharmacy policies, reviewing patient profiles and drug utilization review quarterly reports, and reviewing clinical initiatives/programs for all lines of business. The members of the P&T Committee are bound by a confidentiality and conflict of interest agreement, which is renewed annually.

The actions of the CDPHP P&T Committee are communicated after each committee meeting by posting final decisions on the CDPHP Web page Formulary Updates section of Rx Corner on the Providers tab of <http://www.cdphp.com>.

PRODUCT SELECTION CRITERIA

All new drugs will not be included on the formulary and require prior authorization review until reviewed by the P&T Committee. CDPHP P&T Committee will consider inclusion to the formulary based on CVS Caremark's recommendations.

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire CDPHP formulary is reviewed on an annual basis.

Quantity limitations, prior authorizations, dose optimization, and/or step therapy may also apply to formulary drugs. **Drugs not listed on the formulary document are not covered unless medical exception procedures have been followed and a medical exception is approved.** Please note that certain drugs are additionally not covered as described in member contracts (e.g., cosmetic agents).

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. Drugs Listed on the formulary in **lowercase font** indicate generic drug and listings in **upper case font** indicate Brand drug.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Research shows that members can save an average of 30-80% when they fill their prescriptions with a generic drug instead of a brand-name drug.

Prescription generic drugs undergo a strict U.S. Food and Drug Administration (FDA) approval process. Here are just some of the FDA standards and practices that generic manufacturers must follow:

- A generic medicine must be bioequivalent (performs in the same manner) to its brand-name counterpart.
- A generic medicine must pass the FDA's review for both active and inactive ingredients.
- The manufacturer facility of the generic medicine must pass FDA inspection.
- The generic medicine must have the same active ingredients and be available in the same strength and dosage form as its brand-name counterpart.
- The label of the generic medicine must include the same information found on the packaging of its brand-name counterpart.
- Finally, the FDA continues to monitor the generic drug for quality control after it has been approved (<http://www.fda.gov>).

The FDA is very strict in their review of a generic medicine before it goes to market. In most cases, the average person would not be able to tell the difference between a generic and a brand-name drug, other than the size, color, or shape. U.S. trademark laws require that generics look different from their brand-name equivalents.

SPECIALTY DRUGS (SP)

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. CDPHP has chosen ConnectRx Clifton Park or CVS Caremark Specialty Pharmacy Services to dispense certain high-cost injectables and biotech drugs for its members.

Both offer the following:

- The ability to receive a 30-day supply of medications and additional supplies needed for the medications. Medications can be sent to a patient's home, another address selected by the patient, a doctor's office, or they can be picked up at the pharmacy.
- Help for side effects, educational materials about certain health issues, refill reminder calls, and access to health care professionals for emergencies 24 hours a day, seven days a week.

- ConnectRx offers free, personal delivery, convenience, a hassle-free transfer process, and deep discounts on generic drugs.
- CVS Caremark provides Patient Resource Centers. CDPHP members can find the latest news, helpful tips and tools, drug information, safety alerts, support groups, community links, and other useful resources.

Get Started with ConnectRx Clifton Park

Call (518) 350-9900 or toll free at (855)-967-5900 or visit online at <http://www.pharmacyconnectrx.com/cliftonpark>.

Get started with CVS Caremark Specialty Pharmacy Services

Call 1-800-237-2767, fax 1-800-323-2445, or visit them online at <https://www.cvsspecialty.com>. Drugs marked with a "SPC" symbol are required to be filled through ConnectRX or the CVS Specialty Pharmacy. ConnectRX can be contacted by calling, toll free at (855)-967-5900. CVS Specialty Pharmacy can be contacted by calling, toll-free at 1-800-237-2767.

PRIOR AUTHORIZATION (PA)

CDPHP requires prior authorization for certain drugs before they will be approved for coverage. Coverage will be approved when specific approval criteria for that drug is met, according to CDPHP policies.

Drugs indicated as requiring prior authorization is subject to change from time to time. If a drug is listed as requiring prior authorization, the prescribing practitioner should initiate a prior authorization request with CDPHP. Prior authorization can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208.

Drugs that require prior authorization are noted within this booklet by the "PA" symbol

OTC	Over the Counter
PA	Prior Authorization
PD	Preventive Drug
QL	Quantity Limitations apply
SP	Available through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900
SPC	Required to fill through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767
ST	Step Therapy criteria applies
ACA	Covered under the Affordable Care Act; no member cost share
RXC/M	Pharmacy Care Management Program

PRESCRIPTION QUANTITY MANAGEMENT

CDPHP, working closely with the P&T Committee members, has chosen to limit the quantity of certain drugs that CDPHP may cover for a member. Quantity limits are in place for quality and/or clinical considerations. The list of drugs that have quantity limits is subject to change from time to time and may not be all-inclusive. Drugs that have quantity limits are noted within this booklet by the "QL" symbol.

DOSE OPTIMIZATION

Dose optimization is a program to support appropriate and cost-effective drug therapy by recommending a higher once-daily dose of a product when members are taking multiple-daily doses of a lower strength. For example, a member may be taking two 20 mg tablets of a drug per day when only one 40 mg tablet could be used. If a practitioner determines that multiple daily doses are medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

STEP THERAPY (ST)

The Step Therapy (ST) program is another form of prior authorization. The step therapy program uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Using the standard protocol, certain drugs are not covered unless members have tried one or more "prerequisite therapy" medication(s) first.

Drugs that require step therapy are noted within this booklet by the "ST" symbol. The list of drugs that require step therapy is subject to change from time to time and may not be all-inclusive.

If it is medically necessary for a member to use a step therapy medication as initial therapy without trying a "prerequisite therapy" drug, the practitioner can request coverage of the step therapy medication by submitting the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

MEDICAL EXCEPTION PROCESS

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request a drug not included on the formulary for a specific patient when medically necessary. The Medical Exception process is coordinated through CDPHP's Pharmacy Department. Requests are processed in the order received. Medical exceptions can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. In addition, a member may initiate a medical exception request by calling the telephone number to CVS Caremark printed on their CDPHP identification card or by utilizing the "Medical Exception Request" option found under Prescription Forms & Lists on the Forms and Tools section on the members tab of CDPHP's website, www.cdphp.com. A response will be sent to both the medical practitioner and member as soon as possible.

EDITOR

Your comments and suggestions regarding the *CDPHP Commercial Formulary 2* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

CDPHP Pharmacy Department
500 Patroon Creek Boulevard
Albany, NY 12206-1057
Email: pharmacy@cdphp.com
www.cdphp.com

LEGEND

OTC	Over the counter
PA	Prior Authorization; refer to Prior Authorization section
PD	Preventive Drug
QL	Quantity Limitations; refer to Prescription Quantity Management section
SP	Available through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900
SPC	Required to fill through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767
ST	Step Therapy; refer to Step Therapy section
ACA	Covered under the Affordable Care Act; no member cost share
RXC/M	Pharmacy Care Management Program

NOTICE

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The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third party pharmaceutical companies.

CDPHP and CVS Caremark do not operate the websites/organizations listed here, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CDPHP or CVS Caremark.

CDPHP_Exchange_F2 Effective 10/01/2022

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

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (60 caps 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (60 caps 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (60 caps 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (60 caps 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (60 caps 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (60 caps 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (90 tabs / 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (120 caps / 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>methamphetamine hcl tab 5 mg</i>	3	PA if < 6 yoa

ACA - Covered under the Affordable Care Act ;no member cost share **MNPA** - Medical Necessity Prior Authorization **OTC** - Over the counter **PA** - Prior Authorization **PD** - Preventive Drug **QL** - Quantity Limits **RX4L** - Rx4Less list **RxC/M** - Pharmacy Care Management Program **SP** - Available through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900 **SPC** - - Required to fill through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767 **ST** - Step Therapy

1

lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 10MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 20MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 30MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 40MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 50MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 60MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 70MG	2	QL (30 caps 30 days); PA if < 6 yoa

ANOREXIANTS NON-AMPHETAMINE

<i>phentermine hcl cap 15 mg</i>	1	PA; PD
<i>phentermine hcl cap 30 mg</i>	1	PA; PD
<i>phentermine hcl cap 37.5 mg</i>	1	PA; PD
<i>phentermine hcl tab 37.5 mg</i>	1	PA; PD
QSYMIA CAP 3.75-23	2	PA; PD
QSYMIA CAP 7.5-46MG	2	PA; PD
QSYMIA CAP 11.25-69	2	PA; PD
QSYMIA CAP 15-92MG	2	PA; PD

ANTI-OBESITY AGENTS

CONTRACE TAB 8-90MG	3	PA; PD
SAXENDA INJ 18MG/3ML	2	PA; PD
WEGOVY INJ 0.5MG	2	PA; PD
WEGOVY INJ 0.25MG	2	PA; PD
WEGOVY INJ 1.7MG	2	PA; PD
WEGOVY INJ 1MG	2	PA; PD
WEGOVY INJ 2.4MG	2	PA; PD
XENICAL CAP 120MG	3	PA; PD

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	

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2

lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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	

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TAB 75MG	3	PA, QL (60 tabs / 30 days)
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HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TAB 4.45MG	3	PA, QL (60 tabs / 30 days); SPC
WAKIX TAB 17.8MG	3	PA, QL (60 tabs / 30 days); SPC

STIMULANTS - MISC.

<i>armodafinil tab 50 mg</i>	1	QL (30 tabs / 30 days)
<i>armodafinil tab 150 mg</i>	1	QL (30 tabs / 30 days)
<i>armodafinil tab 200 mg</i>	1	QL (30 tabs / 30 days)
<i>armodafinil tab 250 mg</i>	1	QL (30 tabs / 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps / 30 days)

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3

lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (90 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (90 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 30 days); generic for Metadate CD
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 30 days); generic for Metadate CD
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	3	QL (60 caps / 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 30 days); generic for Ritalin LA
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 30 days); generic for Ritalin LA
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (60 caps / 30 days); generic for Ritalin LA
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 30 days); generic for Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (60 caps / 30 days); generic for Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (60 caps / 30 days); generic for Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (60 caps / 30 days); generic for Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	
<i>methylphenidate hcl tab 5 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	
<i>methylphenidate hcl tab er 20 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs 30 days); generic for Concerta
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs 30 days); generic for Concerta

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / 30 days); generic for Concerta
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (60 tabs / 30 days); generic for Concerta
<i>methylphenidate td patch 10 mg/9hr</i>	3	QL (30 patches / 30 days)
<i>methylphenidate td patch 15 mg/9hr</i>	3	QL (30 patches / 30 days)
<i>methylphenidate td patch 20 mg/9hr</i>	3	QL (30 patches / 30 days)
<i>methylphenidate td patch 30 mg/9hr</i>	3	QL (30 patches / 30 days)
<i>modafinil tab 100 mg</i>	2	PA, QL (60 tabs / 30 days)
<i>modafinil tab 200 mg</i>	2	PA, QL (60 tabs / 30 days)
QUILLICHEW CHW 20MG ER	3	QL (60 / 30 days for new starts); PA if < 6 yoa
QUILLICHEW CHW 30MG ER	3	QL (60 / 30 days for new starts); PA if < 6 yoa
QUILLICHEW CHW 40MG ER	3	QL (60 / 30 days for new starts); PA if < 6 yoa
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL / 30 days for new starts); PA if < 6 yoa

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

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

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA CAP LEVEL 8	3	PA
PALFORZIA CAP LEVEL 9	3	PA
PALFORZIA CAP LEVEL 10	3	PA
PALFORZIA POW LEVEL 11	3	PA

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	3	PA
<i>streptomycin sulfate for inj 1 gm</i>	2	PA
<i>tobramycin nebu soln 300 mg/5ml</i>	3	SPC

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	2	PA, QL ; SPC
HUMIRA INJ 10MG/0.2	2	PA, QL ; SPC
HUMIRA INJ 20/0.2ML	2	PA, QL ; SPC
HUMIRA INJ 40/0.4ML	2	PA, QL ; SPC
HUMIRA KIT 20MG/0.4	2	PA, QL ; SPC
HUMIRA KIT 40MG/0.8	2	PA, QL ; SPC
HUMIRA PEDIA INJ CROHNS	2	PA, QL ; SPC
HUMIRA PEN INJ 40/0.4ML	2	PA, QL ; SPC
HUMIRA PEN INJ CD/UC/HS	2	PA, QL ; SPC
HUMIRA PEN KIT CD/UC/HS	2	PA, QL ; SPC
HUMIRA PEN KIT PS/UV	2	PA, QL ; SPC

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TAB 15MG ER	2	PA, QL (30 tabs / 30 days); SPC
RINVOQ TAB 30MG ER	2	PA, QL (30 tabs / 30 days); SPC
RINVOQ TAB 45MG ER	2	PA, QL (30 tabs / 30 days); SPC
XELJANZ SOL 1MG/ML	2	PA, QL (60 mL / 30 days); SPC
XELJANZ TAB 5MG	2	PA, QL ; SPC
XELJANZ TAB 10MG	2	PA, QL ; SPC
XELJANZ XR TAB 11MG	2	PA, QL ; SPC
XELJANZ XR TAB 22MG	2	PA, QL ; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	PA; (MNPA)
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	3	PA; SPC
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	3	PA; SPC
KEVZARA INJ 200/1.14	3	PA; SPC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	1	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	2	QL (60 caps / 30 days)
<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	Rx4L
<i>diclofenac sodium tab delayed release 75 mg</i>	1	Rx4L
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	3	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	3	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	2	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	OTC
<i>ibuprofen tab 400 mg</i>	1	Rx4L
<i>ibuprofen tab 600 mg</i>	1	Rx4L
<i>ibuprofen tab 800 mg</i>	1	Rx4L
<i>indomethacin cap 25 mg</i>	1	Rx4L
<i>indomethacin cap 50 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tabs 30 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	2	
<i>meloxicam tab 7.5 mg</i>	1	Rx4L
<i>meloxicam tab 15 mg</i>	1	Rx4L
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	Rx4L
<i>naproxen tab 500 mg</i>	1	Rx4L
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	2	PA, QL ; SPC
OTEZLA TAB 30MG	2	PA, QL ; SPC
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	PA, QL ; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25MG	2	PA, QL ; SPC
ENBREL INJ 50MG/ML	2	PA, QL ; SPC
ENBREL MINI INJ 50MG/ML	2	PA, QL ; SPC
ENBREL SRCLK INJ 50MG/ML	2	PA, QL ; SPC

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-cafeine cap 50-300-40 mg</i>	1	
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-cafeine cap 50-325-40 mg</i>	1	

SALICYLATES

<i>aspirin chew tab 81 mg</i>	1	OTC; ACA
<i>aspirin tab 325 mg</i>	1	OTC; ACA
<i>aspirin tab delayed release 81 mg</i>	1	OTC; ACA
<i>aspirin tab delayed release 325 mg</i>	1	OTC; ACA
<i>diflunisal tab 500 mg</i>	1	

ANALGESICS – OPIOID

The quantity of opioid products covered (including those that are combined with acetaminophen, aspirin or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day.

OPIOID AGONISTS

<i>codeine sulfate tab 30 mg</i>	3	
EMBEDA CAP 30-1.2MG	3	PA, QL
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA, QL
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA, QL

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA, QL
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL
<i>hydromorphone hcl tab 2 mg</i>	1	QL
<i>hydromorphone hcl tab 4 mg</i>	1	QL
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL
<i>hydromorphone hcl tab er 24hr 8 mg</i>	3	PA, QL
<i>hydromorphone hcl tab er 24hr 12 mg</i>	3	PA, QL
<i>hydromorphone hcl tab er 24hr 16 mg</i>	3	PA, QL
<i>hydromorphone hcl tab er 24hr 32 mg</i>	3	PA, QL
<i>methadone hcl tab 5 mg</i>	1	PA, QL
<i>methadone hcl tab 10 mg</i>	1	PA, QL
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL
<i>morphine sulfate suppos 5 mg</i>	1	QL
<i>morphine sulfate suppos 10 mg</i>	1	QL
<i>morphine sulfate suppos 20 mg</i>	1	QL
<i>morphine sulfate tab 15 mg</i>	1	QL
<i>morphine sulfate tab 30 mg</i>	1	PA, QL
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL
<i>morphine sulfate tab er 60 mg</i>	1	PA, QL
NUCYNTA ER TAB 50MG	3	ST, PA, QL
NUCYNTA ER TAB 100MG	3	ST, PA, QL
NUCYNTA ER TAB 150MG	3	ST, PA, QL
NUCYNTA ER TAB 200MG	3	ST, PA, QL
NUCYNTA ER TAB 250MG	3	ST, PA, QL
NUCYNTA TAB 50MG	2	PA
NUCYNTA TAB 75MG	2	PA
NUCYNTA TAB 100MG	2	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl cap 5 mg</i>	1	QL
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL
<i>oxycodone hcl tab 5 mg</i>	1	QL
<i>oxycodone hcl tab 10 mg</i>	1	QL
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	3	PA, QL
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	3	PA, QL
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	3	PA, QL
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	3	PA, QL
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	3	PA, QL
OXYCONTIN TAB 10MG ER	3	PA, QL
OXYCONTIN TAB 15MG ER	3	PA, QL
OXYCONTIN TAB 20MG ER	3	PA, QL
OXYCONTIN TAB 40MG ER	3	PA, QL
OXYCONTIN TAB 80MG ER	3	PA, QL
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL
<i>oxymorphone hcl tab er 12hr 5 mg</i>	3	PA, QL
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	3	PA, QL
<i>oxymorphone hcl tab er 12hr 10 mg</i>	3	PA, QL
<i>oxymorphone hcl tab er 12hr 15 mg</i>	3	PA, QL
<i>oxymorphone hcl tab er 12hr 20 mg</i>	3	PA, QL
<i>oxymorphone hcl tab er 12hr 30 mg</i>	3	PA, QL
<i>oxymorphone hcl tab er 12hr 40 mg</i>	3	PA, QL
<i>tramadol hcl tab 50 mg</i>	1	QL
<i>tramadol hcl tab er 24hr 100 mg</i>	2	QL
<i>tramadol hcl tab er 24hr 200 mg</i>	2	QL
<i>tramadol hcl tab er 24hr 300 mg</i>	2	QL

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

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	QL (4 patches / 30 days)

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	QL (4 patches / 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	QL (4 patches / 30 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	QL (4 patches / 30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL
<i>nalbuphine hcl inj 10 mg/ml</i>	1	PA
<i>nalbuphine hcl inj 20 mg/ml</i>	1	PA
ZUBSOLV SUB 0.7-0.18	2	QL (90 tabs 30 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 sublingual tablets / 30 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 tabs 30 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 tabs 30 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 / 30 days)

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

ANADROL-50 TAB 50MG	3	PA
<i>oxandrolone tab 2.5 mg</i>	3	PA
<i>oxandrolone tab 10 mg</i>	3	PA

ANDROGENS

ANDRODERM DIS 2MG/24HR	2	QL (30 patches 30 days)
ANDRODERM DIS 4MG/24HR	2	QL (30 patches 30 days)
<i>android cap 10mg</i>	3	
ANDROXY TAB 10MG	3	
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (300 grams 30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	QL (150 gm / 30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL (150 gm / 30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (300gm 30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	QL (150 gm / 30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (300 gm / 30 days)

ANORECTAL AGENTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	1	
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RECTAL COMBINATIONS

<i>ANALPRAM HC CRE 2.5-1%</i>	2	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	2	
<i>PROCTOFOAM AER HC 1%</i>	3	

RECTAL STEROIDS

<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	

VASODILATING AGENTS

<i>RECTIV OIN 0.4%</i>	3	PA
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ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tab 200 mg</i>	3	
<i>ivermectin tab 3 mg</i>	3	
<i>praziquantel tab 600 mg</i>	3	

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	3	
<i>PRIMSOL SOL 50MG/5ML</i>	3	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	QL (126 tabs 30 days)
XIFAXAN TAB 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<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	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	2	
<i>atovaquone susp 750 mg/5ml</i>	3	
<i>nitazoxanide tab 500 mg</i>	2	
CYCLIC LIPOPEPTIDES		
<i>daptomycin for iv soln 500 mg</i>	3	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	2	
FIRVANQ SOL 50MG/ML	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	3	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	3	
KETOLIDES		
KETEK TAB 300MG	3	PA
KETEK TAB 400MG	3	PA
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
<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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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
MONOBACTAMS		
<i>aztreonam for inj 1 gm</i>	3	PA
<i>aztreonam for inj 2 gm</i>	3	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid tab 600 mg</i>	2	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	3	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	1	PD
<i>isosorbide dinitrate tab 10 mg</i>	1	PD
<i>isosorbide dinitrate tab 20 mg</i>	1	PD
<i>isosorbide dinitrate tab 30 mg</i>	1	PD
<i>isosorbide dinitrate tab er 40 mg</i>	1	PD
<i>isosorbide mononitrate tab 10 mg</i>	1	PD
<i>isosorbide mononitrate tab 20 mg</i>	1	PD
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	PD
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	PD
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	PD
<i>NITRO-DUR DIS 0.3MG/HR</i>	2	PD
<i>NITRO-DUR DIS 0.8MG/HR</i>	2	PD
<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	PD
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	PD
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	PD
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
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ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	1	Rx4L
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	Rx4L
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	2	PA if < 18 yoa
<i>meprobamate tab 400 mg</i>	2	PA if < 18 yoa

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg</i>	1	QL (90 tabs 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (90 tabs 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (90 tabs 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (60 tabs 30 days)
<i>alprazolam tab er 24hr 0.5 mg</i>	2	QL (60 tabs 30 days)
<i>alprazolam tab er 24hr 1 mg</i>	2	QL (60 tabs 30 days)
<i>alprazolam tab er 24hr 2 mg</i>	2	QL (60 tabs 30 days)
<i>alprazolam tab er 24hr 3 mg</i>	2	QL (60 tabs 30 days)
<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	QL (120 tabs 30 days); PA if < 18 yoa
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs 30 days); PA if < 18 yoa
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (120 tabs 30 days); PA if < 18 yoa
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL 30 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs 30 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs 30 days)

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tab 10 mg</i>	1	QL (120 tabs 30 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs 30 days)
<i>oxazepam cap 10 mg</i>	1	QL (120 caps 30 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps 30 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps 30 days)

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>procainamide hcl inj 100 mg/ml</i>	1	PA
PROCAINAMIDE HCL INJ 500 MG/ML	3	PA
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab er 300 mg</i>	1	

ANTIARRHYTHMICS TYPE I-B

<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>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	

ANTIARRHYTHMICS TYPE III

AMIODARONE HCL TAB 100 MG	2	
<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>	3	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
dofetilide cap 250 mcg (0.25 mg)	3	
dofetilide cap 500 mcg (0.5 mg)	3	
MULTAQ TAB 400MG	3	PD

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

cromolyn sodium soln nebu 20 mg/2ml	1	QL (120 vials 30 days); PD
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BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	3	QL (2 inhalers 30 days)
INCRUSE ELPT INH 62.5MCG	2	QL (1 inhaler / 30 days); PD
ipratropium bromide inhal soln 0.02%	1	QL (120 vials 30 days); Rx4L
SPIRIVA AER 1.25MCG	2	QL (1 inhaler 30 days)
SPIRIVA CAP HANDIHLR	2	QL (30 caps 30 days)
SPIRIVA SPR 2.5MCG	2	QL (1 inhaler 30 days)

LEUKOTRIENE MODULATORS

montelukast sodium chew tab 4 mg (base equiv)	1	PD
montelukast sodium chew tab 5 mg (base equiv)	1	PD
montelukast sodium oral granules packet 4 mg (base equiv)	1	PD
montelukast sodium tab 10 mg (base equiv)	1	PD; Rx4L
zafirlukast tab 10 mg	2	PD
zafirlukast tab 20 mg	2	PD
zileuton tab er 12hr 600 mg	3	PD

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESP TAB 250MCG	3	PA; PD
DALIRESP TAB 500MCG	3	PA; PD

STEROID INHALANTS

ARNUITY ELPT INH 50MCG	2	QL (1 inhaler / 30 days); PD
ARNUITY ELPT INH 100MCG	2	QL (1 inhaler / 30 days); PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	2	QL (1 inhaler / 30 days); PD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (60 vials 30 days); PD
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (60 vials 30 days); PD
<i>budesonide inhalation susp 1 mg/2ml</i>	2	QL (30 vials 30 days); PD
FLOVENT DISK AER 50MCG	2	QL (2 inhalers 30 days); PD
FLOVENT DISK AER 100MCG	2	QL (2 inhalers 30 days); PD
FLOVENT DISK AER 250MCG	2	QL (4 inhalers / 30 days); PD
FLOVENT HFA AER 44MCG	2	QL (2 inhalers 30 days); PD
FLOVENT HFA AER 110MCG	2	QL (2 inhalers 30 days); PD
FLOVENT HFA AER 220MCG	2	QL (2 inhalers 30 days); PD
PULMICORT INH 90MCG	2	QL (1 inhaler / 30 days); PD
PULMICORT INH 180MCG	2	QL (1 inhaler / 30 days); PD
QVAR AER 40MCG	2	QL (2 inhalers 30 days); PD
QVAR REDIHA AER 80MCG	2	QL (2 inhalers / 30 days)
QVAR REDIHAL AER 40MCG	2	QL (2 inhalers / 30 days)

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	2	QL (1 inhaler 30 days); PD
ADVAIR DISKU AER 250/50	2	QL (1 inhaler 30 days); PD
ADVAIR DISKU AER 500/50	2	QL (1 inhaler 30 days); PD
ADVAIR HFA AER 45/21	2	QL (1 inhaler 30 days); PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 115/21	2	QL (1 inhaler 30 days); PD
ADVAIR HFA AER 230/21	2	QL (1 inhaler 30 days); PD
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 vials 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (125 vials 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (125 vials 30 days); Rx4L
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (125 vials 30 days)
<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	QL (1 inhaler / 30 days); PD
ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	3	QL (60 vials 30 days); PD
BREO ELLIPTA INH 100-25	2	QL (1 inhaler / 30 days); PD
BREO ELLIPTA INH 200-25	2	QL (1 inhaler / 30 days); PD
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days); PD
BREZTRI AERO AER SPHERE	2	QL (4 inhalers / 28 days); PD; institutional pack
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	PD
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	PD
COMBIVENT AER 20-100	2	QL (2 inhalers 30 days)
DULERA AER 50-5MCG	2	QL (1 inhalers / 30 days); PD
DULERA AER 100-5MCG	2	QL (1 inhaler / 30 days); PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG	2	QL (1 inhaler / 30 days); PD
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	QL (1 inhaler 30 days); PD
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); PD
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	QL (1 inhaler 30 days); PD
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	QL (1 inhaler 30 days); PD
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); PD
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); PD
FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML	3	QL (60 vials 30 days); PD
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (180 vials 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (96 vials 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	3	QL (96 vials 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	3	QL (96 vials 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers / 30 days)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	
SEREVENT DIS AER 50MCG	3	QL (1 inhaler / 30 days); PD
STIOLTO AER 2.5-2.5	2	QL (1 inhaler / 30 days); PD
SYMBICORT AER 80-4.5	2	PD
SYMBICORT AER 160-4.5	2	PD
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER 100MCG	2	QL (1 inhaler / 30 days); PD
TRELEGY AER 200MCG	2	QL (1 inhaler / 30 days); PD

XANTHINES

<i>theophylline tab er 12hr 100 mg</i>	1	
<i>theophylline tab er 12hr 200 mg</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	1	PD; Rx4L
<i>warfarin sodium tab 2 mg</i>	1	PD; Rx4L
<i>warfarin sodium tab 2.5 mg</i>	1	PD; Rx4L
<i>warfarin sodium tab 3 mg</i>	1	PD; Rx4L
<i>warfarin sodium tab 4 mg</i>	1	PD; Rx4L
<i>warfarin sodium tab 5 mg</i>	1	PD; Rx4L
<i>warfarin sodium tab 6 mg</i>	1	PD; Rx4L
<i>warfarin sodium tab 7.5 mg</i>	1	PD; Rx4L
<i>warfarin sodium tab 10 mg</i>	1	PD; Rx4L

DIRECT FACTOR XA INHIBITORS

ELIQUIS TAB 2.5MG	2	PD
ELIQUIS TAB 5MG	2	PD
SAVAYSA TAB 15MG	3	PA; (MNPA); PD
XARELTO STAR TAB 15/20MG	2	PD
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	PD
XARELTO TAB 10MG	2	PD
XARELTO TAB 15MG	2	PD
XARELTO TAB 20MG	2	PD

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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>	3	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	3	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	3	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	3	
FRAGMIN INJ 2500/0.2	3	
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	
<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	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	

ANTICONSULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA TAB 10MG	3	PA; PD
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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	3	PD
<i>clobazam tab 10 mg</i>	3	PA; MNPA; PD
<i>clobazam tab 20 mg</i>	3	PA; MNPA; PD
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	PD
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	PD
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	PD
<i>clonazepam orally disintegrating tab 1 mg</i>	2	PD
<i>clonazepam orally disintegrating tab 2 mg</i>	2	PD
<i>clonazepam tab 0.5 mg</i>	1	PD
<i>clonazepam tab 1 mg</i>	1	PD
<i>clonazepam tab 2 mg</i>	1	PD
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
NAYZILAM SPR 5MG	3	QL (2 bottles / 30 days)
VALTOCO SPR 5MG	3	QL (2 doses (1 carton) / 30 days)
VALTOCO SPR 10MG	3	QL (2 doses (1 carton) / 30 days)
VALTOCO SPR 15MG	3	QL (2 doses (1 carton) / 30 days)
VALTOCO SPR 20MG	3	QL (2 doses (1 carton) / 30 days)
ANTICONVULSANTS - MISC.		
APTiom TAB 200MG	3	PA; PD
<i>carbamazepine cap er 12hr 300 mg</i>	1	PD; generic of Carbatrol
<i>carbamazepine chew tab 100 mg</i>	1	PD
<i>carbamazepine susp 100 mg/5ml</i>	1	PD
<i>carbamazepine tab 200 mg</i>	1	PD
<i>carbamazepine tab er 12hr 100 mg</i>	1	PD
<i>carbamazepine tab er 12hr 200 mg</i>	1	PD, generic of Tegretol XR

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tab er 12hr 400 mg</i>	1	PD, generic of Tegretol XR
<i>FINTEPLA SOL 2.2MG/ML</i>	3	PA; SP
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	2	PD
<i>lacosamide tab 50 mg</i>	2	PD
<i>lacosamide tab 100 mg</i>	2	PD
<i>lacosamide tab 150 mg</i>	2	PD
<i>lacosamide tab 200 mg</i>	2	PD
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	PD
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	PD
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	PD
<i>lamotrigine tab 25 mg</i>	1	PD
<i>lamotrigine tab 100 mg</i>	1	PD
<i>lamotrigine tab 150 mg</i>	1	PD
<i>lamotrigine tab 200 mg</i>	1	PD
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	PD
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	PD
<i>lamotrigine tab er 24hr 25 mg</i>	2	PD
<i>lamotrigine tab er 24hr 50 mg</i>	2	PD
<i>lamotrigine tab er 24hr 100 mg</i>	2	PD
<i>lamotrigine tab er 24hr 200 mg</i>	2	PD
<i>lamotrigine tab er 24hr 250 mg</i>	2	PD
<i>lamotrigine tab er 24hr 300 mg</i>	2	PD
<i>levetiracetam oral soln 100 mg/ml</i>	1	PD
<i>levetiracetam tab 250 mg</i>	1	PD
<i>levetiracetam tab 500 mg</i>	1	PD
<i>levetiracetam tab 750 mg</i>	1	PD
<i>levetiracetam tab 1000 mg</i>	1	PD
<i>levetiracetam tab er 24hr 500 mg</i>	1	PD
<i>levetiracetam tab er 24hr 750 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	PD
<i>oxcarbazepine tab 150 mg</i>	1	PD
<i>oxcarbazepine tab 300 mg</i>	1	PD
<i>oxcarbazepine tab 600 mg</i>	1	PD
POTIGA TAB 50MG	3	PA; PD
POTIGA TAB 200MG	3	PA; PD
POTIGA TAB 300MG	3	PA; PD
POTIGA TAB 400MG	3	PA; PD
<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	PD
<i>primidone tab 250 mg</i>	1	PD
<i>rufinamide susp 40 mg/ml</i>	3	PA; PD
<i>rufinamide tab 200 mg</i>	3	PA; PD
<i>rufinamide tab 400 mg</i>	3	PA; PD
<i>topiramate sprinkle cap 15 mg</i>	1	PD
<i>topiramate sprinkle cap 25 mg</i>	1	PD
<i>topiramate tab 25 mg</i>	1	PD
<i>topiramate tab 50 mg</i>	1	PD
<i>topiramate tab 100 mg</i>	1	PD
<i>topiramate tab 200 mg</i>	1	PD
TROKENDI XR CAP 25MG	3	ST; PD
TROKENDI XR CAP 50MG	3	ST; PD
TROKENDI XR CAP 100MG	3	ST; PD
TROKENDI XR CAP 200MG	3	ST; PD
<i>zonisamide cap 25 mg</i>	1	PD
<i>zonisamide cap 50 mg</i>	1	PD
<i>zonisamide cap 100 mg</i>	1	PD
ZTALMY SUS 50MG/ML	3	PA; SP

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
CARBAMATES		
<i>felbamate tab 400 mg</i>	3	PD
<i>felbamate tab 600 mg</i>	3	PD
<i>XCOPRI PAK 12.5-25</i>	3	PD
<i>XCOPRI PAK 50-100MG</i>	3	PD
<i>XCOPRI PAK 50-200MG</i>	3	PD
<i>XCOPRI PAK 100-150</i>	3	PD
<i>XCOPRI PAK 150-200</i>	3	PD
<i>XCOPRI TAB 50MG</i>	3	PD
<i>XCOPRI TAB 100MG</i>	3	PD
<i>XCOPRI TAB 150MG</i>	3	PD
<i>XCOPRI TAB 200MG</i>	3	PD
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	2	PD
<i>tiagabine hcl tab 4 mg</i>	2	PD
<i>tiagabine hcl tab 12 mg</i>	2	PD
<i>tiagabine hcl tab 16 mg</i>	2	PD
<i>vigabatrin powd pack 500 mg</i>	3	PA; SPC; PD
<i>vigabatrin tab 500 mg</i>	3	PA; SPC; PD
HYDANTOINS		
<i>PEGANONE TAB 250MG</i>	3	PA; PD
<i>phenytoin chew tab 50 mg</i>	1	PD
<i>phenytoin sodium extended cap 100 mg</i>	1	PD
<i>phenytoin susp 125 mg/5ml</i>	1	PD
SUCCINIMIDES		
<i>CELONTIN CAP 300MG</i>	3	PD
<i>ethosuximide cap 250 mg</i>	1	PD
<i>ethosuximide soln 250 mg/5ml</i>	1	PD
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	PD
<i>divalproex sodium tab delayed release 125 mg</i>	1	PD
<i>divalproex sodium tab delayed release 250 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

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

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	

ANTIDEPRESSANTS - MISC.

<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>maprotiline hcl tab 25 mg</i>	1	PA if < 18 yoa
<i>maprotiline hcl tab 50 mg</i>	1	PA if < 18 yoa
<i>maprotiline hcl tab 75 mg</i>	1	PA if < 18 yoa

MONOAMINE OXIDASE INHIBITORS (MAOIS)

<i>EMSAM DIS 6MG/24HR</i>	3	PA if < 18 yoa
<i>EMSAM DIS 9MG/24HR</i>	3	PA if < 18 yoa
<i>EMSAM DIS 12MG/24H</i>	3	PA if < 18 yoa
<i>MARPLAN TAB 10MG</i>	3	
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>tranylcypromine sulfate tab 10 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	PD
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	PD
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	PD; Rx4L
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	PD; Rx4L
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	PD
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	PD
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	PD; Rx4L
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	PD; Rx4L
<i>fluoxetine hcl cap 10 mg</i>	1	PD; Rx4L
<i>fluoxetine hcl cap 20 mg</i>	1	PD; Rx4L
<i>fluoxetine hcl cap 40 mg</i>	1	PD
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	PD
<i>fluoxetine hcl tab 10 mg</i>	2	PA for < 7 y.o.; PD
<i>fluoxetine hcl tab 20 mg</i>	2	PA for < 7 y.o.; PD
<i>fluoxetine hcl tab 60 mg</i>	2	PA for < 7 y.o.; PD
<i>fluvoxamine maleate tab 25 mg</i>	1	PD
<i>fluvoxamine maleate tab 50 mg</i>	1	PD
<i>fluvoxamine maleate tab 100 mg</i>	1	PD
<i>paroxetine hcl tab 10 mg</i>	1	PD; Rx4L
<i>paroxetine hcl tab 20 mg</i>	1	PD; Rx4L
<i>paroxetine hcl tab 30 mg</i>	1	PD
<i>paroxetine hcl tab 40 mg</i>	1	PD
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	2	PD
<i>paroxetine hcl tab er 24hr 25 mg</i>	2	PD
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	3	excluded for new starts; PD
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	PD
<i>sertraline hcl tab 25 mg</i>	1	PD; Rx4L

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 50 mg</i>	1	PD; Rx4L
<i>sertraline hcl tab 100 mg</i>	1	PD; Rx4L
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 100 mg</i>	1	PA if < 18 yoa
<i>nefazodone hcl tab 200 mg</i>	1	PA if < 18 yoa
<i>nefazodone hcl tab 250 mg</i>	1	PA if < 18 yoa
<i>trazodone hcl tab 50 mg</i>	1	Rx4L
<i>trazodone hcl tab 100 mg</i>	1	Rx4L
<i>trazodone hcl tab 150 mg</i>	1	Rx4L
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	ST
TRINTELLIX TAB 10MG	2	ST
TRINTELLIX TAB 20MG	2	ST
VIIBRYD KIT STARTER	3	ST
<i>vilazodone hcl tab 10 mg</i>	3	ST
<i>vilazodone hcl tab 20 mg</i>	3	ST
<i>vilazodone hcl tab 40 mg</i>	3	ST
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	
<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 60 mg (base eq)</i>	1	
FETZIMA CAP 20MG	3	ST
FETZIMA CAP 40MG	3	ST
FETZIMA CAP 80MG	3	ST
FETZIMA CAP 120MG	3	PA if < 18 yoa
FETZIMA CAP TITRATIO	3	ST
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	Rx4L

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	Rx4L
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	Rx4L
<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	

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>	3	
<i>amoxapine tab 50 mg</i>	3	
<i>amoxapine tab 100 mg</i>	3	
<i>amoxapine tab 150 mg</i>	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	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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>nortriptyline hcl cap 10 mg</i>	1	Rx4L
<i>nortriptyline hcl cap 25 mg</i>	1	Rx4L
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	3	PA if < 18 yoa
<i>trimipramine maleate cap 50 mg</i>	3	PA if < 18 yoa
<i>trimipramine maleate cap 100 mg</i>	3	PA if < 18 yoa

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	1	PD
<i>acarbose tab 50 mg</i>	1	PD
<i>acarbose tab 100 mg</i>	1	PD
<i>miglitol tab 25 mg</i>	3	PD
<i>miglitol tab 50 mg</i>	3	PD
<i>miglitol tab 100 mg</i>	3	PD

ANTI-DIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	3	PD
SYMLINPEN 120 INJ 1000MCG	3	PD

ANTI-DIABETIC COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	PD
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	PD
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	PD
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PD
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PD
<i>glyburide-metformin tab 5-500 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days); PD
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days); PD
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days); PD
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days); PD
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days); PD
JENTADUETO TAB XR	2	QL (30 tabs / 30 days); PD; 5-1000 mg tab
JENTADUETO TAB XR	2	QL (60 tabs / 30 days); PD; 2.5-1000 mg tab
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	PD
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	PD
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	PD
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	PD
SOLIQUA INJ 100/33	2	PD
SYNJARDY TAB	2	PD
SYNJARDY TAB 5-500MG	2	PD
SYNJARDY TAB 5-1000MG	2	PD
SYNJARDY TAB 12.5-500	2	PD
SYNJARDY XR TAB	2	PD
SYNJARDY XR TAB 5-1000MG	2	PD
SYNJARDY XR TAB 10-1000	2	PD
SYNJARDY XR TAB 25-1000	2	PD
TRIJARDY XR TAB	2	PD
XIGDUO XR TAB 2.5-1000	2	PD
XIGDUO XR TAB 5-500MG	2	PD
XIGDUO XR TAB 5-1000MG	2	PD
XIGDUO XR TAB 10-500MG	2	PD
XIGDUO XR TAB 10-1000	2	PD
XULTOPHY INJ 100/3.6	2	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
BIGUANIDES		
<i>metformin hcl tab 500 mg</i>	1	PD; Rx4L
<i>metformin hcl tab 850 mg</i>	1	PD; Rx4L
<i>metformin hcl tab 1000 mg</i>	1	PD; Rx4L
<i>metformin hcl tab er 24hr 500 mg</i>	1	PD; Rx4L
<i>metformin hcl tab er 24hr 750 mg</i>	1	PD; Rx4L
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	3	
GLUCAGEN INJ HYPOKIT	2	
<i>glucagon (rdna) for inj kit 1 mg</i>	2	
GLUCAGON EMR SOL 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA TAB 5MG	2	QL (30 tabs / 30 days); PD
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
MOUNJARO INJ 2.5/0.5	2	PD
MOUNJARO INJ 5MG/0.5	2	PD
MOUNJARO INJ 7.5/0.5	2	PD
MOUNJARO INJ 10MG/0.5	2	PD
MOUNJARO INJ 12.5/0.5	2	PD
MOUNJARO INJ 15MG/0.5	2	PD
OZEMPIC INJ 2/1.5ML	2	PD
OZEMPIC INJ 4MG/3ML	2	PD
OZEMPIC INJ 8MG/3ML	2	PD
RYBELSUS TAB 3MG	2	PD
RYBELSUS TAB 7MG	2	PD
RYBELSUS TAB 14MG	2	PD
TRULICITY INJ 0.75/0.5	2	PD
TRULICITY INJ 1.5/0.5	2	PD
TRULICITY INJ 3/0.5	2	PD
TRULICITY INJ 4.5/0.5	2	PD
VICTOZA INJ 18MG/3ML	2	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
INSULIN		
APIDRA INJ SOLOSTAR	3	PA; (MNPA); PD
BASAGLAR INJ 100UNIT	2	PD
FIASP FLEX INJ TOUCH	2	PD
FIASP INJ 100/ML	2	PD
FIASP PENFIL INJ U-100	2	PD
HUMALOG INJ 100/ML	3	PA; (MNPA); PD
HUMALOG MIX INJ 50/50KWP	3	PA; (MNPA); PD
HUMULIN R INJ U-500	2	PD
HUMULIN R INJ U-500	2	QL (6 pens / 30 days); PD
INSULIN ASPA INJ 70/30	2	PD
INSULIN ASPA INJ 100/ML	2	PD
INSULIN ASPA INJ FLEXPEN	2	PD
INSULIN ASPA INJ PENFILL	2	PD
LEVEMIR INJ FLEXTouc	3	PA; (MNPA); PD
NOVOLIN INJ 70/30	2	OTC; PD
NOVOLIN INJ 70/30 FP	2	OTC; PD
NOVOLIN N INJ U-100	2	OTC; PD
NOVOLIN R INJ U-100	2	OTC; PD
NOVOLOG INJ 100/ML	2	PD
NOVOLOG INJ FLEXPEN	2	PD
NOVOLOG INJ PENFILL	2	PD
NOVOLOG MIX INJ 70/30	2	PD
NOVOLOG MIX INJ FLEXPEN	2	PD
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG	3	PD
AVANDIA TAB 4MG	3	PD
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	PD; subject to dose optimization
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	PD
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	PD
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	PD
<i>nateglinide tab 120 mg</i>	1	PD
<i>repaglinide tab 0.5 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 1 mg</i>	1	PD
<i>repaglinide tab 2 mg</i>	1	PD

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TAB 5MG	2	PD
FARXIGA TAB 10MG	2	PD
JARDIANCE TAB 10MG	2	PD
JARDIANCE TAB 25MG	2	PD

SULFONYLUREAS

<i>chlorpropamide tab 100 mg</i>	1	PD
<i>chlorpropamide tab 250 mg</i>	1	PD
<i>glimepiride tab 1 mg</i>	1	PD; Rx4L
<i>glimepiride tab 2 mg</i>	1	PD; Rx4L
<i>glimepiride tab 4 mg</i>	1	PD; Rx4L
<i>glipizide tab 5 mg</i>	1	PD; Rx4L
<i>glipizide tab 10 mg</i>	1	PD; Rx4L
<i>glipizide tab er 24hr 2.5 mg</i>	1	PD; Rx4L
<i>glipizide tab er 24hr 5 mg</i>	1	PD; Rx4L
<i>glipizide tab er 24hr 10 mg</i>	1	PD; Rx4L
<i>glyburide micronized tab 1.5 mg</i>	1	PD
<i>glyburide micronized tab 3 mg</i>	1	PD
<i>glyburide micronized tab 6 mg</i>	1	PD
<i>glyburide tab 1.25 mg</i>	1	PD
<i>glyburide tab 2.5 mg</i>	1	PD
<i>glyburide tab 5 mg</i>	1	PD
<i>tolazamide tab 250 mg</i>	1	PD
<i>tolazamide tab 500 mg</i>	1	PD
<i>tolbutamide tab 500 mg</i>	1	PD

ANTIDIARRHEALS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB 125MG	3	PA; (MNPA)
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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	
<i>loperamide hcl cap 2 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
MOTOFEN TAB 1-0.025	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferasirox tab for oral susp 125 mg</i>	3	PA; SPC
<i>deferasirox tab for oral susp 250 mg</i>	3	PA; SPC
<i>deferasirox tab for oral susp 500 mg</i>	3	PA; SPC
<i>deferiprone tab 500 mg</i>	3	PA; SPC
<i>deferiprone tab 1000 mg</i>	3	PA; SPC
FERPRX 2-DAY TAB 1000MG	3	PA; SP
FERRIPROX SOL 100MG/ML	3	PA; SP
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	3	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR 4MG	3	
VIVITROL INJ 380MG	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl tab 1 mg</i>	1	QL (6 tabs 15 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (100 mL 15 days)
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	QL (1 tab 15 days)
<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>	3	PA, QL (1 vial / 15 days)
PALONOSETRON HCL IV SOLN PREF SYR 0.25 MG/5ML (BASE EQUIV)	3	PA, QL (1 syringe / 15 days)
SANCUSO DIS 3.1MG	3	QL (1 patch 15 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine td patch 72hr 1 mg/3days</i>	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
BONJESTA TAB 20-20MG	2	90 day supply every year
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	2	90 day supply every year
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps 30 days); PA for New Starts
<i>dronabinol cap 5 mg</i>	1	QL (60 caps 30 days); PA for New Starts
<i>dronabinol cap 10 mg</i>	1	QL (60 caps 30 days); PA for New Starts
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	3	QL (2 capsules / 23 days)
<i>aprepitant capsule 80 mg</i>	3	QL (4 capsules / 23 days)
<i>aprepitant capsule 125 mg</i>	3	QL (2 capsules / 23 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	3	QL (2 packs (6 capsules) / 23 days)
EMEND SUS 125MG	3	PA, QL (3 packets / 15 days)
VARUBI TAB 90MG	2	PA, QL (4 tabs / 28 days)

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

<i>caspofungin acetate for iv soln 50 mg</i>	3	PA
<i>caspofungin acetate for iv soln 70 mg</i>	3	PA
ERAXIS INJ 50MG	3	PA
ERAXIS INJ 100MG	3	PA

ANTIFUNGALS

ABELCET INJ 5MG/ML	2	PA
AMPHOTEC INJ 50MG	3	PA
AMPHOTEC INJ 100MG	3	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b for iv soln 50 mg</i>	2	PA
<i>flucytosine cap 250 mg</i>	3	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	3	
<i>griseofulvin ultramicrosize tab 125 mg</i>	3	
<i>griseofulvin ultramicrosize tab 250 mg</i>	3	
<i>*nystatin oral powder*</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	2	
<i>itraconazole oral soln 10 mg/ml</i>	3	
<i>ketoconazole tab 200 mg</i>	1	
NOXAFIL SUS 40MG/ML	3	
<i>posaconazole tab delayed release 100 mg</i>	3	
<i>voriconazole tab 50 mg</i>	3	
<i>voriconazole tab 200 mg</i>	3	

ANTI HISTAMINES

ANTI HISTAMINES - ALKYLAMINES

<i>brompheniramine tannate chew tab 12 mg</i>	1	
DEXCHLORPHENIRAMINE MALEATE ORAL SOLN 2 MG/5ML	3	

ANTI HISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>diphenhydramine hcl cap 50 mg</i>	1	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	PA

ANTI HISTAMINES - NON-SEDATING

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tab 5 mg</i>	3	
<i>fexofenadine hcl tab 60 mg</i>	3	OTC
<i>fexofenadine hcl tab 180 mg</i>	3	OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
ANTI HISTAMINES - PHENOTHIAZINES		
<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	
ANTI HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTI HYPERLIPIDEMICS		
ANTI HYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	3	PD
<i>ezetimibe-simvastatin tab 10-20 mg</i>	3	PD
<i>ezetimibe-simvastatin tab 10-40 mg</i>	3	PD
<i>ezetimibe-simvastatin tab 10-80 mg</i>	3	PD
ANTI HYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 1 gm</i>	2	PD
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PD
<i>VASCEPA CAP 0.5GM</i>	2	PD
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	PD
<i>cholestyramine light powder packets 4 gm</i>	1	PD
<i>cholestyramine powder 4 gm/dose</i>	1	PD
<i>cholestyramine powder packets 4 gm</i>	1	PD
<i>colesevelam hcl packet for susp 3.75 gm</i>	3	PD
<i>colesevelam hcl tab 625 mg</i>	3	PD
<i>colestipol hcl granule packets 5 gm</i>	1	PD
<i>colestipol hcl granules 5 gm</i>	1	PD
<i>colestipol hcl tab 1 gm</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	PD
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	PD
<i>fenofibrate micronized cap 67 mg</i>	1	PD
<i>fenofibrate micronized cap 134 mg</i>	1	PD
<i>fenofibrate micronized cap 200 mg</i>	1	PD
<i>fenofibrate tab 48 mg</i>	2	PD
<i>fenofibrate tab 54 mg</i>	1	PD
<i>fenofibrate tab 145 mg</i>	1	PD
<i>fenofibrate tab 160 mg</i>	1	PD
<i>gemfibrozil tab 600 mg</i>	1	PD
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	PD, ACA; subject to dose optimization; Rx4L
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	PD, ACA; subject to dose optimization; Rx4L
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	PD; subject to dose optimization; Rx4L
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	PD; Rx4L
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	3	PD, ACA; subject to dose optimization
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	3	PD, ACA
LIVALO TAB 1MG	3	ST; PD
LIVALO TAB 2MG	3	ST; PD
LIVALO TAB 4MG	3	ST; PD
<i>lovastatin tab 10 mg</i>	1	PD, ACA; Rx4L
<i>lovastatin tab 20 mg</i>	1	PD, ACA; Rx4L
<i>lovastatin tab 40 mg</i>	1	PD, ACA; Rx4L
<i>pravastatin sodium tab 10 mg</i>	1	PD, ACA; subject to dose optimization; Rx4L
<i>pravastatin sodium tab 20 mg</i>	1	PD, ACA; subject to dose optimization; Rx4L
<i>pravastatin sodium tab 40 mg</i>	1	PD, ACA; Rx4L

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 80 mg</i>	1	PD, ACA
<i>rosuvastatin calcium tab 5 mg</i>	2	PD, ACA; subject to dose optimization
<i>rosuvastatin calcium tab 10 mg</i>	2	PD, ACA; subject to dose optimization
<i>rosuvastatin calcium tab 20 mg</i>	2	PD; subject to dose optimization
<i>rosuvastatin calcium tab 40 mg</i>	2	PD
<i>simvastatin tab 5 mg</i>	1	PD, ACA; subject to dose optimization
<i>simvastatin tab 10 mg</i>	1	PD, ACA; subject to dose optimization; Rx4L
<i>simvastatin tab 20 mg</i>	1	PD, ACA; subject to dose optimization; Rx4L
<i>simvastatin tab 40 mg</i>	1	PD, ACA; Rx4L
<i>simvastatin tab 80 mg</i>	1	PD; Rx4L
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	3	PD
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	3	PA
JUXTAPID CAP 10MG	3	PA
JUXTAPID CAP 20MG	3	PA
JUXTAPID CAP 30MG	3	PA
JUXTAPID CAP 40MG	3	PA
JUXTAPID CAP 60MG	3	PA
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	PD
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	PD
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	PD
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA
REPATHA PUSH INJ 420/3.5	2	PA
REPATHA SURE INJ 140MG/ML	2	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name
ANTIHYPERTENSIVES
ACE INHIBITORS

Drug Tier Requirements/Limits

<i>benazepril hcl tab 5 mg</i>	1	PD; Rx4L
<i>benazepril hcl tab 10 mg</i>	1	PD; Rx4L
<i>benazepril hcl tab 20 mg</i>	1	PD; Rx4L
<i>benazepril hcl tab 40 mg</i>	1	PD; Rx4L
<i>captopril tab 12.5 mg</i>	1	PD
<i>captopril tab 25 mg</i>	1	PD
<i>captopril tab 50 mg</i>	1	PD
<i>captopril tab 100 mg</i>	1	PD
<i>enalapril maleate tab 2.5 mg</i>	1	PD; Rx4L
<i>enalapril maleate tab 5 mg</i>	1	PD; Rx4L
<i>enalapril maleate tab 10 mg</i>	1	PD; Rx4L
<i>enalapril maleate tab 20 mg</i>	1	PD; Rx4L
<i>fosinopril sodium tab 10 mg</i>	1	PD; Rx4L
<i>fosinopril sodium tab 20 mg</i>	1	PD; Rx4L
<i>fosinopril sodium tab 40 mg</i>	1	PD; Rx4L
<i>lisinopril tab 2.5 mg</i>	1	PD; subject to dose optimization; Rx4L
<i>lisinopril tab 5 mg</i>	1	PD; subject to dose optimization; Rx4L
<i>lisinopril tab 10 mg</i>	1	PD; subject to dose optimization; Rx4L
<i>lisinopril tab 20 mg</i>	1	PD; Rx4L
<i>lisinopril tab 30 mg</i>	1	PD; Rx4L
<i>lisinopril tab 40 mg</i>	1	PD; Rx4L
<i>moexipril hcl tab 7.5 mg</i>	1	PD
<i>moexipril hcl tab 15 mg</i>	1	PD
<i>perindopril erbumine tab 2 mg</i>	1	PD
<i>perindopril erbumine tab 4 mg</i>	1	PD
<i>perindopril erbumine tab 8 mg</i>	1	PD
<i>quinapril hcl tab 5 mg</i>	1	PD; Rx4L
<i>quinapril hcl tab 10 mg</i>	1	PD; Rx4L
<i>quinapril hcl tab 20 mg</i>	1	PD; Rx4L
<i>quinapril hcl tab 40 mg</i>	1	PD; Rx4L
<i>ramipril cap 1.25 mg</i>	1	PD; Rx4L
<i>ramipril cap 2.5 mg</i>	1	PD; Rx4L

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 5 mg</i>	1	PD; Rx4L
<i>ramipril cap 10 mg</i>	1	PD; Rx4L
<i>trandolapril tab 1 mg</i>	1	PD
<i>trandolapril tab 2 mg</i>	1	PD
<i>trandolapril tab 4 mg</i>	1	PD
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	2	PD
<i>candesartan cilexetil tab 8 mg</i>	2	PD
<i>candesartan cilexetil tab 16 mg</i>	2	PD
<i>candesartan cilexetil tab 32 mg</i>	2	PD
EDARBI TAB 40MG	3	ST; PD
EDARBI TAB 80MG	3	ST; PD
<i>eprosartan mesylate tab 600 mg</i>	3	ST; PD
<i>irbesartan tab 75 mg</i>	1	PD; subject to dose optimization; Rx4L
<i>irbesartan tab 150 mg</i>	1	PD; Rx4L
<i>irbesartan tab 300 mg</i>	1	PD; Rx4L
<i>losartan potassium tab 25 mg</i>	1	PD; Rx4L
<i>losartan potassium tab 50 mg</i>	1	PD; Rx4L
<i>losartan potassium tab 100 mg</i>	1	PD; Rx4L
<i>olmesartan medoxomil tab 5 mg</i>	1	PD
<i>olmesartan medoxomil tab 20 mg</i>	1	PD
<i>olmesartan medoxomil tab 40 mg</i>	1	PD
<i>telmisartan tab 20 mg</i>	3	PD; subject to dose optimization
<i>telmisartan tab 40 mg</i>	3	PD
<i>telmisartan tab 80 mg</i>	3	PD
<i>valsartan tab 40 mg</i>	3	PD
<i>valsartan tab 80 mg</i>	3	PD
<i>valsartan tab 160 mg</i>	3	PD
<i>valsartan tab 320 mg</i>	3	PD
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	1	PD; Rx4L
<i>clonidine hcl tab 0.2 mg</i>	1	PD; Rx4L

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tab 0.3 mg</i>	1	PD; Rx4L
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	PD
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	PD
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	PD
<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	PD; Rx4L
<i>guanfacine hcl tab 2 mg</i>	1	PD; Rx4L
<i>methyldopa tab 250 mg</i>	1	PD
<i>methyldopa tab 500 mg</i>	1	PD
<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	Rx4L
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	Rx4L
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	Rx4L
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	Rx4L

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	PD
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	PD
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	PD
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	PD
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	PD
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	PD
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	3	PD
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	3	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	3	PD
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	3	PD
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	PD
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	PD
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	PD
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	PD
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	PD
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	PD
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	PD
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	PD
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	PD
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	PD; Rx4L
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	PD; Rx4L
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	PD
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PD
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PD
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	PD
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	PD; Rx4L
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	PD; Rx4L
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	PD; Rx4L

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	PD
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	PD
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	PD
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	PD
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	PD; Rx4L
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	PD; Rx4L
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	PD
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	PD
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	PD
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	PD
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PD; Rx4L
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PD; Rx4L
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PD; Rx4L
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	PD
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	PD
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	PD
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	PD
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	PD
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	PD
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	PD
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	PD
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	1	PD
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	3	PD
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	3	PD
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	3	PD
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	3	PD
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	3	PD
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	PD
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	PD
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	PD; Rx4L
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	PD; Rx4L
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	PD
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	3	PD
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	3	PD
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	3	PD
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	PD
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	PD
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	PD
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	PD
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	3	PD
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	3	PD
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	PD
<i>hydralazine hcl tab 25 mg</i>	1	PD
<i>hydralazine hcl tab 50 mg</i>	1	PD
<i>hydralazine hcl tab 100 mg</i>	1	PD
<i>minoxidil tab 2.5 mg</i>	1	PD
<i>minoxidil tab 10 mg</i>	1	PD
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
COARTEM TAB 20-120MG	3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	3	
<i>pyrimethamine tab 25 mg</i>	3	PA
<i>quinine sulfate cap 324 mg</i>	3	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	3	PA; (MNPA)
<i>pyridostigmine bromide tab 60 mg</i>	1	
RUZURGI TAB 10MG	3	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		

RIFAMATE CAP	3	
RIFATER TAB	2	

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 syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	PA
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	3	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	PA
SIRTURO TAB 100MG	3	PA
TRECTOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	2	
<i>cyclophosphamide cap 50 mg</i>	2	
GLEOSTINE CAP 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
GLIADEL WAF 7.7MG	2	
HEXALEN CAP 50MG	2	
LEUKERAN TAB 2MG	2	
<i>melphalan tab 2 mg</i>	2	
MYLERAN TAB 2MG	2	
<i>temozolomide cap 5 mg</i>	3	PA; SPC
<i>temozolomide cap 20 mg</i>	3	PA; SPC
<i>temozolomide cap 100 mg</i>	3	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide cap 140 mg</i>	3	PA; SPC
<i>temozolomide cap 180 mg</i>	3	PA; SPC
<i>temozolomide cap 250 mg</i>	3	PA; SPC
ZANOSAR INJ 1GM	3	PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	3	PA; SPC
<i>capecitabine tab 500 mg</i>	3	PA; SPC
DEPOCYT INJ 50MG/5ML	3	
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
PURIXAN SUS 20MG/ML	2	SPC
TABLOID TAB 40MG	3	
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ 100MG	3	ST, PA; SPC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	3	PA
VENCLEXTA TAB 50MG	3	PA
VENCLEXTA TAB 100MG	3	PA
VENCLEXTA TAB START PK	3	PA
ANTINEOPLASTIC - EGFR INHIBITORS		
EXKIVITY CAP 40MG	3	PA; SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	3	PA; SPC
ODOMZO CAP 200MG	3	PA; SPC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	2	PA; SPC
<i>abiraterone acetate tab 500 mg</i>	2	PA; SPC
<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	
EMCYT CAP 140MG	2	
ERLEADA TAB 60MG	2	PA; SPC
<i>exemestane tab 25 mg</i>	2	
FIRMAGON INJ 80MG	3	PA; SPC
FIRMAGON INJ 120MG	3	PA; SPC
<i>flutamide cap 125 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	SPC
LUPRON DEPOT INJ 3.75MG	3	SPC
LUPRON DEPOT INJ 11.25MG	3	SPC
LUPRON DEPOT INJ 22.5MG	3	SPC
LUPRON DEPOT INJ 30MG	3	SPC
LUPRON DEPOT INJ 45MG	3	SPC
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i>	2	Excluded for new starts
NUBEQA TAB 300MG	2	PA; SPC
ORGOVYX TAB 120MG	3	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	ACA
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	ACA
<i>toremifene citrate tab 60 mg (base equivalent)</i>	2	
XTANDI CAP 40MG	2	PA; SPC
XTANDI TAB 40MG	2	PA; SPC
XTANDI TAB 80MG	2	PA; SPC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	3	PA; MNPA
POMALYST CAP 2MG	3	PA; MNPA
POMALYST CAP 3MG	3	PA; MNPA
POMALYST CAP 4MG	3	PA; MNPA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	3	PA, QL (30 tabs / 30 days); SP
AYVAKIT TAB 50MG	3	PA, QL (30 tabs / 30 days); SP
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	3	PA; SP
XPOVIO PAK 50MG	3	PA; SP
XPOVIO PAK 60MG	3	PA; SP

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 80MG	3	PA; SP
XPOVIO PAK 100MG	3	PA; SP
ANTINEOPLASTIC ANTIBIOTICS		
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	3	PA; SPC
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	3	PA; SPC
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	3	PA; SPC
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	2	PA; SPC
KISQALI 400 PAK FEMARA	2	PA; SPC
KISQALI 600 PAK FEMARA	2	PA; SPC
LONSURF TAB 15-6.14	3	PA; SPC
LONSURF TAB 20-8.19	3	PA; SPC
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	3	PA; SPC
AYVAKIT TAB 100MG	3	PA, QL (30 tabs / 30 days); SP
AYVAKIT TAB 200MG	3	PA, QL (30 tabs / 30 days); SP
AYVAKIT TAB 300MG	3	PA, QL (30 tabs / 30 days); SP
BALVERSA TAB 3MG	3	PA
BALVERSA TAB 4MG	3	PA
BALVERSA TAB 5MG	3	PA
BOSULIF TAB 100MG	3	PA; SPC
BOSULIF TAB 400MG	3	PA; SPC
BOSULIF TAB 500MG	3	PA; SPC
BRUKINSA CAP 80MG	3	PA; SP
CABOMETYX TAB 20MG	2	PA; SPC
CABOMETYX TAB 40MG	2	PA; SPC
CABOMETYX TAB 60MG	2	PA; SPC
CAPRELSA TAB 100MG	3	PA
CAPRELSA TAB 300MG	3	PA
COMETRIQ KIT 60MG	3	PA; SPC
COMETRIQ KIT 100MG	3	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 140MG	3	PA; SPC
COTELLIC TAB 20MG	3	PA; SPC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	3	PA; SPC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	3	PA; SPC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	3	PA; SPC
<i>everolimus tab 2.5 mg</i>	3	PA; SPC
<i>everolimus tab 5 mg</i>	3	PA; SPC
<i>everolimus tab 7.5 mg</i>	3	PA; SPC
<i>everolimus tab 10 mg</i>	3	PA; SPC
<i>everolimus tab for oral susp 2 mg</i>	3	PA; SPC
<i>everolimus tab for oral susp 3 mg</i>	3	PA; SPC
<i>everolimus tab for oral susp 5 mg</i>	3	PA; SPC
GAVRETO CAP 100MG	3	PA; SPC
GILOTRIF TAB 20MG	3	PA
GILOTRIF TAB 30MG	3	PA
GILOTRIF TAB 40MG	3	PA
IBRANCE CAP 75MG	2	PA; SPC
IBRANCE CAP 100MG	2	PA; SPC
IBRANCE CAP 125MG	2	PA; SPC
IBRANCE TAB 75MG	2	PA; SPC
IBRANCE TAB 100MG	2	PA; SPC
IBRANCE TAB 125MG	2	PA; SPC
ICLUSIG TAB 10MG	3	PA; SP
ICLUSIG TAB 15MG	3	PA; SP
ICLUSIG TAB 30MG	3	PA; SP
ICLUSIG TAB 45MG	3	PA; SP
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	3	PA; SPC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	3	PA; SPC
IMBRUVICA CAP 70MG	3	PA; SP
IMBRUVICA CAP 140MG	3	PA
IMBRUVICA TAB 140MG	3	PA; SP
IMBRUVICA TAB 280MG	3	PA; SP
IMBRUVICA TAB 420MG	3	PA; SP
IMBRUVICA TAB 560MG	3	PA; SP
INLYTA TAB 1MG	3	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
INLYTA TAB 5MG	3	PA; SPC
JAKAFI TAB 5MG	3	PA, QL (60 tabs / 30 days); SPC
JAKAFI TAB 10MG	3	PA, QL (60 tabs / 30 days); SPC
JAKAFI TAB 15MG	3	PA, QL (60 tabs / 30 days); SPC
JAKAFI TAB 20MG	3	PA, QL (60 tabs / 30 days); SPC
JAKAFI TAB 25MG	3	PA, QL (60 tabs / 30 days); SPC
KISQALI TAB 200DOSE	2	PA; SPC
KISQALI TAB 400DOSE	2	PA; SPC
KISQALI TAB 600DOSE	2	PA; SPC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	2	PA; SPC
LENVIMA CAP 4MG	3	PA; SPC
LENVIMA CAP 8 MG	3	PA; SPC
LENVIMA CAP 10 MG	3	PA; SPC
LENVIMA CAP 12MG	3	PA; SPC
LENVIMA CAP 14 MG	3	PA; SPC
LENVIMA CAP 18 MG	3	PA; SPC
LENVIMA CAP 20 MG	3	PA; SPC
LENVIMA CAP 24 MG	3	PA; SPC
LUMAKRAS TAB 120MG	3	PA; SPC
LYNPARZA TAB 100MG	2	PA; SPC
LYNPARZA TAB 150MG	2	PA; SPC
MEKINIST TAB 0.5MG	3	PA; SPC
MEKINIST TAB 2MG	3	PA; SPC
NINLARO CAP 2.3MG	3	PA; SPC
NINLARO CAP 3MG	3	PA; SPC
NINLARO CAP 4MG	3	PA; SPC
PIQRAY 200MG TAB DOSE	3	PA; SPC
PIQRAY 250MG TAB DOSE	3	PA; SPC
PIQRAY 300MG TAB DOSE	3	PA; SPC
RETEVMO CAP 40MG	3	PA; SPC
RETEVMO CAP 80MG	3	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAP 100MG	3	PA; SPC
ROZLYTREK CAP 200MG	3	PA; SPC
RUBRACA TAB 200MG	2	PA; SPC
RUBRACA TAB 250MG	2	PA; SPC
RUBRACA TAB 300MG	2	PA; SPC
RYDAPT CAP 25MG	3	PA; SPC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	3	PA; SPC
SPRYCEL TAB 20MG	3	PA; SPC
SPRYCEL TAB 50MG	3	PA; SPC
SPRYCEL TAB 70MG	3	PA; SPC
SPRYCEL TAB 80MG	3	PA; SPC
SPRYCEL TAB 100MG	3	PA; SPC
SPRYCEL TAB 140MG	3	PA; SPC
STIVARGA TAB 40MG	3	PA; SPC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	3	PA; SPC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	3	PA; SPC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	3	PA; SPC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	3	PA; SPC
TABRECTA TAB 150MG	3	PA; SPC
TABRECTA TAB 200MG	3	PA; SPC
TAFINLAR CAP 50MG	3	PA; SPC
TAFINLAR CAP 75MG	3	PA; SPC
TAGRISSE TAB 40MG	3	PA; SPC
TAGRISSE TAB 80MG	3	PA; SPC
TASIGNA CAP 50MG	3	PA; SPC
TASIGNA CAP 150MG	3	PA; SPC
TASIGNA CAP 200MG	3	PA; SPC
TAZVERIK TAB 200MG	3	PA; SP
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	3	PA; SPC
TRUSELTIQ CAP 50MG	3	PA; SP
TRUSELTIQ CAP 75MG	3	PA; SP
TRUSELTIQ CAP 100MG	3	PA; SP

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ CAP 125MG	3	PA; SP
UKONIQ TAB 200MG	3	PA
VERZENIO TAB 50MG	3	PA; SPC
VERZENIO TAB 100MG	3	PA; SPC
VERZENIO TAB 150MG	3	PA; SPC
VERZENIO TAB 200MG	3	PA; SPC
VIZIMPRO TAB 15MG	3	PA; SPC
VIZIMPRO TAB 30MG	3	PA; SPC
VIZIMPRO TAB 45MG	3	PA; SPC
VONJO CAP 100MG	3	PA; SP
VOTRIENT TAB 200MG	3	PA; SPC
XALKORI CAP 200MG	3	PA; SPC
XALKORI CAP 250MG	3	PA; SPC
XOSPATA TAB 40MG	3	PA
ZEJULA CAP 100MG	2	PA; SP
ZELBORAF TAB 240MG	3	PA; SPC
ZOLINZA CAP 100MG	3	PA; SPC
ZYDELIG TAB 100MG	3	PA; SPC
ZYDELIG TAB 150MG	3	PA; SPC
ZYKADIA CAP 150MG	3	PA; SPC
ZYKADIA TAB 150MG	3	PA; SPC
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA; SPC
<i>bexarotene cap 75 mg</i>	3	PA; SPC
<i>hydroxyurea cap 500 mg</i>	1	
INTRON A INJ 10MU	3	PA; SPC
INTRON A INJ 18MU	3	PA; SPC
INTRON A INJ 25MU	3	PA; SPC
INTRON A INJ 50MU	3	PA; SPC
MATULANE CAP 50MG	2	
THERACYS INJ	3	
TICE BCG INJ	3	
<i>tretinoin cap 10 mg</i>	1	
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ 6.25MG	3	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
MESNEX TAB 400MG	2	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	3	PA; SPC
HYCAMTIN CAP 1MG	3	PA; SPC
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	3	
ANTIPARKINSON ANTICHOLINERGICS		
<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		
<i>entacapone tab 200 mg</i>	2	
<i>tolcapone tab 100 mg</i>	3	PA
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
DUOPA SUS 4.63-20	3	SPC
INBRIJA CAP 42MG	3	PA; RxC/M, SP
<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	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	3	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	3	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	3	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	3	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	3	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	3	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	3	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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	

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON DOPAMINERGICS

KYNMOBI MIS 10MG	3	PA; SP
KYNMOBI MIS 15MG	3	PA; SP
KYNMOBI MIS 20MG	3	PA; SP
KYNMOBI MIS 25MG	3	PA; SP
KYNMOBI MIS 30MG	3	PA; SP
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	

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	1	Rx4L
<i>lithium carbonate cap 300 mg</i>	1	Rx4L
<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	1	

ANTIPSYCHOTICS - MISC.

CAPLYTA CAP 10.5MG	3	PA
CAPLYTA CAP 21MG	3	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA CAP 42MG	3	PA
LATUDA TAB 20MG	3	PA, QL (30 tabs 30 days)
LATUDA TAB 40MG	3	PA, QL (30 tabs 30 days)
LATUDA TAB 60MG	3	PA, QL (30 tabs 30 days)
LATUDA TAB 80MG	3	PA, QL (30 tabs 30 days)
LATUDA TAB 120MG	3	PA, QL (30 tabs 30 days)
VRAYLAR CAP 1.5-3MG	3	PA, QL (30 caps / 30 days)
VRAYLAR CAP 1.5MG	3	PA, QL (30 caps / 30 days)
VRAYLAR CAP 3MG	3	PA, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	3	PA, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	3	PA, QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	2	QL (90 caps 30 days); PA if < 16 yoa
<i>ziprasidone hcl cap 40 mg</i>	2	QL (90 caps 30 days); PA if < 16 yoa
<i>ziprasidone hcl cap 60 mg</i>	2	QL (90 caps 30 days); PA if < 16 yoa
<i>ziprasidone hcl cap 80 mg</i>	2	QL (90 caps 30 days); PA if < 16 yoa
<i>BENZISOXAZOLES</i>		
FANAPT PAK	3	PA
FANAPT TAB 1MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 2MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 4MG	3	PA, QL (60 tabs 30 days)

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 6MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 8MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 10MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 12MG	3	PA, QL (60 tabs 30 days)
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TRINZ INJ 273MG	3	
INVEGA TRINZ INJ 410MG	3	
INVEGA TRINZ INJ 546MG	3	
INVEGA TRINZ INJ 819MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	2	QL (30 tabs 30 days); PA if < 12 yoa
<i>paliperidone tab er 24hr 3 mg</i>	2	QL (30 tabs 30 days); PA if < 12 yoa
<i>paliperidone tab er 24hr 6 mg</i>	2	QL (30 tabs 30 days); PA if < 12 yoa
<i>paliperidone tab er 24hr 9 mg</i>	2	QL (30 tabs 30 days); PA if < 12 yoa
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	1	QL (90 tabs 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	1	QL (90 tabs 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	1	QL (90 tabs 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	1	QL (90 tabs 30 days)
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	Rx4L
<i>risperidone tab 0.25 mg</i>	1	Rx4L
<i>risperidone tab 1 mg</i>	1	Rx4L
<i>risperidone tab 2 mg</i>	1	Rx4L
<i>risperidone tab 3 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
HALDOL INJ 5MG/ML	3	
<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>	2	QL (60 tabs / 30 days); PA if < 10 yoa
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	QL (60 tabs / 30 days); PA if < 10 yoa
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	QL (60 tabs / 30 days); PA if < 10 yoa
<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	
<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 orally disintegrating tab 5 mg</i>	1	QL (90 tabs 30 days); PA if < 13 yoa
<i>olanzapine orally disintegrating tab 10 mg</i>	1	QL (90 tabs 30 days); PA if < 13 yoa
<i>olanzapine orally disintegrating tab 15 mg</i>	1	QL (90 tabs 30 days); PA if < 13 yoa

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine orally disintegrating tab 20 mg</i>	1	QL (90 tabs / 30 days); PA if < 13 yoa
<i>olanzapine tab 2.5 mg</i>	1	PA if < 13 yoa
<i>olanzapine tab 5 mg</i>	1	PA if < 13 yoa
<i>olanzapine tab 7.5 mg</i>	1	PA if < 13 yoa
<i>olanzapine tab 10 mg</i>	1	PA if < 13 yoa
<i>olanzapine tab 15 mg</i>	1	PA if < 13 yoa
<i>olanzapine tab 20 mg</i>	1	PA if < 13 yoa
<i>quetiapine fumarate tab 25 mg</i>	1	PA if < 10 yoa
<i>quetiapine fumarate tab 50 mg</i>	1	PA if < 10 yoa; Rx4L
<i>quetiapine fumarate tab 100 mg</i>	1	PA if < 10 yoa; Rx4L
<i>quetiapine fumarate tab 200 mg</i>	1	PA if < 10 yoa; Rx4L
<i>quetiapine fumarate tab 300 mg</i>	1	PA if < 10 yoa; Rx4L
<i>quetiapine fumarate tab 400 mg</i>	1	PA if < 10 yoa
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	QL (60 tabs / 30 days); PA if < 10 yoa
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	QL (30 tabs / 30 days); PA if < 10 yoa
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days); PA if < 10 yoa
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	QL (30 tabs / 30 days); PA if < 10 yoa
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	QL (30 tabs / 30 days); PA if < 10 yoa
SECUADO DIS 3.8MG	3	PA
SECUADO DIS 5.7MG	3	PA
SECUADO DIS 7.6MG	3	PA

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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 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

<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (600mL 30 days)
ARIPIPAZOLE ORALLY DISINTEGRATING TAB 10 MG	2	PA, QL (30 tabs / 30 days)
ARIPIPAZOLE ORALLY DISINTEGRATING TAB 15 MG	2	PA, QL (30 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	2	QL (60 tabs 30 days)
<i>aripiprazole tab 5 mg</i>	2	QL (60 tabs 30 days)
<i>aripiprazole tab 10 mg</i>	2	QL (30 tabs 30 days)
<i>aripiprazole tab 15 mg</i>	2	QL (30 tabs 30 days)
<i>aripiprazole tab 20 mg</i>	2	QL (30 tabs 30 days)
<i>aripiprazole tab 30 mg</i>	2	QL (30 tabs 30 days)

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 0.5MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 0.25MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 1MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 2MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 3MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 4MG	3	PA, QL (30 tabs 30 days)

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	

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	2	
APTIVUS CAP 250MG	2	
APTIVUS SOL	2	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMPLERA TAB	2	
CRIXIVAN CAP 200MG	2	
CRIXIVAN CAP 400MG	2	
DESCOVY TAB 120-15MG	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG	2	
<i>didanosine delayed release capsule 200 mg</i>	1	
<i>didanosine delayed release capsule 250 mg</i>	1	
<i>didanosine delayed release capsule 400 mg</i>	1	
DOVATO TAB 50-300MG	2	
EDURANT TAB 25MG	2	
<i>efavirenz cap 50 mg</i>	2	
<i>efavirenz cap 200 mg</i>	2	
<i>efavirenz tab 600 mg</i>	2	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	
<i>emtricitabine caps 200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	
EMTRIVA SOL 10MG/ML	2	
<i>etravirine tab 100 mg</i>	2	
<i>etravirine tab 200 mg</i>	2	
EVOTAZ TAB 300-150	2	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	
FUZEON INJ 90MG	3	
GENVOYA TAB	2	
INVIRASE CAP 200MG	2	
INVIRASE TAB 500MG	2	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
JULUCA TAB 50-25MG	2	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
LEXIVA SUS 50MG/ML	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	
<i>maraviroc tab 150 mg</i>	2	SP
<i>maraviroc tab 300 mg</i>	2	SP
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	2	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
RESCRIPTOR TAB 100 MG	2	
RESCRIPTOR TAB 200MG	2	
REYATAZ POW 50MG	2	
<i>ritonavir tab 100 mg</i>	2	
RUKOBIA TAB 600MG ER	2	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TAB	2	
SYMTUZA TAB	2	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	
TIVICAY PD TAB 5MG	2	Coverage limited to members 18 years old or younger
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
TRIUMEQ PD TAB	2	
TRIUMEQ TAB	2	
TRIZIVIR TAB	2	
TYBOST TAB 150MG	2	
VIDEX EC CAP 125MG	2	
VIDEX EC CAP 400MG	2	
VIDEX SOL 2GM	2	
VIDEX SOL 4GM	2	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VITEKTA TAB 85MG	2	
VITEKTA TAB 150MG	2	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
CMV AGENTS		
LIVTENCITY TAB 200MG	3	PA; SP
PREVYMIS TAB 240MG	3	PA
PREVYMIS TAB 480MG	3	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	3	PA
BARACLUDE SOL	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir tab 0.5 mg</i>	2	
<i>entecavir tab 1 mg</i>	2	
EPIVIR HBV SOL 5MG/ML	2	
<i>lamivudine tab 100 mg (hbv)</i>	2	
MAVYRET PAK 50-20MG	3	PA; SPC
MAVYRET TAB 100-40MG	3	PA; SPC
OLYSIO CAP 150MG	3	PA; (MNPA)
PEG-INTRON KIT 80MCG	3	PA
PEG-INTRON KIT 80MCG RP	3	PA
PEG-INTRON KIT 120 RP	3	PA
PEG-INTRON KIT 120MCG	3	PA
PEG-INTRON KIT 150 RP	3	PA
PEG-INTRON KIT 150MCG	3	PA
PEGASYS INJ	3	PA; SPC
PEGASYS INJ 180MCG/M	3	PA; SPC
PEGASYS INJ PROCLICK	3	PA; SPC
PEGINTRON KIT 50MCG	3	PA; SPC
REBETOL SOL 40MG/ML	3	PA; SPC
RIBAPAK TAB 600/DAY	3	PA; SPC
<i>ribasphere tab 400mg</i>	3	PA; SPC
<i>ribavirin cap 200 mg</i>	3	PA; SPC
<i>ribavirin tab 200 mg</i>	3	PA; SPC
<i>ribavirin tab 600 mg</i>	3	PA; SPC
TYZEKA TAB 600MG	3	PA
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (28 caps 180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (14 caps 180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (14 caps 180 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (180 mL / 180 days)
RELENZA MIS DISKHALE	2	QL (2 courses per year (cumulative by class))
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	2	QL (28 caps 180 days); Excluded for New Starts
TAMIFLU CAP 45MG	2	QL (14 caps 180 days); Excluded for New Starts
TAMIFLU CAP 75MG	2	QL (14 caps 180 days); Excluded for New Starts
XOFLUZA TAB 40MG	2	QL (2 tabs per 180 days)
XOFLUZA TAB 80MG	2	QL (1 pak per 180 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i>	1	PD; Rx4L
<i>carvedilol tab 6.25 mg</i>	1	PD; Rx4L
<i>carvedilol tab 12.5 mg</i>	1	PD; Rx4L
<i>carvedilol tab 25 mg</i>	1	PD; Rx4L
<i>labetalol hcl tab 100 mg</i>	1	PD
<i>labetalol hcl tab 200 mg</i>	1	PD
<i>labetalol hcl tab 300 mg</i>	1	PD

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	1	PD
<i>acebutolol hcl cap 400 mg</i>	1	PD
<i>atenolol tab 25 mg</i>	1	PD; Rx4L
<i>atenolol tab 50 mg</i>	1	PD; Rx4L
<i>atenolol tab 100 mg</i>	1	PD; Rx4L
<i>betaxolol hcl tab 10 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tab 20 mg</i>	1	PD
<i>bisoprolol fumarate tab 5 mg</i>	1	PD
<i>bisoprolol fumarate tab 10 mg</i>	1	PD
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	PD; Rx4L
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	PD; Rx4L
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	PD; Rx4L
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	PD
<i>metoprolol tartrate tab 25 mg</i>	1	PD; Rx4L
<i>metoprolol tartrate tab 50 mg</i>	1	PD; Rx4L
<i>metoprolol tartrate tab 100 mg</i>	1	PD; Rx4L
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	PD
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	PD
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	PD
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	PD

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg</i>	1	PD
<i>nadolol tab 40 mg</i>	1	PD
<i>nadolol tab 80 mg</i>	1	PD
<i>pindolol tab 5 mg</i>	1	PD
<i>pindolol tab 10 mg</i>	1	PD
<i>propranolol hcl cap er 24hr 60 mg</i>	1	PD
<i>propranolol hcl cap er 24hr 80 mg</i>	1	PD
<i>propranolol hcl cap er 24hr 120 mg</i>	1	PD
<i>propranolol hcl cap er 24hr 160 mg</i>	1	PD
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	PD
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	PD
<i>propranolol hcl tab 10 mg</i>	1	PD; Rx4L
<i>propranolol hcl tab 20 mg</i>	1	PD; Rx4L
<i>propranolol hcl tab 40 mg</i>	1	PD; Rx4L
<i>propranolol hcl tab 60 mg</i>	1	PD
<i>propranolol hcl tab 80 mg</i>	1	PD; Rx4L
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	PD
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	PD
<i>sotalol hcl tab 80 mg</i>	1	PD
<i>sotalol hcl tab 120 mg</i>	1	PD
<i>sotalol hcl tab 160 mg</i>	1	PD
<i>sotalol hcl tab 240 mg</i>	1	PD
<i>timolol maleate tab 5 mg</i>	1	PD
<i>timolol maleate tab 10 mg</i>	1	PD
<i>timolol maleate tab 20 mg</i>	1	PD

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	PD; subject to dose optimization; Rx4L
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	PD; subject to dose optimization; Rx4L
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	PD; Rx4L
CARDIZEM LA TAB 120MG	2	PD
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PD
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	PD
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	PD
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PD
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PD
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PD
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	PD
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	PD
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	1	PD
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	1	PD
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	1	PD
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	1	PD
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PD
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PD
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	PD
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	PD
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	PD
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	PD
<i>diltiazem hcl tab 30 mg</i>	1	PD; Rx4L
<i>diltiazem hcl tab 60 mg</i>	1	PD; Rx4L
<i>diltiazem hcl tab 90 mg</i>	1	PD; Rx4L
<i>diltiazem hcl tab 120 mg</i>	1	PD; Rx4L
<i>felodipine tab er 24hr 2.5 mg</i>	1	PD
<i>felodipine tab er 24hr 5 mg</i>	1	PD
<i>felodipine tab er 24hr 10 mg</i>	1	PD
<i>isradipine cap 2.5 mg</i>	1	PD
<i>isradipine cap 5 mg</i>	1	PD
<i>nicardipine hcl cap 20 mg</i>	1	PD
<i>nicardipine hcl cap 30 mg</i>	1	PD
<i>nifedipine tab er 24hr 30 mg</i>	1	PD
<i>nifedipine tab er 24hr 60 mg</i>	1	PD
<i>nifedipine tab er 24hr 90 mg</i>	1	PD
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	PD
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	PD
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	PD
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	PD
<i>nisoldipine tab er 24hr 17 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine tab er 24hr 20 mg</i>	1	PD; subject to dose optimization
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	PD
<i>nisoldipine tab er 24hr 30 mg</i>	1	PD
<i>nisoldipine tab er 24hr 34 mg</i>	1	PD
<i>nisoldipine tab er 24hr 40 mg</i>	1	PD
<i>verapamil hcl cap er 24hr 100 mg</i>	1	PD
<i>verapamil hcl cap er 24hr 120 mg</i>	1	PD
<i>verapamil hcl cap er 24hr 180 mg</i>	1	PD
<i>verapamil hcl cap er 24hr 200 mg</i>	1	PD
<i>verapamil hcl cap er 24hr 240 mg</i>	1	PD
<i>verapamil hcl cap er 24hr 300 mg</i>	1	PD
<i>verapamil hcl cap er 24hr 360 mg</i>	1	PD
<i>verapamil hcl tab 40 mg</i>	1	PD
<i>verapamil hcl tab 80 mg</i>	1	PD; Rx4L
<i>verapamil hcl tab 120 mg</i>	1	PD; Rx4L
<i>verapamil hcl tab er 120 mg</i>	1	PD
<i>verapamil hcl tab er 180 mg</i>	1	PD
<i>verapamil hcl tab er 240 mg</i>	1	PD

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	3	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.1875MG	3	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	3	PA, QL (30 caps / 30 days); SPC
CAMZYOS CAP 5MG	3	PA, QL (30 caps / 30 days); SPC
CAMZYOS CAP 10MG	3	PA, QL (30 caps / 30 days); SPC
CAMZYOS CAP 15MG	3	PA, QL (30 caps / 30 days); SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
IMPOTENCE AGENTS		
<i>sildenafil citrate tab 25 mg</i>	2	QL (4 tabs / 30 days)
<i>sildenafil citrate tab 50 mg</i>	2	QL (4 tabs / 30 days)
<i>sildenafil citrate tab 100 mg</i>	2	QL (4 tabs / 30 days)
<i>tadalafil tab 2.5 mg</i>	3	QL (4 tabs / 30 days)
<i>tadalafil tab 5 mg</i>	3	PA, QL (30 tabs / 30 days)
<i>tadalafil tab 10 mg</i>	3	QL (4 tabs / 30 days)
<i>tadalafil tab 20 mg</i>	3	QL (4 tabs / 30 days)
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium for inj 0.5 mg</i>	3	PA; SPC
<i>epoprostenol sodium for inj 1.5 mg</i>	3	PA; SPC
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	3	PA; SPC
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	3	PA; SPC
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	3	PA; SPC
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	3	PA; SPC
TYVASO DPI POW 16-32-48	3	PA; SPC
TYVASO DPI POW 16-32MCG	3	PA; SPC
TYVASO DPI POW 16MCG	3	PA; SPC
TYVASO DPI POW 32-48MCG	3	PA; SPC
TYVASO DPI POW 32MCG	3	PA; SPC
TYVASO DPI POW 48MCG	3	PA; SPC
TYVASO DPI POW 64MCG	3	PA; SPC
TYVASO START SOL 0.6MG/ML	3	PA; SPC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	3	QL (30 tablets / 30 days); SPC
<i>ambrisentan tab 10 mg</i>	3	QL (30 tablets / 30 days); SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tab 62.5 mg</i>	3	QL (60 tablets / 30 days); SPC
<i>bosentan tab 125 mg</i>	3	QL (60 tablets / 30 days); SPC
OPSUMIT TAB 10MG	3	PA; SPC

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate for suspension 10 mg/ml</i>	3	PA; SPC
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	3	PA; SPC
<i>sildenafil citrate tab 20 mg</i>	1	PA; SPC
<i>tadalafil tab 20 mg (pah)</i>	3	PA; SPC

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG	3	PA; SPC
ADEMPAS TAB 1.5MG	3	PA; SPC
ADEMPAS TAB 1MG	3	PA; SPC
ADEMPAS TAB 2.5MG	3	PA; SPC
ADEMPAS TAB 2MG	3	PA; SPC

SINUS NODE INHIBITORS

CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	

TRANSTHYRETIN STABILIZERS

VYNDAMAX CAP 61MG	3	PA; SPC
VYNDAQEL CAP 20MG	3	PA; SPC

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	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 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	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin tab 500 mg</i>	1	
KEFLEX CAP 750MG	2	

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	2	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
CEFTIN SUS 250/5ML	3	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</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>cefditoren pivoxil tab 200 mg (base equivalent)</i>	3	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	3	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>ceftibuten cap 400 mg</i>	3	
<i>ceftriaxone sodium for inj 1 gm</i>	2	PA
<i>ceftriaxone sodium for inj 2 gm</i>	2	PA
<i>ceftriaxone sodium for inj 10 gm</i>	2	PA
<i>ceftriaxone sodium for inj 250 mg</i>	2	PA
<i>ceftriaxone sodium for inj 500 mg</i>	2	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	PA
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	PA
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	

CEPHALOSPORINS - 4TH GENERATION

<i>cefepime hcl for inj 1 gm</i>	2	PA
<i>cefepime hcl for inj 2 gm</i>	2	PA

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	1	ACA
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	3	ACA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	3	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>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>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

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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
LO LOESTRIN TAB 1-10-10	2	ACA; PD
NATAZIA TAB	2	ACA
NECON TAB 10/11-28	3	ACA
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	ACA
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	ACA
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</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 & mestranol tab 1 mg-50 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>	3	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	ACA; PD
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i>	1	ACA
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	ACA
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	3	ACA
EMERGENCY CONTRACEPTIVES		
<i>ELLA TAB 30MG</i>	3	ACA
<i>levonorgestrel tab 1.5 mg</i>	1	OTC; ACA
PROGESTIN CONTRACEPTIVES - IMPLANTS		
<i>NEXPLANON IMP 68MG</i>	3	ACA
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>DEPO-SQ PROV INJ 104</i>	3	ACA
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	ACA
PROGESTIN CONTRACEPTIVES - IUD		
<i>KYLEENA IUD 19.5MG</i>	3	ACA
<i>MIRENA IUD SYSTEM</i>	3	ACA
<i>SKYLA IUD 13.5MG</i>	3	ACA
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	1	ACA
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>cortisone acetate tab 25 mg</i>	1	
<i>DEXAMETHASON CON 1MG/ML</i>	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
<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	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	Rx4L
<i>prednisone tab 10 mg</i>	1	Rx4L
<i>prednisone tab 20 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	1	
TARPEYO CAP 4MG	3	PA; SP

MINERALOCORTICOIDS

<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 200 mg</i>	1	
<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	

COUGH/COLD/ALLERGY COMBINATIONS

<i>guaifenesin-codeine liquid 225-7.5 mg/5ml</i>	1	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</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>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>pseudoephedrine w/ cod-gg soln 30-10-100 mg/5ml</i>	1	OTC
<i>tusnel c syp</i>	1	OTC
<i>virtussin sol dac</i>	1	OTC

EXPECTORANTS

<i>potassium iodide oral soln 1 gm/ml</i>	3	
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MUCOLYTICS

<i>acetylcysteine inhal soln 10%</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	3	ST
<i>AZELEX CRE 20%</i>	3	
<i>benzoyl peroxide gel 5%</i>	1	OTC
<i>benzoyl peroxide gel 10%</i>	1	
<i>benzoyl peroxide gel 10%</i>	1	OTC
<i>benzoyl peroxide liq 10%</i>	1	OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</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>	2	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	3	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	3	ST
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<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	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	
<i>tretinoin cream 0.1%</i>	1	
<i>tretinoin cream 0.05%</i>	1	
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1%</i>	1	QL (1000 gm / 30 days)
<i>diclofenac sodium soln 1.5%</i>	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
<i>centany oin 2%</i>	1	
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
NEO-SYNALAR CRE	3	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	
<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	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>luliconazole cream 1%</i>	3	ST, PA
MENTAX CRE 1%	3	ST, PA; (MNPA)
<i>miconazole nitrate cream 2%</i>	1	OTC
<i>naftifine hcl cream 1%</i>	3	
<i>naftifine hcl cream 2%</i>	3	
<i>naftifine hcl gel 1%</i>	3	
NAFTIN GEL 1%	3	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	3	
OXISTAT LOT 1%	3	
<i>sulconazole nitrate cream 1%</i>	3	

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>diclofenac sodium (actinic keratoses) gel 3%</i>	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
PANRETIN GEL 0.1%	3	PA
PICATO GEL 0.05%	3	PA
PICATO GEL 0.015%	3	PA
VALCHLOR GEL 0.016%	3	PA

ANTIPRURITICS - TOPICAL

<i>doxepin hcl cream 5%</i>	3	PA
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ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	3	
<i>acitretin cap 17.5 mg</i>	3	
<i>acitretin cap 25 mg</i>	3	
<i>calcipotriene cream 0.005%</i>	2	
<i>calcipotriene oint 0.005%</i>	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oint 3 mcg/gm</i>	3	
COSENTYX INJ 75MG/0.5	2	PA, QL ; SPC
COSENTYX INJ 150MG/ML	2	PA, QL ; SPC
COSENTYX INJ 300DOSE	2	PA, QL ; SPC
COSENTYX PEN INJ 150MG/ML	2	PA, QL ; SPC
COSENTYX PEN INJ 300DOSE	2	PA, QL ; SPC
<i>methoxsalen rapid cap 10 mg</i>	3	
8-MOP CAP 10MG	3	
SKYRIZI INJ 150DOSE	2	PA, QL ; SPC
SKYRIZI INJ 150MG/ML	2	PA, QL (1 syringe / 84 days); SPC
SKYRIZI PEN INJ 150MG/ML	2	PA, QL (1 pen / 84 days); SPC
STELARA INJ 45MG/0.5	2	PA, QL ; SPC
STELARA INJ 90MG/ML	2	PA, QL ; SPC
<i>tazarotene cream 0.1%</i>	3	
TAZORAC CRE 0.05%	3	ST
TAZORAC GEL 0.1%	3	ST
TAZORAC GEL 0.05%	3	ST
TREMFYA INJ 100MG/ML	2	PA, QL ; SPC
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	2	QL (15 gm 30 days)
DENAVIR CRE 1%	3	ST, QL (1 tube / 30 days)
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	3	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON PAK 5%	3	PA
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide cream 0.1%</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide lotion 0.1%</i>	1	
AMCINONIDE OIN 0.1%	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<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 dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	2	
<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	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	3	
<i>clobetasol propionate 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 soln 0.05%</i>	1	
CORDRAN 80X3 TAP 4MCG/CM	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	3	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	3	
<i>desoximetasone cream 0.25%</i>	3	
<i>desoximetasone gel 0.05%</i>	3	
<i>desoximetasone oint 0.25%</i>	3	
<i>fluocinolone acetonide cream 0.025%</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<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 gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>flurandrenolide cream 0.05%</i>	3	
<i>flurandrenolide lotion 0.05%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<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 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<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>pramoxine-hc cream 1-2.5%</i>	2	
<i>prednicarbate oint 0.1%</i>	3	
<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	

ECZEMA AGENTS

DUPIXENT INJ 100/0.67	3	PA; SPC
DUPIXENT INJ 200MG	3	PA; SPC
DUPIXENT INJ 300/2ML	3	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	2	QL (30 gm / 30 days)
<i>tacrolimus oint 0.1%</i>	2	QL (30 gm 30 days)
<i>tacrolimus oint 0.03%</i>	2	QL (30 gm 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5%	3	
<i>podofilox soln 0.5%</i>	1	
<i>salicylic acid cream 6%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl cream 3%</i>	1	
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl gel 2%</i>	1	OTC
<i>lidocaine hcl lotion 3%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine oint 5%</i>	2	
<i>lidocaine patch 5%</i>	2	QL (90 patches / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
<i>pramox gel 1%</i>	1	
SYNERA DIS 70-70MG	3	PA
MISC. TOPICAL		
DRYSOL SOL 20%	1	
PIGMENTING-DEPIGMENTING AGENTS		
OXSORALEN LOT 1%	3	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	3	
<i>ivermectin cream 1%</i>	3	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
SOOLANTRA CRE 1%	3	

SCABICIDES & PEDICULICIDES

<i>crotamiton lotion 10%</i>	3	
EURAX CRE 10%	3	
<i>ivermectin lotion 0.5%</i>	3	PA
<i>malathion lotion 0.5%</i>	3	ST
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	3	
ULESFIA LOT 5%	3	

DIAGNOSTIC PRODUCTS

DIAGNOSTIC TESTS

BREEZE 2 MIS TEST	2	QL (100 per 30 days; 300 per 30 days for insulin users), OTC
CONTOUR TES BLD GLUC	2	QL (100 per 30 days; 300 per 30 days for insulin users), OTC
CONTOUR TES NEXT	2	QL (100 strips / 30 days), OTC
ONETOUCH TES ULTRA	2	QL (100 strips / 30 days), OTC
ONETOUCH TES VERIO	2	QL (100 strips / 30 days), OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

<i>niva-fol tab</i>	1	OTC
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INFANT FOODS

ENFA NUTRAMI CON LIPIL	2	OTC
ENFAMIL ENFA POW LIPIL	2	OTC
ENFAMIL PREM LIQ LIPIL	2	OTC

NUTRITIONAL SUPPLEMENTS

NUTREN 1.0 LIQ UNFLAVOR	2	OTC
PEPTAMEN JUN POW VANILLA	2	OTC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
RESOURCE ARG PAK LEMON	2	OTC
DIGESTIVE AIDS		
<i>DIGESTIVE ENZYMES</i>		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP	2	
PANCREAZE CAP 2600UNIT	2	
PANCREAZE CAP 4200UNIT	2	
PANCREAZE CAP 10500UNT	2	
PANCREAZE CAP 16800UNT	2	
PANCREAZE CAP 21000UNT	2	
PANCREAZE CAP 37000	2	
PERTZYE CAP 8000UNIT	2	
PERTZYE CAP 16000U	2	
PERTZYE CAP 24000U	2	
SUCRAID SOL 8500/ML	3	PA
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	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	2	PA
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
DIURETIC COMBINATIONS		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	PD
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	PD
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	PD; Rx4L
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	PD
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	PD; Rx4L
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	PD; Rx4L
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	PD; Rx4L
<i>bumetanide tab 1 mg</i>	1	PD; Rx4L
<i>bumetanide tab 2 mg</i>	1	PD; Rx4L
<i>ethacrynic acid tab 25 mg</i>	3	
<i>furosemide oral soln 10 mg/ml</i>	1	PD
<i>furosemide tab 20 mg</i>	1	PD; Rx4L
<i>furosemide tab 40 mg</i>	1	PD; Rx4L
<i>furosemide tab 80 mg</i>	1	PD; Rx4L
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	
CAROSPIR SUS 25MG/5ML	2	PD
<i>spironolactone tab 25 mg</i>	1	PD; Rx4L
<i>spironolactone tab 50 mg</i>	1	PD; Rx4L
<i>spironolactone tab 100 mg</i>	1	PD
<i>triamterene cap 50 mg</i>	3	
<i>triamterene cap 100 mg</i>	3	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	1	PD
<i>chlorothiazide tab 500 mg</i>	1	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone tab 25 mg</i>	1	PD
<i>chlorthalidone tab 50 mg</i>	1	PD
DIURIL SUS 250/5ML	3	PD
<i>hydrochlorothiazide cap 12.5 mg</i>	1	PD; Rx4L
<i>hydrochlorothiazide tab 12.5 mg</i>	1	PD
<i>hydrochlorothiazide tab 25 mg</i>	1	PD; Rx4L
<i>hydrochlorothiazide tab 50 mg</i>	1	PD; Rx4L
<i>indapamide tab 1.25 mg</i>	1	PD
<i>indapamide tab 2.5 mg</i>	1	PD
<i>methyclothiazide tab 5 mg</i>	2	ST; PD
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	2	PD
<i>alendronate sodium tab 5 mg</i>	1	PD
<i>alendronate sodium tab 10 mg</i>	1	PD
<i>alendronate sodium tab 35 mg</i>	1	PD; Rx4L
<i>alendronate sodium tab 40 mg</i>	1	PD
<i>alendronate sodium tab 70 mg</i>	1	PD; Rx4L
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	PD
FORTEO INJ 600/2.4	2	QL (2 year maximum benefit per lifetime); SPC
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	3	PD
NATPARA INJ 25MCG	3	PA; SPC
NATPARA INJ 50MCG	3	PA; SPC
NATPARA INJ 75MCG	3	PA; SPC
NATPARA INJ 100MCG	3	PA; SPC
<i>pamidronate disodium for inj 30 mg</i>	2	PA
<i>pamidronate disodium for inj 90 mg</i>	2	PA
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	PA
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	PA
PAMIDRONATE INJ 6MG/ML	2	PA
<i>risedronate sodium tab 5 mg</i>	3	PD

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 30 mg</i>	3	PD
<i>risedronate sodium tab 35 mg</i>	3	PD
<i>risedronate sodium tab 150 mg</i>	3	PD
TYMLOS INJ	2	QL (1 pen / 30 days); SPC

FERTILITY REGULATORS

<i>chor gonadot inj 10000unt</i>	3	PA; SPC
<i>clomiphene citrate tab 50 mg</i>	1	
FOLLISTIM AQ INJ 300UNIT	2	PA, QL (6 mL in lifetime); Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit; SPC
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (6 mL in lifetime); Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (6 mL in lifetime); Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit; SPC
MENOPUR INJ 75UNIT	2	PA, QL (6 cycles); SPC
<i>novarel inj 10000unt</i>	3	PA; SPC
OVIDREL INJ	2	PA, QL (6 cycles); SPC
<i>pregnyl inj 10000unt</i>	3	PA; SPC

GNRH/LHRH ANTAGONISTS

CETROTIDE KIT 0.25MG	2	PA, QL (6 cycles); SPC
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	2	PA, QL (6 cycles); SPC
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA

GROWTH HORMONE RECEPTOR ANTAGONISTS

SOMAVERT INJ 10MG	3	PA; SPC
SOMAVERT INJ 15MG	3	PA; SPC
SOMAVERT INJ 20MG	3	PA; SPC
SOMAVERT INJ 25MG	3	PA; SPC
SOMAVERT INJ 30MG	3	PA; SPC

GROWTH HORMONES

HUMATROPE INJ 5MG	3	PA; SPC
HUMATROPE INJ 6MG	3	PA; SPC
HUMATROPE INJ 12MG	3	PA; SPC
HUMATROPE INJ 24MG	3	PA; SPC
NORDITROPIN INJ 5/1.5ML	2	PA; SPC
NORDITROPIN INJ 10/1.5ML	2	PA; SPC
NORDITROPIN INJ 15/1.5ML	2	PA; SPC
NORDITROPIN INJ 30/3ML	2	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 5/1.5ML	3	PA; SPC
OMNITROPE INJ 10/1.5ML	3	PA; SPC
ZORBTIVE INJ 8.8MG	2	PA; SPC
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB 60MG	2	
<i>raloxifene hcl tab 60 mg</i>	2	PD
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA; SPC
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5	3	SPC
LUPANETA KIT 11.25-5	3	SPC
LUPR DEP-PED INJ 3M 30MG	3	SPC
LUPR DEP-PED INJ 7.5MG	3	SPC
LUPR DEP-PED INJ 11.25MG	3	SPC
LUPR DEP-PED INJ 15MG	3	SPC
SYNAREL SOL 2MG/ML	2	
METABOLIC MODIFIERS		
<i>*betaine powder for oral solution***</i>	3	PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	3	PA; SPC
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	3	PA; SPC
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	3	PA; SPC
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	
<i>doxercalciferol cap 2.5 mcg</i>	2	
FABRAZYME INJ 5MG	3	PA; SPC
FABRAZYME INJ 35MG	3	PA; SPC
LUMIZYME INJ 50MG	3	PA; SPC
<i>nitisinone cap 10 mg</i>	3	SPC
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	3	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride powder packet 500 mg</i>	3	PA; SPC
<i>sapropterin dihydrochloride tab 100 mg</i>	3	PA; SPC
<i>sodium phenylbutyrate tab 500 mg</i>	3	PA; SPC
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
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	PA
KERENDIA TAB 20MG	3	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	PA
NOCDURNA SUB 55.3MCG	3	PA
NOCTIVA EMU 0.83/0.1	3	PA
NOCTIVA SPR 1.66/0.1	3	PA
STIMATE SOL 1.5MG/ML	3	SPC
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml) vial for injection</i>	3	SPC
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml) vial for injection</i>	3	SPC
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml) vial for injection</i>	3	SPC
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml) vial for injection</i>	3	SPC
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml) vial for injection</i>	3	SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	3	SPC
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	3	SPC
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	3	SPC
SOMATULINE INJ 60/0.2ML	3	PA; SPC
SOMATULINE INJ 90/0.3ML	3	PA; SPC
SOMATULINE INJ 120/.5ML	3	PA; SPC

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 30-15MG	3	PA; SP
JYNARQUE PAK 45-15MG	3	PA; SP
JYNARQUE PAK 60-30MG	3	PA; SP
JYNARQUE PAK 90-30MG	3	PA; SP
JYNARQUE TAB 15MG	3	PA; SP
JYNARQUE TAB 30MG	3	PA; SP
<i>tolvaptan tab 15 mg</i>	3	PA; SPC
<i>tolvaptan tab 30 mg</i>	3	PA; SPC

ESTROGENS

ESTROGEN COMBINATIONS

CLIMARA PRO DIS WEEKLY	2	
DUAVEE TAB 0.45-20	3	PA
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
ORIAHNN CAP	2	PA
PREMPRO TAB	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-5	3	

ESTROGENS

CENESTIN TAB 0.3MG	3	
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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
ENJUVIA TAB 0.3MG	3	
ENJUVIA TAB 0.9MG	3	
ENJUVIA TAB 0.45MG	3	
ENJUVIA TAB 0.625MG	3	
<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 patch twice weekly 0.1 mg/24hr</i>	1	(generic for Vivelle-DOT)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	(generic for Vivelle-DOT)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	(generic for Vivelle-DOT)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	(generic for Vivelle-DOT)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	(generic for Vivelle-DOT)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	(generic for Climara)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	(generic for Climara)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	(generic for Climara)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	(generic for Climara)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	(generic for Climara)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	(generic for Climara)
<i>estropipate tab 0.75 mg</i>	1	
<i>estropipate tab 1.5 mg</i>	1	
<i>estropipate tab 3 mg</i>	1	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENEST TAB 2.5MG	3	
PREMARIN TAB 0.3MG	3	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.9MG	3	
PREMARIN TAB 0.45MG	3	
PREMARIN TAB 0.625MG	3	
PREMARIN TAB 1.25MG	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	2	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	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>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
FACTIVE TAB 320MG	3	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	2	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 250MG	3	PA
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 24 mcg</i>	3	PA; MNPA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL STIMULANTS		
<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	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	3	PA; SP
BYLVAY CAP 400MCG	3	PA; SP
BYLVAY CAP 600MCG	3	PA; SP
BYLVAY CAP 1200MCG	3	PA; SP
LIVMARLI SOL 9.5MG/ML	3	PA; SP
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg</i>	1	
DIPENTUM CAP 250MG	3	
<i>mesalamine cap er 24hr 0.375 gm</i>	3	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
SKYRIZI INJ 360/2.4	2	PA, QL (1 injection / 56 days); SPC
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	3	Covered for females only
<i>alosetron hcl tab 1 mg (base equiv)</i>	3	Covered for females only
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAP 290MCG	2	
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA
ZELNORM TAB 6MG	3	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG	2	QL (30 tabs 30 days)
MOVANTIK TAB 25MG	2	QL (30 tabs 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	3	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	3	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	3	
RENAGEL TAB 400MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	
<i>sevelamer hcl tab 800 mg</i>	3	
VELPHORO CHW 500MG	3	ST, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<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>	2	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	3	PA; SPC
CYSTAGON CAP 150MG	3	PA; SPC
GENITOURINARY IRRIGANTS		
<i>sodium chloride irrigation soln 0.9%</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
CARDURA XL TAB 4MG	3	ST
CARDURA XL TAB 8MG	3	ST
dutasteride cap 0.5 mg	3	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	
finasteride tab 5 mg	1	
silodosin cap 4 mg	3	
silodosin cap 8 mg	3	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	Rx4L
allopurinol tab 300 mg	1	Rx4L
colchicine cap 0.6 mg	2	
colchicine tab 0.6 mg	2	
febuxostat tab 40 mg	3	
febuxostat tab 80 mg	3	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate inj 30 mg/3ml (base equivalent)	3	MNPA, SPC
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	3	PA; (MNPA), SPC
EMPAVELI INJ 1080MG	3	PA; SP

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML	3	PA; SPC
PLATELET AGGREGATION INHIBITORS		
<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>	2	PD
BRILINTA TAB 90MG	2	PD
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	PD
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	PD
<i>dipyridamole tab 25 mg</i>	1	PD
<i>dipyridamole tab 50 mg</i>	1	PD
<i>dipyridamole tab 75 mg</i>	1	PD
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	PD
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	PD
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB 5MG	3	PA; SP
PYRUKYND TAB 5MG TP	3	PA; SP
PYRUKYND TAB 20MG	3	PA; SP
PYRUKYND TAB 20MGX5MG	3	PA; SP
PYRUKYND TAB 50MG	3	PA; SP
PYRUKYND TAB 50MGX20M	3	PA; SP
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ 400UNIT	3	PA; SPC
<i>miglustat cap 100 mg</i>	3	PA; SPC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR SICKLE CELL DISEASE		
OXBRYTA TAB 300MG	3	PA, QL (1 Bottle / 30 days); SPC
OXBRYTA TAB 500MG	3	PA, QL (1 Bottle / 30 days); SPC
FOLIC ACID/FOLATES		
<i>folic acid tab 1 mg</i>	1	OTC; Rx4L
<i>folic acid tab 400 mcg</i>	1	OTC; ACA
<i>folic acid tab 800 mcg</i>	1	OTC; ACA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	3	PA; SPC
ARANESP INJ 25MCG	3	PA; SPC
ARANESP INJ 40MCG	3	PA; SPC
ARANESP INJ 60MCG	3	PA; SPC
ARANESP INJ 100MCG	3	PA; SPC
ARANESP INJ 150MCG	3	PA; SPC
ARANESP INJ 200MCG	3	PA; SPC
ARANESP INJ 300MCG	3	PA; SPC
ARANESP INJ 500MCG	3	PA; SPC
DOPTelet TAB 20MG	3	PA; SPC
MULPLETA TAB 3MG	3	PA; SPC
PROCRIT INJ 40000/ML	3	PA; SPC
PROMACTA PAK 25MG	3	SPC
PROMACTA POW 12.5MG	3	PA; SPC
PROMACTA TAB 12.5MG	3	PA; SPC
PROMACTA TAB 25MG	3	PA; SPC
PROMACTA TAB 50MG	3	PA; SPC
PROMACTA TAB 75MG	3	PA; SPC
RETACRIT INJ 2000UNIT	2	PA; SPC
RETACRIT INJ 3000UNIT	2	PA; SPC
RETACRIT INJ 4000UNIT	2	PA; SPC
RETACRIT INJ 10000UNT	2	PA; SPC
RETACRIT INJ 20000UNI	2	PA; SPC
RETACRIT INJ 40000UNT	2	PA; SPC
ZARXIO INJ 300/0.5	2	PA; SPC
ZARXIO INJ 480/0.8	2	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO INJ 6/0.6ML	2	PA; SPC
IRON		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	1	OTC; ACA
FERROUS SUL LIQ 220/5ML	1	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	OTC; ACA
FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	3	OTC; ACA
STEM CELL MOBILIZERS		
MOZOBIL INJ	3	PA; SPC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	3	
<i>aminocaproic acid tab 500 mg</i>	3	
<i>aminocaproic acid tab 1000 mg</i>	3	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital tab 15 mg</i>	1	PD
<i>phenobarbital tab 16.2 mg</i>	1	PD
<i>phenobarbital tab 30 mg</i>	1	PD
<i>phenobarbital tab 32.4 mg</i>	1	PD
<i>phenobarbital tab 60 mg</i>	1	PD
<i>phenobarbital tab 64.8 mg</i>	1	PD
<i>phenobarbital tab 97.2 mg</i>	1	PD
<i>phenobarbital tab 100 mg</i>	1	PD
NON-BARBITURATE HYPNOTICS		
<i>estazolam tab 1 mg</i>	1	QL (30 tabs / 30 days (cumulative by class))
<i>eszopiclone tab 1 mg</i>	2	QL (30 tabs 30 days)
<i>eszopiclone tab 2 mg</i>	2	QL (30 tabs 30 days)

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tab 3 mg</i>	2	QL (30 tabs / 30 days)
<i>flurazepam hcl cap 15 mg</i>	3	PA, QL (30 caps / 30 days (cumulative by class)); MNPA
<i>quazepam tab 15 mg</i>	3	PA, QL (30 tabs / 30 days (cumulative by class)); MNPA
<i>temazepam cap 7.5 mg</i>	1	QL (30 caps / 30 days); PA if < 18 yoa
<i>temazepam cap 15 mg</i>	1	QL (30 caps / 30 days)
<i>temazepam cap 22.5 mg</i>	1	QL (30 caps / 30 days); PA if < 18 yoa
<i>temazepam cap 30 mg</i>	1	QL (30 caps / 30 days)
<i>triazolam tab 0.25 mg</i>	1	QL (30 tabs / 30 days (cumulative by class))
<i>triazolam tab 0.125 mg</i>	1	QL (30 tabs / 30 days (cumulative by class))
<i>zaleplon cap 5 mg</i>	1	QL (30 caps / 30 days)
<i>zaleplon cap 10 mg</i>	1	QL (30 caps / 30 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (30 tabs / 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (30 tabs / 30 days)

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG	3	PA; MNPA
BELSOMRA TAB 10MG	3	PA; MNPA
BELSOMRA TAB 15MG	3	PA; MNPA
BELSOMRA TAB 20MG	3	PA; MNPA

SELECTIVE MELATONIN RECEPTOR AGONISTS

<i>ramelteon tab 8 mg</i>	2	QL (30 tabs / 30 days)
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LAXATIVES

LAXATIVE COMBINATIONS

GOLYTELY SOL	3	
MOVIPREP SOL	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
SUPREP BOWEL SOL PREP KIT	3	
LAXATIVES - MISCELLANEOUS		
<i>lactulose solution 10 gm/15ml</i>	1	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	1	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	ACA
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	3	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
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>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	3	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	3	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	3	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin tab delayed release 333 mg</i>	3	
<i>erythromycin tab delayed release 500 mg</i>	3	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS	3	ST
DIFICID TAB 200MG	3	ST
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	2	ACA
FC FEMALE MIS CONDOM	2	OTC; ACA
FEMCAP MIS 22MM	2	ACA
FEMCAP MIS 26MM	2	ACA
FEMCAP MIS 30MM	2	ACA
OMNIFLEX DPR	2	ACA
WIDE-SEAL DPR KIT 60	2	ACA
WIDE-SEAL DPR KIT 65	2	ACA
WIDE-SEAL DPR KIT 70	2	ACA
WIDE-SEAL DPR KIT 75	2	ACA
WIDE-SEAL DPR KIT 80	2	ACA
WIDE-SEAL DPR KIT 85	2	ACA
WIDE-SEAL DPR KIT 90	2	ACA
WIDE-SEAL DPR KIT 95	2	ACA
DIABETIC SUPPLIES		
CONTOUR KIT NEXT	2	OTC; PD
CONTOUR KIT NEXT LNK	2	OTC; PD
OMNIPOD 5 G6 KIT INTRO	2	QL (1 kit / 700 days)
OMNIPOD DASH MIS PODS	2	QL (10 pods / 30 days)
ONETOUCH KIT ULTRA 2	2	OTC
ONETOUCH KIT VERIO RE	2	OTC
PARENTERAL THERAPY SUPPLIES		
EASY TOUCH MIS 30G	2	OTC

MIGRAINE PRODUCTS

MIGRAINE COMBINATIONS

CAFERGOT TAB 1-100MG	3	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	2	QL (8 mL 30 days)
MIGRANAL SPR 4MG/ML	2	QL (8mL 30 days)
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	2	PA
AIMOVIG INJ 140MG/ML	2	PA
AJOVY INJ 225/1.5	2	PA
NURTEC TAB 75MG ODT	3	PA, QL (16 tabs / 30 days)
UBRELVY TAB 50MG	3	PA, QL (16 tabs / 30 days)
UBRELVY TAB 100MG	3	PA, QL (16 tabs / 30 days)
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	3	QL (8 tabs 30 days)
<i>almotriptan malate tab 12.5 mg</i>	3	QL (8 tabs 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	3	ST, QL (9 tabs / 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 30 days)
REYVOW TAB 50MG	3	PA, QL (4 tabs / 30 days); Quantity limit of one product unit per 365 days for members 19 years of age or older; three product units per 365 days for members 18 years of age or younger (cumulative by class)

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
REYVOW TAB 100MG	3	PA, QL (8 tabs / 30 days); Quantity limit of one product unit per 365 days for members 19 years of age or older; three product units per 365 days for members 18 years of age or younger (cumulative by class)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (12 tabs 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (12 tabs 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (12 tabs 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (12 tabs 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (6 doses 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (6 doses 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (6 injections 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (6 injections 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (6 injections 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tablets / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tablets / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tablets / 30 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	3	QL (6 inhalers / 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	3	QL (6 bottles / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 30 days)

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 30 days)
MINERALS & ELECTROLYTES		
FLUORIDE		
<i>FLUORABON DRO</i>	3	ACA
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	ACA
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	ACA
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	ACA
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	ACA
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i>	1	ACA
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	1	ACA
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	ACA
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	
POTASSIUM		
<i>potassium bicarbonate effer tab 25 meq</i>	2	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine tab 250 mg</i>	3	SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl cap 250 mg</i>	3	PA; SPC
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	3	SP, PA; SPC
<i>lenalidomide cap 10 mg</i>	3	SP, PA; SPC
<i>lenalidomide cap 15 mg</i>	3	SP, PA; SPC
<i>lenalidomide cap 20 mg</i>	3	PA; SPC
<i>lenalidomide cap 25 mg</i>	3	SP, PA; SPC
<i>lenalidomide caps 2.5 mg</i>	3	PA; SPC
REVLIMID CAP 2.5MG	3	PA; SPC
REVLIMID CAP 5MG	3	PA; SPC
REVLIMID CAP 10MG	3	PA; SPC
REVLIMID CAP 15MG	3	PA; SPC
REVLIMID CAP 25MG	3	PA; SPC
THALOMID CAP 50MG	3	PA; SPC
THALOMID CAP 100MG	3	PA; SPC
THALOMID CAP 150MG	3	PA; SPC
THALOMID CAP 200MG	3	PA; SPC
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	3	PA; SPC
<i>everolimus tab 0.5 mg</i>	3	PA
<i>everolimus tab 0.25 mg</i>	3	PA
<i>everolimus tab 0.75 mg</i>	3	PA
LUPKYNIS CAP 7.9MG	3	PA
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	3	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	3	
NULOJIX INJ 250MG	3	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
SIMULECT INJ 10MG	3	PA
SIMULECT INJ 20MG	3	PA
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	

IRRIGATION SOLUTIONS

<i>*irrigation solution, physiological**</i>	1	
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PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS

VIJOICE TAB 50MG	3	PA; SPC
VIJOICE TAB 125MG	3	PA; SPC
VIJOICE TAB 250MG	3	PA; SPC

POTASSIUM REMOVING AGENTS

LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA INJ 200MG/ML	3	PA; SPC
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MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

<i>lidocaine hcl viscous soln 2%</i>	1	
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ANTI-INFECTIVES - THROAT

<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	

ANTISEPTICS - MOUTH/THROAT

<i>chlorhexidine gluconate soln 0.12%</i>	1	
DEBACTEROL SOL 30-50%	3	PA; (MNPA)

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
DENTAL PRODUCTS		
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride rinse 0.2%	2	
STEROIDS - MOUTH/THROAT		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**	1	PD
*pediatric vitamins acd fluoride & fe drops 0.25-10 mg/ml***	1	PD
poly-vit/fe dro /fl 0.25	1	PD
PED MV W/ FLUORIDE		
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***	1	PD
*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg***	1	PD
*pediatric multiple vitamins w/ fluoride chew tab 1 mg***	1	PD
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***	1	PD
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***	1	OTC; PD
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***	1	PD
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***	1	PD
*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***	1	PD
TRIPHLUORIVI DRO 0.25MG	2	PD
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	3	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL MIS	3	
CITRANATAL MIS B-CALM	3	
CITRANATAL PAK ASSURE	3	
CITRANATAL PAK DHA	3	
CITRANATAL PAK ESSENCE	3	
CITRANATAL TAB RX	3	
NEONATAL 19 TAB	3	
NEONATAL FE TAB	3	
NEONATAL/DHA MIS	3	
PRENAISSANCE CAP PLUS	3	
PRENATAL VIT TAB LOW IRON	1	
TARON-BC MIS	3	

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 5 mg</i>	1
<i>baclofen tab 10 mg</i>	1
<i>baclofen tab 20 mg</i>	1
<i>chlorzoxazone tab 500 mg</i>	1
<i>cyclobenzaprine hcl tab 5 mg</i>	1
<i>cyclobenzaprine hcl tab 10 mg</i>	1
<i>metaxalone tab 800 mg</i>	3
<i>methocarbamol tab 500 mg</i>	1
<i>methocarbamol tab 750 mg</i>	1
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1
<i>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

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium cap 25 mg</i>	1
<i>dantrolene sodium cap 50 mg</i>	1
<i>dantrolene sodium cap 100 mg</i>	1

MUSCLE RELAXANT COMBINATIONS

<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	1
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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	3	
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles 30 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	3	
olopatadine hcl nasal soln 0.6%	3	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	3	QL (2 bottles 30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle 30 days)
mometasone furoate nasal susp 50 mcg/act	2	
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE PED DRO 0.05%	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	3	
NONDEPOLARIZING MUSCLE RELAXANTS		
cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)	3	PA; MNPA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
OMEGA-3 2100 CAP 1050MG	2	OTC
*omega-3 fatty acids cap 1000 mg**	1	OTC
PROTEINS		
acetylcysteine cap 600 mg	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ADD-INS PAK COMPLETE	2	OTC
<i>*amino acids tab***</i>	1	OTC
NAC TAB 600MG	1	OTC

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

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

<i>betaxolol hcl ophth soln 0.5%</i>	1
BETOPTIC-S SUS 0.25% OP	3
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2
<i>carteolol hcl ophth soln 1%</i>	1
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	2
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1
<i>levobunolol hcl ophth soln 0.5%</i>	1
<i>metipranolol ophth soln 0.3%</i>	1
<i>timolol maleate ophth gel forming soln 0.5%</i>	1
<i>timolol maleate ophth gel forming soln 0.25%</i>	1
<i>timolol maleate ophth soln 0.5%</i>	1
<i>timolol maleate ophth soln 0.25%</i>	1
<i>timolol maleate preservative free ophth soln 0.5%</i>	3

CYCLOPLEGIC MYDRIATICS

ATROPINE SULFATE OPHTH OINT 1%	1
<i>atropine sulfate ophth soln 1%</i>	1
<i>homatropine hbr ophth soln 5%</i>	1
ISOPTO ATROP SOL 1% OP	1
<i>phenylephrine hcl ophth soln 2.5%</i>	1
<i>phenylephrine hcl ophth soln 10%</i>	1
<i>tropicamide ophth soln 0.5%</i>	1

MIOTICS

PHOSPHOLINE SOL 0.125%OP	3
<i>pilocarpine hcl ophth soln 1%</i>	3

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
SIMBRINZA SUS 1-0.2%	3	PA; (MNPA)
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	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	3	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth) emulsion 0.05%</i>	2	
RESTASIS MUL EMU 0.05% OP	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	3	
ROCKLATAN DRO	3	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	2	
<i>fluorometholone ophth susp 0.1%</i>	1	
LOTEMAX OIN 0.5%	2	
LOTEMAX SM GEL 0.38%	2	
<i>loteprednol etabonate ophth gel 0.5%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED MILD SUS 0.12% OP	3	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
VEXOL SUS 1% OP	3	
OPHTHALMICS - MISC.		
ALOCRIOL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	PA; (MNPA)
<i>azelastine hcl ophth soln 0.05%</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
BEPOTASTINE BESILATE OPHTH SOLN 1.5%	2	
<i>brinzolamide ophth susp 1%</i>	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	1	PD
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
EMADINE SOL 0.05% OP	3	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	1	OTC
LASTACFT SOL 0.25%	3	
NEVANAC SUS 0.1%	3	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	3	

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	3	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	3	
VYZULTA SOL 0.024%	3	
ZIOPTAN DRO 0.0015%	3	

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	

OTIC ANTI-INFECTIVES

<i>ofloxacin otic soln 0.3%</i>	3	
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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	3	PA; MNPA
COLY-MYCIN S SUS OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAGARD INJ 1GM/10ML	3	PA; SPC
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 10-800	3	PA; (MNPA), SPC
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 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	

NATURAL PENICILLINS

<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	

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	
AUGMENTIN SUS 125/5ML	2	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	

PROGESTINS

PROGESTINS

<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	2	PA; SPC
MAKENA INJ 250MG/ML	2	PA; SPC
MAKENA INJ 275MG	2	PA; SPC
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	

ANTI-CATAPLECTIC AGENTS

XYREM SOL 500MG/ML	3	PA
XYWAV SOL 0.5GM/ML	3	PA; SP

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	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>	2	
<i>memantine hcl cap er 24hr 14 mg</i>	2	
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP TITRATIO	2	
<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>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
COMBINATION PSYCHOTHERAPEUTICS		
LYBALVI TAB 5-10MG	3	PA
LYBALVI TAB 10-10MG	3	PA
LYBALVI TAB 15-10MG	3	PA
LYBALVI TAB 20-10MG	3	PA
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	3	PA; SPC
AUSTEDO TAB 9MG	3	PA; SPC
AUSTEDO TAB 12MG	3	PA; SPC
INGREZZA CAP 40-80MG	3	PA; SP
INGREZZA CAP 40MG	3	PA; SP
INGREZZA CAP 60MG	3	PA; SP
INGREZZA CAP 80MG	3	PA; SP
<i>tetrabenazine tab 12.5 mg</i>	3	PA; SPC
<i>tetrabenazine tab 25 mg</i>	3	PA; SPC
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	2	PA; SPC
AUBAGIO TAB 14MG	2	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
AVONEX KIT 30MCG	3	PA; SPC
AVONEX PEN KIT 30MCG	3	PA; SPC
AVONEX PREFL KIT 30MCG	3	PA; SPC
BAFIERTAM CAP 95MG	2	PA; SPC
BETASERON INJ 0.3MG	3	PA; SPC
COPAXONE INJ 20MG/ML	2	PA; SPC
COPAXONE INJ 40MG/ML	2	PA; SPC
<i>dalfampridine tab er 12hr 10 mg</i>	3	PA; SPC
<i>dimethyl fumarate capsule delayed release 120 mg</i>	2	PA; SPC
<i>dimethyl fumarate capsule delayed release 240 mg</i>	2	PA; SPC
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	2	PA; SPC
GILENYA CAP 0.5MG	2	PA; SPC
KESIMPTA INJ 20/.4ML	3	PA; SPC
MAVENCLAD PAK 10MG (4)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (5)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (6)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (7)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (8)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (9)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG(10)	3	PA; RxC/M; SPC
MAYZENT PAK STARTER	2	PA; SPC
MAYZENT TAB 0.25MG	2	PA; RxC/M; SPC*
MAYZENT TAB 1MG	2	PA; SPC
MAYZENT TAB 2MG	2	PA; RxC/M; SPC*
REBIF INJ 22/0.5	3	PA; SPC
REBIF INJ 44/0.5	3	PA; SPC
REBIF REBIDO INJ 22/0.5	3	PA; SPC
REBIF REBIDO INJ 44/0.5	3	PA; SPC
REBIF REBIDO INJ TITRATN	3	PA; SPC
REBIF TITRTN INJ PACK	3	PA; SPC
TYSABRI INJ 300/15ML	3	PA; SPC
VUMERITY CAP 231MG	2	PA; SPC
ZEPOSIA 7DAY CAP STR PACK	2	PA; SPC
ZEPOSIA CAP .92MG	2	PA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA CAP STR KIT	2	PA; SPC
ZINBRYTA INJ 150MG/ML	3	PA; (MNPA)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	1	
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	1	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	PA
<i>pimozide tab 1 mg</i>	3	PA
<i>pimozide tab 2 mg</i>	3	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	PD; ACA
<i>nicotine polacrilex gum 2 mg</i>	1	QL (4032 pieces / year), OTC; PD; ACA
<i>nicotine polacrilex gum 4 mg</i>	1	QL (24 weeks per year), OTC; PD; ACA
<i>nicotine polacrilex lozenge 2 mg</i>	1	QL (24 weeks per year), OTC; PD; ACA
<i>nicotine polacrilex lozenge 4 mg</i>	1	QL (24 weeks per year), OTC; PD; ACA
NICOTINE SYS KIT TRANSDER	1	OTC; PD; ACA
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	QL (24 weeks per year), OTC; PD; ACA
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	QL (24 weeks per year), OTC; PD; ACA
NICOTROL INH	3	PA; PD; ACA
NICOTROL NS SPR 10MG/ML	3	PA; PD; ACA
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	3	PD, ACA
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	3	PD, ACA
<i>varenicline tartrate tab 1 mg (base equiv)</i>	3	PD, ACA
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ 500MG	3	PA; MNPA; SPC

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
GLASSIA INJ	3	PA; MNPA; SPC
ZEMAIRA INJ 1000MG	3	PA; SPC

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG	3	PA; SP
KALYDECO PAK 50MG	3	PA; SP
ORKAMBI GRA 75-94MG	3	PA; SP
ORKAMBI GRA 100-125	3	PA; SP
ORKAMBI GRA 150-188	3	PA; SP
ORKAMBI TAB 100-125	3	PA; SP
ORKAMBI TAB 200-125	3	PA; SP
PULMOZYME SOL 1MG/ML	3	SPC
SYMDEKO TAB 50-75MG	3	PA; SP
SYMDEKO TAB 100-150	3	PA; SP
TRIKAFTA TAB	3	PA; SP

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG	3	PA; SPC
OFEV CAP 150MG	3	PA; SPC
<i>pirfenidone tab 267 mg</i>	3	PA; SPC
<i>pirfenidone tab 801 mg</i>	3	PA; SPC

SULFONAMIDES

SULFONAMIDES

SULFADIAZINE TAB 500 MG	3	
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TETRACYCLINES

TETRACYCLINES

<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	3	ST
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	3	ST
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	3	
<i>tetracycline hcl cap 500 mg</i>	3	

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	

THYROID HORMONES

ARMOUR THYRO TAB 15MG	1	
ARMOUR THYRO TAB 30MG	1	
ARMOUR THYRO TAB 60MG	1	
ARMOUR THYRO TAB 90MG	1	
ARMOUR THYRO TAB 120MG	1	
ARMOUR THYRO TAB 180MG	1	
ARMOUR THYRO TAB 240MG	1	
ARMOUR THYRO TAB 300MG	1	
<i>levothyroxine sodium cap 13 mcg</i>	2	
<i>levothyroxine sodium cap 25 mcg</i>	2	
<i>levothyroxine sodium cap 50 mcg</i>	2	
<i>levothyroxine sodium cap 75 mcg</i>	2	
<i>levothyroxine sodium cap 88 mcg</i>	2	
<i>levothyroxine sodium cap 100 mcg</i>	2	
<i>levothyroxine sodium cap 112 mcg</i>	2	
<i>levothyroxine sodium cap 125 mcg</i>	2	
<i>levothyroxine sodium cap 137 mcg</i>	2	
<i>levothyroxine sodium cap 150 mcg</i>	2	
<i>levothyroxine sodium cap 175 mcg</i>	2	
<i>levothyroxine sodium cap 200 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
NATURE-THROI TAB 81.25MG	1	
NATURE-THROI TAB 113.75MG	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
<i>thyroid tab 15 mg (1/4 grain)</i>	1	
<i>thyroid tab 30 mg (1/2 grain)</i>	1	
<i>thyroid tab 60 mg (1 grain)</i>	1	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	1	
<i>thyroid tab 120 mg (2 grain)</i>	1	
TIROSINT CAP 13MCG	2	
TIROSINT CAP 25MCG	2	
TIROSINT CAP 50MCG	2	
TIROSINT CAP 75MCG	2	
TIROSINT CAP 88MCG	2	
TIROSINT CAP 100MCG	2	
TIROSINT CAP 112MCG	2	
TIROSINT CAP 125MCG	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 137MCG	2	
TIROSINT CAP 150MCG	2	
TIROSINT CAP 175MCG	2	
TIROSINT CAP 200	2	
TIROSINT-SOL SOL 37.5/ML	2	
TIROSINT-SOL SOL 44MCG/ML	2	
TIROSINT-SOL SOL 62.5/ML	2	
WP THYROID TAB 81.25MG	1	
WP THYROID TAB 113.75MG	1	

ULCER DRUGS

ANTISPASMODICS

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	3	PA
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	3	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	3	
<i>famotidine for susp 40 mg/5ml</i>	3	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	3	
<i>nizatidine cap 300 mg</i>	3	
<i>nizatidine oral soln 15 mg/ml</i>	3	
<i>ranitidine hcl cap 150 mg</i>	3	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl cap 300 mg</i>	3	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	3	
<i>ranitidine hcl tab 150 mg</i>	3	
<i>ranitidine hcl tab 300 mg</i>	3	
MISC. ANTI-ULCER		
<i>sucralfate susp 1 gm/10ml</i>	2	
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole cap delayed release 30 mg</i>	3	ST, QL (30 caps / 30 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	3	ST, QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	3	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	
FIRST-OMEPRASUS 2MG/ML	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	2	
LANSOPRAZOLE SUS 3MG/ML	2	
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	
<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>rabeprazole sodium ec tab 20 mg</i>	3	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	3	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	3	PA; (MNPA)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	3	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
<i>MYRBETRIQ SUS 8MG/ML</i>	2	
<i>MYRBETRIQ TAB 25MG</i>	2	
<i>MYRBETRIQ TAB 50MG</i>	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
VAGINAL AND RELATED PRODUCTS		
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	3	ACA
VAGINAL PROGESTINS		
ENDOMETRIN SUP 100MG	3	
VAGINAL PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG	2	OTC; ACA
GYNOL II GEL 3%	2	OTC; ACA
SHUR-SEAL GEL 2%	2	OTC; ACA
TODAY SPONGE MIS	2	OTC; ACA
VCF VAGINAL AER CONTRACP	2	OTC; ACA
<i>vcf vaginal gel contrace</i>	2	OTC; ACA
VCF VAGINAL MIS CONTRACP	2	OTC; ACA
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>vandazole gel 0.75%</i>	1	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	1	
ESTRING MIS 2MG	3	
FEMRING MIS 0.1MG/24	3	QL (1 insert / 90 days)
FEMRING MIS 0.05/24H	3	QL (1 insert / 90 days)
PREMARIN VAG CRE 0.625MG	3	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	PA
CRINONE GEL 8% VAG	2	PA

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lower case-generic drugs UPPER CASE-BRAND DRUGS

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens/syringes per 365 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens/syringes per 365 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (6 pens/syringes per 365 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens/syringes per 365 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens/syringes per 365 days)
SYMJEPI INJ 0.3MG	2	QL (6 pens/syringes per 365 days)
SYMJEPI INJ 0.15MG	2	QL (6 pens/syringes per 365 days)
VASOPRESSORS		
<i>epinephrine inj 0.1mg/10</i>	1	
EPINEPHRINE INJ 1MG/10ML	1	
<i>epinephrine soln prefilled syringe 1 mg/10ml (0.1 mg/ml)</i>	1	
<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	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	2	OTC
<i>cholecalciferol cap 10 mcg (400 unit)</i>	1	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	1	OTC
<i>cholecalciferol drops 10 mcg/0.03ml (400 unit/0.03ml)</i>	1	OTC; ACA
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione tab 5 mg</i>	2	

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lower case-generic drugs UPPER CASE-BRAND DRUGS

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<i>amoxapine tab 50 mg</i>	32	<i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg	1
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	125	<i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg	1
		<i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg	1
		<i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg	1

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<i>amphetamine-dextroamphetamine tab</i> <i>12.5 mg</i>	1	ARANESP INJ 300MCG	107
<i>amphetamine-dextroamphetamine tab</i> <i>15 mg</i>	1	ARANESP INJ 40MCG	107
<i>amphetamine-dextroamphetamine tab</i> <i>20 mg</i>	1	ARANESP INJ 500MCG	107
<i>amphetamine-dextroamphetamine tab</i> <i>30 mg</i>	1	ARANESP INJ 60MCG	107
<i>amphetamine-dextroamphetamine tab</i> <i>5 mg</i>	1	ARCALYST INJ 220MG	7
<i>amphetamine-dextroamphetamine tab</i> <i>7.5 mg</i>	1	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV) .21	
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AMPHOTEC INJ 50MG	39	ARIPIPAZOLE ORALLY DISINTEGRATING TAB 10 MG	66
<i>amphotericin b for iv soln 50 mg</i>	40	ARIPIPAZOLE ORALLY DISINTEGRATING TAB 15 MG	66
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<i>ampicillin for susp 250 mg/5ml</i>	125	<i>aripiprazole tab 20 mg</i>	66
ANADROL-50 TAB 50MG	13	<i>aripiprazole tab 30 mg</i>	66
<i>anagrelide hcl cap 0.5 mg</i>	106	<i>aripiprazole tab 5 mg</i>	66
<i>anagrelide hcl cap 1 mg</i>	106	<i>armodafinil tab 150 mg</i>	3
ANALPRAM HC CRE 2.5-1%	14	<i>armodafinil tab 200 mg</i>	3
<i>anastrozole tab 1 mg</i>	52	<i>armodafinil tab 250 mg</i>	3
ANDRODERM DIS 2MG/24HR	13	<i>armodafinil tab 50 mg</i>	3
ANDRODERM DIS 4MG/24HR	13	ARMOUR THYRO TAB 120MG	131
<i>android cap 10mg</i>	13	ARMOUR THYRO TAB 15MG	131
ANDROXY TAB 10MG	13	ARMOUR THYRO TAB 180MG	131
ANORO ELLIPT AER 62.5-25	21	ARMOUR THYRO TAB 240MG	131
APIDRA INJ SOLOSTAR	36	ARMOUR THYRO TAB 300MG	131
<i>apraclonidine hcl ophth soln 0.5%</i> <i>(base equivalent)</i>	121	ARMOUR THYRO TAB 30MG	131
<i>aprepitant capsule 125 mg</i>	39	ARMOUR THYRO TAB 60MG	131
<i>aprepitant capsule 40 mg</i>	39	ARMOUR THYRO TAB 90MG	131
<i>aprepitant capsule 80 mg</i>	39	ARNUITY ELPT INH 100MCG	19
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	39	ARNUITY ELPT INH 200MCG	20
APTIOM TAB 200MG	25	ARNUITY ELPT INH 50MCG	19
APTIVUS CAP 250MG	67	<i>asenapine maleate sl tab 10 mg (base</i> <i>equiv)</i>	64
APTIVUS SOL	67	<i>asenapine maleate sl tab 2.5 mg (base</i> <i>equiv)</i>	64
ARALAST NP INJ 500MG	129	<i>asenapine maleate sl tab 5 mg (base</i> <i>equiv)</i>	64
ARANESP INJ 100MCG	107	<i>aspirin chew tab 81 mg</i>	9
ARANESP INJ 10MCG	107	<i>aspirin tab 325 mg</i>	9
ARANESP INJ 150MCG	107	<i>aspirin tab delayed release 325 mg</i> ...	9
ARANESP INJ 200MCG	107	<i>aspirin tab delayed release 81 mg</i>	9
		<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	106

<i>atazanavir sulfate cap 150 mg (base equiv)</i>	67
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	67
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	67
<i>atenolol & chlorthalidone tab 100-25 mg</i>	47
<i>atenolol & chlorthalidone tab 50-25 mg</i>	47
<i>atenolol tab 100 mg</i>	72
<i>atenolol tab 25 mg</i>	72
<i>atenolol tab 50 mg</i>	72
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	3
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	3
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	3
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	42
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	42
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	42
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	42
<i>atovaquone susp 750 mg/5ml</i>	15
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	50
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	50
ATROPINE SULFATE OPTH OINT 1%	120
<i>atropine sulfate ophth soln 1%</i>	120
ATROVENT HFA AER 17MCG	19
AUBAGIO TAB 14MG	127
AUBAGIO TAB 7MG	127
AUGMENTIN SUS 125/5ML	125

AUSTEDO TAB 12MG	127
AUSTEDO TAB 6MG	127
AUSTEDO TAB 9MG	127
AVANDIA TAB 2MG	36
AVANDIA TAB 4MG	36
AVONEX KIT 30MCG	128
AVONEX PEN KIT 30MCG	128
AVONEX PREFL KIT 30MCG	128
AYVAKIT TAB 100MG	54
AYVAKIT TAB 200MG	54
AYVAKIT TAB 25MG	53
AYVAKIT TAB 300MG	54
AYVAKIT TAB 50MG	53
AZASITE SOL 1%	121
<i>azathioprine tab 50 mg</i>	115
<i>azelaic acid gel 15%</i>	91
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	119
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	119
<i>azelastine hcl ophth soln 0.05%</i>	122
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	119
AZELEX CRE 20%	85
<i>azithromycin for susp 100 mg/5ml</i>	110
<i>azithromycin for susp 200 mg/5ml</i>	110
<i>azithromycin powd pack for susp 1 gm</i>	110
<i>azithromycin tab 250 mg</i>	110
<i>azithromycin tab 500 mg</i>	110
<i>azithromycin tab 600 mg</i>	110
<i>aztreonam for inj 1 gm</i>	16
<i>aztreonam for inj 2 gm</i>	16
B	
<i>bacitracin ophth oint 500 unit/gm</i> ..	121
<i>bacitracin-polymyxin b ophth oint</i> ..	121
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	122
<i>baclofen tab 10 mg</i>	118
<i>baclofen tab 20 mg</i>	118
<i>baclofen tab 5 mg</i>	118
BAFIERTAM CAP 95MG	128
<i>balsalazide disodium cap 750 mg</i> ...	103
BALVERSA TAB 3MG	54
BALVERSA TAB 4MG	54
BALVERSA TAB 5MG	54
BAQSIMI ONE POW 3MG/DOSE	35

BARACLUDE SOL	70	<i>betamethasone valerate aerosol foam</i>	
BASAGLAR INJ 100UNIT	36	0.12%	89
BELSOMRA TAB 10MG	109	<i>betamethasone valerate cream 0.1%</i>	
BELSOMRA TAB 15MG	109	(base equivalent)	89
BELSOMRA TAB 20MG	109	<i>betamethasone valerate lotion 0.1%</i>	
BELSOMRA TAB 5MG	109	(base equivalent)	89
<i>benazepril & hydrochlorothiazide tab</i>		<i>betamethasone valerate oint 0.1%</i>	
10-12.5 mg	47	(base equivalent)	89
<i>benazepril & hydrochlorothiazide tab</i>		BETASERON INJ 0.3MG	128
20-12.5 mg	47	<i>betaxolol hcl ophth soln 0.5%</i>	120
<i>benazepril & hydrochlorothiazide tab</i>		<i>betaxolol hcl tab 10 mg</i>	72
20-25 mg	47	<i>betaxolol hcl tab 20 mg</i>	73
<i>benazepril & hydrochlorothiazide tab 5-</i>		<i>bethanechol chloride tab 10 mg</i>	135
6.25 mg	47	<i>bethanechol chloride tab 25 mg</i>	136
<i>benazepril hcl tab 10 mg</i>	44	<i>bethanechol chloride tab 5 mg</i>	135
<i>benazepril hcl tab 20 mg</i>	44	<i>bethanechol chloride tab 50 mg</i>	136
<i>benazepril hcl tab 40 mg</i>	44	BETOPTIC-S SUS 0.25% OP	120
<i>benazepril hcl tab 5 mg</i>	44	<i>bexarotene cap 75 mg</i>	58
BENLYSTA INJ 200MG/ML	116	<i>bicalutamide tab 50 mg</i>	52
<i>benzonatate cap 100 mg</i>	84	BIKTARVY TAB	67
<i>benzonatate cap 200 mg</i>	84	<i>bimatoprost ophth soln 0.03%</i>	123
<i>benzoyl peroxide gel 10%</i>	85	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>benzoyl peroxide gel 5%</i>	85	10-6.25 mg	47
<i>benzoyl peroxide liq 10%</i>	85	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>benzoyl peroxide-erythromycin gel 5-</i>		2.5-6.25 mg	47
3%	85	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>benztropine mesylate tab 0.5 mg</i>	59	6.25 mg	47
<i>benztropine mesylate tab 1 mg</i>	59	<i>bisoprolol fumarate tab 10 mg</i>	73
<i>benztropine mesylate tab 2 mg</i>	59	<i>bisoprolol fumarate tab 5 mg</i>	73
BEPOTASTINE BESILATE OPHTH SOLN		BLEPHAMIDE OIN S.O.P.	122
1.5%	123	BLEPHAMIDE SUS OP	122
BERINERT INJ 500UNIT	105	BONJESTA TAB 20-20MG	39
BESIVANCE SUS 0.6%	121	<i>bosentan tab 125 mg</i>	78
<i>betamethasone dipropionate</i>		<i>bosentan tab 62.5 mg</i>	78
<i>augmented cream 0.05%</i>	89	BOSULIF TAB 100MG	54
<i>betamethasone dipropionate</i>		BOSULIF TAB 400MG	54
<i>augmented gel 0.05%</i>	89	BOSULIF TAB 500MG	54
<i>betamethasone dipropionate</i>		BREEZE 2 MIS TEST	92
<i>augmented lotion 0.05%</i>	89	BREO ELLIPTA INH 100-25	21
<i>betamethasone dipropionate</i>		BREO ELLIPTA INH 200-25	21
<i>augmented oint 0.05%</i>	89	BREZTRI AERO AER SPHERE	21
<i>betamethasone dipropionate cream</i>		BRILINTA TAB 90MG	106
0.05%	89	<i>brimonidine tartrate ophth soln 0.15%</i>	
<i>betamethasone dipropionate lotion</i>			121
0.05%	89	<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>betamethasone dipropionate oint</i>			121
0.05%	89		

<i>brimonidine tartrate-timolol maleate</i>	
ophth soln 0.2-0.5%	120
<i>brinzolamide ophth susp 1%</i>	123
<i>bromfenac sodium ophth soln 0.09%</i>	
(base equiv) (once-daily)	123
<i>bromocriptine mesylate cap 5 mg (base</i>	
<i>equivalent)</i>	59
<i>bromocriptine mesylate tab 2.5 mg</i>	
(base equivalent)	59
<i>brompheniramine tannate chew tab 12</i>	
<i>mg</i>	40
BRUKINSA CAP 80MG	54
<i>budesonide delayed release particles</i>	
cap 3 mg	82
<i>budesonide inhalation susp 0.25</i>	
<i>mg/2ml</i>	20
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	20
<i>budesonide inhalation susp 1 mg/2ml</i>	
.....	20
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 160-4.5 mcg/act</i>	21
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 80-4.5 mcg/act</i>	21
<i>bumetanide tab 0.5 mg</i>	94
<i>bumetanide tab 1 mg</i>	94
<i>bumetanide tab 2 mg</i>	94
<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>equiv)</i>	12
<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>equiv)</i>	12
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>12-3 mg (base equiv)</i>	12
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>2-0.5 mg (base equiv)</i>	12
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>4-1 mg (base equiv)</i>	12
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>8-2 mg (base equiv)</i>	12
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>8-2 mg (base equiv)</i>	12
<i>buprenorphine td patch weekly 10</i>	
<i>mcg/hr</i>	13
<i>buprenorphine td patch weekly 15</i>	
<i>mcg/hr</i>	13
<i>buprenorphine td patch weekly 20</i>	
<i>mcg/hr</i>	13
<i>buprenorphine td patch weekly 5</i>	
<i>mcg/hr</i>	12
<i>bupropion hcl (smoking deterrent) tab</i>	
<i>er 12hr 150 mg</i>	129
<i>bupropion hcl tab 100 mg</i>	29
<i>bupropion hcl tab 75 mg</i>	29
<i>bupropion hcl tab er 12hr 100 mg</i>	29
<i>bupropion hcl tab er 12hr 150 mg</i>	29
<i>bupropion hcl tab er 12hr 200 mg</i>	29
<i>bupropion hcl tab er 24hr 150 mg</i>	29
<i>bupropion hcl tab er 24hr 300 mg</i>	29
<i>buspirone hcl tab 10 mg</i>	17
<i>buspirone hcl tab 15 mg</i>	17
<i>buspirone hcl tab 30 mg</i>	17
<i>buspirone hcl tab 5 mg</i>	17
<i>buspirone hcl tab 7.5 mg</i>	17
<i>butalbital-acetaminophen tab 50-325</i>	
<i>mg</i>	9
<i>butalbital-acetaminophen-caff w/ cod</i>	
<i>cap 50-325-40-30 mg</i>	12
<i>butalbital-acetaminophen-caffeine cap</i>	
<i>50-300-40 mg</i>	9
<i>butalbital-acetaminophen-caffeine cap</i>	
<i>50-325-40 mg</i>	9
<i>butalbital-acetaminophen-caffeine tab</i>	
<i>50-325-40 mg</i>	9
<i>butalbital-aspirin-caffeine cap 50-325-</i>	
<i>40 mg</i>	9
<i>butorphanol tartrate nasal soln 10</i>	
<i>mg/ml</i>	13
BYLVAY CAP 1200MCG	103
BYLVAY CAP 200MCG	103
BYLVAY CAP 400MCG	103
BYLVAY CAP 600MCG	103
C	
<i>cabergoline tab 0.5 mg</i>	99
CABOMETYX TAB 20MG	54
CABOMETYX TAB 40MG	54
CABOMETYX TAB 60MG	54
CAFERGOT TAB 1-100MG	111
<i>calcipotriene cream 0.005%</i>	87
<i>calcipotriene oint 0.005%</i>	87
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
.....	87
<i>calcipotriene-betamethasone</i>	
<i>dipropionate susp 0.005-0.064%</i> ...	89

<i>calcitonin (salmon) nasal soln 200 unit/act</i>	95
<i>calcitriol cap 0.25 mcg</i>	98
<i>calcitriol cap 0.5 mcg</i>	98
<i>calcitriol oint 3 mcg/gm</i>	88
<i>calcitriol oral soln 1 mcg/ml</i>	98
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	104
<i>calcium acetate (phosphate binder) tab 667 mg</i>	104
<i>CAMZYOS CAP 10MG</i>	76
<i>CAMZYOS CAP 15MG</i>	76
<i>CAMZYOS CAP 2.5MG</i>	76
<i>CAMZYOS CAP 5MG</i>	76
<i>candesartan cilexetil tab 16 mg</i>	45
<i>candesartan cilexetil tab 32 mg</i>	45
<i>candesartan cilexetil tab 4 mg</i>	45
<i>candesartan cilexetil tab 8 mg</i>	45
<i>capecitabine tab 150 mg</i>	52
<i>capecitabine tab 500 mg</i>	52
<i>CAPLYTA CAP 10.5MG</i>	61
<i>CAPLYTA CAP 21MG</i>	61
<i>CAPLYTA CAP 42MG</i>	62
<i>CAPRELSA TAB 100MG</i>	54
<i>CAPRELSA TAB 300MG</i>	54
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	48
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	48
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	48
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	48
<i>captopril tab 100 mg</i>	44
<i>captopril tab 12.5 mg</i>	44
<i>captopril tab 25 mg</i>	44
<i>captopril tab 50 mg</i>	44
<i>carbamazepine cap er 12hr 300 mg</i> ..	25
<i>carbamazepine chew tab 100 mg</i>	25
<i>carbamazepine susp 100 mg/5ml</i>	25
<i>carbamazepine tab 200 mg</i>	25
<i>carbamazepine tab er 12hr 100 mg</i> ..	25
<i>carbamazepine tab er 12hr 200 mg</i> ..	25
<i>carbamazepine tab er 12hr 400 mg</i> ..	26
<i>carbidopa & levodopa tab 10-100 mg</i>	59
<i>carbidopa & levodopa tab 25-100 mg</i>	59
<i>carbidopa & levodopa tab 25-250 mg</i>	59
<i>carbidopa & levodopa tab er 25-100 mg</i>	60
<i>carbidopa & levodopa tab er 50-200 mg</i>	60
<i>carbidopa tab 25 mg</i>	59
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	60
<i>carbinoxamine maleate tab 4 mg</i>	40
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	108
<i>CARDIZEM LA TAB 120MG</i>	74
<i>CARDURA XL TAB 4MG</i>	105
<i>CARDURA XL TAB 8MG</i>	105
<i>CAROSPIR SUS 25MG/5ML</i>	94
<i>carteolol hcl ophth soln 1%</i>	120
<i>carvedilol tab 12.5 mg</i>	72
<i>carvedilol tab 25 mg</i>	72
<i>carvedilol tab 3.125 mg</i>	72
<i>carvedilol tab 6.25 mg</i>	72
<i>caspofungin acetate for iv soln 50 mg</i>	39
<i>caspofungin acetate for iv soln 70 mg</i>	39
<i>CAYA DPR</i>	111
<i>cefaclor cap 250 mg</i>	79
<i>cefaclor cap 500 mg</i>	79
<i>CEFACLOR ER TAB 500MG</i>	79
<i>cefaclor for susp 125 mg/5ml</i>	79
<i>cefaclor for susp 250 mg/5ml</i>	79
<i>cefaclor for susp 375 mg/5ml</i>	79
<i>cefadroxil cap 500 mg</i>	78
<i>cefadroxil for susp 250 mg/5ml</i>	78
<i>cefadroxil for susp 500 mg/5ml</i>	78
<i>cefadroxil tab 1 gm</i>	78
<i>cefdinir cap 300 mg</i>	79
<i>cefdinir for susp 125 mg/5ml</i>	79
<i>cefdinir for susp 250 mg/5ml</i>	79

<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	79	<i>cevimeline hcl cap 30 mg</i>	117
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	79	CHEMET CAP 100MG.....	38
<i>cefepime hcl for inj 1 gm</i>	80	<i>chlordiazepoxide hcl cap 10 mg</i>	17
<i>cefepime hcl for inj 2 gm</i>	80	<i>chlordiazepoxide hcl cap 25 mg</i>	17
<i>cefixime cap 400 mg</i>	79	<i>chlordiazepoxide hcl cap 5 mg</i>	17
<i>cefixime for susp 100 mg/5ml</i>	79	<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	133
<i>cefixime for susp 200 mg/5ml</i>	79	<i>chlorhexidine gluconate soln 0.12%</i> 116	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	79	<i>chloroquine phosphate tab 250 mg</i> ...50	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	79	<i>chloroquine phosphate tab 500 mg</i> ...50	
<i>cefpodoxime proxetil tab 100 mg</i>	79	<i>chlorothiazide tab 250 mg</i>	94
<i>cefpodoxime proxetil tab 200 mg</i>	79	<i>chlorothiazide tab 500 mg</i>	94
<i>cefprozil for susp 125 mg/5ml</i>	79	<i>chlorpromazine hcl tab 10 mg</i>	65
<i>cefprozil for susp 250 mg/5ml</i>	79	<i>chlorpromazine hcl tab 100 mg</i>	65
<i>cefprozil tab 250 mg</i>	79	<i>chlorpromazine hcl tab 200 mg</i>	65
<i>cefprozil tab 500 mg</i>	79	<i>chlorpromazine hcl tab 25 mg</i>	65
<i>ceftibuten cap 400 mg</i>	79	<i>chlorpromazine hcl tab 50 mg</i>	65
CEFTIN SUS 250/5ML	79	<i>chlorpropamide tab 100 mg</i>	37
<i>ceftriaxone sodium for inj 1 gm</i>	79	<i>chlorpropamide tab 250 mg</i>	37
<i>ceftriaxone sodium for inj 10 gm</i>	79	<i>chlorthalidone tab 25 mg</i>	95
<i>ceftriaxone sodium for inj 2 gm</i>	79	<i>chlorthalidone tab 50 mg</i>	95
<i>ceftriaxone sodium for inj 250 mg</i>	79	<i>chlorzoxazone tab 500 mg</i>	118
<i>ceftriaxone sodium for inj 500 mg</i>	79	CHOLBAM CAP 250MG	102
<i>ceftriaxone sodium for iv soln 1 gm</i> ..80		<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	137
<i>ceftriaxone sodium for iv soln 2 gm</i> ..80		<i>cholecalciferol cap 10 mcg (400 unit)</i>	137
<i>cefuroxime axetil tab 250 mg</i>	79	<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	137
<i>cefuroxime axetil tab 500 mg</i>	79	<i>cholecalciferol drops 10 mcg/0.03ml (400 unit/0.03ml)</i>	137
<i>celecoxib cap 100 mg</i>	7	<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	137
<i>celecoxib cap 200 mg</i>	7	<i>cholecalciferol tab 10 mcg (400 unit)</i>	137
<i>celecoxib cap 400 mg</i>	7	<i>cholestyramine light powder 4 gm/dose</i>	41
<i>celecoxib cap 50 mg</i>	7	<i>cholestyramine light powder packets 4 gm</i>	41
CELONTIN CAP 300MG.....	28	<i>cholestyramine powder 4 gm/dose</i> ...41	
CENESTIN TAB 0.3MG.....	100	<i>cholestyramine powder packets 4 gm</i> 41	
<i>centany oin 2%</i>	86	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	42
<i>cephalexin cap 250 mg</i>	78	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	42
<i>cephalexin cap 500 mg</i>	78	<i>chor gonadot inj 10000unt</i>	96
<i>cephalexin for susp 125 mg/5ml</i>	78	<i>ciclopirox gel 0.77%</i>	86
<i>cephalexin for susp 250 mg/5ml</i>	78		
<i>cephalexin tab 250 mg</i>	78		
<i>cephalexin tab 500 mg</i>	79		
CEREZYME INJ 400UNIT.....	106		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	40		
CETROTIDE KIT 0.25MG.....	97		

<i>ciclopirox shampoo 1%</i>	86	<i>citalopram hydrobromide tab 40 mg</i>	
<i>ciclopirox solution 8%</i>	86	<i>(base equiv)</i>	30
<i>cilostazol tab 100 mg</i>	106	CITRANATAL CAP HARMONY	117
<i>cilostazol tab 50 mg</i>	106	CITRANATAL MIS	118
CILOXAN OIN 0.3% OP	121	CITRANATAL MIS B-CALM	118
CIMDUO TAB 300-300	67	CITRANATAL PAK ASSURE	118
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.....	98	<i>clarithromycin tab 250 mg</i>	110
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<i>(5%) (5 gm/100ml)</i>	102	<i>clindamycin hcl cap 300 mg</i>	15
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>clindamycin hcl cap 75 mg</i>	15
<i>(10%) (10 gm/100ml)</i>	102	<i>clindamycin palmitate hcl for soln 75</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>mg/5ml (base equiv)</i>	16
<i>equivalent)</i>	121	<i>clindamycin phosphate gel 1%</i>	85
<i>ciprofloxacin hcl tab 100 mg (base</i>		<i>clindamycin phosphate lotion 1%</i>	85
<i>equiv)</i>	102	<i>clindamycin phosphate soln 1%</i>	85
<i>ciprofloxacin hcl tab 250 mg (base</i>		<i>clindamycin phosphate swab 1%</i>	85
<i>equiv)</i>	102	<i>clindamycin phosphate vaginal cream</i>	
<i>ciprofloxacin hcl tab 500 mg (base</i>		<i>2%</i>	136
<i>equiv)</i>	102	<i>clindamycin phosphate-benzoyl</i>	
<i>ciprofloxacin hcl tab 750 mg (base</i>		<i>peroxide gel 1-5%</i>	85
<i>equiv)</i>	102	<i>clindamycin phosphate-tretinoin gel</i>	
<i>ciprofloxacin-ciprofloxacin hcl tab er</i>		<i>1.2-0.025%</i>	85
<i>24hr 1000 mg(base eq)</i>	102	<i>clindamycin phosph-benzoyl peroxide</i>	
<i>ciprofloxacin-ciprofloxacin hcl tab er</i>		<i>(refrig) gel 1.2 (1)-5%</i>	85
<i>24hr 500 mg (base eq)</i>	102	<i>clobazam suspension 2.5 mg/ml</i>	25
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>clobazam tab 10 mg</i>	25
<i>0.3-0.1%</i>	124	<i>clobazam tab 20 mg</i>	25
<i>ciprofloxacin-fluocinolone acetone (pf)</i>		<i>clobetasol propionate cream 0.05%</i>	89
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<i>mg/10ml (2 mg/ml)</i>	119	<i>clobetasol propionate lotion 0.05%</i>	89
<i>citalopram hydrobromide oral soln 10</i>		<i>clobetasol propionate oint 0.05%</i>	89
<i>mg/5ml</i>	30	<i>clobetasol propionate soln 0.05%</i>	89
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<i>(base equiv)</i>	30	<i>clomipramine hcl cap 25 mg</i>	32
<i>citalopram hydrobromide tab 20 mg</i>		<i>clomipramine hcl cap 50 mg</i>	32
<i>(base equiv)</i>	30	<i>clomipramine hcl cap 75 mg</i>	32

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<i>clonazepam tab 0.5 mg</i>	25	COMETRIQ KIT 60MG	54
<i>clonazepam tab 1 mg</i>	25	COMPLERA TAB	67
<i>clonazepam tab 2 mg</i>	25	CONDYLOX GEL 0.5%	91
<i>clonidine hcl tab 0.1 mg</i>	45	CONTOUR KIT NEXT	111
<i>clonidine hcl tab 0.2 mg</i>	45	CONTOUR KIT NEXT LNK	111
<i>clonidine hcl tab 0.3 mg</i>	46	CONTOUR TES BLD GLUC	92
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	CONTOUR TES NEXT	92
<i>clonidine td patch weekly 0.1 mg/24hr</i>		CONTRACE TAB 8-90MG	2
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<i>clonidine td patch weekly 0.2 mg/24hr</i>		COPAXONE INJ 40MG/ML	128
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<i>clopidogrel bisulfate tab 75 mg (base</i>		CORTISPORIN CRE 0.5%	86
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<i>clorazepate dipotassium tab 3.75 mg</i>	17	COSENTYX INJ 300DOSE	88
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<i>clotrimazole soln 1%</i>	86	COSENTYX PEN INJ 300DOSE	88
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dexmethylphenidate hcl cap er 24 hr 25 mg	3
dexmethylphenidate hcl cap er 24 hr 30 mg	3
dexmethylphenidate hcl cap er 24 hr 35 mg	4
dexmethylphenidate hcl cap er 24 hr 40 mg	4
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dextroamphetamine sulfate cap er 24hr 15 mg	1
dextroamphetamine sulfate cap er 24hr 5 mg	1
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ENFAMIL ENFA POW LIPIL	92	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	137
ENFAMIL PREM LIQ LIPIL.....	92	<i>ergoloid mesylates tab 1 mg</i>	129
ENJUVIA TAB 0.3MG	101	<i>ergotamine w/ caffeine tab 1-100 mg</i>	111
ENJUVIA TAB 0.45MG	101	ERIVEDGE CAP 150MG.....	52
ENJUVIA TAB 0.625MG	101	ERLEADA TAB 60MG	52
ENJUVIA TAB 0.9MG	101	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	55
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	24	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	55
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	24	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	55
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	24	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	110
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	23	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	110
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	24	<i>erythromycin ethylsuccinate tab 400 mg</i>	110
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	24	<i>erythromycin gel 2%</i>	85
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	24	<i>erythromycin ophth oint 5 mg/gm</i> ..	121
ENSPRYNG INJ.....	115	<i>erythromycin soln 2%</i>	85
<i>entacapone tab 200 mg</i>	59	<i>erythromycin stearate tab 250 mg</i> .	110
<i>entecavir tab 0.5 mg</i>	71	<i>erythromycin tab 500 mg</i>	110
<i>entecavir tab 1 mg</i>	71	<i>erythromycin tab delayed release 250 mg</i>	110
ENTRESTO TAB 24-26MG	77	<i>erythromycin tab delayed release 333 mg</i>	111
ENTRESTO TAB 49-51MG	77		
ENTRESTO TAB 97-103MG.....	77		
EPIDUO FORTE GEL 0.3-2.5%.....	85		
<i>epinastine hcl ophth soln 0.05%</i>	123		
<i>epinephrine inj 0.1mg/10</i>	137		
EPINEPHRINE INJ 1MG/10ML	137		

<i>erythromycin tab delayed release 500 mg</i>	111
<i>erythromycin w/ delayed release particles cap 250 mg</i>	111
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	30
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	30
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	30
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	30
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	134
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	134
<i>estazolam tab 1 mg</i>	108
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	100
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	100
<i>estradiol tab 0.5 mg</i>	101
<i>estradiol tab 1 mg</i>	101
<i>estradiol tab 2 mg</i>	101
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	101
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	101
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	101
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	101
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	101
<i>estradiol td patch weekly 0.025 mg/24hr</i>	101
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	101
<i>estradiol td patch weekly 0.05 mg/24hr</i>	101
<i>estradiol td patch weekly 0.06 mg/24hr</i>	101
<i>estradiol td patch weekly 0.075 mg/24hr</i>	101
<i>estradiol td patch weekly 0.1 mg/24hr</i>	101
<i>estradiol vaginal cream 0.1 mg/gm</i>	136
<i>estradiol vaginal tab 10 mcg</i>	136
<i>ESTRING MIS 2MG</i>	136
<i>estropipate tab 0.75 mg</i>	101
<i>estropipate tab 1.5 mg</i>	101
<i>estropipate tab 3 mg</i>	101
<i>eszopiclone tab 1 mg</i>	108
<i>eszopiclone tab 2 mg</i>	108
<i>eszopiclone tab 3 mg</i>	109
<i>ethacrynic acid tab 25 mg</i>	94
<i>ethambutol hcl tab 100 mg</i>	51
<i>ethambutol hcl tab 400 mg</i>	51
<i>ethosuximide cap 250 mg</i>	28
<i>ethosuximide soln 250 mg/5ml</i>	28
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	80
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	80
<i>etodolac cap 200 mg</i>	7
<i>etodolac cap 300 mg</i>	7
<i>etodolac tab 400 mg</i>	7
<i>etodolac tab 500 mg</i>	7
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	82
<i>etoposide cap 50 mg</i>	59
<i>etravirine tab 100 mg</i>	68
<i>etravirine tab 200 mg</i>	68
<i>EURAX CRE 10%</i>	92
<i>everolimus tab 0.25 mg</i>	115
<i>everolimus tab 0.5 mg</i>	115
<i>everolimus tab 0.75 mg</i>	115
<i>everolimus tab 10 mg</i>	55
<i>everolimus tab 2.5 mg</i>	55
<i>everolimus tab 5 mg</i>	55
<i>everolimus tab 7.5 mg</i>	55
<i>everolimus tab for oral susp 2 mg</i>	55
<i>everolimus tab for oral susp 3 mg</i>	55
<i>everolimus tab for oral susp 5 mg</i>	55
<i>EVOTAZ TAB 300-150</i>	68
<i>exemestane tab 25 mg</i>	52
<i>EXKIVITY CAP 40MG</i>	52
<i>ezetimibe tab 10 mg</i>	43
<i>ezetimibe-simvastatin tab 10-10 mg</i>	41
<i>ezetimibe-simvastatin tab 10-20 mg</i>	41
<i>ezetimibe-simvastatin tab 10-40 mg</i>	41
<i>ezetimibe-simvastatin tab 10-80 mg</i>	41
F	
<i>FABRAZYME INJ 35MG</i>	98

FABRAZYME INJ 5MG	98	<i>fentanyl citrate lozenge on a handle</i>	
FACTIVE TAB 320MG	102	600 mcg.....	9
<i>famciclovir tab 125 mg</i>	71	<i>fentanyl citrate lozenge on a handle</i>	
<i>famciclovir tab 250 mg</i>	71	800 mcg.....	9
<i>famciclovir tab 500 mg</i>	71	<i>fentanyl td patch 72hr 100 mcg/hr</i> ...	10
<i>famotidine for susp 40 mg/5ml</i>	133	<i>fentanyl td patch 72hr 12 mcg/hr</i>	10
<i>famotidine tab 20 mg</i>	133	<i>fentanyl td patch 72hr 25 mcg/hr</i>	10
<i>famotidine tab 40 mg</i>	133	<i>fentanyl td patch 72hr 50 mcg/hr</i>	10
FANAPT PAK	62	<i>fentanyl td patch 72hr 75 mcg/hr</i>	10
FANAPT TAB 10MG	63	FERPRX 2-DAY TAB 1000MG.....	38
FANAPT TAB 12MG	63	FERRIPROX SOL 100MG/ML.....	38
FANAPT TAB 1MG	62	FERROUS SUL LIQ 220/5ML.....	108
FANAPT TAB 2MG	62	<i>ferrous sulfate soln 75 mg/ml (15</i>	
FANAPT TAB 4MG	62	<i>mg/ml elemental fe)</i>	108
FANAPT TAB 6MG	63	FERROUS SULFATE SYRUP 300 MG/5ML	
FANAPT TAB 8MG	63	(60 MG/5ML ELEMENTAL FE).....	108
FARXIGA TAB 10MG.....	37	<i>fesoterodine fumarate tab er 24hr 4</i>	
FARXIGA TAB 5MG	37	<i>mg</i>	135
FC FEMALE MIS CONDOM	111	FETZIMA CAP 120MG.....	31
<i>febuxostat tab 40 mg</i>	105	FETZIMA CAP 20MG.....	31
<i>febuxostat tab 80 mg</i>	105	FETZIMA CAP 40MG.....	31
<i>felbamate tab 400 mg</i>	28	FETZIMA CAP 80MG.....	31
<i>felbamate tab 600 mg</i>	28	FETZIMA CAP TITRATIO	31
<i>felodipine tab er 24hr 10 mg</i>	75	<i>fexofenadine hcl tab 180 mg</i>	41
<i>felodipine tab er 24hr 2.5 mg</i>	75	<i>fexofenadine hcl tab 60 mg</i>	41
<i>felodipine tab er 24hr 5 mg</i>	75	FIASP FLEX INJ TOUCH	36
FEMCAP MIS 22MM.....	111	FIASP INJ 100/ML	36
FEMCAP MIS 26MM.....	111	FIASP PENFIL INJ U-100	36
FEMCAP MIS 30MM.....	111	<i>finasteride tab 5 mg</i>	105
FEMRING MIS 0.05/24H	136	FINTEPLA SOL 2.2MG/ML	26
FEMRING MIS 0.1MG/24	136	FIRMAGON INJ 120MG.....	52
<i>fenofibrate micronized cap 134 mg</i> ...42		FIRMAGON INJ 80MG.....	52
<i>fenofibrate micronized cap 200 mg</i> ...42		FIRST-OMEPRASUS 2MG/ML.....	134
<i>fenofibrate micronized cap 67 mg</i>42		FIRVANQ SOL 25MG/ML.....	15
<i>fenofibrate tab 145 mg</i>	42	FIRVANQ SOL 50MG/ML.....	15
<i>fenofibrate tab 160 mg</i>	42	<i>flavoxate hcl tab 100 mg</i>	136
<i>fenofibrate tab 48 mg</i>	42	<i>flecainide acetate tab 100 mg</i>	18
<i>fenofibrate tab 54 mg</i>	42	<i>flecainide acetate tab 150 mg</i>	18
<i>fenopropfen calcium tab 600 mg</i>	7	<i>flecainide acetate tab 50 mg</i>	18
<i>fentanyl citrate lozenge on a handle</i>		FLOVENT DISK AER 100MCG	20
1200 mcg.....	9	FLOVENT DISK AER 250MCG	20
<i>fentanyl citrate lozenge on a handle</i>		FLOVENT DISK AER 50MCG	20
1600 mcg.....	10	FLOVENT HFA AER 110MCG.....	20
<i>fentanyl citrate lozenge on a handle</i>		FLOVENT HFA AER 220MCG.....	20
200 mcg.....	9	FLOVENT HFA AER 44MCG.....	20
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole for susp 10 mg/ml</i>	40
400 mcg.....	9	<i>fluconazole for susp 40 mg/ml</i>	40

<i>fluconazole tab 100 mg</i>	40	<i>flurbiprofen tab 50 mg</i>	7
<i>fluconazole tab 150 mg</i>	40	<i>flutamide cap 125 mg</i>	52
<i>fluconazole tab 200 mg</i>	40	<i>fluticasone propionate cream 0.05%</i> ..	90
<i>fluconazole tab 50 mg</i>	40	<i>fluticasone propionate nasal susp 50</i>	
<i>flucytosine cap 250 mg</i>	40	<i>mcg/act</i>	119
<i>fludrocortisone acetate tab 0.1 mg</i> ...	84	<i>fluticasone propionate oint 0.005%</i> ..	90
<i>flunisolide nasal soln 25 mcg/act</i>		<i>fluticasone-salmeterol aer powder ba</i>	
<i>(0.025%)</i>	119	<i>100-50 mcg/act</i>	22
<i>fluocinolone acetonide (otic) oil 0.01%</i>		<i>fluticasone-salmeterol aer powder ba</i>	
.....	124	<i>113-14 mcg/act</i>	22
<i>fluocinolone acetonide cream 0.025%</i>		<i>fluticasone-salmeterol aer powder ba</i>	
.....	89	<i>232-14 mcg/act</i>	22
<i>fluocinolone acetonide oil 0.01% (body</i>		<i>fluticasone-salmeterol aer powder ba</i>	
<i>oil)</i>	90	<i>250-50 mcg/act</i>	22
<i>fluocinolone acetonide oint 0.025%</i> ..	90	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluocinolone acetonide soln 0.01%</i>	90	<i>500-50 mcg/act</i>	22
<i>fluocinonide cream 0.05%</i>	90	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluocinonide gel 0.05%</i>	90	<i>55-14 mcg/act</i>	22
<i>fluocinonide oint 0.05%</i>	90	<i>fluvastatin sodium cap 20 mg (base</i>	
<i>fluocinonide soln 0.05%</i>	90	<i>equivalent)</i>	42
<i>FLUORABON DRO</i>	114	<i>fluvastatin sodium cap 40 mg (base</i>	
<i>fluorometholone ophth susp 0.1%</i> ..	122	<i>equivalent)</i>	42
<i>fluorouracil cream 5%</i>	87	<i>fluvoxamine maleate tab 100 mg</i>	30
<i>fluorouracil soln 2%</i>	87	<i>fluvoxamine maleate tab 25 mg</i>	30
<i>fluorouracil soln 5%</i>	87	<i>fluvoxamine maleate tab 50 mg</i>	30
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	129	<i>folic acid tab 1 mg</i>	107
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	129	<i>folic acid tab 400 mcg</i>	107
<i>fluoxetine hcl cap 10 mg</i>	30	<i>folic acid tab 800 mcg</i>	107
<i>fluoxetine hcl cap 20 mg</i>	30	<i>FOLLISTIM AQ INJ 300UNIT</i>	96
<i>fluoxetine hcl cap 40 mg</i>	30	<i>FOLLISTIM AQ INJ 600UNIT</i>	96
<i>fluoxetine hcl solution 20 mg/5ml</i>	30	<i>FOLLISTIM AQ INJ 900UNIT</i>	97
<i>fluoxetine hcl tab 10 mg</i>	30	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluoxetine hcl tab 20 mg</i>	30	<i>10 mg/0.8ml</i>	24
<i>fluoxetine hcl tab 60 mg</i>	30	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i> 65		<i>2.5 mg/0.5ml</i>	24
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	65	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i> ...65		<i>5 mg/0.4ml</i>	24
<i>fluphenazine hcl tab 1 mg</i>	65	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl tab 10 mg</i>	66	<i>7.5 mg/0.6ml</i>	24
<i>fluphenazine hcl tab 2.5 mg</i>	66	<i>FORMOTEROL FUMARATE SOLN NEBU</i>	
<i>fluphenazine hcl tab 5 mg</i>	66	<i>20 MCG/2ML</i>	22
<i>flurandrenolide cream 0.05%</i>	90	<i>FORTEO INJ 600/2.4</i>	95
<i>flurandrenolide lotion 0.05%</i>	90	<i>fosamprenavir calcium tab 700 mg</i>	
<i>flurazepam hcl cap 15 mg</i>	109	<i>(base equiv)</i>	68
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>fosfomycin tromethamine powd pack 3</i>	
.....	123	<i>gm (base equivalent)</i>	16
<i>flurbiprofen tab 100 mg</i>	7		

<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	48
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	48
<i>fosinopril sodium tab 10 mg</i>	44
<i>fosinopril sodium tab 20 mg</i>	44
<i>fosinopril sodium tab 40 mg</i>	44
FOSRENOL POW 1000MG	104
FOSRENOL POW 750MG	104
FRAGMIN INJ 10000/ML	24
FRAGMIN INJ 12500UNT	24
FRAGMIN INJ 15000UNT	24
FRAGMIN INJ 18000UNT	24
FRAGMIN INJ 2500/0.2	24
FRAGMIN INJ 5000/0.2	24
FRAGMIN INJ 7500/0.3	24
FRAGMIN INJ 95000UNT	24
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	112
<i>furosemide oral soln 10 mg/ml</i>	94
<i>furosemide tab 20 mg</i>	94
<i>furosemide tab 40 mg</i>	94
<i>furosemide tab 80 mg</i>	94
FUZEON INJ 90MG	68
FYCOMPA TAB 10MG	24
G	
<i>gabapentin cap 100 mg</i>	26
<i>gabapentin cap 300 mg</i>	26
<i>gabapentin cap 400 mg</i>	26
<i>gabapentin tab 600 mg</i>	26
<i>gabapentin tab 800 mg</i>	26
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	126
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	126
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	126
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	126
<i>galantamine hydrobromide tab 12 mg</i>	126
<i>galantamine hydrobromide tab 4 mg</i>	126
<i>galantamine hydrobromide tab 8 mg</i>	126
GAMMAGARD INJ 1GM/10ML	124

<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	97
<i>gatifloxacin ophth soln 0.5%</i>	121
GAVRETO CAP 100MG	55
<i>gemfibrozil tab 600 mg</i>	42
<i>gentamicin sulfate cream 0.1%</i>	86
<i>gentamicin sulfate oint 0.1%</i>	86
<i>gentamicin sulfate ophth oint 0.3%</i>	121
<i>gentamicin sulfate ophth soln 0.3%</i>	121
GENVOYA TAB	68
GILENYA CAP 0.5MG	128
GILOTRIF TAB 20MG	55
GILOTRIF TAB 30MG	55
GILOTRIF TAB 40MG	55
GLASSIA INJ	130
GLEOSTINE CAP 100MG	51
GLEOSTINE CAP 10MG	51
GLEOSTINE CAP 40MG	51
GLIADEL WAF 7.7MG	51
<i>glimepiride tab 1 mg</i>	37
<i>glimepiride tab 2 mg</i>	37
<i>glimepiride tab 4 mg</i>	37
<i>glipizide tab 10 mg</i>	37
<i>glipizide tab 5 mg</i>	37
<i>glipizide tab er 24hr 10 mg</i>	37
<i>glipizide tab er 24hr 2.5 mg</i>	37
<i>glipizide tab er 24hr 5 mg</i>	37
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	33
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	33
<i>glipizide-metformin hcl tab 5-500 mg</i>	33
GLUCAGEN INJ HYPOKIT	35
<i>glucagon (rdna) for inj kit 1 mg</i>	35
GLUCAGON EMR SOL 1MG	35
<i>glyburide micronized tab 1.5 mg</i>	37
<i>glyburide micronized tab 3 mg</i>	37
<i>glyburide micronized tab 6 mg</i>	37
<i>glyburide tab 1.25 mg</i>	37
<i>glyburide tab 2.5 mg</i>	37
<i>glyburide tab 5 mg</i>	37
<i>glyburide-metformin tab 1.25-250 mg</i>	33
<i>glyburide-metformin tab 2.5-500 mg</i>	33
<i>glyburide-metformin tab 5-500 mg</i>	33
<i>glycopyrrolate oral soln 1 mg/5ml</i> ..	133
<i>glycopyrrolate tab 1 mg</i>	133

<i>glycopyrrolate tab 2 mg</i>	133
GLYXAMBI TAB 10-5 MG	34
GLYXAMBI TAB 25-5 MG	34
GOLYTELY SOL.....	109
<i>granisetron hcl tab 1 mg</i>	38
<i>griseofulvin microsize susp 125 mg/5ml</i>	40
<i>griseofulvin microsize tab 500 mg</i> ...	40
<i>griseofulvin ultramicrosize tab 125 mg</i>	40
<i>griseofulvin ultramicrosize tab 250 mg</i>	40
<i>guaifenesin-codeine liquid 225-7.5</i> <i>mg/5ml</i>	84
<i>guaifenesin-codeine soln 100-10</i> <i>mg/5ml</i>	84
<i>guanfacine hcl tab 1 mg</i>	46
<i>guanfacine hcl tab 2 mg</i>	46
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	3
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	3
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	3
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	3
GUANIDINE TAB 125MG	50
GVOKE HYPO 1 INJ .5/.1ML	35
GVOKE HYPO 1 INJ 1MG/.2ML.....	35
GVOKE PFS INJ	35
GYNOL II GEL 3%	136
H	
HALDOL DECAN INJ 100MG/ML	64
HALDOL DECAN INJ 50MG/ML.....	64
HALDOL INJ 5MG/ML	64
<i>halobetasol propionate cream 0.05%</i>	90
<i>halobetasol propionate oint 0.05%</i> ...	90
<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	64
<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	64
<i>haloperidol lactate inj 5 mg/ml</i>	64
<i>haloperidol lactate oral conc 2 mg/ml</i>	64
<i>haloperidol tab 0.5 mg</i>	64
<i>haloperidol tab 1 mg</i>	64
<i>haloperidol tab 10 mg</i>	64
<i>haloperidol tab 2 mg</i>	64

<i>haloperidol tab 20 mg</i>	64
<i>haloperidol tab 5 mg</i>	64
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	24
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	24
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	24
<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	24
HEXALEN CAP 50MG	51
<i>homatropine hbr ophth soln 5%</i>	120
HUMALOG INJ 100/ML	36
HUMALOG MIX INJ 50/50KWP.....	36
HUMATROPE INJ 12MG	97
HUMATROPE INJ 24MG	97
HUMATROPE INJ 5MG	97
HUMATROPE INJ 6MG	97
HUMIRA INJ 10/0.1ML	6
HUMIRA INJ 10MG/0.2	6
HUMIRA INJ 20/0.2ML	6
HUMIRA INJ 40/0.4ML	6
HUMIRA KIT 20MG/0.4	6
HUMIRA KIT 40MG/0.8	6
HUMIRA PEDIA INJ CROHNS	6
HUMIRA PEN INJ 40/0.4ML.....	6
HUMIRA PEN INJ CD/UC/HS.....	6
HUMIRA PEN KIT CD/UC/HS	6
HUMIRA PEN KIT PS/UV	6
HUMULIN R INJ U-500	36
HYCAMTIN CAP 0.25MG	59
HYCAMTIN CAP 1MG	59
<i>hydralazine hcl tab 10 mg</i>	50
<i>hydralazine hcl tab 100 mg</i>	50
<i>hydralazine hcl tab 25 mg</i>	50
<i>hydralazine hcl tab 50 mg</i>	50
<i>hydrochlorothiazide cap 12.5 mg</i>	95
<i>hydrochlorothiazide tab 12.5 mg</i>	95
<i>hydrochlorothiazide tab 25 mg</i>	95
<i>hydrochlorothiazide tab 50 mg</i>	95
<i>hydrocod polst-chlorphen polst er susp</i> <i>10-8 mg/5ml</i>	84
<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	84
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	84

hydrocodone-acetaminophen soln 7.5-325 mg/15ml12
hydrocodone-acetaminophen tab 10-325 mg12
hydrocodone-acetaminophen tab 5-325 mg12
hydrocodone-acetaminophen tab 7.5-325 mg12
hydrocodone-ibuprofen tab 7.5-200 mg12
hydrocortisone acetate suppos 25 mg14
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<i>lidocaine hcl gel 2%</i>	91	<i>lopinavir-ritonavir tab 100-25 mg</i>	69
<i>lidocaine hcl lotion 3%</i>	91	<i>lopinavir-ritonavir tab 200-50 mg</i>	69
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<i>lidocaine hcl viscous soln 2%</i>	116	<i>lorazepam tab 1 mg</i>	18
<i>lidocaine oint 5%</i>	91	<i>lorazepam tab 2 mg</i>	18
<i>lidocaine patch 5%</i>	91	<i>losartan potassium &</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	91	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
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<i>liothyronine sodium tab 5 mcg</i>	132	<i>losartan potassium tab 100 mg</i>	45
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<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	4
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	4
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<i>methylphenidate hcl tab 10 mg</i>	4
<i>methylphenidate hcl tab 20 mg</i>	4
<i>methylphenidate hcl tab 5 mg</i>	4
<i>methylphenidate hcl tab er 10 mg</i>	4
<i>methylphenidate hcl tab er 20 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	4
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	5
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	5
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<i>methylphenidate td patch 15 mg/9hr</i> .	5
<i>methylphenidate td patch 20 mg/9hr</i> .	5
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<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	103
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	103
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<i>metoprolol succinate tab er 24hr 50 mg</i>	
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<i>metronidazole cap 375 mg</i>	14
<i>metronidazole cream 0.75%</i>	92
<i>metronidazole gel 0.75%</i>	92
<i>metronidazole lotion 0.75%</i>	92
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<i>midodrine hcl tab 2.5 mg</i>	137
<i>midodrine hcl tab 5 mg</i>	137
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<i>miglitol tab 50 mg</i>	33
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<i>minocycline hcl cap 50 mg</i>	131
<i>minocycline hcl cap 75 mg</i>	131
<i>minoxidil tab 10 mg</i>	50
<i>minoxidil tab 2.5 mg</i>	50
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<i>mirtazapine orally disintegrating tab 30</i>	
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<i>mirtazapine orally disintegrating tab 45</i>	
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<i>mirtazapine tab 15 mg</i>	29
<i>mirtazapine tab 30 mg</i>	29
<i>mirtazapine tab 45 mg</i>	29
<i>mirtazapine tab 7.5 mg</i>	29
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<i>misoprostol tab 200 mcg</i>	134
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<i>mitoxantrone hcl inj conc 25</i>	
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<i>mitoxantrone hcl inj conc 30 mg/15ml</i>	
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<i>modafinil tab 200 mg</i>	5
<i>moexipril hcl tab 15 mg</i>	44
<i>moexipril hcl tab 7.5 mg</i>	44
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<i>moexipril-hydrochlorothiazide tab 15-</i>	
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<i>mometasone furoate oint 0.1%</i>	90
<i>mometasone furoate solution 0.1%</i>	
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<i>montelukast sodium chew tab 4 mg</i>	
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<i>montelukast sodium chew tab 5 mg</i>	
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<i>montelukast sodium oral granules</i>	
packet 4 mg (base equiv)	19
<i>montelukast sodium tab 10 mg (base</i>	
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<i>morphine sulfate oral soln 10 mg/5ml</i>	
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<i>morphine sulfate oral soln 100 mg/5ml</i>	
(20 mg/ml)	10
<i>morphine sulfate oral soln 20 mg/5ml</i>	
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<i>morphine sulfate suppos 10 mg</i>	10
<i>morphine sulfate suppos 20 mg</i>	10
<i>morphine sulfate suppos 5 mg</i>	10
<i>morphine sulfate tab 15 mg</i>	10
<i>morphine sulfate tab 30 mg</i>	10
<i>morphine sulfate tab er 15 mg</i>	10
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mycophenolate mofetil tab 500 mg	115
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<i>norethindrone acetate tab 5 mg</i>	126	NUCYNTA ER TAB 250MG	10
<i>norethindrone acetate-ethinyl estradiol</i>		NUCYNTA ER TAB 50MG	10
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<i>norgestimate-eth estrad tab 0.18-</i>		<i>unit/gm.....</i>	87
<i>25/0.215-25/0.25-25 mg-mcg</i>	82	<i>nystatin-triamcinolone cream 100000-</i>	
<i>norgestimate-eth estrad tab 0.18-</i>		<i>0.1 unit/gm-%</i>	87
<i>35/0.215-35/0.25-35 mg-mcg</i>	82	<i>nystatin-triamcinolone oint 100000-0.1</i>	
		<i>unit/gm-%</i>	87

O	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml) vial for injection</i>	99
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml) vial for injection</i>	99
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml) vial for injection</i>	99
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml) vial for injection</i>	99
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SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	100
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ORKAMBI GRA 75-94MG.....	130	<i>oxycodone hcl soln 5 mg/5ml</i>	11
ORKAMBI TAB 100-125.....	130	<i>oxycodone hcl tab 10 mg</i>	11
ORKAMBI TAB 200-125.....	130	<i>oxycodone hcl tab 15 mg</i>	11
<i>orphenadrine citrate tab er 12hr 100</i>		<i>oxycodone hcl tab 20 mg</i>	11
<i>mg</i>	118	<i>oxycodone hcl tab 30 mg</i>	11
<i>orphenadrine w/ aspirin & caffeine tab</i>		<i>oxycodone hcl tab 5 mg</i>	11
<i>50-770-60 mg.....</i>	118	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	
<i>oseltamivir phosphate cap 30 mg (base</i>			11
<i>equiv)</i>	72	<i>oxycodone hcl tab er 12hr deter 15 mg</i>	
<i>oseltamivir phosphate cap 45 mg (base</i>			11
<i>equiv)</i>	72	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	
<i>oseltamivir phosphate cap 75 mg (base</i>			11
<i>equiv)</i>	72	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	
<i>oseltamivir phosphate for susp 6</i>			11
<i>mg/ml (base equiv)</i>	72	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	
OSMOPREP TAB 1.5GM	110		11
OSPHENA TAB 60MG.....	98	<i>oxycodone w/ acetaminophen tab 10-</i>	
OTEZLA TAB 10/20/30	8	<i>325 mg</i>	12
OTEZLA TAB 30MG	8	<i>oxycodone w/ acetaminophen tab 2.5-</i>	
OVIDREL INJ.....	97	<i>325 mg</i>	12
<i>oxandrolone tab 10 mg</i>	13	<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>oxandrolone tab 2.5 mg</i>	13	<i>325 mg</i>	12
<i>oxaprozin tab 600 mg</i>	8	<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>oxazepam cap 10 mg.....</i>	18	<i>325 mg</i>	12
<i>oxazepam cap 15 mg.....</i>	18	<i>oxycodone-aspirin tab 4.8355-325 mg</i>	
<i>oxazepam cap 30 mg.....</i>	18		12
OXBRYTA TAB 300MG	107	<i>oxycodone-ibuprofen tab 5-400 mg..</i>	12
OXBRYTA TAB 500MG	107	OXYCONTIN TAB 10MG ER	11
<i>oxcarbazepine susp 300 mg/5ml (60</i>		OXYCONTIN TAB 15MG ER	11
<i>mg/ml)</i>	27	OXYCONTIN TAB 20MG ER	11
<i>oxcarbazepine tab 150 mg</i>	27	OXYCONTIN TAB 40MG ER	11
<i>oxcarbazepine tab 300 mg</i>	27	OXYCONTIN TAB 80MG ER	11
<i>oxcarbazepine tab 600 mg</i>	27	<i>oxymorphone hcl tab 10 mg</i>	11
<i>oxiconazole nitrate cream 1%.....</i>	87	<i>oxymorphone hcl tab 5 mg</i>	11
OXISTAT LOT 1%	87	<i>oxymorphone hcl tab er 12hr 10 mg..</i>	11
OXSORALEN LOT 1%	91	<i>oxymorphone hcl tab er 12hr 15 mg..</i>	11
<i>oxybutynin chloride syrup 5 mg/5ml</i>		<i>oxymorphone hcl tab er 12hr 20 mg..</i>	11
.....	135	<i>oxymorphone hcl tab er 12hr 30 mg..</i>	11
<i>oxybutynin chloride tab 5 mg.....</i>	135	<i>oxymorphone hcl tab er 12hr 40 mg..</i>	11
<i>oxybutynin chloride tab er 24hr 10 mg</i>		<i>oxymorphone hcl tab er 12hr 5 mg...11</i>	
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<i>oxybutynin chloride tab er 24hr 15 mg</i>		OZEMPIC INJ 2/1.5ML.....	35
.....	135	OZEMPIC INJ 4MG/3ML	35

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PALFORZIA CAP LEVEL 1 5

PALFORZIA CAP LEVEL 10 6

PALFORZIA CAP LEVEL 2 5

PALFORZIA CAP LEVEL 3 5

PALFORZIA CAP LEVEL 4 5

PALFORZIA CAP LEVEL 5 5

PALFORZIA CAP LEVEL 6 5

PALFORZIA CAP LEVEL 7 5

PALFORZIA CAP LEVEL 8 6

PALFORZIA CAP LEVEL 9 6

PALFORZIA POW LEVEL 11 6

paliperidone tab er 24hr 1.5 mg63

paliperidone tab er 24hr 3 mg63

paliperidone tab er 24hr 6 mg63

paliperidone tab er 24hr 9 mg63

palonosetron hcl iv soln 0.25 mg/5ml
(base equivalent)38

PALONOSETRON HCL IV SOLN PREF
SYR 0.25 MG/5ML (BASE EQUIV) ...38

pamidronate disodium for inj 30 mg .95

pamidronate disodium for inj 90 mg .95

pamidronate disodium iv soln 3 mg/ml
.....95

pamidronate disodium iv soln 9 mg/ml
.....95

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PANCREAZE CAP 16800UNT93

PANCREAZE CAP 21000UNT93

PANCREAZE CAP 2600UNIT93

PANCREAZE CAP 3700093

PANCREAZE CAP 4200UNIT93

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(base equiv)134

pantoprazole sodium ec tab 40 mg
(base equiv)134

paricalcitol cap 1 mcg98

paricalcitol cap 2 mcg98

paricalcitol cap 4 mcg98

paromomycin sulfate cap 250 mg 6

paroxetine hcl tab 10 mg30

paroxetine hcl tab 20 mg30

paroxetine hcl tab 30 mg30

paroxetine hcl tab 40 mg30

paroxetine hcl tab er 24hr 12.5 mg ..30

paroxetine hcl tab er 24hr 25 mg30

paroxetine hcl tab er 24hr 37.5 mg ..30

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for soln 236 gm.....109

peg 3350-kcl-na bicarb-nacl-na sulfate
for soln 240 gm.....110

peg 3350-kcl-sod bicarb-nacl for soln
420 gm110

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PEGASYS INJ 180MCG/M71

PEGASYS INJ PROCLICK71

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PEG-INTRON KIT 120MCG71

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mg/5ml125

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<i>phenelzine sulfate tab 15 mg</i>	29
<i>phenobarbital tab 100 mg</i>	108
<i>phenobarbital tab 15 mg</i>	108
<i>phenobarbital tab 16.2 mg</i>	108
<i>phenobarbital tab 30 mg</i>	108
<i>phenobarbital tab 32.4 mg</i>	108
<i>phenobarbital tab 60 mg</i>	108
<i>phenobarbital tab 64.8 mg</i>	108
<i>phenobarbital tab 97.2 mg</i>	108
<i>phenoxybenzamine hcl cap 10 mg</i>	45
<i>phentermine hcl cap 15 mg</i>	2
<i>phentermine hcl cap 30 mg</i>	2
<i>phentermine hcl cap 37.5 mg</i>	2
<i>phentermine hcl tab 37.5 mg</i>	2
<i>phenylephrine hcl ophth soln 10%</i> ..	120
<i>phenylephrine hcl ophth soln 2.5%</i> ..	120
<i>phenytoin chew tab 50 mg</i>	28
<i>phenytoin sodium extended cap 100</i> <i>mg</i>	28
<i>phenytoin susp 125 mg/5ml</i>	28
<i>PHEXXI GEL</i>	136
<i>PHOSPHOLINE SOL 0.125%OP</i>	120
<i>phytonadione tab 5 mg</i>	137
<i>PICATO GEL 0.015%</i>	87
<i>PICATO GEL 0.05%</i>	87
<i>pilocarpine hcl ophth soln 1%</i>	120
<i>pilocarpine hcl ophth soln 2%</i>	121
<i>pilocarpine hcl ophth soln 4%</i>	121
<i>pilocarpine hcl tab 5 mg</i>	117
<i>pilocarpine hcl tab 7.5 mg</i>	117
<i>pimecrolimus cream 1%</i>	91
<i>pimozide tab 1 mg</i>	129
<i>pimozide tab 2 mg</i>	129
<i>pindolol tab 10 mg</i>	73
<i>pindolol tab 5 mg</i>	73
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<i>pioglitazone hcl tab 30 mg (base equiv)</i>	36
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	36
<i>pioglitazone hcl-glimepiride tab 30-2</i> <i>mg</i>	34
<i>pioglitazone hcl-glimepiride tab 30-4</i> <i>mg</i>	34
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>500 mg</i>	34
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<i>PIQRAY 250MG TAB DOSE</i>	56
<i>PIQRAY 300MG TAB DOSE</i>	56
<i>pirfenidone tab 267 mg</i>	130
<i>pirfenidone tab 801 mg</i>	130
<i>piroxicam cap 10 mg</i>	8
<i>piroxicam cap 20 mg</i>	8
<i>podofilox soln 0.5%</i>	91
<i>polyethylene glycol 3350 oral packet</i> <i>17 gm</i>	110
<i>polyethylene glycol 3350 oral powder</i> <i>17 gm/scoop</i>	110
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	121
<i>poly-vit/fe dro /fl 0.25</i>	117
<i>POMALYST CAP 1MG</i>	53
<i>POMALYST CAP 2MG</i>	53
<i>POMALYST CAP 3MG</i>	53
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<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	114
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<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	104
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<i>mg</i>	60	<i>15 mg/5ml (base equiv)</i>	83
<i>pramipexole dihydrochloride tab 0.25</i>		<i>prednisolone sodium phosphate oral</i>	
<i>mg</i>	60	<i>soln 25 mg/5ml (base eq)</i>	83
<i>pramipexole dihydrochloride tab 0.5</i>		<i>prednisolone syrup 15 mg/5ml (usp</i>	
<i>mg</i>	60	<i>solution equivalent)</i>	83
<i>pramipexole dihydrochloride tab 0.75</i>		PREDNISONE CON 5MG/ML	83
<i>mg</i>	60	<i>prednisone oral soln 5 mg/5ml.....</i>	83
<i>pramipexole dihydrochloride tab 1 mg</i>		<i>prednisone tab 1 mg.....</i>	83
<i>.....</i>	60	<i>prednisone tab 10 mg.....</i>	83
<i>pramipexole dihydrochloride tab 1.5</i>		<i>prednisone tab 2.5 mg.....</i>	83
<i>mg</i>	60	<i>prednisone tab 20 mg.....</i>	83
<i>pramipexole dihydrochloride tab er</i>		<i>prednisone tab 5 mg.....</i>	83
<i>24hr 0.375 mg</i>	60	<i>prednisone tab 50 mg.....</i>	84
<i>pramipexole dihydrochloride tab er</i>		<i>prednisone tab therapy pack 10 mg</i>	
<i>24hr 0.75 mg</i>	60	<i>(21).....</i>	84
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<i>24hr 1.5 mg</i>	60	<i>(48).....</i>	84
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<i>24hr 2.25 mg</i>	60	<i>.....</i>	84
<i>pramipexole dihydrochloride tab er</i>		<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>24hr 3 mg</i>	60	<i>.....</i>	84
<i>pramipexole dihydrochloride tab er</i>		<i>pregabalin cap 100 mg</i>	27
<i>24hr 3.75 mg</i>	60	<i>pregabalin cap 150 mg</i>	27
<i>pramipexole dihydrochloride tab er</i>		<i>pregabalin cap 200 mg</i>	27
<i>24hr 4.5 mg</i>	60	<i>pregabalin cap 225 mg</i>	27
<i>pramox gel 1%</i>	91	<i>pregabalin cap 25 mg</i>	27
<i>pramoxine-hc cream 1-2.5%</i>	90	<i>pregabalin cap 300 mg</i>	27
<i>prasugrel hcl tab 10 mg (base equiv)</i>		<i>pregabalin cap 50 mg</i>	27
<i>.....</i>	106	<i>pregabalin cap 75 mg</i>	27
<i>prasugrel hcl tab 5 mg (base equiv)</i>	106	<i>pregabalin soln 20 mg/ml.....</i>	27
<i>pravastatin sodium tab 10 mg</i>	42	<i>pregnyl inj 10000unt</i>	97
<i>pravastatin sodium tab 20 mg</i>	42	PREMARIN TAB 0.3MG	101
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PREZISTA TAB 150MG	69
PREZISTA TAB 600MG	69
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promethazine hcl suppos 25 mg	41
promethazine hcl syrup 6.25 mg/5ml	41
promethazine hcl tab 12.5 mg	41
promethazine hcl tab 25 mg	41
promethazine hcl tab 50 mg	41
promethazine w/ codeine syrup 6.25- 10 mg/5ml	84
promethazine-dm syrup 6.25-15 mg/5ml	84
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	84
propafenone hcl cap er 12hr 225 mg	18
propafenone hcl cap er 12hr 325 mg	18
propafenone hcl cap er 12hr 425 mg	18
propafenone hcl tab 150 mg	18

propafenone hcl tab 225 mg	18
propafenone hcl tab 300 mg	18
propranolol & hydrochlorothiazide tab 40-25 mg	49
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propranolol hcl tab 10 mg	73
propranolol hcl tab 20 mg	73
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<i>quetiapine fumarate tab 50 mg</i>	65
<i>quetiapine fumarate tab er 24hr 150 mg</i>	65
<i>quetiapine fumarate tab er 24hr 200 mg</i>	65
<i>quetiapine fumarate tab er 24hr 300 mg</i>	65
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<i>quetiapine fumarate tab er 24hr 50 mg</i>	65
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QUILLICHEW CHW 30MG ER	5
QUILLICHEW CHW 40MG ER	5
QUILLIVANT SUS 25MG/5ML	5
<i>quinapril hcl tab 10 mg</i>	44
<i>quinapril hcl tab 20 mg</i>	44
<i>quinapril hcl tab 40 mg</i>	44
<i>quinapril hcl tab 5 mg</i>	44
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	49
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	49
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	49
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<i>quinidine sulfate tab er 300 mg</i>	18
<i>quinine sulfate cap 324 mg</i>	50
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<i>ramipril cap 1.25 mg</i>	44
<i>ramipril cap 10 mg</i>	45
<i>ramipril cap 2.5 mg</i>	44
<i>ramipril cap 5 mg</i>	45
<i>ranitidine hcl cap 150 mg</i>	133
<i>ranitidine hcl cap 300 mg</i>	134
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	134
<i>ranitidine hcl tab 150 mg</i>	134
<i>ranitidine hcl tab 300 mg</i>	134
<i>ranolazine tab er 12hr 1000 mg</i>	16
<i>ranolazine tab er 12hr 500 mg</i>	16
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	61
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	61
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REBIF INJ 22/0.5	128
REBIF INJ 44/0.5	128
REBIF REBIDO INJ 22/0.5	128
REBIF REBIDO INJ 44/0.5	128
REBIF REBIDO INJ TITRATN	128
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RECTIV OIN 0.4%	14
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RENAGEL TAB 400MG	104
<i>repaglinide tab 0.5 mg</i>	36
<i>repaglinide tab 1 mg</i>	37
<i>repaglinide tab 2 mg</i>	37
REPATHA INJ 140MG/ML	43
REPATHA PUSH INJ 420/3.5	43
REPATHA SURE INJ 140MG/ML	43
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REVLIMID CAP 15MG	115
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RHOPRESSA SOL 0.02%	122	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	127
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<i>ribasphere tab 400mg</i>	71	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	127
<i>ribavirin cap 200 mg</i>	71	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	127
<i>ribavirin tab 200 mg</i>	71	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	127
<i>ribavirin tab 600 mg</i>	71	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	127
RIDAURA CAP 3MG	7	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	113
<i>rifabutin cap 150 mg</i>	51	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	113
RIFAMATE CAP	51	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	113
<i>rifampin cap 150 mg</i>	51	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	113
<i>rifampin cap 300 mg</i>	51	ROCKLATAN DRO	122
RIFATER TAB	51	<i>ropinirole hydrochloride tab 0.25 mg</i>	60
RILUTEK TAB 50MG	119	<i>ropinirole hydrochloride tab 0.5 mg</i>	60
<i>riluzole tab 50 mg</i>	119	<i>ropinirole hydrochloride tab 1 mg</i>	61
<i>rimantadine hydrochloride tab 100 mg</i>	72	<i>ropinirole hydrochloride tab 2 mg</i>	61
RINVOQ TAB 15MG ER	6	<i>ropinirole hydrochloride tab 3 mg</i>	61
RINVOQ TAB 30MG ER	6	<i>ropinirole hydrochloride tab 4 mg</i>	61
RINVOQ TAB 45MG ER	6	<i>ropinirole hydrochloride tab 5 mg</i>	61
<i>risedronate sodium tab 150 mg</i>	96	<i>rosuvastatin calcium tab 10 mg</i>	43
<i>risedronate sodium tab 30 mg</i>	96	<i>rosuvastatin calcium tab 20 mg</i>	43
<i>risedronate sodium tab 35 mg</i>	96	<i>rosuvastatin calcium tab 40 mg</i>	43
<i>risedronate sodium tab 5 mg</i>	95	<i>rosuvastatin calcium tab 5 mg</i>	43
<i>risperidone orally disintegrating tab 0.25 mg</i>	63	ROZLYTREK CAP 100MG	57
<i>risperidone orally disintegrating tab 0.5 mg</i>	63	ROZLYTREK CAP 200MG	57
<i>risperidone orally disintegrating tab 1 mg</i>	63	RUBRACA TAB 200MG	57
<i>risperidone orally disintegrating tab 2 mg</i>	63	RUBRACA TAB 250MG	57
<i>risperidone orally disintegrating tab 3 mg</i>	63	RUBRACA TAB 300MG	57
<i>risperidone orally disintegrating tab 4 mg</i>	63	<i>rufinamide susp 40 mg/ml</i>	27
<i>risperidone orally disintegrating tab 4 mg</i>	63	<i>rufinamide tab 200 mg</i>	27
<i>risperidone soln 1 mg/ml</i>	63	<i>rufinamide tab 400 mg</i>	27
<i>risperidone tab 0.25 mg</i>	63	RUKOBIA TAB 600MG ER	69
<i>risperidone tab 0.5 mg</i>	63	RUZURGI TAB 10MG	50
<i>risperidone tab 1 mg</i>	63	RYBELSUS TAB 14MG	35
<i>risperidone tab 2 mg</i>	63	RYBELSUS TAB 3MG	35
<i>risperidone tab 3 mg</i>	63	RYBELSUS TAB 7MG	35
<i>risperidone tab 4 mg</i>	64	RYDAPT CAP 25MG	57
<i>ritonavir tab 100 mg</i>	69		
RITUXAN INJ 100MG	52		
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	127		

S	
<i>salicylic acid cream 6%</i>	91
SANCUSO DIS 3.1MG	38
SANTYL OIN 250/GM	91
<i>sapropterin dihydrochloride powder</i> <i>packet 100 mg</i>	98
<i>sapropterin dihydrochloride powder</i> <i>packet 500 mg</i>	99
<i>sapropterin dihydrochloride tab 100 mg</i>	99
SAVAYSA TAB 15MG	23
SAVELLA MIS TITR PAK	127
SAVELLA TAB 100MG	127
SAVELLA TAB 12.5MG	127
SAVELLA TAB 25MG	127
SAVELLA TAB 50MG	127
SAXENDA INJ 18MG/3ML	2
<i>scopolamine td patch 72hr 1 mg/3days</i>	39
SECUADO DIS 3.8MG	65
SECUADO DIS 5.7MG	65
SECUADO DIS 7.6MG	65
<i>selegiline hcl cap 5 mg</i>	61
<i>selegiline hcl tab 5 mg</i>	61
<i>selenium sulfide lotion 2.5%</i>	88
SELZENTRY SOL 20MG/ML	69
SELZENTRY TAB 25MG	69
SELZENTRY TAB 75MG	69
SEREVENT DIS AER 50MCG	22
<i>sertraline hcl oral concentrate for</i> <i>solution 20 mg/ml</i>	30
<i>sertraline hcl tab 100 mg</i>	31
<i>sertraline hcl tab 25 mg</i>	30
<i>sertraline hcl tab 50 mg</i>	31
<i>sevelamer carbonate packet 0.8 gm</i> 104	
<i>sevelamer carbonate packet 2.4 gm</i> 104	
<i>sevelamer carbonate tab 800 mg</i> ...	104
<i>sevelamer hcl tab 800 mg</i>	104
SHUR-SEAL GEL 2%	136
<i>sildenafil citrate for suspension 10</i> <i>mg/ml</i>	78
<i>sildenafil citrate iv soln 10 mg/12.5ml</i> <i>(base equivalent)</i>	78
<i>sildenafil citrate tab 100 mg</i>	77
<i>sildenafil citrate tab 20 mg</i>	78
<i>sildenafil citrate tab 25 mg</i>	77
<i>sildenafil citrate tab 50 mg</i>	77
<i>silodosin cap 4 mg</i>	105
<i>silodosin cap 8 mg</i>	105
<i>silver sulfadiazine cream 1%</i>	88
SIMBRINZA SUS 1-0.2%	121
SIMULECT INJ 10MG	116
SIMULECT INJ 20MG	116
<i>simvastatin tab 10 mg</i>	43
<i>simvastatin tab 20 mg</i>	43
<i>simvastatin tab 40 mg</i>	43
<i>simvastatin tab 5 mg</i>	43
<i>simvastatin tab 80 mg</i>	43
<i>sirolimus oral soln 1 mg/ml</i>	116
<i>sirolimus tab 0.5 mg</i>	116
<i>sirolimus tab 1 mg</i>	116
<i>sirolimus tab 2 mg</i>	116
SIRTURO TAB 100MG	51
SIRTURO TAB 20MG	51
SKYLA IUD 13.5MG	82
SKYRIZI INJ 150DOSE	88
SKYRIZI INJ 150MG/ML	88
SKYRIZI INJ 360/2.4	103
SKYRIZI PEN INJ 150MG/ML	88
<i>sodium chloride irrigation soln 0.9%</i>	104
<i>sodium fluoride chew tab 0.25 mg f</i> <i>(from 0.55 mg naf)</i>	114
<i>sodium fluoride chew tab 0.5 mg f</i> <i>(from 1.1 mg naf)</i>	114
<i>sodium fluoride chew tab 1 mg f (from</i> <i>2.2 mg naf)</i>	114
<i>sodium fluoride cream 1.1%</i>	117
<i>sodium fluoride gel 1.1% (0.5% f)</i> .	117
<i>sodium fluoride rinse 0.2%</i>	117
<i>sodium fluoride soln 0.125 mg/drop f</i> <i>(0.275 mg/drop naf)</i>	114
<i>sodium fluoride soln 0.25 mg/drop f</i> <i>(from 0.55 mg/drop naf)</i>	114
<i>sodium fluoride soln 0.5 mg/ml f (from</i> <i>1.1 mg/ml naf)</i>	114
<i>sodium fluoride tab 0.5 mg f (from 1.1</i> <i>mg naf)</i>	114
<i>sodium fluoride tab 1 mg f (from 2.2</i> <i>mg naf)</i>	114
<i>sodium phenylbutyrate tab 500 mg</i> ..	99
<i>sodium polystyrene sulfonate oral susp</i> <i>15 gm/60ml</i>	116

<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	116	STIVARGA TAB 40MG	57
<i>solifenacin succinate tab 10 mg</i>	135	STRENSIQ INJ 18/0.45	99
<i>solifenacin succinate tab 5 mg</i>	135	STRENSIQ INJ 28/0.7ML	99
SOLQUA INJ 100/33	34	STRENSIQ INJ 40MG/ML	99
SOLU-CORTEF INJ 100MG	84	STRENSIQ INJ 80/0.8ML	99
SOMATULINE INJ 120/.5ML	100	<i>streptomycin sulfate for inj 1 gm</i>	6
SOMATULINE INJ 60/0.2ML	100	STRIBILD TAB.....	70
SOMATULINE INJ 90/0.3ML	100	SUCRAID SOL 8500/ML.....	93
SOMAVERT INJ 10MG	97	<i>sucralfate susp 1 gm/10ml</i>	134
SOMAVERT INJ 15MG	97	<i>sucralfate tab 1 gm</i>	134
SOMAVERT INJ 20MG	97	<i>sulconazole nitrate cream 1%</i>	87
SOMAVERT INJ 25MG	97	<i>sulfacetamide sodium liquid 10%</i>	88
SOMAVERT INJ 30MG	97	<i>sulfacetamide sodium lotion 10%</i> <i>(acne)</i>	85
SOOLANTRA CRE 1%	92	<i>sulfacetamide sodium ophth soln 10%</i>	121
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	57	<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	85
<i>sotalol hcl (afib/afl) tab 120 mg</i>	73	<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	85
<i>sotalol hcl (afib/afl) tab 160 mg</i>	74	<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	86
<i>sotalol hcl (afib/afl) tab 80 mg</i>	73	<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	86
<i>sotalol hcl tab 120 mg</i>	74	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	122
<i>sotalol hcl tab 160 mg</i>	74	SULFADIAZINE TAB 500 MG	130
<i>sotalol hcl tab 240 mg</i>	74	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	15
<i>sotalol hcl tab 80 mg</i>	74	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	15
<i>spinosad susp 0.9%</i>	92	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	15
SPIRIVA AER 1.25MCG.....	19	SULFAMYLON PAK 5%	88
SPIRIVA CAP HANDIHLR.....	19	<i>sulfasalazine tab 500 mg</i>	103
SPIRIVA SPR 2.5MCG.....	19	<i>sulfasalazine tab delayed release 500 mg</i>	103
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	94	<i>sulindac tab 150 mg</i>	8
<i>spironolactone tab 100 mg</i>	94	<i>sulindac tab 200 mg</i>	8
<i>spironolactone tab 25 mg</i>	94	<i>sumatriptan nasal spray 20 mg/act</i>	113
<i>spironolactone tab 50 mg</i>	94	<i>sumatriptan nasal spray 5 mg/act</i>	113
SPRYCEL TAB 100MG	57	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	113
SPRYCEL TAB 140MG	57	<i>sumatriptan succinate solution auto- injector 4 mg/0.5ml</i>	113
SPRYCEL TAB 20MG.....	57	<i>sumatriptan succinate solution auto- injector 6 mg/0.5ml</i>	113
SPRYCEL TAB 50MG.....	57		
SPRYCEL TAB 70MG.....	57		
SPRYCEL TAB 80MG.....	57		
<i>stavudine cap 15 mg</i>	69		
<i>stavudine cap 20 mg</i>	69		
<i>stavudine cap 30 mg</i>	69		
<i>stavudine cap 40 mg</i>	69		
STELARA INJ 45MG/0.5	88		
STELARA INJ 90MG/ML	88		
STIMATE SOL 1.5MG/ML	99		
STIOLTO AER 2.5-2.5	22		

<i>sumatriptan succinate tab 100 mg</i> ...	113
<i>sumatriptan succinate tab 25 mg</i> ...	113
<i>sumatriptan succinate tab 50 mg</i> ...	113
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	57
<i>sunitinib malate cap 25 mg (base equivalent)</i>	57
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	57
<i>sunitinib malate cap 50 mg (base equivalent)</i>	57
SUNOSI TAB 75MG	3
SUPRAX CHW 100MG	80
SUPRAX CHW 200MG	80
SUPREP BOWEL SOL PREP KIT	110
SYMBICORT AER 160-4.5	22
SYMBICORT AER 80-4.5	22
SYMDEKO TAB 100-150	130
SYMDEKO TAB 50-75MG	130
SYMJEPI INJ 0.15MG	137
SYMJEPI INJ 0.3MG	137
SYMLINPEN 60 INJ 1000MCG	33
SYMLNPEN 120 INJ 1000MCG	33
SYMTUZA TAB	70
SYNAREL SOL 2MG/ML	98
SYNERA DIS 70-70MG	91
SYNJARDY TAB	34
SYNJARDY TAB 12.5-500	34
SYNJARDY TAB 5-1000MG	34
SYNJARDY TAB 5-500MG	34
SYNJARDY XR TAB	34
SYNJARDY XR TAB 10-1000	34
SYNJARDY XR TAB 25-1000	34
SYNJARDY XR TAB 5-1000MG	34
SYNTHROID TAB 100MCG	132
SYNTHROID TAB 112MCG	132
SYNTHROID TAB 125MCG	132
SYNTHROID TAB 137MCG	132
SYNTHROID TAB 150MCG	132
SYNTHROID TAB 175MCG	132
SYNTHROID TAB 200MCG	132
SYNTHROID TAB 25MCG	132
SYNTHROID TAB 300MCG	132
SYNTHROID TAB 50MCG	132
SYNTHROID TAB 75MCG	132
SYNTHROID TAB 88MCG	132

T	
TABLOID TAB 40MG	52
TABRECTA TAB 150MG	57
TABRECTA TAB 200MG	57
<i>tacrolimus cap 0.5 mg</i>	116
<i>tacrolimus cap 1 mg</i>	116
<i>tacrolimus cap 5 mg</i>	116
<i>tacrolimus oint 0.03%</i>	91
<i>tacrolimus oint 0.1%</i>	91
<i>tadalafil tab 10 mg</i>	77
<i>tadalafil tab 2.5 mg</i>	77
<i>tadalafil tab 20 mg</i>	77
<i>tadalafil tab 20 mg (pah)</i>	78
<i>tadalafil tab 5 mg</i>	77
TAFINLAR CAP 50MG	57
TAFINLAR CAP 75MG	57
TAGRISSO TAB 40MG	57
TAGRISSO TAB 80MG	57
TAKHZYRO INJ 300/2ML	106
TAMIFLU CAP 30MG	72
TAMIFLU CAP 45MG	72
TAMIFLU CAP 75MG	72
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	53
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	53
<i>tamsulosin hcl cap 0.4 mg</i>	105
TARON-BC MIS	118
TARPEYO CAP 4MG	84
TASIGNA CAP 150MG	57
TASIGNA CAP 200MG	57
TASIGNA CAP 50MG	57
<i>tazarotene cream 0.1%</i>	88
TAZORAC CRE 0.05%	88
TAZORAC GEL 0.05%	88
TAZORAC GEL 0.1%	88
TAZVERIK TAB 200MG	57
<i>telmisartan tab 20 mg</i>	45
<i>telmisartan tab 40 mg</i>	45
<i>telmisartan tab 80 mg</i>	45
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	49
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	49
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	49
<i>temazepam cap 15 mg</i>	109

<i>temazepam cap 22.5 mg</i>	109
<i>temazepam cap 30 mg</i>	109
<i>temazepam cap 7.5 mg</i>	109
<i>temozolomide cap 100 mg</i>	51
<i>temozolomide cap 140 mg</i>	52
<i>temozolomide cap 180 mg</i>	52
<i>temozolomide cap 20 mg</i>	51
<i>temozolomide cap 250 mg</i>	52
<i>temozolomide cap 5 mg</i>	51
<i>temsirolimus soln for iv infusion 25</i> <i>mg/ml</i>	57
<i>tenofovir disoproxil fumarate tab 300</i> <i>mg</i>	70
<i>terazosin hcl cap 1 mg (base</i> <i>equivalent)</i>	46
<i>terazosin hcl cap 10 mg (base</i> <i>equivalent)</i>	46
<i>terazosin hcl cap 2 mg (base</i> <i>equivalent)</i>	46
<i>terazosin hcl cap 5 mg (base</i> <i>equivalent)</i>	46
<i>terbinafine hcl tab 250 mg</i>	40
<i>terbutaline sulfate tab 2.5 mg</i>	22
<i>terbutaline sulfate tab 5 mg</i>	22
<i>terconazole vaginal cream 0.4%</i>	136
<i>terconazole vaginal cream 0.8%</i>	136
<i>testosterone cypionate im inj in oil 100</i> <i>mg/ml</i>	13
<i>testosterone cypionate im inj in oil 200</i> <i>mg/ml</i>	13
<i>testosterone enanthate im inj in oil 200</i> <i>mg/ml</i>	13
<i>testosterone td gel 12.5 mg/act (1%)</i>	14
<i>testosterone td gel 20.25 mg/1.25gm</i> <i>(1.62%)</i>	14
<i>testosterone td gel 20.25 mg/act</i> <i>(1.62%)</i>	14
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	14
<i>testosterone td gel 40.5 mg/2.5gm</i> <i>(1.62%)</i>	14
<i>testosterone td gel 50 mg/5gm (1%)</i>	14
<i>tetrabenazine tab 12.5 mg</i>	127
<i>tetrabenazine tab 25 mg</i>	127
<i>tetracycline hcl cap 250 mg</i>	131
<i>tetracycline hcl cap 500 mg</i>	131

THALOMID CAP 100MG	115
THALOMID CAP 150MG	115
THALOMID CAP 200MG	115
THALOMID CAP 50MG	115
<i>theophylline tab er 12hr 100 mg</i>	23
<i>theophylline tab er 12hr 200 mg</i>	23
<i>theophylline tab er 12hr 300 mg</i>	23
<i>theophylline tab er 12hr 450 mg</i>	23
<i>theophylline tab er 24hr 400 mg</i>	23
<i>theophylline tab er 24hr 600 mg</i>	23
THERACYS INJ	58
<i>thioridazine hcl tab 10 mg</i>	66
<i>thioridazine hcl tab 100 mg</i>	66
<i>thioridazine hcl tab 25 mg</i>	66
<i>thioridazine hcl tab 50 mg</i>	66
<i>thiothixene cap 1 mg</i>	67
<i>thiothixene cap 10 mg</i>	67
<i>thiothixene cap 2 mg</i>	67
<i>thiothixene cap 5 mg</i>	67
<i>thyroid tab 120 mg (2 grain)</i>	132
<i>thyroid tab 15 mg (1/4 grain)</i>	132
<i>thyroid tab 30 mg (1/2 grain)</i>	132
<i>thyroid tab 60 mg (1 grain)</i>	132
<i>thyroid tab 90 mg (1 1/2 grain)</i>	132
<i>tiagabine hcl tab 12 mg</i>	28
<i>tiagabine hcl tab 16 mg</i>	28
<i>tiagabine hcl tab 2 mg</i>	28
<i>tiagabine hcl tab 4 mg</i>	28
TICE BCG INJ	58
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	120
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	120
<i>timolol maleate ophth soln 0.25%</i> ..	120
<i>timolol maleate ophth soln 0.5%</i>	120
<i>timolol maleate preservative free ophth</i> <i>soln 0.5%</i>	120
<i>timolol maleate tab 10 mg</i>	74
<i>timolol maleate tab 20 mg</i>	74
<i>timolol maleate tab 5 mg</i>	74
<i>tinidazole tab 250 mg</i>	15
<i>tinidazole tab 500 mg</i>	15
TIROSINT CAP 100MCG	132
TIROSINT CAP 112MCG	132
TIROSINT CAP 125MCG	132
TIROSINT CAP 137MCG	133
TIROSINT CAP 13MCG	132

TIROSINT CAP 150MCG.....	133	<i>topiramate tab 100 mg</i>	27
TIROSINT CAP 175MCG.....	133	<i>topiramate tab 200 mg</i>	27
TIROSINT CAP 200	133	<i>topiramate tab 25 mg</i>	27
TIROSINT CAP 25MCG	132	<i>topiramate tab 50 mg</i>	27
TIROSINT CAP 50MCG	132	<i>toremifene citrate tab 60 mg (base</i>	
TIROSINT CAP 75MCG	132	<i>equivalent)</i>	53
TIROSINT CAP 88MCG	132	<i>torsemide tab 10 mg</i>	94
TIROSINT-SOL SOL 37.5/ML.....	133	<i>torsemide tab 100 mg</i>	94
TIROSINT-SOL SOL 44MCG/ML	133	<i>torsemide tab 20 mg</i>	94
TIROSINT-SOL SOL 62.5/ML.....	133	<i>torsemide tab 5 mg</i>	94
TIVICAY PD TAB 5MG.....	70	TRADJENTA TAB 5MG	35
TIVICAY TAB 10MG.....	70	<i>tramadol hcl tab 50 mg</i>	11
TIVICAY TAB 25MG.....	70	<i>tramadol hcl tab er 24hr 100 mg.....</i>	11
TIVICAY TAB 50MG.....	70	<i>tramadol hcl tab er 24hr 200 mg.....</i>	11
<i>tizanidine hcl cap 2 mg (base</i>		<i>tramadol hcl tab er 24hr 300 mg.....</i>	11
<i>equivalent)</i>	118	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tizanidine hcl cap 4 mg (base</i>		<i>mg</i>	12
<i>equivalent)</i>	118	<i>trandolapril tab 1 mg</i>	45
<i>tizanidine hcl cap 6 mg (base</i>		<i>trandolapril tab 2 mg</i>	45
<i>equivalent)</i>	118	<i>trandolapril tab 4 mg</i>	45
<i>tizanidine hcl tab 2 mg (base</i>		<i>tranexamic acid iv soln 1000 mg/10ml</i>	
<i>equivalent)</i>	118	<i>(100 mg/ml)</i>	108
<i>tizanidine hcl tab 4 mg (base</i>		<i>tranexamic acid tab 650 mg</i>	108
<i>equivalent)</i>	118	<i>tranylcypromine sulfate tab 10 mg ...</i>	29
TOBRADEX OIN 0.3-0.1%	122	<i>travoprost ophth soln 0.004%</i>	
<i>tobramycin nebu soln 300 mg/5ml</i>	6	<i>(benzalkonium free) (bak free) ...</i>	123
<i>tobramycin ophth soln 0.3%</i>	121	<i>trazodone hcl tab 100 mg</i>	31
<i>tobramycin-dexamethasone ophth susp</i>		<i>trazodone hcl tab 150 mg</i>	31
<i>0.3-0.1%.....</i>	122	<i>trazodone hcl tab 300 mg</i>	31
TODAY SPONGE MIS	136	<i>trazodone hcl tab 50 mg</i>	31
<i>tolazamide tab 250 mg</i>	37	TRECTOR TAB 250MG	51
<i>tolazamide tab 500 mg</i>	37	TRELEGY AER 100MCG.....	23
<i>tolbutamide tab 500 mg</i>	37	TRELEGY AER 200MCG.....	23
<i>tolcapone tab 100 mg</i>	59	TREMFYA INJ 100MG/ML	88
<i>tolmetin sodium cap 400 mg.....</i>	8	<i>treprostinil inj soln 100 mg/20ml (5</i>	
<i>tolmetin sodium tab 200 mg</i>	8	<i>mg/ml)</i>	77
<i>tolmetin sodium tab 600 mg</i>	8	<i>treprostinil inj soln 20 mg/20ml (1</i>	
<i>tolterodine tartrate cap er 24hr 2 mg</i>		<i>mg/ml)</i>	77
<i>.....</i>	135	<i>treprostinil inj soln 200 mg/20ml (10</i>	
<i>tolterodine tartrate cap er 24hr 4 mg</i>		<i>mg/ml)</i>	77
<i>.....</i>	135	<i>treprostinil inj soln 50 mg/20ml (2.5</i>	
<i>tolterodine tartrate tab 1 mg</i>	135	<i>mg/ml)</i>	77
<i>tolterodine tartrate tab 2 mg</i>	135	<i>tretinoin cap 10 mg</i>	58
<i>tolvaptan tab 15 mg</i>	100	<i>tretinoin cream 0.025%</i>	86
<i>tolvaptan tab 30 mg</i>	100	<i>tretinoin cream 0.05%</i>	86
<i>topiramate sprinkle cap 15 mg</i>	27	<i>tretinoin cream 0.1%</i>	86
<i>topiramate sprinkle cap 25 mg</i>	27	<i>tretinoin gel 0.01%</i>	86

<i>tretinoin gel 0.025%</i>	86
<i>triamcinolone acetonide cream 0.025%</i>	90
<i>triamcinolone acetonide cream 0.1%</i>	90
<i>triamcinolone acetonide cream 0.5%</i>	90
<i>triamcinolone acetonide dental paste 0.1%</i>	117
<i>triamcinolone acetonide lotion 0.025%</i>	90
<i>triamcinolone acetonide lotion 0.1%</i>	90
<i>triamcinolone acetonide oint 0.025%</i>	90
<i>triamcinolone acetonide oint 0.1%</i> ...	90
<i>triamcinolone acetonide oint 0.5%</i> ...	90
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	94
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	94
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	94
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	94
<i>triamterene cap 100 mg</i>	94
<i>triamterene cap 50 mg</i>	94
<i>triazolam tab 0.125 mg</i>	109
<i>triazolam tab 0.25 mg</i>	109
<i>trientine hcl cap 250 mg</i>	115
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	66
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	66
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	66
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	66
<i>trifluridine ophth soln 1%</i>	121
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	59
<i>trihexyphenidyl hcl tab 2 mg</i>	59
<i>trihexyphenidyl hcl tab 5 mg</i>	59
<i>TRIJARDY XR TAB</i>	34
<i>TRIKAFTA TAB</i>	130
<i>trimethobenzamide hcl cap 300 mg</i> ..	39
<i>trimethoprim tab 100 mg</i>	15
<i>trimipramine maleate cap 100 mg</i> ...	33
<i>trimipramine maleate cap 25 mg</i>	33
<i>trimipramine maleate cap 50 mg</i>	33
<i>TRINTELLIX TAB 10MG</i>	31

<i>TRINTELLIX TAB 20MG</i>	31
<i>TRINTELLIX TAB 5MG</i>	31
<i>TRIPHLUORIVI DRO 0.25MG</i>	117
<i>TRIUMEQ PD TAB</i>	70
<i>TRIUMEQ TAB</i>	70
<i>TRIZIVIR TAB</i>	70
<i>TROKENDI XR CAP 100MG</i>	27
<i>TROKENDI XR CAP 200MG</i>	27
<i>TROKENDI XR CAP 25MG</i>	27
<i>TROKENDI XR CAP 50MG</i>	27
<i>tropicamide ophth soln 0.5%</i>	120
<i>tropium chloride cap er 24hr 60 mg</i>	135
<i>tropium chloride tab 20 mg</i>	135
<i>TRULANCE TAB 3MG</i>	102
<i>TRULICITY INJ 0.75/0.5</i>	35
<i>TRULICITY INJ 1.5/0.5</i>	35
<i>TRULICITY INJ 3/0.5</i>	35
<i>TRULICITY INJ 4.5/0.5</i>	35
<i>TRUSELTIQ CAP 100MG</i>	57
<i>TRUSELTIQ CAP 125MG</i>	58
<i>TRUSELTIQ CAP 50MG</i>	57
<i>TRUSELTIQ CAP 75MG</i>	57
<i>tusnel c syp</i>	84
<i>TYBOST TAB 150MG</i>	70
<i>TYMLOS INJ</i>	96
<i>TYSABRI INJ 300/15ML</i>	128
<i>TYVASO DPI POW 16-32-48</i>	77
<i>TYVASO DPI POW 16-32MCG</i>	77
<i>TYVASO DPI POW 16MCG</i>	77
<i>TYVASO DPI POW 32-48MCG</i>	77
<i>TYVASO DPI POW 32MCG</i>	77
<i>TYVASO DPI POW 48MCG</i>	77
<i>TYVASO DPI POW 64MCG</i>	77
<i>TYVASO START SOL 0.6MG/ML</i>	77
<i>TYZEKA TAB 600MG</i>	71
<i>TYZINE PED DRO 0.05%</i>	119

U

<i>UBRELVY TAB 100MG</i>	112
<i>UBRELVY TAB 50MG</i>	112
<i>UKONIQ TAB 200MG</i>	58
<i>ULESFIA LOT 5%</i>	92
<i>ursodiol cap 300 mg</i>	102
<i>ursodiol tab 250 mg</i>	102
<i>ursodiol tab 500 mg</i>	102

V

<i>valacyclovir hcl tab 1 gm</i>	71
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<i>valacyclovir hcl tab 500 mg</i>	71	VENCLEXTA TAB 50MG.....	52
VALCHLOR GEL 0.016%	87	VENCLEXTA TAB START PK.....	52
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	70	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	32
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	29	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	31
<i>valproic acid cap 250 mg</i>	29	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	32
<i>valsartan tab 160 mg</i>	45	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	32
<i>valsartan tab 320 mg</i>	45	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	32
<i>valsartan tab 40 mg</i>	45	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	32
<i>valsartan tab 80 mg</i>	45	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	32
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	49	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	32
<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	49	<i>verapamil hcl cap er 24hr 100 mg</i>	76
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	49	<i>verapamil hcl cap er 24hr 120 mg</i>	76
<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	50	<i>verapamil hcl cap er 24hr 180 mg</i>	76
<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	49	<i>verapamil hcl cap er 24hr 200 mg</i>	76
VALTOCO SPR 10MG	25	<i>verapamil hcl cap er 24hr 240 mg</i>	76
VALTOCO SPR 15MG	25	<i>verapamil hcl cap er 24hr 300 mg</i>	76
VALTOCO SPR 20MG	25	<i>verapamil hcl cap er 24hr 360 mg</i>	76
VALTOCO SPR 5MG.....	25	<i>verapamil hcl tab 120 mg</i>	76
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	15	<i>verapamil hcl tab 40 mg</i>	76
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	15	<i>verapamil hcl tab 80 mg</i>	76
<i>vandazole gel 0.75%</i>	136	<i>verapamil hcl tab er 120 mg</i>	76
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	129	<i>verapamil hcl tab er 180 mg</i>	76
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	129	<i>verapamil hcl tab er 240 mg</i>	76
<i>varenicline tartrate tab 1 mg (base equiv)</i>	129	VEREGEN OIN 15%	86
VARUBI TAB 90MG	39	VERZENIO TAB 100MG.....	58
VASCEPA CAP 0.5GM	41	VERZENIO TAB 150MG.....	58
VCF VAGINAL AER CONTRACP.....	136	VERZENIO TAB 200MG.....	58
<i>vcf vaginal gel contrace</i>	136	VERZENIO TAB 50MG	58
VCF VAGINAL MIS CONTRACP	136	VEXOL SUS 1% OP	122
VELPHORO CHW 500MG.....	104	VIBERZI TAB 100MG.....	104
VELTASSA POW 16.8GM.....	116	VIBERZI TAB 75MG	104
VELTASSA POW 25.2GM.....	116	VICTOZA INJ 18MG/3ML	35
VELTASSA POW 8.4GM.....	116	VIDEX EC CAP 125MG.....	70
VENCLEXTA TAB 100MG.....	52	VIDEX EC CAP 400MG.....	70
VENCLEXTA TAB 10MG.....	52	VIDEX SOL 2GM.....	70
		VIDEX SOL 4GM.....	70
		<i>vigabatrin powd pack 500 mg</i>	28
		<i>vigabatrin tab 500 mg</i>	28
		VIIBRYD KIT STARTER	31

VIJOICE TAB 125MG	116
VIJOICE TAB 250MG	116
VIJOICE TAB 50MG.....	116
<i>vilazodone hcl tab 10 mg</i>	31
<i>vilazodone hcl tab 20 mg</i>	31
<i>vilazodone hcl tab 40 mg</i>	31
VIOKACE TAB 10440.....	93
VIOKACE TAB 20880.....	93
VIRACEPT TAB 250MG	70
VIRACEPT TAB 625MG	70
VIREAD POW 40MG/GM	70
VIREAD TAB 150MG.....	70
VIREAD TAB 200MG.....	70
VIREAD TAB 250MG.....	70
<i>virtussin sol dac</i>	84
VITEKTA TAB 150MG	70
VITEKTA TAB 85MG	70
VIVITROL INJ 380MG.....	38
VIZIMPRO TAB 15MG.....	58
VIZIMPRO TAB 30MG.....	58
VIZIMPRO TAB 45MG.....	58
VONJO CAP 100MG.....	58
<i>voriconazole tab 200 mg</i>	40
<i>voriconazole tab 50 mg</i>	40
VOTRIENT TAB 200MG	58
VRAYLAR CAP 1.5-3MG	62
VRAYLAR CAP 1.5MG	62
VRAYLAR CAP 3MG	62
VRAYLAR CAP 4.5MG	62
VRAYLAR CAP 6MG	62
VUMERITY CAP 231MG.....	128
VYNDAMAX CAP 61MG	78
VYNDAQEL CAP 20MG.....	78
VYVANSE CAP 10MG	2
VYVANSE CAP 20MG	2
VYVANSE CAP 30MG	2
VYVANSE CAP 40MG	2
VYVANSE CAP 50MG	2
VYVANSE CAP 60MG	2
VYVANSE CAP 70MG	2
VYZULTA SOL 0.024%	123

W

WAKIX TAB 17.8MG.....	3
WAKIX TAB 4.45MG.....	3
<i>warfarin sodium tab 1 mg</i>	23
<i>warfarin sodium tab 10 mg</i>	23
<i>warfarin sodium tab 2 mg</i>	23

<i>warfarin sodium tab 2.5 mg</i>	23
<i>warfarin sodium tab 3 mg</i>	23
<i>warfarin sodium tab 4 mg</i>	23
<i>warfarin sodium tab 5 mg</i>	23
<i>warfarin sodium tab 6 mg</i>	23
<i>warfarin sodium tab 7.5 mg</i>	23
WEGOVY INJ 0.25MG.....	2
WEGOVY INJ 0.5MG.....	2
WEGOVY INJ 1.7MG.....	2
WEGOVY INJ 1MG	2
WEGOVY INJ 2.4MG.....	2
WIDE-SEAL DPR KIT 60	111
WIDE-SEAL DPR KIT 65	111
WIDE-SEAL DPR KIT 70	111
WIDE-SEAL DPR KIT 75	111
WIDE-SEAL DPR KIT 80	111
WIDE-SEAL DPR KIT 85	111
WIDE-SEAL DPR KIT 90	111
WIDE-SEAL DPR KIT 95	111
WP THYROID TAB 113.75MG	133
WP THYROID TAB 81.25MG	133

X

XALKORI CAP 200MG.....	58
XALKORI CAP 250MG.....	58
XARELTO STAR TAB 15/20MG.....	23
XARELTO SUS 1MG/ML	23
XARELTO TAB 10MG	23
XARELTO TAB 15MG	23
XARELTO TAB 2.5MG	23
XARELTO TAB 20MG	23
XCOPRI PAK 100-150	28
XCOPRI PAK 12.5-25	28
XCOPRI PAK 150-200	28
XCOPRI PAK 50-100MG.....	28
XCOPRI PAK 50-200MG.....	28
XCOPRI TAB 100MG	28
XCOPRI TAB 150MG	28
XCOPRI TAB 200MG	28
XCOPRI TAB 50MG	28
XELJANZ SOL 1MG/ML	6
XELJANZ TAB 10MG.....	6
XELJANZ TAB 5MG	6
XELJANZ XR TAB 11MG.....	6
XELJANZ XR TAB 22MG.....	6
XENICAL CAP 120MG	2
XIFAXAN TAB 200MG.....	15
XIFAXAN TAB 550MG.....	15

XIGDUO XR TAB 10-1000	34
XIGDUO XR TAB 10-500MG	34
XIGDUO XR TAB 2.5-1000	34
XIGDUO XR TAB 5-1000MG	34
XIGDUO XR TAB 5-500MG	34
XIIDRA DRO 5%	122
XOFLUZA TAB 40MG	72
XOFLUZA TAB 80MG	72
XOSPATA TAB 40MG	58
XPOVIO PAK 100MG	54
XPOVIO PAK 40MG	53
XPOVIO PAK 50MG	53
XPOVIO PAK 60MG	53
XPOVIO PAK 80MG	54
XTANDI CAP 40MG	53
XTANDI TAB 40MG	53
XTANDI TAB 80MG	53
XULTOPHY INJ 100/3.6	34
XYREM SOL 500MG/ML	126
XYWAV SOL 0.5GM/ML	126

Z

<i>zafirlukast tab 10 mg</i>	19
<i>zafirlukast tab 20 mg</i>	19
<i>zaleplon cap 10 mg</i>	109
<i>zaleplon cap 5 mg</i>	109
ZANOSAR INJ 1GM	52
ZARXIO INJ 300/0.5	107
ZARXIO INJ 480/0.8	107
ZEJULA CAP 100MG	58
ZELBORAF TAB 240MG	58
ZELNORM TAB 6MG	104
ZEMAIRA INJ 1000MG	130
ZENPEP CAP 10000UNT	93
ZENPEP CAP 15000UNT	93
ZENPEP CAP 20000UNT	93
ZENPEP CAP 25000UNT	93
ZENPEP CAP 3000UNIT	93
ZENPEP CAP 40000UNT	93
ZENPEP CAP 5000UNIT	93
ZEPOSIA 7DAY CAP STR PACK	128
ZEPOSIA CAP .92MG	128
ZEPOSIA CAP STR KIT	129

<i>zidovudine cap 100 mg</i>	70
<i>zidovudine syrup 10 mg/ml</i>	70
<i>zidovudine tab 300 mg</i>	70
ZIEXTENZO INJ 6/0.6ML	108
<i>zileuton tab er 12hr 600 mg</i>	19
ZINBRYTA INJ 150MG/ML	129
ZIOPTAN DRO 0.0015%	123
<i>ziprasidone hcl cap 20 mg</i>	62
<i>ziprasidone hcl cap 40 mg</i>	62
<i>ziprasidone hcl cap 60 mg</i>	62
<i>ziprasidone hcl cap 80 mg</i>	62
ZIRGAN GEL 0.15%	121
ZOLINZA CAP 100MG	58
<i>zolmitriptan nasal spray 2.5 mg/spray</i> <i>unit</i>	113
<i>zolmitriptan nasal spray 5 mg/spray</i> <i>unit</i>	113
<i>zolmitriptan orally disintegrating tab</i> <i>2.5 mg</i>	113
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i>	113
<i>zolmitriptan tab 2.5 mg</i>	113
<i>zolmitriptan tab 5 mg</i>	114
<i>zolpidem tartrate tab 10 mg</i>	109
<i>zolpidem tartrate tab 5 mg</i>	109
<i>zolpidem tartrate tab er 12.5 mg</i> ...	109
<i>zolpidem tartrate tab er 6.25 mg</i> ...	109
<i>zonisamide cap 100 mg</i>	27
<i>zonisamide cap 25 mg</i>	27
<i>zonisamide cap 50 mg</i>	27
ZORBTIVE INJ 8.8MG	98
ZTALMY SUS 50MG/ML	27
ZUBSOLV SUB 0.7-0.18	13
ZUBSOLV SUB 1.4-0.36	13
ZUBSOLV SUB 11.4-2.9	13
ZUBSOLV SUB 2.9-0.71	13
ZUBSOLV SUB 5.7-1.4	13
ZUBSOLV SUB 8.6-2.1	13
ZYDELIG TAB 100MG	58
ZYDELIG TAB 150MG	58
ZYKADIA CAP 150MG	58
ZYKADIA TAB 150MG	58