

2025

Formulary | Formulario

List of Covered Drugs

Lista de Medicamentos Cubiertos

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

The Formulary was updated on 10/01/2024. For more recent information or other questions, please contact Solis Health Plans Member Services, at 1-844-447-6547 or, for TTY users, 711. Hours of Operation: October 1 – March 31, 8am – 8pm, 7 days a week, April 1 – September 30, 8am – 8pm, Monday-Friday, or visit www.solishealthplans.com.

POR FAVOR LEER: Este documento contiene información sobre los medicamentos que cubrimos en este plan.

Este Formulario fue actualizado el 1 de octubre de 2024. Para obtener información más reciente o para otras preguntas, pongase en contacto con servicios para miembros de Solis Health Plans al 1-844-447-6547 o para usuarios TTY, 711. Horas de operación: 1° de octubre – 31 de marzo 8am – 8pm, 7 días por semana, 1° de abril – 30 de septiembre, 8am – 8pm, lunes a viernes o visite www.solishealthplans.com

Important Message About What You Pay for Vaccines:

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Mensaje Importante sobre lo que Usted Paga por las Vacunas:

Nuestro plan cubre la mayoría de las vacunas de la Parte D de forma gratuita para usted. Comuníquese con Servicios para Miembros si desea obtener más información.

Important Message About What to Pay for Insulin:

You won't pay more than \$35 for one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Mensaje Importante sobre lo que Usted Paga por Insulina:

Usted no pagará más de \$35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de distribución de costos en el que se encuentre.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us", or "our," it means Solis Health Plans. When it refers to "plan" or "our plan," it means Solis Health Plans.

This document includes a Drug List (formulary) for our plan which is current as of October 1, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

Nota para los miembros actuales: Este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de Medicamentos (Formulario) menciona "nosotros", "nos" o "nuestro", hace referencia a Solis Health Plans. Cuando dice "plan" o "nuestro plan", hace referencia a Solis Health Plans.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está en vigencia desde el 1 de octubre de 2024. Para obtener un lista de los medicamentos (formulario) actualizado, comuníquese con nosotros. Nuestra información de

contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2025 y periódicamente durante el año.

What is the Solis Health Plans formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Solis Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Solis Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Solis Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

¿Qué es el formulario de Solis Health Plans?

En este documento, utilizamos los términos Lista de medicamentos y formulario para significar lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por Solis Health Plans con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran parte necesaria de un programa de tratamiento de calidad. Normalmente, Solis Health Plans cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Solis Health Plans y se cumpla con otras reglas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de Cobertura.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Solis Health Plans may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.solishealthplans.com

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below entitled “How do I request an exception to the Solis Health Plans Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Solis Health Plans Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 1, 2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Note: In the event of mid-year non-maintenance formulary changes, we will update the printed formulary on our website at www.solishealthplans.com

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero Solís Health Plans puede agregar o eliminar medicamentos en el formulario durante el año, trasladarlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: www.solishealthplans.com

Cambios que pueden afectarlo este año: En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo estamos reemplazando con una nueva versión de ese medicamento que aparecerá en el mismo nivel de costos compartidos o más bajo y con las mismas o menos restricciones. Cuando añadimos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero inmediatamente lo trasladamos a otro nivel de costos compartidos o agregamos nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si estamos añadiendo una nueva versión genérica de un medicamento de marca, o añadiendo ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el formulario (por

ejemplo, añadiendo un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva prescripción).

Si actualmente está tomando el medicamento de marca o producto biológico original, es posible que no le informemos con antelación antes de hacer un cambio inmediato, pero más tarde le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si realizamos un cambio, usted o usted o su médico pueden pedirnos que hagamos una excepción y continuar cubriendo para usted el medicamento que se está cambiando. Para obtener más información, vea la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de Solis Health Plans?".

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos retirados del mercado.** Si un medicamento es retirado de la venta por el fabricante o la Administración de Alimentos y Medicamentos (FDA) determina que se retira por razones de seguridad o efectividad, podemos retirar inmediatamente el medicamento de nuestro formulario y luego le notificaremos a los afiliados que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los afiliados que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca actualmente en el formulario, o agregar un nuevo biosimilar para reemplazar un producto biológico original actualmente en el formulario, o agregar nuevas restricciones o mover un medicamento que mantenemos el formulario a un nivel de costo compartido más alto o ambos después de que agreguemos el medicamento correspondiente. Podemos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o trasladarlo a un nivel de costo compartido diferente, o ambos. Es posible que realicemos cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento, o trasladamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de la fecha límite. el cambio se hace efectivo. Alternativamente, cuando un afiliado solicita un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

Si realizamos estos otros cambios, usted o su médico pueden solicitarnos que hagamos una excepción y continuar cubriendo el medicamento que ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección siguiente titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Solis Health Plans?”.

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2025 que estaba cubierto al comienzo del año, nosotros no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos afiliados que estén tomándolos. No recibirá notificación directa este año sobre los cambios que no lo afectan. Sin embargo, el 1 de enero del próximo año, dichos cambios lo afectarían, y es importante consultar el formulario para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El Formulario adjunto es vigente a partir del 1 de octubre 2024. Para recibir información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y contraportada.

Nota: En el caso de cambios en el formulario, no de mantenimiento a mitad de año, actualizaremos el formulario impreso en nuestro sitio web en www.solishealthplans.com.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 125. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 1. Los medicamentos de este Formulario están agrupados en categorías según el tipo de condición médica para la cual son utilizados. Por ejemplo, los medicamentos utilizados para tratar una condición cardíaca se agrupan dentro de la categoría, “Agentes cardiovasculares”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 125. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

What are generic drugs?

Solis Health Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

¿Qué son los medicamentos genéricos?

Solis Health Plans cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos funcionan igual de bien y generalmente cuestan menos que los medicamentos de marca. Hay sustitutos genéricos de medicamentos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituirse por el medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological

products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son fármacos que son más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. En general, los biosimilares funcionan igual de bien que el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva prescripción, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

- Para una discusión sobre los tipos de medicamentos, por favor vea la Evidencia de Cobertura, Capítulo, Sección 3.1, "La 'Lista de Medicamentos' indica qué medicamentos de la Parte D están cubiertos".

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Solis Health Plans requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Solis Health Plans before you fill your prescriptions. If you don't get approval, Solis Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Solis Health Plans limits the amount of the drug that Solis Health Plans will cover. For example, Solis Health Plans provides 30 tablets per prescription for TRADJENTA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Solis Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Solis Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Solis Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Solis Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Solis Health Plan formulary?” for information about how to request an exception.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites de cobertura adicionales. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Solis Health Plans exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Solis Health Plans antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Solis Health Plans no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan proporciona 30 tabletas por receta para TRADJENTA. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, Solis Health Plans requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que Solis Health Plans no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Solis Health Plans cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 1. También puede obtener más información sobre las restricciones

que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Puede pedirle a Solis Health Plans que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su condición médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Solis Health Plan?” para obtener información acerca de cómo solicitar una excepción.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Solis Health Plans pays for certain OTC drugs. Diphenhydramine, Fexofenadine, Cetirizine, Fluticasone Nasal Spray. Solis Health Plans will provide these OTC drugs at no cost to you. The cost to Solis Health Plans of these of these OTC drugs will not count toward your total Part D drug costs,

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre (OTC) son medicamentos sin receta que, normalmente, no están cubiertos por un plan de medicamentos con receta de Medicare. Difenhidramina, Fexofenadine, Cetirizina, Fluticasona Spray Nasal. Solis Health Plans paga ciertos medicamentos sin receta. Solis Health Plans le proporcionará estos medicamentos sin receta sin costo alguno para usted. El costo de estos medicamentos sin receta para Solis Health Plans no se tendrá en cuenta para los costos totales de los medicamentos de la Parte D.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Solis Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Solis Health Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Solis Health Plans.
- You can ask Solis Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al Afiliado y preguntar si su medicamento está cubierto.

Si resulta que Solis Health Plans no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios al afiliado una lista de medicamentos similares que estén cubiertos por Solis Health Plans. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que esté cubierto por Solis Health Plans.
- Puede solicitar que Solis Health Plans haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

How do I request an exception to the Solis Health Plans Formulary?

You can ask Solis Health Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Solis Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Solis Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescribers supporting statement.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Solis Health Plans?

Puede solicitarle a nuestro plan que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que renunciemos a una restricción de cobertura, incluyendo autorización previa, terapia escalonada o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, Solís Health Plans limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que renunciemos al límite y cubramos una cantidad mayor.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.

Por lo general, Solís Health Plans solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido no sería tan efectivo en el tratamiento de su afección y/o causaría efectos médicos adversos.

Usted o su médico deben comunicarse con nosotros para solicitarnos una excepción de nivel o de formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, su médico deberá explicar las razones médicas por las que necesita la excepción.** Generalmente, debemos tomar nuestra decisión dentro de las 72 horas de recibir la declaración de apoyo de su prescriptor. Puede solicitar una excepción rápida (rápida) si cree, y estamos de acuerdo, que su salud podría verse gravemente perjudicada al esperar hasta 72 horas para una decisión. Si estamos de acuerdo, o si su prescriptor pide una decisión rápida, debemos darle una decisión a más tardar 24 horas después de que recibamos la declaración de apoyo de su médico.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

During the plan year, your treatment setting may change. For example, you are discharged from a hospital setting to a home setting. If your treatment setting changes, we will cover a temporary 30-day supply for each of your drugs that is not on our formulary or if your ability to get your drugs is limited. In the meantime, you should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will continue to cover the drug you take.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como afiliado nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario pero tiene una restricción de cobertura, como una autorización previa. Usted debe hablar con su médico sobre solicitar una decisión de cobertura para demostrar que cumple con los criterios para la aprobación, cambiar a un medicamento alternativo que cubrimos, o solicitar una excepción del formulario para que podamos cubrir el medicamento que toma. Mientras usted y su médico determinan el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta se escribe por menos días, permitiremos que las recargas proporcionen hasta un suministro máximo de 30 días de medicamentos. Si la cobertura no es aprobada, después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si usted ha sido miembro del plan menos de 90 días.

Si es residente de una institución a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Durante el año del plan, el ámbito de su tratamiento puede cambiar. Por ejemplo, se le da de alta de un hospital a un hogar. Si el ámbito de su tratamiento cambia, cubriremos un suministro temporal de 30 días para cada uno de sus medicamentos que no estén en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada. Mientras tanto, debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubrimos o solicitar una excepción al formulario para que sigamos cubriendo el medicamento que usted toma.

For more information

For more detailed information about your Solis Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials. For questions, please contact Solis Health Plans Member Services, at 1-844-447-6547 or, for TTY users, 711.

If you have questions about Solis Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos con receta de Solis Health Plans, consulte la Evidencia de Cobertura y otra documentación del plan. Para preguntas, póngase en contacto con servicios para miembros de Solis Health Plans al 1-844-447-6547 o para usuarios TTY , 711.

Si tiene alguna pregunta sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Si tiene preguntas generales sobre su cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Solis Health Plans Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Solis Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 125.

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

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

The tables below provides the drug tier names and the copayments/coinsurances associated with the corresponding tiers. If you receive “Extra Help”, some information about the costs for Part D prescription drugs may not apply to you. Refer to your Evidence of Coverage Rider for

People Who Get "Extra Help" Paying for Prescription Drugs (also known as the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug coverage.

Formulario de Solis Health Plans

El formulario que comienza en la página 1 proporciona información acerca de la cobertura de medicamentos cubiertos por Solis Health Plans. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 125.

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

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

En las tablas a continuación se indican los nombres de los niveles de medicamentos y los copagos/coseguros asociados a los niveles correspondientes. Si recibe "Ayuda Adicional" (Extra Help), es posible que cierta información sobre los costos de los medicamentos recetados de la Parte D no se aplique a usted. Consulte su Evidencia de Cobertura para las personas que reciben "Ayuda adicional" (Extra Help) para pagar por medicamentos recetados (también conocido como el Rider de Bajo Ingreso o el Rider de Bajo Ingreso), que le informa sobre su cobertura de medicamentos.

Tier	Tier Name
1	Preferred Generic
2	Generic
3	Preferred Brand
4	Non-Preferred Drug
5	Specialty Tier
6	Supplemental Drugs

	Retail & Mail Order Pharmacy		Retail Pharmacy					
	Tier 1 30-day supply (up to a 90-day supply for some drugs)	Tier 2 30-day supply (up to a 90-day supply for some drugs)	Tier 3 30-day supply (up to a 90-day supply for some drugs) 30 day/90 day		Tier 4 30-day supply (up to a 90-day supply for some drugs) 30 day/90 day		Tier 5 30-day supply	Tier 6 30-day supply
002-Solis Guardian Plan (HMO D-SNP) Miami-Dade	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0
007-Solis Healthy Living Plan (HMO) Broward	\$0	\$0	\$15	\$40	\$70	\$210	33%	\$0
008-Solis Healthy Living Plan (HMO) Palm Beach	\$0	\$0	\$20	\$55	\$75	\$225	33%	\$0
009-Solis Healthy Living Plan (HMO) Hillsborough, Pinellas, Pasco	\$0	\$0	\$15	\$40	\$75	\$225	33%	\$0
010-Solis Guardian Plan (HMO D-SNP) Hillsborough, Pinellas, Pasco	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0

	Retail & Mail Order Pharmacy		Retail Pharmacy					
	Tier 1 30-day supply (up to a 90-day supply for some drugs)	Tier 2 30-day supply (up to a 90-day supply for some drugs)	Tier 3 30-day supply (up to a 90-day supply for some drugs) 30 day/90 day		Tier 4 30-day supply (up to a 90-day supply for some drugs) 30 day/90 day		Tier 5 30-day supply	Tier 6 30-day supply
012-Solis Guardian Plan (HMO D-SNP) Broward	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0
013-Solis Guardian Plan (HMO D-SNP) Palm Beach	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0
016-Solis Wellness Plan (HMO C-SNP) Miami-Dade	\$0	\$0	\$0	\$0	\$10	\$25	33%	\$0
017-Solis Wellness Plan (HMO C-SNP) Broward	\$0	\$0	\$15	\$40	\$70	\$200	33%	\$0
018-Solis Wellness Plan (HMO C-SNP) Palm Beach	\$0	\$0	\$15	\$40	\$75	\$225	33%	\$0
019-Solis Wellness Plan (HMO C-SNP) Hillsborough, Pinellas, Polk	\$0	\$0	\$15	\$40	\$75	\$225	33%	\$0

	Retail & Mail Order Pharmacy		Retail Pharmacy					
	Tier 1 30-day supply (up to a 90-day supply for some drugs)	Tier 2 30-day supply (up to a 90-day supply for some drugs)	Tier 3 30-day supply (up to a 90-day supply for some drugs) 30 day/90 day		Tier 4 30-day supply (up to a 90-day supply for some drugs) 30 day/90 day		Tier 5 30-day supply	Tier 6 30-day supply
020-Solis Healthy Living Plan (HMO) Polk	\$0	\$0	\$15	\$40	\$75	\$225	33%	\$0
021-Solis Wellness Plan (HMO C-SNP) Polk	\$0	\$0	\$15	\$40	\$75	\$225	33%	\$0
022-Solis Healthy Living Plan (HMO) Miami-Dade	\$0	\$0	\$0	\$0	\$10	\$25	33%	\$0
023-Solis Guardian Plan (HMO D-SNP) Polk	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0
024-Solis Healthy Living Plan (HMO) Orange, Osceola, Seminole	\$0	\$0	\$20	\$55	\$75	\$225	33%	\$0

	Retail & Mail Order Pharmacy		Retail Pharmacy					
	Tier 1 30-day supply (up to a 90-day supply for some drugs)	Tier 2 30-day supply (up to a 90-day supply for some drugs)	Tier 3 30-day supply (up to a 90-day supply for some drugs) 30 day/90 day		Tier 4 30-day supply (up to a 90-day supply for some drugs) 30 day/90 day		Tier 5 30-day supply	Tier 6 30-day supply
025-Solis Guardian Plan (HMO D-SNP) Orange, Osceola, Seminole	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0
026-Solis Wellness Plan (HMO C-SNP) Orange, Osceola, Seminole	\$0	\$0	\$15	\$40	\$75	\$225	33%	\$0
027-Solis Balanced Plan (HMO C-SNP) Miami-Dade	\$0	\$0	\$0	\$0	25%	25%	25%	\$0

** If you do not receive Extra Help you will pay a 25% coinsurance for all drugs in Tiers 1 -5. Please refer to your plan's Evidence of Coverage for details on what you pay.*

Please refer to your plan's Evidence of Coverage for details on what you pay at a long term care pharmacy or at an out-of-network pharmacy when approved by the plan.

Symbols and abbreviations used in the formulary

Symbol	Description
BD	Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
PA	Prior Authorization
QL	Quantity Limits
ST	Step Therapy
#	High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.
*	Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 833-516-0475, 8 a.m. to 8 p.m. seven days a week from Oct. 1 – March 31 from 8 a.m. to 8 p.m. Monday-Friday from April 1 - Sept. 30. TTY users should call TTY: 711
†	Split fill indicated drug. This high-cost medication is indicated with a cross (†) for you to request a 2-week supply (partial fill) of medication versus a full month. This partial fill may allow for copay savings if the medicine causes severe side effects, and you stop taking it or have a dosage change. If there are no side effects, you may only pay the rest of your monthly copay when you pick up the remaining 2-week supply, if applicable.

^	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
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Símbolos y abreviaturas utilizadas en el formulario

Symbol	Description
BD	Medicamentos que pueden estar cubiertos por la Parte B o la Parte D de Medicare según las circunstancias. Estos medicamentos requieren autorización previa para determinar la cobertura según la Parte B o la Parte D. Es posible que sea necesario proporcionar información que describe el uso o el lugar donde se recibe el medicamento para determinar la cobertura.
PA	Autorización previa
QL	Límite de cantidad
ST	Terapia escalonada
#	Medicamentos de Alto Riesgo (HRM). Medicamentos que pueden ser peligrosos en pacientes mayores de 65 años. Nuestro formulario incluye cobertura para algunos de estos medicamentos, pero se pueden encontrar alternativas en niveles de copago más bajos. Hable con su médico si existen alternativas a estos medicamentos que serían apropiadas para su uso.
*	Medicamento de distribución limitada. Esta receta puede estar disponible sólo en determinadas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame a Servicios para Miembros

	<p>al 833-516-0475, de 8 a. m. a 8 p. m. los siete días de la semana, del 1 de octubre al 31 de marzo, de 8 a. m. a 8 p. m. De lunes a viernes del 1 de abril al 30 de septiembre. Los usuarios de TTY deben llamar al TTY: 711</p>
†	<p>Medicamento suministro dividido. Este medicamento de alto costo está indicado con una cruz (†) para que usted solicite un suministro de medicamento para 2 semanas (surtido parcial) en lugar de un mes completo. Este suministro parcial puede permitir ahorros en el copago si el medicamento causa efectos secundarios graves y usted deja de tomarlo o cambia la dosis. Si no hay efectos secundarios, solo podrá pagar el resto de su copago mensual cuando recoja el suministro restante para 2 semanas, si corresponde.</p>
^	<p>Este medicamento recetado normalmente no está cubierto por un plan de medicamentos recetados de Medicare. El monto que paga cuando obtiene una receta para este medicamento no cuenta para los costos totales del medicamento (es decir, el monto que paga no lo ayuda a calificar para la cobertura catastrófica). Además, si recibe ayuda adicional para pagar sus recetas, no recibirá ninguna ayuda adicional para pagar este medicamento.</p>

Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tablets/30 days)
<i>bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent)	3	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 150 mcg (base equivalent)	3	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 300 mcg (base equivalent)	3	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 450 mcg (base equivalent)	3	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 600 mcg (base equivalent)	3	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 750 mcg (base equivalent)	3	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 900 mcg (base equivalent)	3	PA, QL (60 films/30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	4	QL (48 mls/30 days)
<i>celecoxib cap 50 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 capsules/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg	4	QL (180 tablets/30 days)
CODEINE SULFATE - codeine sulfate tab 60 mg	4	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	3	
<i>diclofenac sodium soln 1.5%</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>diclofenac sodium tab delayed release 25 mg</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	QL (90 tablets/30 days)
<i>ec-naproxen - naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)
<i>ec-naproxen - naproxen tab ec 500 mg</i>	2	QL (90 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>etodolac cap 200 mg</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg</i>	4	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 500 mg</i>	4	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	4	QL (30 tablets/30 days)
<i>etodolac tab 400 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab 500 mg</i>	2	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>flurbiprofen tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	4	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4	QL (150 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibu - ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibu - ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibu - ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>indomethacin cap 25 mg#</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#</i>	2	QL (120 capsules/30 days)
<i>levorphanol tartrate tab 2 mg</i>	5	QL (120 tablets/30 days)
<i>levorphanol tartrate tab 3 mg</i>	5	QL (120 tablets/30 days)
<i>meloxicam tab 7.5 mg</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg</i>	4	PA, QL (90 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>morphine sulfate tab er 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	2	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	4	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen tab 250 mg</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg</i>	1	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	3	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>sulindac tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>sulindac tab 200 mg</i>	2	QL (60 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tablets/30 days)
Anesthetics		
<i>lidocaine hcl laryngotracheal soln 4%</i>	4	
<i>lidocaine hcl soln 4%</i>	4	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine oint 5%</i>	3	PA, QL (100 grams/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	PA, QL (60 grams/30 days)
<i>lidocan - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine ii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>tridacaine iii - lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
ZTLIDO - lidocaine patch 1.8% (36 mg)	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (60 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 2-0.5 mg (base equiv)</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
<i>disulfiram tab 250 mg</i>	3	
<i>disulfiram tab 500 mg</i>	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	3	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	3	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	3	

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VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	
<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>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	2	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3	
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	4	

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<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	5	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 2400000 unit/4ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 1200000 unit/2ml	4	
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	4	
<i>cefazolin sodium (bulk) for inj 100 gm</i>	4	
<i>cefazolin sodium (bulk) for inj 300 gm</i>	4	
<i>cefazolin sodium for inj 500 mg</i>	4	
<i>cefazolin sodium for inj 1 gm</i>	4	
<i>cefazolin sodium for inj 10 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm</i>	4	
<i>cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefixime cap 400 mg</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>cefoxitin sodium for iv soln 10 gm</i>	4	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	4	
<i>cefpodoxime proxetil tab 200 mg</i>	4	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg</i>	4	
<i>ceftriaxone sodium for inj 500 mg</i>	4	
<i>ceftriaxone sodium for inj 1 gm</i>	4	
<i>ceftriaxone sodium for inj 2 gm</i>	4	
<i>ceftriaxone sodium for inj 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	4	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	4	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin cap 750 mg</i>	4	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4	
<i>clarithromycin tab er 24hr 500 mg</i>	4	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clindacin etz pledgets - clindamycin phosphate swab 1%</i>	4	
<i>clindacin-p - clindamycin phosphate swab 1%</i>	4	
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 900 mg/6ml</i>	4	
<i>clindamycin phosphate inj 9 gm/60ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	4	
<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
DALVANCE - dalbavancin hcl for iv soln 500 mg (base equivalent)	5	
<i>daptomycin for iv soln 500 mg</i>	4	
<i>demeclocycline hcl tab 150 mg</i>	4	
<i>demeclocycline hcl tab 300 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	

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DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate cap 150 mg</i>	4	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	4	
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	4	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
ERY - erythromycin pads 2%	4	
<i>ery-tab - erythromycin tab delayed release 250 mg</i>	4	
<i>ery-tab - erythromycin tab delayed release 333 mg</i>	4	
<i>ery-tab - erythromycin tab delayed release 500 mg</i>	4	
<i>erythrocin lactobionate - erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	4	
<i>erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	4	
<i>erythromycin tab delayed release 333 mg</i>	4	
<i>erythromycin tab delayed release 500 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 2400000 unit	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	

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<i>gentamicin sulfate inj 40 mg/ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1.6 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
LENTOCILIN - penicillin g benzathine for intramuscular susp 1200000 unit	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	4	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	4	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	PA
<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	3	
<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	3	
<i>meropenem iv for soln 500 mg</i>	3	
<i>meropenem iv for soln 1 gm</i>	3	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole cap 375 mg</i>	4	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>minocycline hcl tab 50 mg</i>	4	
<i>minocycline hcl tab 75 mg</i>	4	
<i>minocycline hcl tab 100 mg</i>	4	
<i>mondoxylene nl - doxycycline monohydrate cap 100 mg</i>	2	
<i>moxifloxacin hcl iv solution 400 mg/250ml (base equiv)</i>	4	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	4	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	2	
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	2	
NUZYRA - omadacycline tosylate iv for soln 100 mg (base equivalent)	5	
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	5	
<i>ofloxacin tab 400 mg</i>	3	
<i>penicillin g potassium for inj 5000000 unit</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
SULFADIAZINE - sulfadiazine tab 500 mg	5	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tazicef - ceftazidime for inj 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 6 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tetracycline hcl cap 250 mg</i>	4	
<i>tetracycline hcl cap 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	4	
<i>tinidazole tab 250 mg</i>	3	
<i>tinidazole tab 500 mg</i>	3	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	4	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg	5	QL (30 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 400 mg	5	QL (30 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 600 mg	5	QL (60 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 800 mg	5	QL (60 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	QL (2 bottles/30 days)
BRIVIACT - brivaracetam tab 10 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 25 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 50 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 75 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 100 mg	5	QL (60 tablets/30 days)
<i>carbamazepine cap er 12hr 100 mg</i>	3	
<i>carbamazepine cap er 12hr 200 mg</i>	3	
<i>carbamazepine cap er 12hr 300 mg</i>	3	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg</i>	3	
<i>carbamazepine tab er 12hr 200 mg</i>	3	
<i>carbamazepine tab er 12hr 400 mg</i>	3	
<i>carbamazepine tab 200 mg</i>	3	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA (>=65 yr), QL (480 mls/30 days)
<i>clobazam tab 10 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>clobazam tab 20 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	
DIACOMIT - stiripentol cap 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg*	5	
DIACOMIT - stiripentol packet 500 mg*	5	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>epitol - carbamazepine tab 200 mg</i>	3	
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	5	QL (2 bottles/28 days)
FYCOMPA - perampanel tab 2 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 4 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 6 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 8 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 10 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 12 mg	5	QL (30 tablets/30 days)
<i>gabapentin cap 100 mg</i>	2	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg</i>	4	
<i>lacosamide tab 100 mg</i>	4	
<i>lacosamide tab 150 mg</i>	4	
<i>lacosamide tab 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg</i>	3	
<i>lamotrigine tab chewable dispersible 25 mg</i>	3	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 100 mg</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	3	
<i>levetiracetam tab er 24hr 750 mg</i>	3	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
LIBERVANT - diazepam buccal film 5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 7.5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 10 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 12.5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 15 mg	5	QL (10 films/30 days)
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	3	
<i>oxcarbazepine tab 300 mg</i>	3	
<i>oxcarbazepine tab 600 mg</i>	3	
<i>phenobarbital elixir 20 mg/5ml#</i>	4	
<i>phenobarbital tab 15 mg#</i>	2	
<i>phenobarbital tab 16.2 mg#</i>	2	
<i>phenobarbital tab 30 mg#</i>	2	
<i>phenobarbital tab 32.4 mg#</i>	2	
<i>phenobarbital tab 60 mg#</i>	2	
<i>phenobarbital tab 64.8 mg#</i>	2	
<i>phenobarbital tab 97.2 mg#</i>	2	
<i>phenobarbital tab 100 mg#</i>	2	
<i>phenytek - phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytek - phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 50 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 75 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 100 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 150 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra - levetiracetam tab 500 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
<i>subvenite - lamotrigine tab 25 mg</i>	2	
<i>subvenite - lamotrigine tab 100 mg</i>	2	
<i>subvenite - lamotrigine tab 150 mg</i>	2	
<i>subvenite - lamotrigine tab 200 mg</i>	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA (>=65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA (>=65 yr), QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA (>=65 yr), QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	3	
<i>topiramate sprinkle cap 25 mg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
<i>vigadrone - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigadrone - vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
<i>vigpoder - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg	5	
XCOPRI - cenobamate tab 50 mg	5	
XCOPRI - cenobamate tab 100 mg	5	
XCOPRI - cenobamate tab 150 mg	5	
XCOPRI - cenobamate tab 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
Antidementia Agents		
ADLARITY - donepezil hydrochloride td patch weekly 5 mg/day	4	
ADLARITY - donepezil hydrochloride td patch weekly 10 mg/day	4	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	4	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	4	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	4	
<i>galantamine hydrobromide tab 4 mg</i>	4	
<i>galantamine hydrobromide tab 8 mg</i>	4	
<i>galantamine hydrobromide tab 12 mg</i>	4	
<i>memantine hcl cap er 24hr 7 mg</i>	3	PA (<=29 yr)
<i>memantine hcl cap er 24hr 14 mg</i>	3	PA (<=29 yr)
<i>memantine hcl cap er 24hr 21 mg</i>	3	PA (<=29 yr)
<i>memantine hcl cap er 24hr 28 mg</i>	3	PA (<=29 yr)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr)
<i>memantine hcl tab 5 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 10 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	3	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	3	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	3	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	3	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	
Antidepressants		
<i>amitriptyline hcl tab 10 mg#</i>	2	
<i>amitriptyline hcl tab 25 mg#</i>	2	
<i>amitriptyline hcl tab 50 mg#</i>	2	
<i>amitriptyline hcl tab 75 mg#</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>amitriptyline hcl tab 100 mg#</i>	2	
<i>amitriptyline hcl tab 150 mg#</i>	2	
<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	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg#</i>	4	
<i>clomipramine hcl cap 50 mg#</i>	4	
<i>clomipramine hcl cap 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg#</i>	3	
<i>desipramine hcl tab 25 mg#</i>	3	
<i>desipramine hcl tab 50 mg#</i>	3	
<i>desipramine hcl tab 75 mg#</i>	3	
<i>desipramine hcl tab 100 mg#</i>	3	
<i>desipramine hcl tab 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	3	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	3	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	3	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg#</i>	2	
<i>doxepin hcl cap 25 mg#</i>	2	
<i>doxepin hcl cap 50 mg#</i>	2	
<i>doxepin hcl cap 75 mg#</i>	2	
<i>doxepin hcl cap 100 mg#</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>doxepin hcl cap 150 mg#</i>	2	
<i>doxepin hcl conc 10 mg/ml#</i>	3	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg (base eq)	4	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	PA, QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	3	QL (600 mls/30 days)
<i>fluvoxamine maleate tab 25 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg#</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>imipramine hcl tab 25 mg#</i>	2	
<i>imipramine hcl tab 50 mg#</i>	2	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	2	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg</i>	2	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	4	
<i>nortriptyline hcl cap 10 mg#</i>	2	
<i>nortriptyline hcl cap 25 mg#</i>	2	
<i>nortriptyline hcl cap 50 mg#</i>	2	
<i>nortriptyline hcl cap 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	4	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg#</i>	4	QL (60 tablets/30 days)
<i>paroxetine hcl tab er 24hr 37.5 mg#</i>	4	QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg#</i>	2	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg#</i>	2	QL (45 tablets/30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg#</i>	4	
<i>protriptyline hcl tab 10 mg#</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	4	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg#</i>	4	
<i>trimipramine maleate cap 50 mg#</i>	4	
<i>trimipramine maleate cap 100 mg#</i>	4	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>vilazodone hcl tab 10 mg</i>	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 20 mg</i>	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 40 mg</i>	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg</i>	4	BD
<i>aprepitant capsule 80 mg</i>	4	BD
<i>aprepitant capsule 125 mg</i>	4	BD
<i>chlorpromazine hcl conc 100 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl conc 30 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg</i>	4	PA (>=65 yr)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>chlorpromazine hcl tab 25 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 50 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 100 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 200 mg</i>	4	PA (>=65 yr)
<i>compro - prochlorperazine suppos 25 mg</i>	4	
<i>dronabinol cap 2.5 mg</i>	4	BD
<i>dronabinol cap 5 mg</i>	4	BD
<i>dronabinol cap 10 mg</i>	4	BD
<i>granisetron hcl tab 1 mg</i>	3	BD
<i>meclizine hcl tab 12.5 mg#</i>	2	
<i>meclizine hcl tab 25 mg#</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	
<i>ondansetron hcl tab 4 mg</i>	2	
<i>ondansetron hcl tab 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg</i>	2	
<i>ondansetron orally disintegrating tab 8 mg</i>	2	
<i>perphenazine tab 2 mg</i>	4	PA (>=65 yr)
<i>perphenazine tab 4 mg</i>	4	PA (>=65 yr)
<i>perphenazine tab 8 mg</i>	4	PA (>=65 yr)
<i>perphenazine tab 16 mg</i>	4	PA (>=65 yr)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl suppos 12.5 mg#</i>	4	PA (>=65 yr)
<i>promethazine hcl suppos 25 mg#</i>	4	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg#</i>	3	PA (>=65 yr)
<i>promethazine hcl tab 25 mg#</i>	3	PA (>=65 yr)
<i>promethazine hcl tab 50 mg#</i>	3	PA (>=65 yr)
<i>promethegan - promethazine hcl suppos 12.5 mg#</i>	4	PA (>=65 yr)
<i>promethegan - promethazine hcl suppos 25 mg#</i>	4	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	PA (>=65 yr)
Antifungals		
<i>AMPHOTERICIN B - amphotericin b for iv soln 50 mg</i>	4	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>caspofungin acetate for iv soln 50 mg</i>	4	
<i>caspofungin acetate for iv soln 70 mg</i>	4	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>ciclodan - ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	5	PA
<i>econazole nitrate cream 1%</i>	4	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	4	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	5	PA
<i>flucytosine cap 500 mg</i>	5	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>klayesta - nystatin topical powder 100000 unit/gm</i>	2	
<i>miconazole sodium for iv soln 50 mg</i>	4	
<i>miconazole sodium for iv soln 100 mg</i>	4	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 50 mg/50ml	4	
MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 100 mg/100ml	4	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystop - nystatin topical powder 100000 unit/gm</i>	2	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	4	PA
<i>posaconazole susp 40 mg/ml</i>	5	PA
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	4	PA
<i>voriconazole tab 200 mg</i>	4	PA
Antigout Agents		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>probenecid tab 500 mg</i>	3	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (18 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg	3	PA, QL (16 tablets/30 days)
UBRELVY - ubrogepant tab 100 mg	3	PA, QL (16 tablets/30 days)
Antimyasthenic Agents		
<i>pyridostigmine bromide tab er 180 mg</i>	4	
<i>pyridostigmine bromide tab 60 mg</i>	3	
Antimycobacterials		
<i>cycloserine cap 250 mg</i>	5	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>isoniazid tab 300 mg</i>	1	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)*	5	
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)*	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
<i>abiraterone acetate tab 250 mg†</i>	5	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg†	5	PA, QL (60 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 100-500 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	1	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg†	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg†	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	5	PA, QL (30 tablets/30 days)
<i>bexarotene cap 75 mg†</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg</i>	2	
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg†	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg†	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*†	5	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg*	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	3	BD
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3	BD
<i>cyclophosphamide cap 25 mg</i>	4	BD
<i>cyclophosphamide cap 50 mg</i>	4	BD
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)†	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)†</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)†</i>	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)†</i>	5	PA, QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>everolimus tab for oral susp 2 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 2.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 7.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>exemestane tab 25 mg</i>	4	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FOTIVDA - tivozanib hcl cap 1.34 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
<i>gefitinib tab 250 mg†</i>	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
<i>hydroxyurea cap 500 mg</i>	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 30 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)†</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)†</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
INLYTA - axitinib tab 1 mg*†	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
KANJINTI - trastuzumab-anns for iv soln 150 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 420 mg	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	PA, QL (30 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg</i>	5	PA, QL (21 capsules/28 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>lenalidomide cap 20 mg</i>	5	PA, QL (21 capsules/28 days)
<i>lenalidomide cap 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	3	
<i>leucovorin calcium tab 25 mg</i>	3	
LEUKERAN - chlorambucil tab 2 mg	5	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg*†	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*†	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>mercaptopurine tab 50 mg</i>	3	
MESNEX - mesna tab 400 mg	5	
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion)	5	PA
MVASI - bevacizumab-awwb iv soln 400 mg/16ml (for infusion)	5	PA
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*†	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg†	5	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg†	5	PA, QL (56 tablets/28 days)
OGSIVEO - nirogacestat hydrobromide tab 150 mg†	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 150 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 200 mg	5	PA, QL (30 tablets/30 days)
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 420 mg	5	PA
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	5	PA

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>pazopanib hcl tab 200 mg (base equiv)†</i>	5	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg†	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg†	5	PA, QL (120 capsules/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg†	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 120 mg†	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 160 mg†	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml)	5	PA
RIABNI - rituximab-arrx iv soln 500 mg/50ml (10 mg/ml)	5	PA
ROZLYTREK - entrectinib cap 100 mg†	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml)	5	PA
RUXIENCE - rituximab-pvvr iv soln 500 mg/50ml (10 mg/ml)	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCSEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	
<i>sorafenib tosylate tab 200 mg (base equivalent)†</i>	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg†	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)†</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg (base equivalent)†</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)†</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 50 mg (base equivalent)†</i>	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (120 tablets/30 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSE - osimertinib mesylate tab 40 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
TAGRISSE - osimertinib mesylate tab 80 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.35 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.75 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)†	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	
<i>torpenz - everolimus tab 2.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>torpenz - everolimus tab 7.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 10 mg†</i>	5	PA, QL (30 tablets/30 days)
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg	5	PA
TRAZIMERA - trastuzumab-qyyp for iv soln 420 mg	5	PA
<i>tretinoin cap 10 mg</i>	5	PA
TRUQAP - capivasertib tab 160 mg	5	PA, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	5	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg*	5	PA, QL (60 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg*	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*†	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg*†	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 30 mg*†	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg*†	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	5	PA, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg*†	5	PA, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 200 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion)	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
Antiparasitics		
<i>albendazole tab 200 mg</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	4	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	3	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
<i>chloroquine phosphate tab 250 mg</i>	4	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>ivermectin tab 3 mg</i>	3	PA
<i>mefloquine hcl tab 250 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	BD
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	4	
<i>pyrimethamine tab 25 mg</i>	5	PA
<i>quinine sulfate cap 324 mg</i>	4	PA
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg</i>	3	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg#</i>	2	PA (>=65 yr)
<i>benztropine mesylate tab 1 mg#</i>	2	PA (>=65 yr)
<i>benztropine mesylate tab 2 mg#</i>	2	PA (>=65 yr)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	4	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa tab 25 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone tab 200 mg</i>	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	4	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	4	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	4	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	4	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	4	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	4	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	4	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg	3	
RYTARY - carbidopa & levodopa cap er 36.25-145 mg	3	
RYTARY - carbidopa & levodopa cap er 48.75-195 mg	3	
RYTARY - carbidopa & levodopa cap er 61.25-245 mg	3	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>trihexyphenidyl hcl tab 2 mg#</i>	2	PA (>=65 yr)
<i>trihexyphenidyl hcl tab 5 mg#</i>	2	PA (>=65 yr)
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml	5	QL (1 syringe/56 days)
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>aripiprazole tab 10 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 21 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	4	PA (>=65 yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg</i>	2	PA (>=65 yr), QL (90 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>clozapine tab 50 mg</i>	2	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	3	PA (>=65 yr), QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 2.5 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 5 mg</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 10 mg</i>	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 100 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	4	PA (>=65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	PA (>=65 yr)
<i>haloperidol tab 0.5 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 1 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 2 mg</i>	2	PA (>=65 yr)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>haloperidol tab 5 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 10 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 20 mg</i>	2	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	5	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	5	QL (1 kit/84 days)
<i>loxapine succinate cap 5 mg</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 10 mg</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 25 mg</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 50 mg</i>	2	PA (>=65 yr)
<i>lurasidone hcl tab 20 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 40 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 60 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>lurasidone hcl tab 120 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	4	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 10 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>paliperidone tab er 24hr 6 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>paliperidone tab er 24hr 9 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	QL (1 syringe/28 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg	4	PA (>=65 yr)
PIMOZIDE - pimozide tab 2 mg	4	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	3	PA (>=65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
REXULTI - brexpiprazole tab 2 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	3	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 3 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg</i>	3	PA (>=65 yr)
<i>thioridazine hcl tab 25 mg</i>	3	PA (>=65 yr)
<i>thioridazine hcl tab 50 mg</i>	3	PA (>=65 yr)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>thioridazine hcl tab 100 mg</i>	3	PA (>=65 yr)
<i>thiothixene cap 1 mg</i>	4	PA (>=65 yr)
<i>thiothixene cap 2 mg</i>	4	PA (>=65 yr)
<i>thiothixene cap 5 mg</i>	4	PA (>=65 yr)
<i>thiothixene cap 10 mg</i>	4	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	3	PA (>=65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 75 mg/0.21ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 100 mg/0.28ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 125 mg/0.35ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml	5	QL (1 syringe/56 days)
UZEDY - risperidone subcutaneous er susp pref syr 200 mg/0.56ml	5	QL (1 syringe/56 days)
UZEDY - risperidone subcutaneous er susp pref syr 250 mg/0.7ml	5	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	4	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	5	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg</i>	3	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg</i>	3	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg</i>	3	QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg</i>	3	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	4	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq)	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg (base eq)	5	PA (>=65 yr), QL (2 vials/28 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg (base eq)	5	PA (>=65 yr), QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	4	
<i>dantrolene sodium cap 50 mg</i>	4	
<i>dantrolene sodium cap 100 mg</i>	4	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir oint 5%</i>	4	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	QL (30 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg	5	QL (30 tablets/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-riopivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	5	QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5	QL (30 tablets/30 days)
<i>efavirenz tab 600 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg</i>	4	
<i>entecavir tab 1 mg</i>	4	
<i>etravirine tab 100 mg</i>	5	QL (60 tablets/30 days)
<i>etravirine tab 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg</i>	3	
<i>famciclovir tab 250 mg</i>	3	
<i>famciclovir tab 500 mg</i>	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	4	QL (60 packets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5	QL (30 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	3	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	4	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	5	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	5	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYM TUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	3	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
<i>zidovudine cap 100 mg</i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	4	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
Anxiolytics		
<i>alprazolam tab 0.25 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 0.5 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 1 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.5 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 1 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	3	PA (>=65 yr), QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	3	PA (>=65 yr), QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	3	PA (>=65 yr), QL (180 tablets/30 days)
<i>diazepam conc 5 mg/ml</i>	2	PA (>=65 yr), QL (240 mls/30 days)
<i>diazepam intensol - diazepam conc 5 mg/ml</i>	2	PA (>=65 yr), QL (240 mls/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>diazepam oral soln 1 mg/ml</i>	2	PA (>=65 yr), QL (1200 mls/30 days)
<i>diazepam tab 2 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>diazepam tab 5 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>diazepam tab 10 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	3	PA (>=65 yr)
<i>hydroxyzine hcl tab 10 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine hcl tab 25 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine hcl tab 50 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine pamoate cap 25 mg#</i>	3	PA (>=65 yr)
<i>hydroxyzine pamoate cap 50 mg#</i>	3	PA (>=65 yr)
<i>lorazepam conc 2 mg/ml</i>	2	PA (>=65 yr), QL (150 mls/30 days)
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	2	PA (>=65 yr), QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>lorazepam tab 1 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	2	PA (>=65 yr), QL (150 tablets/30 days)
<i>oxazepam cap 10 mg</i>	4	PA (>=65 yr), QL (120 capsules/30 days)
<i>oxazepam cap 15 mg</i>	4	PA (>=65 yr), QL (120 capsules/30 days)
<i>oxazepam cap 30 mg</i>	4	PA (>=65 yr), QL (120 capsules/30 days)
Bipolar Agents		
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	4	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
Blood Glucose Regulators		
<i>acarbose tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	PA
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml>	3	PA, QL (4 pens/28 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)>	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)>	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tablets/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	4	QL (4 kits/30 days)
<i>glucagon hcl for inj 1 mg</i>	4	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#</i>	2	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	2	QL (480 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>glyburide tab 2.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide-metformin tab 1.25-250 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide-metformin tab 5-500 mg#</i>	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg>	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg>	4	QL (30 tablets/30 days)
GVOKE HYOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE HYOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE HYOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	3	BD

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	3	
INSULIN SYRINGE/NEEDLE	3	PA
JANUMET - sitagliptin-metformin hcl tab 50-500 mg>	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg>	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg>	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg>	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg>	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)>	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)>	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)>	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg>	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg>	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg>	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg>	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg>	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg>	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg>	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	3	QL (20 pens/30 days)
metformin hcl tab er 24hr 500 mg	1	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	1	QL (60 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml>	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 5 mg/0.5ml>	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 7.5 mg/0.5ml>	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 10 mg/0.5ml>	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 12.5 mg/0.5ml>	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 15 mg/0.5ml>	3	PA, QL (4 pens/28 days)
<i>nateglinide tab 60 mg</i>	2	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	2	QL (90 tablets/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	3	PA, QL (10 kits/30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)>	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)>	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)>	3	PA, QL (1 pen/28 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg#</i>	3	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg#</i>	3	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	QL (90 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	QL (90 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	1	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg>	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 7 mg>	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 14 mg>	3	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg>	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg>	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg>	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg>	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg>	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg>	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg>	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg>	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg>	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml>	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml>	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml>	3	PA, QL (4 pens/28 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml>	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg>	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg>	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg>	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg>	3	QL (30 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg>	3	QL (30 tablets/30 days)
Blood Products and Modifiers		
<i>anagrelide hcl cap 0.5 mg</i>	3	
<i>anagrelide hcl cap 1 mg</i>	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA - ticagrelor tab 60 mg	3	
BRILINTA - ticagrelor tab 90 mg	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	4	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	4	QL (120 capsules/30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	4	QL (60 capsules/30 days)
<i>dipyridamole tab 25 mg#</i>	4	
<i>dipyridamole tab 50 mg#</i>	4	
<i>dipyridamole tab 75 mg#</i>	4	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	3	
<i>jantoven - warfarin sodium tab 1 mg</i>	1	
<i>jantoven - warfarin sodium tab 2 mg</i>	1	
<i>jantoven - warfarin sodium tab 2.5 mg</i>	1	
<i>jantoven - warfarin sodium tab 3 mg</i>	1	
<i>jantoven - warfarin sodium tab 4 mg</i>	1	
<i>jantoven - warfarin sodium tab 5 mg</i>	1	
<i>jantoven - warfarin sodium tab 6 mg</i>	1	
<i>jantoven - warfarin sodium tab 7.5 mg</i>	1	
<i>jantoven - warfarin sodium tab 10 mg</i>	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	PA
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
<i>prasugrel hcl tab 5 mg (base equiv)</i>	3	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	3	
PROCRI - epoetin alfa inj 2000 unit/ml	4	PA
PROCRI - epoetin alfa inj 3000 unit/ml	4	PA
PROCRI - epoetin alfa inj 4000 unit/ml	4	PA
PROCRI - epoetin alfa inj 10000 unit/ml	4	PA
PROCRI - epoetin alfa inj 20000 unit/ml	5	PA
PROCRI - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv)*	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg (base eq)*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv)*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg (base equiv)*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg (base equiv)*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg (base equiv)*	5	PA
RETACRI - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRI - epoetin alfa-epbx inj 3000 unit/ml	4	PA

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	4	PA
<i>tranexamic acid tab 650 mg</i>	3	
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5	PA
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
UDENYCA ONBODY - pegfilgrastim-cbqv soln prefill syr/ infusion dev 6 mg/0.6ml	5	PA
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4	
Cardiovascular Agents		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	4	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	4	QL (30 tablets/30 days)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	4	QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 100 mg</i>	4	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	4	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	4	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	3	
<i>betaxolol hcl tab 20 mg</i>	3	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>candesartan cilexetil tab 4 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 8 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 16 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	1	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	3	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	3	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	3	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	3	PA, QL (600 mls/30 days)
<i>digoxin oral soln 0.05 mg/ml#</i>	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#</i>	2	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>dilt-xr - diltiazem hcl cap er 24hr 180 mg</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>dilt-xr - diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	3	
<i>diltiazem hcl cap er 12hr 90 mg</i>	3	
<i>diltiazem hcl cap er 12hr 120 mg</i>	3	
<i>diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 180 mg</i>	2	
<i>diltiazem hcl tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl tab er 24hr 420 mg</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	
<i>doxazosin mesylate tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 4 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 8 mg</i>	2	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg</i>	5	PA

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>droxidopa cap 200 mg</i>	5	PA
<i>droxidopa cap 300 mg</i>	5	PA
EDARBI - azilsartan medoxomil tab 40 mg	4	QL (30 tablets/30 days)
EDARBI - azilsartan medoxomil tab 80 mg	4	QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg	4	QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-25 mg	4	QL (30 tablets/30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 15-16 mg	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
<i>eplerenone tab 25 mg</i>	3	
<i>eplerenone tab 50 mg</i>	3	
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 134 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 54 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg</i>	2	QL (30 tablets/30 days)
<i>fenofibrate tab 160 mg</i>	2	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	4	QL (60 capsules/30 days)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	4	QL (60 capsules/30 days)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	4	QL (30 tablets/30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	4	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	QL (60 tablets/30 days)
<i>guanfacine hcl tab 1 mg#</i>	3	
<i>guanfacine hcl tab 2 mg#</i>	3	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	4	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	4	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	4	
<i>isradipine cap 5 mg</i>	4	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	3	PA, QL (60 tablets/30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	3	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg	3	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 20 mg	3	PA, QL (30 tablets/30 days)
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>matzim la - diltiazem hcl tab er 24hr 180 mg</i>	2	
<i>matzim la - diltiazem hcl tab er 24hr 240 mg</i>	2	
<i>matzim la - diltiazem hcl tab er 24hr 300 mg</i>	2	
<i>matzim la - diltiazem hcl tab er 24hr 360 mg</i>	2	
<i>matzim la - diltiazem hcl tab er 24hr 420 mg</i>	2	
<i>methazolamide tab 25 mg</i>	3	
<i>methazolamide tab 50 mg</i>	4	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg</i>	4	
<i>mexiletine hcl cap 200 mg</i>	4	
<i>mexiletine hcl cap 250 mg</i>	4	
<i>midodrine hcl tab 2.5 mg</i>	3	
<i>midodrine hcl tab 5 mg</i>	3	
<i>midodrine hcl tab 10 mg</i>	3	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
<i>nadolol tab 20 mg</i>	3	
<i>nadolol tab 40 mg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>nadolol tab 80 mg</i>	3	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	3	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	3	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	3	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg</i>	4	
<i>nicardipine hcl cap 30 mg</i>	4	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
NISOLDIPINE ER - <i>nisoldipine tab er 24hr 25.5 mg</i>	4	
<i>nisoldipine tab er 24hr 8.5 mg</i>	4	
<i>nisoldipine tab er 24hr 17 mg</i>	4	
<i>nisoldipine tab er 24hr 34 mg</i>	4	
NITRO-BID - <i>nitroglycerin oint 2%</i>	4	
<i>nitroglycerin oint 0.4%</i>	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	4	
<i>olmesartan medoxomil tab 5 mg</i>	1	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	4	
<i>pacerone - amiodarone hcl tab 100 mg</i>	4	
<i>pacerone - amiodarone hcl tab 200 mg</i>	2	
<i>pacerone - amiodarone hcl tab 400 mg</i>	4	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg</i>	3	
<i>pindolol tab 10 mg</i>	3	
<i>pravastatin sodium tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>prevalite - cholestyramine light powder packets 4 gm</i>	3	
<i>prevalite - cholestyramine light powder 4 gm/dose</i>	3	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	4	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>ranolazine tab er 12hr 500 mg</i>	3	QL (60 tablets/30 days)
<i>ranolazine tab er 12hr 1000 mg</i>	3	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg</i>	1	QL (45 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sorine - sotalol hcl tab 120 mg</i>	2	
<i>sorine - sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>telmisartan tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tablets/30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	QL (60 capsules/30 days)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	QL (60 capsules/30 days)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	QL (60 capsules/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	4	
<i>timolol maleate tab 10 mg</i>	4	
<i>timolol maleate tab 20 mg</i>	4	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 80 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 160 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
verapamil hcl cap er 24hr 100 mg	4	
verapamil hcl cap er 24hr 200 mg	4	
verapamil hcl cap er 24hr 300 mg	4	
verapamil hcl cap er 24hr 360 mg	4	
verapamil hcl cap er 24hr 120 mg	2	
verapamil hcl cap er 24hr 180 mg	2	
verapamil hcl cap er 24hr 240 mg	2	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
VERQUVO - vericiguat tab 2.5 mg	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 5 mg	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 10 mg	3	QL (30 tablets/30 days)
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 25 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 40 mg (base equiv)	4	QL (60 capsules/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO - deutetrabenazine tab 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	5	PA, QL (90 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 30 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 36 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 42 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	5	PA, QL (1 kit/28 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg†</i>	3	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	4	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	4	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	4	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	4	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	4	QL (180 tablets/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (60 capsules/30 days)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)#</i>	3	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	3	QL (30 capsules/30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	PA, QL (450 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	PA, QL (900 mls/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg</i>	3	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 10 mg</i>	3	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)

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<i>riluzole tab 50 mg</i>	4	
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 5 mg</i>	4	QL (90 tablets/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 10 mg</i>	4	QL (180 tablets/30 days)
Dental and Oral Agents		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>kourzeq - triamcinolone acetonide dental paste 0.1%</i>	3	
<i>oralone dental paste - triamcinolone acetonide dental paste 0.1%</i>	3	
<i>periogard - chlorhexidine gluconate soln 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	4	
<i>pilocarpine hcl tab 7.5 mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
Dermatological Agents		
<i>accutane - isotretinoin cap 10 mg</i>	4	
<i>accutane - isotretinoin cap 20 mg</i>	4	
<i>accutane - isotretinoin cap 30 mg</i>	4	
<i>accutane - isotretinoin cap 40 mg</i>	4	
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	4	
<i>acitretin cap 25 mg</i>	4	
<i>ala-cort - hydrocortisone cream 1%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120 grams/30 days)
<i>amnesteam - isotretinoin cap 10 mg</i>	4	
<i>amnesteam - isotretinoin cap 20 mg</i>	4	
<i>amnesteam - isotretinoin cap 40 mg</i>	4	
<i>azelaic acid gel 15%</i>	3	
AZELEX - azelaic acid cream 20%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	3	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	4	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	QL (120 mls/30 days)
<i>calcitrene - calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>claravis - isotretinoin cap 10 mg</i>	4	
<i>claravis - isotretinoin cap 20 mg</i>	4	
<i>claravis - isotretinoin cap 30 mg</i>	4	
<i>claravis - isotretinoin cap 40 mg</i>	4	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (200 mls/28 days)
<i>clodan - clobetasol propionate shampoo 0.05%</i>	4	QL (236 mls/30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	4	
<i>desonide cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.25%</i>	4	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	4	QL (120 grams/30 days)

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<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	PA
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	3	
EFUDEX - fluorouracil cream 5%	3	
FINACEA - azelaic acid foam 15%	3	
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	
<i>fluorouracil soln 5%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	4	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	4	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	4	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	4	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	4	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	2	PA
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	

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<i>isotretinoin cap 25 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 35 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>ivermectin cream 1%</i>	4	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>malathion lotion 0.5%</i>	4	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	3	
<i>metronidazole lotion 0.75%</i>	4	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	4	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 20 mg	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
<i>permethrin cream 5%</i>	3	
<i>podoflox soln 0.5%</i>	3	
REGANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd - silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	
<i>tacrolimus oint 0.03%</i>	4	PA
<i>tacrolimus oint 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	4	PA
<i>tazarotene gel 0.05%</i>	4	PA

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<i>tazarotene gel 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	3	PA
<i>tretinoin cream 0.1%</i>	3	PA
<i>tretinoin gel 0.01%</i>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
<i>triderm - triamcinolone acetonide cream 0.5%</i>	2	QL (454 grams/30 days)
<i>zenatane - isotretinoin cap 10 mg</i>	4	
<i>zenatane - isotretinoin cap 20 mg</i>	4	
<i>zenatane - isotretinoin cap 30 mg</i>	4	
<i>zenatane - isotretinoin cap 40 mg</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	4	
<i>deferasirox granules packet 90 mg†</i>	5	PA
<i>deferasirox granules packet 180 mg†</i>	5	PA
<i>deferasirox granules packet 360 mg†</i>	5	PA
<i>deferasirox tab for oral susp 125 mg†</i>	4	PA
<i>deferasirox tab for oral susp 250 mg†</i>	5	PA
<i>deferasirox tab for oral susp 500 mg†</i>	5	PA
<i>deferasirox tab 90 mg†</i>	3	PA
<i>deferasirox tab 180 mg†</i>	5	PA
<i>deferasirox tab 360 mg†</i>	5	PA
<i>dextrose inj 5%</i>	4	
<i>dextrose inj 10%</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	4	

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<i>dextrose 5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	4	
<i>ergocalciferol cap 1.25 mg (50000 unit)^</i>	6	
<i>folic acid tab 1 mg^</i>	6	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kionex - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i>	2	
<i>klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq</i>	2	
<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i>	2	
<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>klor-con 10 - potassium chloride tab er 10 meq</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
<i>potassium citrate tab er 5 meq (540 mg)</i>	3	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	3	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	3	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	4	
<i>sodium chloride iv soln 0.9%</i>	4	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg†</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq)	3	
VELTASSA - patiomer sorbitex calcium for susp packet 16.8 gm (base eq)	3	
VELTASSA - patiomer sorbitex calcium for susp packet 25.2 gm (base eq)	3	
Gastrointestinal Agents		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	PA, QL (60 tablets/30 days)
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg</i>	3	
<i>cimetidine tab 300 mg</i>	3	
<i>cimetidine tab 400 mg</i>	3	
<i>cimetidine tab 800 mg</i>	3	
<i>constulose - lactulose solution 10 gm/15ml</i>	2	
<i>dicyclomine hcl cap 10 mg#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	4	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	2	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	4	PA (>=65 yr)
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (30 capsules/30 days)

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<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg	3	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	4	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	4	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg#</i>	4	
<i>methscopolamine bromide tab 5 mg#</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)	3	QL (30 tablets/30 days)
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	3	QL (30 tablets/30 days)
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NIZATIDINE - nizatidine cap 150 mg	4	
<i>nizatidine cap 300 mg</i>	2	
OCALIVA - obeticholic acid tab 5 mg*†	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*†	5	PA, QL (30 tablets/30 days)

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<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tablets/30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	3	QL (30 tablets/30 days)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
<i>sucralfate susp 1 gm/10ml</i>	4	
<i>sucralfate tab 1 gm</i>	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	4	
<i>ursodiol tab 500 mg</i>	4	
VIBERZI - eluxadoline tab 75 mg	5	PA, QL (60 tablets/30 days)
VIBERZI - eluxadoline tab 100 mg	5	PA, QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine powder for oral solution</i>	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
<i>glutamine (sickle cell) powd pack 5 gm</i>	5	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	3	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
<i>nitisinone cap 2 mg</i>	5	
<i>nitisinone cap 5 mg</i>	5	
<i>nitisinone cap 10 mg</i>	5	
<i>nitisinone cap 20 mg</i>	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCIVI - elapegademase-ivlr im soln 2.4 mg/1.5ml (1.6 mg/ ml)*	5	
<i>sapropterin dihydrochloride powder packet 100 mg†</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg†</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg†</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALOX - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
<i>yargesa - miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg	5	PA, QL (120 capsules/30 days)
ZOKINVY - lonafarnib cap 75 mg	5	PA, QL (120 capsules/30 days)
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	4	QL (30 tablets/30 days)
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	4	QL (30 tablets/30 days)
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tablets/30 days)
GEMTESA - vibegron tab 75 mg	4	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tablets/30 days)

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<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>sildenafil citrate tab 25 mg^</i>	6	QL (8 tablets/30 days)
<i>sildenafil citrate tab 50 mg^</i>	6	QL (8 tablets/30 days)
<i>sildenafil citrate tab 100 mg^</i>	6	QL (8 tablets/30 days)
<i>silodosin cap 4 mg</i>	3	QL (30 capsules/30 days)
<i>silodosin cap 8 mg</i>	3	QL (30 capsules/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
<i>solifenacin succinate tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>solifenacin succinate tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>tadalafil tab 2.5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tadalafil tab 5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tadalafil tab 10 mg^</i>	6	QL (8 tablets/30 days)
<i>tadalafil tab 20 mg^</i>	6	QL (8 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	4	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg</i>	3	QL (60 tablets/30 days)
<i>tolterodine tartrate tab 2 mg</i>	3	QL (60 tablets/30 days)
<i>trospium chloride tab 20 mg</i>	3	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	

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<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	3	
INCRELEX - mecaseprin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	5	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL - chorionic gonadotropin for im inj 10000 unit	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	

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<i>alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>amethia - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	3	
<i>apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	3	
<i>aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	3	
<i>aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg</i>	3	
<i>aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg</i>	3	
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)</i>	3	
<i>aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>camila - norethindrone tab 0.35 mg</i>	3	
<i>camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	

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<i>chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	
<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
<i>cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>danazol cap 50 mg</i>	4	PA
<i>danazol cap 100 mg</i>	4	PA
<i>danazol cap 200 mg</i>	4	PA
<i>dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab0.01mg(7)</i>	3	
<i>deblitane - norethindrone tab 0.35 mg</i>	3	
<i>delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
<i>depo-testosterone - testosterone cypionate im inj in oil 100 mg/ ml</i>	3	PA
<i>depo-testosterone - testosterone cypionate im inj in oil 200 mg/ ml</i>	3	PA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	3	
<i>dotti - estradiol td patch twice weekly 0.025 mg/24hr#</i>	3	
<i>dotti - estradiol td patch twice weekly 0.0375 mg/24hr#</i>	3	
<i>dotti - estradiol td patch twice weekly 0.05 mg/24hr#</i>	3	
<i>dotti - estradiol td patch twice weekly 0.075 mg/24hr#</i>	3	
<i>dotti - estradiol td patch twice weekly 0.1 mg/24hr#</i>	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	3	
<i>DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#</i>	4	
<i>elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
<i>eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr</i>	3	
<i>emzahh - norethindrone tab 0.35 mg</i>	3	
<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3	
<i>enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>errin - norethindrone tab 0.35 mg</i>	3	
<i>estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg</i>	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg#</i>	4	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>estradiol tab 0.5 mg#</i>	1	
<i>estradiol tab 1 mg#</i>	1	
<i>estradiol tab 2 mg#</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)#</i>	4	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)#</i>	4	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)#</i>	4	
<i>estradiol td gel 1 mg/gm (0.1%)#</i>	4	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)#</i>	4	
<i>estradiol td patch twice weekly 0.025 mg/24hr#</i>	3	
<i>estradiol td patch twice weekly 0.0375 mg/24hr#</i>	3	
<i>estradiol td patch twice weekly 0.05 mg/24hr#</i>	3	
<i>estradiol td patch twice weekly 0.075 mg/24hr#</i>	3	
<i>estradiol td patch twice weekly 0.1 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.025 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.1 mg/24hr#</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>estradiol valerate im in oil 10 mg/ml</i>	3	
<i>estradiol valerate im in oil 20 mg/ml</i>	3	
<i>estradiol valerate im in oil 40 mg/ml</i>	4	
<i>ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</i>	4	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>gemmily - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	3	
<i>hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	3	
<i>hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	3	
<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>heather - norethindrone tab 0.35 mg</i>	3	
<i>iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>incassia - norethindrone tab 0.35 mg</i>	3	
<i>introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg</i>	3	
<i>isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>jaimiess - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>jencycla - norethindrone tab 0.35 mg</i>	3	
<i>jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	3	
<i>kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	3	
<i>kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg</i>	3	
<i>larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	3	
<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg- mcg</i>	3	
<i>lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	3	
<i>levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	3	
<i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i>	3	
<i>lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>lyleq - norethindrone tab 0.35 mg</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr#</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.0375 mg/24hr#</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.05 mg/24hr#</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.075 mg/24hr#</i>	3	
<i>lyllana - estradiol td patch twice weekly 0.1 mg/24hr#</i>	3	
<i>lyza - norethindrone tab 0.35 mg</i>	3	
<i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	4	
<i>megestrol acetate tab 20 mg#</i>	3	
<i>megestrol acetate tab 40 mg#</i>	3	
<i>MENEST - esterified estrogens tab 0.3 mg#</i>	4	
<i>MENEST - esterified estrogens tab 0.625 mg#</i>	4	
<i>MENEST - esterified estrogens tab 1.25 mg#</i>	4	
<i>MENEST - esterified estrogens tab 2.5 mg#</i>	4	
<i>merzee - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20mcg (24)</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>mono-lynh - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg</i>	3	
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>nora-be - norethindrone tab 0.35 mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	3	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	3	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	3	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
<i>norlyroc - norethindrone tab 0.35 mg</i>	3	
<i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	3	
<i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>nymyo - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	3	
<i>philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/ gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	3	
PREMARIN - estrogens, conjugated tab 0.45 mg#	3	
PREMARIN - estrogens, conjugated tab 0.625 mg#	3	
PREMARIN - estrogens, conjugated tab 0.9 mg#	3	
PREMARIN - estrogens, conjugated tab 1.25 mg#	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	3	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
<i>raloxifene hcl tab 60 mg</i>	2	
<i>reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>sharobel - norethindrone tab 0.35 mg</i>	3	
<i>simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	3	
<i>tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	3	
<i>taysofy - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	3	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	4	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	4	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	4	PA, QL (2 pump bottles/30 days)
<i>tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>tri-lo-mili - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	3	
<i>tri-lo-sprintec - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	3	
<i>tri-mili - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	3	
<i>tri-nymyo - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	3	
<i>tri-sprintec - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	3	
<i>tri-vylibra - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	3	
<i>tri-vylibra lo - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	3	
<i>trivora-28 - levonorgestrel-eth estra tab</i> 0.05-30/0.075-40/0.125-30mg-mcg	3	
<i>turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	
<i>tydemy - drospirenone-ethinyl estrad-levomefolate tab</i> 3-0.03-0.451 mg#	3	
<i>velivet - desogest-ethin est tab</i> 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
<i>vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>viorele - desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	3	
<i>volnea - desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	3	
<i>vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	3	
<i>wymzya fe - norethindrone & ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg	3	
<i>xulane - norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	3	
<i>yuvaferm - estradiol vaginal tab 10 mcg</i>	3	
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	3	
<i>zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab</i> 1mg-35 mcg	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox - levothyroxine sodium tab 25 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 50 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 75 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 88 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 100 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 112 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 125 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 137 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 150 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 175 mcg</i>	3	
<i>euthyrox - levothyroxine sodium tab 200 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 25 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 50 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 75 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 88 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 100 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 112 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 125 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 137 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 150 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 175 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 200 mcg</i>	3	
<i>levo-t - levothyroxine sodium tab 300 mcg</i>	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl - levothyroxine sodium tab 25 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 50 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 75 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 88 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 100 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 112 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 125 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 137 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 150 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 175 mcg</i>	3	
<i>levoxyl - levothyroxine sodium tab 200 mcg</i>	3	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
SYNTHROID - levothyroxine sodium tab 25 mcg	3	
SYNTHROID - levothyroxine sodium tab 50 mcg	3	
SYNTHROID - levothyroxine sodium tab 75 mcg	3	
SYNTHROID - levothyroxine sodium tab 88 mcg	3	
SYNTHROID - levothyroxine sodium tab 100 mcg	3	
SYNTHROID - levothyroxine sodium tab 112 mcg	3	
SYNTHROID - levothyroxine sodium tab 125 mcg	3	
SYNTHROID - levothyroxine sodium tab 137 mcg	3	
SYNTHROID - levothyroxine sodium tab 150 mcg	3	
SYNTHROID - levothyroxine sodium tab 175 mcg	3	
SYNTHROID - levothyroxine sodium tab 200 mcg	3	
SYNTHROID - levothyroxine sodium tab 300 mcg	3	
<i>unithroid - levothyroxine sodium tab 25 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 50 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 75 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 88 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 100 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 112 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 125 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 137 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 150 mcg</i>	3	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>unithroid - levothyroxine sodium tab 175 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 200 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 300 mcg</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline tab 0.5 mg</i>	3	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	5	PA
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	5	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	5	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	4	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	4	
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	5	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv)*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.6 mg/ml (base equiv)*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.9 mg/ml (base equiv)*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv)*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg (base equiv)*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 30 mg (base equiv)*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg (base equiv)*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg (base equiv)*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg (as protein)*	5	PA
SOMAVERT - pegvisomant for inj 15 mg (as protein)*	5	PA
SOMAVERT - pegvisomant for inj 20 mg (as protein)*	5	PA
SOMAVERT - pegvisomant for inj 25 mg (as protein)*	5	PA
SOMAVERT - pegvisomant for inj 30 mg (as protein)*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
Immunological Agents		
ABRYSCO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	QL (1 vaccine/365 days)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	

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ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1	
ARCALYST - rilonacept for inj 220 mg*	5	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=50 yr)
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
<i>azathioprine tab 50 mg</i>	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
<i>cyclosporine cap 25 mg</i>	3	BD
<i>cyclosporine cap 100 mg</i>	4	BD
<i>cyclosporine modified cap 25 mg</i>	3	BD
<i>cyclosporine modified cap 50 mg</i>	3	BD
<i>cyclosporine modified cap 100 mg</i>	3	BD

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	1	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD
ENTYVIO - vedolizumab soln pen-injector 108 mg/0.68ml	5	PA
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg	4	BD
ENVARUSUS XR - tacrolimus tab er 24hr 1 mg	4	BD
ENVARUSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	1	
<i>everolimus tab 0.25 mg</i>	4	BD
<i>everolimus tab 0.5 mg</i>	5	BD
<i>everolimus tab 0.75 mg</i>	5	BD

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>everolimus tab 1 mg</i>	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	1	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	1	
<i>gengraf - cyclosporine modified cap 25 mg</i>	3	BD
<i>gengraf - cyclosporine modified cap 100 mg</i>	3	BD

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	5	PA
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto- injector 40 mg/0.4ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto- injector 40 mg/0.8ml	5	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	1	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen- injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1	
IXCHIQ - chikungunya virus vaccine live for im solution	1	

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=60 yr)
<i>mycophenolate mofetil cap 250 mg</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil tab 500 mg</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	BD
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto- injector 125 mg/ml	5	PA
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	1	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
PROGRAF - tacrolimus packet for susp 0.2 mg	4	BD
PROGRAF - tacrolimus packet for susp 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVERT - rabies vaccine, pcec for inj	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	1	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
REZUROCK - belumosudil mesylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
RIDAURA - auranofin cap 3 mg	5	

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RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 30 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	1	
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
<i>sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	QL (2 vaccines/lifetime; >=18 yr)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA
<i>sirolimus oral soln 1 mg/ml</i>	4	BD
<i>sirolimus tab 0.5 mg</i>	4	BD
<i>sirolimus tab 1 mg</i>	4	BD
<i>sirolimus tab 2 mg</i>	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ ml	5	PA
STAMARIL - yellow fever vaccine for inj suspension	1	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
<i>tacrolimus cap 0.5 mg</i>	2	BD
<i>tacrolimus cap 1 mg</i>	2	BD
<i>tacrolimus cap 5 mg</i>	4	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1	BD

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THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml	1	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml	1	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	1	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	1	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	1	
VAXCHORA - cholera vaccine live attenuated for oral susp	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 300 mg/2ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	1	
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)

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DIPENTUM - olsalazine sodium cap 250 mg	5	
hydrocortisone enema 100 mg/60ml	4	
hydrocortisone perianal cream 1%	2	
hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
mesalamine cap dr 400 mg	4	QL (180 capsules/30 days)
mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	4	
mesalamine tab delayed release 800 mg	4	QL (180 tablets/30 days)
mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
procto-med hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctocort - hydrocortisone perianal cream 1%	2	
proctosol hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctozone-hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
sulfasalazine tab delayed release 500 mg	2	
sulfasalazine tab 500 mg	2	
Metabolic Bone Disease Agents		
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg	1	QL (4 tablets/28 days)
alendronate sodium tab 70 mg	1	QL (4 tablets/28 days)
calcitonin (salmon) nasal soln 200 unit/act	2	
calcitriol cap 0.25 mcg	2	
calcitriol cap 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	4	
cinacalcet hcl tab 30 mg (base equiv)	4	PA
cinacalcet hcl tab 60 mg (base equiv)	4	PA
cinacalcet hcl tab 90 mg (base equiv)	5	PA
ibandronate sodium tab 150 mg (base equivalent)	2	QL (1 tablet/28 days)
paricalcitol cap 1 mcg	4	
paricalcitol cap 2 mcg	4	
paricalcitol cap 4 mcg	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)

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<i>risedronate sodium tab 5 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 30 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	3	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
Ophthalmic Agents		
<i>atropine sulfate ophth soln 1%</i>	3	
<i>azelastine hcl ophth soln 0.05%</i>	3	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	3	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.1%</i>	3	
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>brinzolamide ophth susp 1%</i>	4	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)*	5	PA
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	4	
<i>dorzolamide hcl ophth soln 2%</i>	2	

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<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	3	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	3	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i>	4	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i>	4	
NATACYN - natamycin ophth susp 5%	4	
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy- gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
<i>polycin - bacitracin-polymyxin b ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>prednisolone acetate ophth susp 1%</i>	3	
<i>prednisolone sodium phosphate ophth soln 1%</i>	3	

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PROLENSA - bromfenac sodium ophth soln 0.07% (base equivalent)	3	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	QL (2 bottles/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	4	
<i>timolol maleate ophth gel forming soln 0.5%</i>	4	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMVY - lotilaner ophth soln 0.25%	5	PA
Otic Agents		
<i>acetic acid otic soln 2%</i>	2	
<i>flac - fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%</i>	2	BD
<i>acetylcysteine inhal soln 20%</i>	2	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)

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ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)</i>	3	QL (2 inhalers/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	BD
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	BD
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>ambrisentan tab 5 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ambrisentan tab 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3	QL (30 blisters/30 days)
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)

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ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>benzonatate cap 100 mg^</i>	6	
<i>bosentan tab 62.5 mg*</i>	5	PA, QL (60 tablets/30 days)
<i>bosentan tab 125 mg*</i>	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
<i>bromfed dm - pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml#^</i>	6	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 1 mg/2ml</i>	4	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	BD

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>cypheptadine hcl tab 4 mg#</i>	4	PA (>=65 yr)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3	QL (1 inhaler/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3	QL (1 inhaler/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3	QL (1 inhaler/30 days)
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> (generic for EpiPen 2-Pak)	3	
FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml	5	PA
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto- injector 30 mg/ml	5	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	3	QL (2 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone- salmeterol aer powder ba 55-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone- salmeterol aer powder ba 113-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone- salmeterol aer powder ba 232-14 mcg/act	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 5.8 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 13.4 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 25 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	4	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
OFEV - nintedanib esylate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml#^</i>	6	
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
<i>roflumilast tab 250 mcg</i>	4	PA, QL (30 tablets/30 days)
<i>roflumilast tab 500 mcg</i>	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)

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Drug Name- Nombre del medicamento	Drug Tier- Nivel del medicamento	Requirements/Limits- Requisitos/Límites
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
<i>tadalafil tab 20 mg (pah)</i>	4	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	4	
<i>terbutaline sulfate tab 5 mg</i>	4	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	3	QL (30 capsules/30 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg thpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg thpk	5	PA, QL (90 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aerosol 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)

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XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	QL (2 bottles/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	4	QL (2 inhalers/30 days)
<i>zafirlukast tab 10 mg</i>	4	
<i>zafirlukast tab 20 mg</i>	4	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg#</i>	2	
<i>cyclobenzaprine hcl tab 10 mg#</i>	2	
<i>methocarbamol tab 500 mg#</i>	2	
<i>methocarbamol tab 750 mg#</i>	2	
Sleep Disorder Agents		
<i>armodafinil tab 50 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 200 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg</i>	4	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 10 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 15 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 20 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 10 mg	3	PA, QL (30 tablets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm*	5	PA, QL (30 packets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 6 gm*	5	PA, QL (30 packets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 7.5 gm*	5	PA, QL (30 packets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 9 gm*	5	PA, QL (30 packets/30 days)
<i>modafinil tab 100 mg</i>	3	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	4	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>temazepam cap 15 mg</i>	2	QL (30 capsules/30 days)
<i>temazepam cap 30 mg</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 5 mg#</i>	3	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	3	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg#</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 10 mg#</i>	2	QL (30 tablets/30 days)

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mg.....	6	<i>ampicillin sodium for iv soln 1 gm</i>	6
<i>amoxicillin & k clavulanate for susp 200-28.5</i>		<i>anagrelide hcl cap 0.5 mg</i>	60
<i>mg/5ml</i>	6	<i>anagrelide hcl cap 1 mg</i>	60
<i>amoxicillin & k clavulanate for susp 250-62.5</i>		<i>anastrozole tab 1 mg</i>	28
<i>mg/5ml</i>	6	ANORO ELLIPTA	119
<i>amoxicillin & k clavulanate for susp 400-57</i>		APOKYN	38
<i>mg/5ml</i>	6	<i>apomorphine hcl soln cartridge 30</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9</i>		mg/3ml.....	38
<i>mg/5ml</i>	6	<i>aprepitant capsule 125 mg</i>	23
<i>amoxicillin & k clavulanate tab 250-125</i>		<i>aprepitant capsule 40 mg</i>	23
mg.....	6	<i>aprepitant capsule 80 mg</i>	23
<i>amoxicillin & k clavulanate tab 500-125</i>		<i>aprepitant capsule therapy pack 80 & 125</i>	
mg.....	6	mg.....	23
<i>amoxicillin & k clavulanate tab 875-125</i>		<i>apri - desogestrel & ethinyl estradiol tab 0.15 mg-30</i>	
mg.....	6	mcg.....	93
<i>amphetamine-dextroamphetamine cap er 24hr 10</i>		APTIOM	13
mg.....	77	APTIOM	13
<i>amphetamine-dextroamphetamine cap er 24hr 15</i>		APTIOM	13
mg.....	77	APTIOM	13
<i>amphetamine-dextroamphetamine cap er 24hr 20</i>		APTIVUS	48
mg.....	77	<i>aranelle - norethindrone-eth estradiol tab</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 25</i>		0.5-35/1-35/0.5-35 mg-mcg.....	93
mg.....	77	ARANESP ALBUMIN FREE	60
<i>amphetamine-dextroamphetamine cap er 24hr 30</i>		ARANESP ALBUMIN FREE	60
mg.....	77	ARANESP ALBUMIN FREE	60
		ARANESP ALBUMIN FREE	60

ARANESP ALBUMIN FREE.....	60	ASMANEX TWISTHALER 30 METERED DOSES.....	120
ARANESP ALBUMIN FREE.....	60	ASMANEX TWISTHALER 30 METERED DOSES.....	120
ARANESP ALBUMIN FREE.....	60	ASMANEX TWISTHALER 60 METERED DOSES.....	120
ARANESP ALBUMIN FREE.....	60	<i>aspirin-dipyridamole cap er 12hr 25-200 mg.....</i>	61
ARANESP ALBUMIN FREE.....	60	<i>atazanavir sulfate cap 150 mg (base equiv).....</i>	48
ARANESP ALBUMIN FREE.....	60	<i>atazanavir sulfate cap 200 mg (base equiv).....</i>	48
ARANESP ALBUMIN FREE.....	60	<i>atazanavir sulfate cap 300 mg (base equiv).....</i>	48
ARCALYST.....	107	<i>atenolol & chlorthalidone tab 100-25 mg.....</i>	65
AREXVY.....	107	<i>atenolol & chlorthalidone tab 50-25 mg.....</i>	65
ARIKAYCE.....	6	<i>atenolol tab 100 mg.....</i>	65
<i>aripiprazole orally disintegrating tab 10 mg.....</i>	40	<i>atenolol tab 25 mg.....</i>	65
<i>aripiprazole orally disintegrating tab 15 mg.....</i>	40	<i>atenolol tab 50 mg.....</i>	65
<i>aripiprazole oral solution 1 mg/ml.....</i>	40	ATGAM.....	107
<i>aripiprazole tab 10 mg.....</i>	41	<i>atomoxetine hcl cap 100 mg (base equiv).....</i>	78
<i>aripiprazole tab 15 mg.....</i>	41	<i>atomoxetine hcl cap 10 mg (base equiv).....</i>	77
<i>aripiprazole tab 20 mg.....</i>	41	<i>atomoxetine hcl cap 18 mg (base equiv).....</i>	77
<i>aripiprazole tab 2 mg.....</i>	40	<i>atomoxetine hcl cap 25 mg (base equiv).....</i>	77
<i>aripiprazole tab 30 mg.....</i>	41	<i>atomoxetine hcl cap 40 mg (base equiv).....</i>	77
<i>aripiprazole tab 5 mg.....</i>	40	<i>atomoxetine hcl cap 60 mg (base equiv).....</i>	78
ARISTADA.....	41	<i>atomoxetine hcl cap 80 mg (base equiv).....</i>	78
ARISTADA.....	41	<i>atorvastatin calcium tab 10 mg (base equivalent).....</i>	65
ARISTADA.....	41	<i>atorvastatin calcium tab 20 mg (base equivalent).....</i>	65
ARISTADA.....	41	<i>atorvastatin calcium tab 40 mg (base equivalent).....</i>	65
ARISTADA INITIO.....	41	<i>atorvastatin calcium tab 80 mg (base equivalent).....</i>	65
<i>armodafinil tab 150 mg.....</i>	124	<i>atovaquone-proguanil hcl tab 250-100 mg.....</i>	38
<i>armodafinil tab 200 mg.....</i>	124	<i>atovaquone-proguanil hcl tab 62.5-25 mg.....</i>	38
<i>armodafinil tab 250 mg.....</i>	124	<i>atovaquone susp 750 mg/5ml.....</i>	38
<i>armodafinil tab 50 mg.....</i>	124	<i>atropine sulfate ophth soln 1%.....</i>	116
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<i>asenapine maleate sl tab 10 mg (base equiv).....</i>	41		
<i>asenapine maleate sl tab 2.5 mg (base equiv).....</i>	41		
<i>asenapine maleate sl tab 5 mg (base equiv).....</i>	41		
<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....</i>	93		
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BENZNIDAZOLE.....	38	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25</i>	65
<i>benzonatate cap 100 mg.....</i>	120	<i>mg.....</i>	65
<i>benzoyl peroxide-erythromycin gel</i>		<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>	65
<i>5-3%.....</i>	80	<i>mg.....</i>	65
<i>benztropine mesylate tab 0.5 mg.....</i>	38	<i>bisoprolol fumarate tab 10 mg.....</i>	65
<i>benztropine mesylate tab 1 mg.....</i>	38	<i>bisoprolol fumarate tab 5 mg.....</i>	65
<i>benztropine mesylate tab 2 mg.....</i>	38	<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe</i>	
BESIVANCE.....	116	<i>tab 1 mg-20 mcg (24).....</i>	93
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<i>betaine powder for oral solution.....</i>	88	<i>estradiol-fe tab 1 mg-20 mcg.....</i>	93
BETAMETHASONE DIPROPIONATE		<i>blisovi fe 1.5/30 - norethindrone ace & ethinyl</i>	
AUGMENTED.....	80	<i>estradiol-fe tab 1.5 mg-30 mcg.....</i>	93
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<i>0.05%.....</i>	81	BOOSTRIX.....	107
<i>betamethasone dipropionate augmented lotion</i>		<i>bosentan tab 125 mg.....</i>	120
<i>0.05%.....</i>	81	<i>bosentan tab 62.5 mg.....</i>	120
<i>betamethasone dipropionate augmented oint</i>		BOSULIF.....	28
<i>0.05%.....</i>	81	BOSULIF.....	28
<i>betamethasone dipropionate cream</i>		BOSULIF.....	29
<i>0.05%.....</i>	81	BOSULIF.....	29
<i>betamethasone dipropionate lotion</i>		BOSULIF.....	29
<i>0.05%.....</i>	81	BRAFTOVI.....	29
<i>betamethasone dipropionate oint</i>		BREO ELLIPTA.....	120
<i>0.05%.....</i>	81	BREO ELLIPTA.....	120
<i>betamethasone valerate cream 0.1% (base</i>		BREO ELLIPTA.....	120
<i>equivalent).....</i>	81	<i>breyana - budesonide-formoterol fumarate dihyd</i>	
<i>betamethasone valerate lotion 0.1% (base</i>		<i>aerosol 160-4.5 mcg/act.....</i>	120
<i>equivalent).....</i>	81	<i>breyana - budesonide-formoterol fumarate dihyd</i>	
<i>betamethasone valerate oint 0.1% (base</i>		<i>aerosol 80-4.5 mcg/act.....</i>	120
<i>equivalent).....</i>	81	BREZTRI AEROSPHERE.....	120
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<i>betaxolol hcl ophth soln 0.5%.....</i>	116	<i>mg-35 mcg.....</i>	93
<i>betaxolol hcl tab 10 mg.....</i>	65	BRILINTA.....	61
<i>betaxolol hcl tab 20 mg.....</i>	65	BRILINTA.....	61
<i>bethanechol chloride tab 10 mg.....</i>	90	<i>brimonidine tartrate ophth soln 0.1%.....</i>	116
<i>bethanechol chloride tab 25 mg.....</i>	90	<i>brimonidine tartrate ophth soln 0.15%.....</i>	116
<i>bethanechol chloride tab 50 mg.....</i>	90	<i>brimonidine tartrate ophth soln 0.2%.....</i>	116
<i>bethanechol chloride tab 5 mg.....</i>	90	<i>brimonidine tartrate-timolol maleate ophth soln</i>	
BETOPTIC-S.....	116	<i>0.2-0.5%.....</i>	116
<i>bexarotene cap 75 mg.....</i>	28	<i>brinzolamide ophth susp 1%.....</i>	116
<i>bexarotene gel 1%.....</i>	28	BRIVIACT.....	14
BEXSERO.....	107	BRIVIACT.....	14
<i>bicalutamide tab 50 mg.....</i>	28	BRIVIACT.....	14
BICILLIN L-A.....	7	BRIVIACT.....	14
BICILLIN L-A.....	7	BRIVIACT.....	14
BICILLIN L-A.....	7	BRIVIACT.....	14
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BIKTARVY.....	48	<i>bromfed dm - pseudoephed-bromphen-dm syrup</i>	
<i>bimatoprost ophth soln 0.03%.....</i>	116	<i>30-2-10 mg/5ml.....</i>	120
<i>bisoprolol & hydrochlorothiazide tab 10-6.25</i>		<i>bromfenac sodium ophth soln 0.07% (base</i>	
<i>mg.....</i>	65	<i>equivalent).....</i>	116

<i>bromfenac sodium ophth soln 0.09% (base equiv)</i> (once-daily).....	116	<i>bupropion hcl tab 75 mg</i>	20
<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i>	38	<i>bupropion hcl tab er 12hr 100 mg</i>	20
<i>bromocriptine mesylate tab 2.5 mg (base</i> <i>equivalent)</i>	39	<i>bupropion hcl tab er 12hr 150 mg</i>	20
BRUKINSA.....	29	<i>bupropion hcl tab er 12hr 200 mg</i>	20
<i>budesonide delayed release particles cap 3</i> <i>mg</i>	114	<i>bupropion hcl tab er 24hr 150 mg</i>	20
<i>budesonide-formoterol fumarate dihyd aerosol</i> <i>160-4.5 mcg/act</i>	120	<i>bupropion hcl tab er 24hr 300 mg</i>	20
<i>budesonide-formoterol fumarate dihyd aerosol</i> <i>80-4.5 mcg/act</i>	120	<i>bupirone hcl tab 10 mg</i>	52
<i>budesonide inhalation susp 0.25</i> <i>mg/2ml</i>	120	<i>bupirone hcl tab 15 mg</i>	52
<i>budesonide inhalation susp 0.5</i> <i>mg/2ml</i>	120	<i>bupirone hcl tab 30 mg</i>	52
<i>budesonide inhalation susp 1 mg/2ml</i>	120	<i>bupirone hcl tab 5 mg</i>	52
<i>budesonide tab er 24hr 9 mg</i>	114	<i>bupirone hcl tab 7.5 mg</i>	52
<i>bumetanide inj 0.25 mg/ml</i>	65	<i>butalbital-acetaminophen-caffeine tab 50-325-40</i> <i>mg</i>	1
<i>bumetanide tab 0.5 mg</i>	65	<i>butalbital-aspirin-caffeine cap 50-325-40</i> <i>mg</i>	1
<i>bumetanide tab 1 mg</i>	65	<i>butorphanol tartrate nasal soln 10 mg/</i> <i>ml</i>	1
<i>bumetanide tab 2 mg</i>	65	BYDUREON BCISE.....	54
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv).....	5	C	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv).....	5	<i>cabergoline tab 0.5 mg</i>	105
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base</i> <i>equiv)</i>	5	CABLIVI.....	61
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base</i> <i>equiv)</i>	5	CABOMETRYX.....	29
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv).....	5	CABOMETRYX.....	29
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base</i> <i>equiv)</i>	5	CABOMETRYX.....	29
<i>buprenorphine hcl sl tab 2 mg (base</i> <i>equiv)</i>	5	<i>calcipotriene cream 0.005%</i>	81
<i>buprenorphine hcl sl tab 8 mg (base</i> <i>equiv)</i>	5	<i>calcipotriene oint 0.005%</i>	81
<i>buprenorphine td patch weekly 10 mcg/</i> <i>hr</i>	1	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	81
<i>buprenorphine td patch weekly 15 mcg/</i> <i>hr</i>	1	<i>calcitonin (salmon) nasal soln 200 unit/</i> <i>act</i>	115
<i>buprenorphine td patch weekly 20 mcg/</i> <i>hr</i>	1	<i>calcitrene - calcipotriene oint 0.005%</i>	81
<i>buprenorphine td patch weekly 5 mcg/</i> <i>hr</i>	1	<i>calcitriol cap 0.25 mcg</i>	115
<i>buprenorphine td patch weekly 7.5 mcg/</i> <i>hr</i>	1	<i>calcitriol cap 0.5 mcg</i>	115
<i>bupropion hcl (smoking deterrent) tab er 12hr 150</i> <i>mg</i>	5	<i>calcitriol oral soln 1 mcg/ml</i>	115
<i>bupropion hcl tab 100 mg</i>	20	CALQUENCE.....	29
		CALQUENCE.....	29
		<i>camila - norethindrone tab 0.35 mg</i>	93
		<i>camrese - levonorg-eth est tab 0.15-0.03mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	93
		<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	93
		<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5</i> <i>mg</i>	65
		<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5</i> <i>mg</i>	65
		<i>candesartan cilexetil-hydrochlorothiazide tab 32-25</i> <i>mg</i>	66
		<i>candesartan cilexetil tab 16 mg</i>	65
		<i>candesartan cilexetil tab 32 mg</i>	65
		<i>candesartan cilexetil tab 4 mg</i>	65
		<i>candesartan cilexetil tab 8 mg</i>	65
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CAPLYTA.....	41	<i>cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg.....</i>	66
CAPLYTA.....	41	<i>carvedilol tab 12.5 mg.....</i>	66
CAPRELSA.....	29	<i>carvedilol tab 25 mg.....</i>	66
CAPRELSA.....	29	<i>carvedilol tab 3.125 mg.....</i>	66
<i>captopril tab 100 mg.....</i>	66	<i>carvedilol tab 6.25 mg.....</i>	66
<i>captopril tab 12.5 mg.....</i>	66	<i>caspofungin acetate for iv soln 50 mg.....</i>	24
<i>captopril tab 25 mg.....</i>	66	<i>caspofungin acetate for iv soln 70 mg.....</i>	24
<i>captopril tab 50 mg.....</i>	66	CAYSTON.....	120
<i>carbamazepine cap er 12hr 100 mg.....</i>	14	<i>cefaclor cap 250 mg.....</i>	7
<i>carbamazepine cap er 12hr 200 mg.....</i>	14	<i>cefaclor cap 500 mg.....</i>	7
<i>carbamazepine cap er 12hr 300 mg.....</i>	14	<i>cefadroxil cap 500 mg.....</i>	7
<i>carbamazepine chew tab 100 mg.....</i>	14	<i>cefadroxil for susp 250 mg/5ml.....</i>	7
<i>carbamazepine susp 100 mg/5ml.....</i>	14	<i>cefadroxil for susp 500 mg/5ml.....</i>	7
<i>carbamazepine tab 200 mg.....</i>	14	<i>cefadroxil tab 1 gm.....</i>	7
<i>carbamazepine tab er 12hr 100 mg.....</i>	14	<i>cefazolin sodium (bulk) for inj 100 gm.....</i>	7
<i>carbamazepine tab er 12hr 200 mg.....</i>	14	<i>cefazolin sodium (bulk) for inj 300 gm.....</i>	7
<i>carbamazepine tab er 12hr 400 mg.....</i>	14	<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....</i>	7
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg.....</i>	39	<i>cefazolin sodium for inj 10 gm.....</i>	7
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg.....</i>	39	<i>cefazolin sodium for inj 1 gm.....</i>	7
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg.....</i>	39	<i>cefazolin sodium for inj 500 mg.....</i>	7
<i>carbidopa & levodopa tab 10-100 mg.....</i>	39	<i>cefazolin sodium for iv soln 1 gm.....</i>	7
<i>carbidopa & levodopa tab 25-100 mg.....</i>	39	<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml).....</i>	7
<i>carbidopa & levodopa tab 25-250 mg.....</i>	39	<i>cefdinir cap 300 mg.....</i>	7
<i>carbidopa & levodopa tab er 25-100 mg.....</i>	39	<i>cefdinir for susp 125 mg/5ml.....</i>	7
<i>carbidopa & levodopa tab er 50-200 mg.....</i>	39	<i>cefdinir for susp 250 mg/5ml.....</i>	7
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....</i>	39	<i>cefepime hcl for inj 1 gm.....</i>	7
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....</i>	39	<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....</i>	7
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg.....</i>	39	<i>cefepime hcl for iv soln 2 gm.....</i>	7
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....</i>	39	<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....</i>	7
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....</i>	39	<i>cefepime hcl iv soln 1 gm/50ml.....</i>	7
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg.....</i>	39	<i>cefepime hcl iv soln 2 gm/100ml.....</i>	7
<i>carbidopa tab 25 mg.....</i>	39	<i>cefixime cap 400 mg.....</i>	7
<i>carglumic acid soluble tab 200 mg.....</i>	84	<i>cefoxitin sodium for iv soln 10 gm.....</i>	8
<i>carteolol hcl ophth soln 1%.....</i>	116	<i>cefoxitin sodium for iv soln 1 gm.....</i>	7
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg.....</i>	66	<i>cefoxitin sodium for iv soln 2 gm.....</i>	7
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg.....</i>	66	<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....</i>	8
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg.....</i>	66	<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....</i>	8
		<i>cefpodoxime proxetil for susp 100 mg/5ml.....</i>	8
		<i>cefpodoxime proxetil for susp 50 mg/5ml.....</i>	8
		<i>cefpodoxime proxetil tab 100 mg.....</i>	8
		<i>cefpodoxime proxetil tab 200 mg.....</i>	8
		<i>cefprozil for susp 125 mg/5ml.....</i>	8
		<i>cefprozil for susp 250 mg/5ml.....</i>	8

cefprozil tab 250 mg.....	8	chlorthalidone tab 25 mg.....	66
cefprozil tab 500 mg.....	8	chlorthalidone tab 50 mg.....	66
ceftazidime for inj 1 gm.....	8	cholestyramine light powder 4 gm/ dose.....	66
ceftazidime for inj 6 gm.....	8	cholestyramine light powder packets 4 gm.....	66
ceftazidime for iv soln 2 gm.....	8	cholestyramine powder 4 gm/dose.....	66
ceftriaxone sodium (bulk) for inj 100 gm.....	8	cholestyramine powder packets 4 gm.....	66
ceftriaxone sodium for inj 10 gm.....	8	choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	66
ceftriaxone sodium for inj 1 gm.....	8	choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	66
ceftriaxone sodium for inj 250 mg.....	8	CHORIONIC GONADOTROPIN.....	92
ceftriaxone sodium for inj 2 gm.....	8	ciclodan - ciclopirox solution 8%.....	25
ceftriaxone sodium for inj 500 mg.....	8	ciclopirox gel 0.77%.....	25
ceftriaxone sodium for iv soln 1 gm.....	8	ciclopirox olamine cream 0.77% (base equiv).....	25
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	8	ciclopirox olamine susp 0.77% (base equiv).....	25
ceftriaxone sodium for iv soln 2 gm.....	8	ciclopirox shampoo 1%.....	25
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	8	ciclopirox solution 8%.....	25
ceftriaxone sodium in dextrose inj 20 mg/ ml.....	8	cilostazol tab 100 mg.....	61
ceftriaxone sodium in dextrose inj 40 mg/ ml.....	8	cilostazol tab 50 mg.....	61
cefuroxime axetil tab 250 mg.....	8	CIMDUO.....	48
cefuroxime axetil tab 500 mg.....	8	cimetidine tab 200 mg.....	86
cefuroxime sodium for inj 750 mg.....	8	cimetidine tab 300 mg.....	86
cefuroxime sodium for iv soln 1.5 gm.....	8	cimetidine tab 400 mg.....	86
celecoxib cap 100 mg.....	1	cimetidine tab 800 mg.....	86
celecoxib cap 200 mg.....	1	cinacalcet hcl tab 30 mg (base equiv).....	115
celecoxib cap 400 mg.....	1	cinacalcet hcl tab 60 mg (base equiv).....	115
celecoxib cap 50 mg.....	1	cinacalcet hcl tab 90 mg (base equiv).....	115
cephalexin cap 250 mg.....	8	CINRYZE.....	107
cephalexin cap 500 mg.....	8	ciprofloxacin 200 mg/100ml in d5w.....	9
cephalexin cap 750 mg.....	8	ciprofloxacin 400 mg/200ml in d5w.....	9
cephalexin for susp 125 mg/5ml.....	8	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	116
cephalexin for susp 250 mg/5ml.....	8	ciprofloxacin hcl tab 250 mg (base equiv).....	8
CEREZYME.....	88	ciprofloxacin hcl tab 500 mg (base equiv).....	9
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	120	ciprofloxacin hcl tab 750 mg (base equiv).....	9
cevimeline hcl cap 30 mg.....	80	citalopram hydrobromide oral soln 10 mg/5ml.....	20
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	94	citalopram hydrobromide tab 10 mg (base equiv).....	20
CHEMET.....	84	citalopram hydrobromide tab 20 mg (base equiv).....	20
CHENODAL.....	86	citalopram hydrobromide tab 40 mg (base equiv).....	20
chlorhexidine gluconate soln 0.12%.....	80	claravis - isotretinoin cap 10 mg.....	81
chloroquine phosphate tab 250 mg.....	38	claravis - isotretinoin cap 20 mg.....	81
chloroquine phosphate tab 500 mg.....	38		
chlorpromazine hcl conc 100 mg/ml.....	23		
chlorpromazine hcl conc 30 mg/ml.....	23		
chlorpromazine hcl tab 100 mg.....	24		
chlorpromazine hcl tab 10 mg.....	23		
chlorpromazine hcl tab 200 mg.....	24		
chlorpromazine hcl tab 25 mg.....	24		
chlorpromazine hcl tab 50 mg.....	24		

<i>claravis - isotretinoin cap 30 mg</i>	81	<i>clobetasol propionate soln 0.05%</i>	81
<i>claravis - isotretinoin cap 40 mg</i>	81	<i>clodan - clobetasol propionate shampoo</i>	
CLARITHROMYCIN.....	9	<i>0.05%</i>	81
CLARITHROMYCIN.....	9	<i>clomipramine hcl cap 25 mg</i>	20
<i>clarithromycin tab 250 mg</i>	9	<i>clomipramine hcl cap 50 mg</i>	20
<i>clarithromycin tab 500 mg</i>	9	<i>clomipramine hcl cap 75 mg</i>	20
<i>clarithromycin tab er 24hr 500 mg</i>	9	<i>clonazepam orally disintegrating tab 0.125</i>	
<i>clindacin etz pledgets - clindamycin phosphate swab</i>		<i>mg</i>	52
<i>1%</i>	9	<i>clonazepam orally disintegrating tab 0.25</i>	
<i>clindacin-p - clindamycin phosphate swab</i>		<i>mg</i>	52
<i>1%</i>	9	<i>clonazepam orally disintegrating tab 0.5</i>	
<i>clindamycin hcl cap 150 mg</i>	9	<i>mg</i>	52
<i>clindamycin hcl cap 300 mg</i>	9	<i>clonazepam orally disintegrating tab 1</i>	
<i>clindamycin hcl cap 75 mg</i>	9	<i>mg</i>	52
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base</i>		<i>clonazepam orally disintegrating tab 2</i>	
<i>equiv)</i>	9	<i>mg</i>	52
<i>clindamycin phosphate-benzoyl peroxide gel</i>		<i>clonazepam tab 0.5 mg</i>	52
<i>1-5%</i>	81	<i>clonazepam tab 1 mg</i>	52
<i>clindamycin phosphate gel 1%</i>	9	<i>clonazepam tab 2 mg</i>	52
<i>clindamycin phosphate in d5w iv soln 300</i>		<i>clonidine hcl tab 0.1 mg</i>	66
<i>mg/50ml</i>	9	<i>clonidine hcl tab 0.2 mg</i>	66
<i>clindamycin phosphate in d5w iv soln 600</i>		<i>clonidine hcl tab 0.3 mg</i>	66
<i>mg/50ml</i>	9	<i>clonidine hcl tab er 12hr 0.1 mg</i>	78
<i>clindamycin phosphate in d5w iv soln 900</i>		<i>clonidine td patch weekly 0.1 mg/24hr</i>	66
<i>mg/50ml</i>	9	<i>clonidine td patch weekly 0.2 mg/24hr</i>	66
<i>clindamycin phosphate inj 900 mg/6ml</i>	9	<i>clonidine td patch weekly 0.3 mg/24hr</i>	66
<i>clindamycin phosphate inj 9 gm/60ml</i>	9	<i>clopidogrel bisulfate tab 75 mg (base</i>	
<i>clindamycin phosphate in nacl 0.9% iv soln 300</i>		<i>equiv)</i>	61
<i>mg/50ml</i>	9	<i>clorazepate dipotassium tab 15 mg</i>	52
<i>clindamycin phosphate in nacl 0.9% iv soln 600</i>		<i>clorazepate dipotassium tab 3.75 mg</i>	52
<i>mg/50ml</i>	9	<i>clorazepate dipotassium tab 7.5 mg</i>	52
<i>clindamycin phosphate in nacl 0.9% iv soln 900</i>		<i>clotrimazole cream 1%</i>	25
<i>mg/50ml</i>	9	<i>clotrimazole soln 1%</i>	25
<i>clindamycin phosphate lotion 1%</i>	9	<i>clotrimazole troche 10 mg</i>	25
<i>clindamycin phosphate soln 1%</i>	9	<i>clotrimazole w/ betamethasone cream</i>	
<i>clindamycin phosphate swab 1%</i>	9	<i>1-0.05%</i>	81
<i>clindamycin phosphate vaginal cream</i>		<i>clotrimazole w/ betamethasone lotion</i>	
<i>2%</i>	9	<i>1-0.05%</i>	81
<i>clobazam suspension 2.5 mg/ml</i>	14	CLOZAPINE ODT.....	41
<i>clobazam tab 10 mg</i>	14	<i>clozapine orally disintegrating tab 100</i>	
<i>clobazam tab 20 mg</i>	14	<i>mg</i>	41
<i>clobetasol propionate cream 0.05%</i>	81	<i>clozapine orally disintegrating tab 150</i>	
<i>clobetasol propionate e - clobetasol propionate</i>		<i>mg</i>	41
<i>emollient base cream 0.05%</i>	81	<i>clozapine orally disintegrating tab 200</i>	
<i>clobetasol propionate emollient base cream</i>		<i>mg</i>	41
<i>0.05%</i>	81	<i>clozapine orally disintegrating tab 25</i>	
<i>clobetasol propionate emollient - clobetasol</i>		<i>mg</i>	41
<i>propionate emollient base cream</i>		<i>clozapine tab 100 mg</i>	42
<i>0.05%</i>	81	<i>clozapine tab 200 mg</i>	42
<i>clobetasol propionate gel 0.05%</i>	81	<i>clozapine tab 25 mg</i>	41
<i>clobetasol propionate oint 0.05%</i>	81	<i>clozapine tab 50 mg</i>	42
<i>clobetasol propionate shampoo 0.05%</i>	81	COARTEM.....	38

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CODEINE SULFATE.....	1	<i>cyclobenzaprine hcl tab 5 mg.....</i>	124
<i>codeine sulfate tab 30 mg.....</i>	1	CYCLOPHOSPHAMIDE.....	29
<i>colchicine tab 0.6 mg.....</i>	26	CYCLOPHOSPHAMIDE.....	29
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>cyclophosphamide cap 25 mg.....</i>	29
<i>mg.....</i>	26	<i>cyclophosphamide cap 50 mg.....</i>	29
<i>colestipol hcl granule packets 5 gm.....</i>	66	<i>cycloserine cap 250 mg.....</i>	27
<i>colestipol hcl granules 5 gm.....</i>	66	CYCLOSET.....	54
<i>colestipol hcl tab 1 gm.....</i>	66	<i>cyclosporine cap 100 mg.....</i>	107
<i>colistimethate sod for inj 150 mg (colistin base</i>		<i>cyclosporine cap 25 mg.....</i>	107
<i>activity).....</i>	9	<i>cyclosporine modified cap 100 mg.....</i>	107
COMBIPATCH.....	94	<i>cyclosporine modified cap 25 mg.....</i>	107
COMBIPATCH.....	94	<i>cyclosporine modified cap 50 mg.....</i>	107
COMBIVENT RESPIMAT.....	120	<i>cyclosporine modified oral soln 100 mg/</i>	
COMETRIQ.....	29	<i>ml.....</i>	108
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COPIKTRA.....	29	<i>base eq).....</i>	61
COPIKTRA.....	29	<i>dabigatran etexilate mesylate cap 150 mg (etexilate</i>	
CORLANOR.....	66	<i>base eq).....</i>	61
COSENTYX.....	107	<i>dabigatran etexilate mesylate cap 75 mg (etexilate</i>	
COSENTYX.....	107	<i>base eq).....</i>	61
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COSENTYX SENSOREADY PEN.....	107	<i>danazol cap 100 mg.....</i>	94
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COTELLIC.....	29	<i>danazol cap 50 mg.....</i>	94
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<i>cromolyn sodium oral conc 100</i>		<i>equiv).....</i>	90
<i>mg/5ml.....</i>	88	<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base</i>	
<i>cromolyn sodium soln nebu 20</i>		<i>equiv).....</i>	90
<i>mg/2ml.....</i>	120	<i>darunavir tab 600 mg.....</i>	48
<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3</i>		<i>darunavir tab 800 mg.....</i>	48
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deferasirox tab 90 mg.....	84	dexamethasone tab 1 mg.....	91
deferasirox tab for oral susp 125 mg.....	84	dexamethasone tab 2 mg.....	91
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demeclocycline hcl tab 300 mg.....	9	dextroamphetamine sulfate cap er 24hr 10 mg.....	78
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DESCOVY.....	49	dextrose 5% w/ sodium chloride 0.45%.....	85
desipramine hcl tab 100 mg.....	20	dextrose 5% w/ sodium chloride 0.9%.....	85
desipramine hcl tab 10 mg.....	20	dextrose inj 10%.....	84
desipramine hcl tab 150 mg.....	20	dextrose inj 5%.....	84
desipramine hcl tab 25 mg.....	20	DIACOMIT.....	14
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desipramine hcl tab 75 mg.....	20	DIACOMIT.....	14
desmopressin acetate inj 4 mcg/ml.....	92	DIACOMIT.....	14
desmopressin acetate nasal spray soln 0.01%.....	92	diazepam conc 5 mg/ml.....	52
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	92	diazepam intensol - diazepam conc 5 mg/ ml.....	52
desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	92	diazepam oral soln 1 mg/ml.....	53
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desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	94	diazepam tab 10 mg.....	53
desonide cream 0.05%.....	81		
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diazepam tab 5 mg.....	53	diltiazem hcl extended release beads cap er 24hr 180 mg.....	67
diazoxide susp 50 mg/ml.....	54	diltiazem hcl extended release beads cap er 24hr 240 mg.....	67
diclofenac potassium tab 50 mg.....	1	diltiazem hcl extended release beads cap er 24hr 300 mg.....	67
diclofenac sodium (actinic keratoses) gel 3%.....	82	diltiazem hcl extended release beads cap er 24hr 360 mg.....	67
diclofenac sodium gel 1% (1.16% diethylamine equiv).....	1	diltiazem hcl extended release beads cap er 24hr 420 mg.....	67
diclofenac sodium ophth soln 0.1%.....	116	diltiazem hcl tab 120 mg.....	67
diclofenac sodium soln 1.5%.....	1	diltiazem hcl tab 30 mg.....	67
diclofenac sodium tab delayed release 25 mg.....	2	diltiazem hcl tab 60 mg.....	67
diclofenac sodium tab delayed release 50 mg.....	2	diltiazem hcl tab 90 mg.....	67
diclofenac sodium tab delayed release 75 mg.....	2	diltiazem hcl tab er 24hr 120 mg.....	67
diclofenac sodium tab er 24hr 100 mg.....	2	diltiazem hcl tab er 24hr 180 mg.....	67
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	2	diltiazem hcl tab er 24hr 240 mg.....	67
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	2	diltiazem hcl tab er 24hr 300 mg.....	67
dicloxacillin sodium cap 250 mg.....	9	diltiazem hcl tab er 24hr 360 mg.....	67
dicloxacillin sodium cap 500 mg.....	9	diltiazem hcl tab er 24hr 420 mg.....	67
dicyclomine hcl cap 10 mg.....	86	dilt-xr - diltiazem hcl cap er 24hr 120 mg.....	66
dicyclomine hcl oral soln 10 mg/5ml.....	86	dilt-xr - diltiazem hcl cap er 24hr 180 mg.....	66
dicyclomine hcl tab 20 mg.....	86	dilt-xr - diltiazem hcl cap er 24hr 240 mg.....	67
DIFICID.....	10	dimethyl fumarate capsule delayed release 120 mg.....	79
DIFICID.....	10	dimethyl fumarate capsule delayed release 240 mg.....	79
difluprednate ophth emulsion 0.05%.....	116	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	79
digoxin oral soln 0.05 mg/ml.....	66	DIPENTUM.....	115
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diltiazem hcl cap er 12hr 60 mg.....	67	disulfiram tab 250 mg.....	5
diltiazem hcl cap er 12hr 90 mg.....	67	disulfiram tab 500 mg.....	5
diltiazem hcl cap er 24hr 120 mg.....	67	divalproex sodium cap delayed release sprinkle 125 mg.....	14
diltiazem hcl cap er 24hr 180 mg.....	67	divalproex sodium tab delayed release 125 mg.....	14
diltiazem hcl cap er 24hr 240 mg.....	67	divalproex sodium tab delayed release 250 mg.....	14
diltiazem hcl coated beads cap er 24hr 120 mg.....	67	divalproex sodium tab delayed release 500 mg.....	14
diltiazem hcl coated beads cap er 24hr 180 mg.....	67		
diltiazem hcl coated beads cap er 24hr 240 mg.....	67		
diltiazem hcl coated beads cap er 24hr 300 mg.....	67		
diltiazem hcl coated beads cap er 24hr 360 mg.....	67		

<i>divalproex sodium tab er 24 hr 250 mg</i>	14	<i>doxycycline monohydrate tab 150 mg</i>	10
<i>divalproex sodium tab er 24 hr 500 mg</i>	14	<i>doxycycline monohydrate tab 50 mg</i>	10
<i>dofetilide cap 125 mcg (0.125 mg)</i>	67	<i>doxycycline monohydrate tab 75 mg</i>	10
<i>dofetilide cap 250 mcg (0.25 mg)</i>	67	DRIZALMA SPRINKLE.....	21
<i>dofetilide cap 500 mcg (0.5 mg)</i>	67	DRIZALMA SPRINKLE.....	21
<i>dolishale - levonorgestrel-ethinyl estradiol</i>		DRIZALMA SPRINKLE.....	21
<i>(continuous) tab 90-20 mcg</i>	94	DRIZALMA SPRINKLE.....	21
<i>donepezil hydrochloride orally disintegrating tab 10</i>		<i>dronabinol cap 10 mg</i>	24
<i>mg</i>	19	<i>dronabinol cap 2.5 mg</i>	24
<i>donepezil hydrochloride orally disintegrating tab 5</i>		<i>dronabinol cap 5 mg</i>	24
<i>mg</i>	19	<i>drospirenone-ethinyl estradiol tab 3-0.02</i>	
<i>donepezil hydrochloride tab 10 mg</i>	19	<i>mg</i>	94
<i>donepezil hydrochloride tab 23 mg</i>	19	<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>donepezil hydrochloride tab 5 mg</i>	19	<i>mg</i>	95
<i>dorzolamide hcl ophth soln 2%</i>	116	<i>drospirenone-ethinyl estrad-levomefolate tab</i>	
<i>dorzolamide hcl-timolol maleate ophth soln</i>		<i>3-0.02-0.451 mg</i>	94
<i>2-0.5%</i>	117	<i>drospirenone-ethinyl estrad-levomefolate tab</i>	
<i>dotti - estradiol td patch twice weekly 0.025</i>		<i>3-0.03-0.451 mg</i>	94
<i>mg/24hr</i>	94	<i>droxidopa cap 100 mg</i>	67
<i>dotti - estradiol td patch twice weekly 0.0375</i>		<i>droxidopa cap 200 mg</i>	68
<i>mg/24hr</i>	94	<i>droxidopa cap 300 mg</i>	68
<i>dotti - estradiol td patch twice weekly 0.05</i>		DUAVEE.....	95
<i>mg/24hr</i>	94	DULERA.....	121
<i>dotti - estradiol td patch twice weekly 0.075</i>		DULERA.....	121
<i>mg/24hr</i>	94	DULERA.....	121
<i>dotti - estradiol td patch twice weekly 0.1</i>		<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	
<i>mg/24hr</i>	94	<i>(base eq)</i>	21
DOVATO.....	49	<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	
<i>doxazosin mesylate tab 1 mg</i>	67	<i>(base eq)</i>	21
<i>doxazosin mesylate tab 2 mg</i>	67	<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	
<i>doxazosin mesylate tab 4 mg</i>	67	<i>(base eq)</i>	21
<i>doxazosin mesylate tab 8 mg</i>	67	DUPIXENT.....	108
<i>doxepin hcl cap 100 mg</i>	20	DUPIXENT.....	108
<i>doxepin hcl cap 10 mg</i>	20	DUPIXENT.....	108
<i>doxepin hcl cap 150 mg</i>	21	DUPIXENT.....	108
<i>doxepin hcl cap 25 mg</i>	20	DUPIXENT.....	108
<i>doxepin hcl cap 50 mg</i>	20	<i>dutasteride cap 0.5 mg</i>	90
<i>doxepin hcl cap 75 mg</i>	20	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>doxepin hcl conc 10 mg/ml</i>	21	<i>mg</i>	90
<i>doxy 100 - doxycycline hyclate for inj 100</i>			
<i>mg</i>	10	E	
<i>doxycycline (rosacea) cap delayed release 40</i>		<i>ec-naproxen - naproxen tab ec 375 mg</i>	2
<i>mg</i>	82	<i>ec-naproxen - naproxen tab ec 500 mg</i>	2
<i>doxycycline hyclate cap 100 mg</i>	10	<i>econazole nitrate cream 1%</i>	25
<i>doxycycline hyclate cap 50 mg</i>	10	EDARBI.....	68
<i>doxycycline hyclate for inj 100 mg</i>	10	EDARBI.....	68
<i>doxycycline hyclate tab 100 mg</i>	10	EDARBYCLOR.....	68
<i>doxycycline hyclate tab 20 mg</i>	10	EDARBYCLOR.....	68
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<i>doxycycline monohydrate cap 150 mg</i>	10	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300</i>	
<i>doxycycline monohydrate cap 50 mg</i>	10	<i>mg</i>	49
<i>doxycycline monohydrate tab 100 mg</i>	10		

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ergotamine w/ caffeine tab 1-100 mg.....	27	estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg.....	95
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ERLEADA.....	29	estradiol & norethindrone acetate tab 1-0.5 mg.....	95
ERLEADA.....	29	estradiol tab 0.5 mg.....	95
erlotinib hcl tab 100 mg (base equivalent).....	29	estradiol tab 1 mg.....	95
erlotinib hcl tab 150 mg (base equivalent).....	29	estradiol tab 2 mg.....	95
erlotinib hcl tab 25 mg (base equivalent).....	29	estradiol td gel 0.25 mg/0.25gm (0.1%).....	95
errin - norethindrone tab 0.35 mg.....	95	estradiol td gel 0.5 mg/0.5gm (0.1%).....	95
ertapenem sodium for inj 1 gm (base equivalent).....	10	estradiol td gel 0.75 mg/0.75gm (0.1%).....	95
ERVEBO.....	108	estradiol td gel 1.25 mg/1.25gm (0.1%).....	95
ERY.....	10	estradiol td gel 1 mg/gm (0.1%).....	95
ery-tab - erythromycin tab delayed release 250 mg.....	10	estradiol td patch twice weekly 0.025 mg/24hr.....	95
ery-tab - erythromycin tab delayed release 333 mg.....	10	estradiol td patch twice weekly 0.0375 mg/24hr.....	95
ery-tab - erythromycin tab delayed release 500 mg.....	10	estradiol td patch twice weekly 0.05 mg/24hr.....	95
erythrocin lactobionate - erythromycin lactobionate for inj500 mg.....	10	estradiol td patch twice weekly 0.075 mg/24hr.....	95
erythromycin ethylsuccinate for susp 200 mg/5ml.....	10	estradiol td patch twice weekly 0.1 mg/24hr.....	95
erythromycin ethylsuccinate for susp 400 mg/5ml.....	10	estradiol td patch weekly 0.025 mg/24hr.....	95
erythromycin lactobionate for inj 500 mg.....	10	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	95
erythromycin ophth oint 5 mg/gm.....	117	estradiol td patch weekly 0.05 mg/24hr.....	95
erythromycin soln 2%.....	10	estradiol td patch weekly 0.06 mg/24hr.....	95
erythromycin tab 250 mg.....	10	estradiol td patch weekly 0.075 mg/24hr.....	95
erythromycin tab 500 mg.....	10	estradiol td patch weekly 0.1 mg/24hr.....	95
erythromycin tab delayed release 250 mg.....	10	estradiol vaginal cream 0.1 mg/gm.....	95
erythromycin tab delayed release 333 mg.....	10	estradiol vaginal tab 10 mcg.....	95
erythromycin tab delayed release 500 mg.....	10	estradiol valerate im in oil 10 mg/ml.....	96
erythromycin w/ delayed release particles cap 250 mg.....	10	estradiol valerate im in oil 20 mg/ml.....	96
escitalopram oxalate soln 5 mg/5ml (base equiv).....	21	estradiol valerate im in oil 40 mg/ml.....	96
escitalopram oxalate tab 10 mg (base equiv).....	21	ESTRING.....	96
escitalopram oxalate tab 20 mg (base equiv).....	21	ethambutol hcl tab 100 mg.....	27
		ethambutol hcl tab 400 mg.....	27
		ethosuximide cap 250 mg.....	15
		ethosuximide soln 250 mg/5ml.....	15

<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	96	EYSUVIS.....	117
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	96	<i>ezetimibe-simvastatin tab 10-10 mg</i>	68
<i>etodolac cap 200 mg</i>	2	<i>ezetimibe-simvastatin tab 10-20 mg</i>	68
<i>etodolac cap 300 mg</i>	2	<i>ezetimibe-simvastatin tab 10-40 mg</i>	68
<i>etodolac tab 400 mg</i>	2	<i>ezetimibe-simvastatin tab 10-80 mg</i>	68
<i>etodolac tab 500 mg</i>	2	<i>ezetimibe tab 10 mg</i>	68
<i>etodolac tab er 24hr 400 mg</i>	2	F	
<i>etodolac tab er 24hr 500 mg</i>	2	<i>falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	96
<i>etodolac tab er 24hr 600 mg</i>	2	<i>famciclovir tab 125 mg</i>	49
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	96	<i>famciclovir tab 250 mg</i>	49
<i>etravirine tab 100 mg</i>	49	<i>famciclovir tab 500 mg</i>	49
<i>etravirine tab 200 mg</i>	49	<i>famotidine for susp 40 mg/5ml</i>	87
<i>euthyrox - levothyroxine sodium tab 100 mcg</i>	103	<i>famotidine tab 20 mg</i>	87
<i>euthyrox - levothyroxine sodium tab 112 mcg</i>	103	<i>famotidine tab 40 mg</i>	87
<i>euthyrox - levothyroxine sodium tab 125 mcg</i>	103	FANAPT.....	42
<i>euthyrox - levothyroxine sodium tab 137 mcg</i>	103	FANAPT.....	42
<i>euthyrox - levothyroxine sodium tab 150 mcg</i>	103	FANAPT.....	42
<i>euthyrox - levothyroxine sodium tab 175 mcg</i>	103	FANAPT.....	42
<i>euthyrox - levothyroxine sodium tab 200 mcg</i>	103	FANAPT.....	42
<i>euthyrox - levothyroxine sodium tab 25 mcg</i>	103	FANAPT.....	42
<i>euthyrox - levothyroxine sodium tab 50 mcg</i>	103	FANAPT.....	42
<i>euthyrox - levothyroxine sodium tab 75 mcg</i>	103	FANAPT TITRATION PACK.....	42
<i>euthyrox - levothyroxine sodium tab 88 mcg</i>	103	FARXIGA.....	54
<i>everolimus tab 0.25 mg</i>	108	FARXIGA.....	54
<i>everolimus tab 0.5 mg</i>	108	FASENRA.....	121
<i>everolimus tab 0.75 mg</i>	108	FASENRA.....	121
<i>everolimus tab 10 mg</i>	30	FASENRA PEN.....	121
<i>everolimus tab 1 mg</i>	109	<i>felbamate susp 600 mg/5ml</i>	15
<i>everolimus tab 2.5 mg</i>	30	<i>felbamate tab 400 mg</i>	15
<i>everolimus tab 5 mg</i>	30	<i>felbamate tab 600 mg</i>	15
<i>everolimus tab 7.5 mg</i>	30	<i>felodipine tab er 24hr 10 mg</i>	68
<i>everolimus tab for oral susp 2 mg</i>	30	<i>felodipine tab er 24hr 2.5 mg</i>	68
<i>everolimus tab for oral susp 3 mg</i>	30	<i>felodipine tab er 24hr 5 mg</i>	68
<i>everolimus tab for oral susp 5 mg</i>	30	<i>fenofibrate micronized cap 134 mg</i>	68
EVOTAZ.....	49	<i>fenofibrate micronized cap 200 mg</i>	68
<i>exemestane tab 25 mg</i>	30	<i>fenofibrate micronized cap 67 mg</i>	68
EXTENCILLINE.....	10	<i>fenofibrate tab 145 mg</i>	68
EXTENCILLINE.....	10	<i>fenofibrate tab 160 mg</i>	68
		<i>fenofibrate tab 48 mg</i>	68
		<i>fenofibrate tab 54 mg</i>	68
		<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2
		<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2
		<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2
		<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2
		<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2

<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	<i>fluocinonide emulsified base cream 0.05%</i>	82
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>fluocinonide gel 0.05%</i>	82
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>fluocinonide oint 0.05%</i>	82
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fluocinonide soln 0.05%</i>	82
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	2	<i>fluorometholone ophth susp 0.1%</i>	117
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	FLUOROURACIL.....	82
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	2	<i>fluorouracil soln 5%</i>	82
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	FLUOXETINE DR.....	21
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	2	<i>fluoxetine hcl cap 10 mg</i>	21
FETZIMA.....	21	<i>fluoxetine hcl cap 20 mg</i>	21
FETZIMA.....	21	<i>fluoxetine hcl cap 40 mg</i>	21
FETZIMA.....	21	<i>fluoxetine hcl solution 20 mg/5ml</i>	21
FETZIMA.....	21	<i>fluphenazine decanoate inj 25 mg/ml</i>	42
FETZIMA TITRATION PACK.....	21	FLUPHENAZINE HCL.....	42
FINACEA.....	82	<i>fluphenazine hcl tab 10 mg</i>	42
<i>finasteride tab 5 mg</i>	90	<i>fluphenazine hcl tab 1 mg</i>	42
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	79	<i>fluphenazine hcl tab 2.5 mg</i>	42
FINTEPLA.....	15	<i>fluphenazine hcl tab 5 mg</i>	42
FIRMAGON.....	105	FLUPHENAZINE HYDROCHLORIDE.....	42
FIRMAGON.....	105	FLUPHENAZINE HYDROCHLORIDE.....	42
<i>flac - fluocinolone acetonide (otic) oil 0.01%</i>	118	<i>flurbiprofen sodium ophth soln 0.03%</i>	117
<i>flecainide acetate tab 100 mg</i>	69	<i>flurbiprofen tab 100 mg</i>	2
<i>flecainide acetate tab 150 mg</i>	69	FLUTICASONE PROPIONATE/ SALMETEROL.....	121
<i>flecainide acetate tab 50 mg</i>	68	FLUTICASONE PROPIONATE/ SALMETEROL.....	121
<i>fluconazole for susp 10 mg/ml</i>	25	FLUTICASONE PROPIONATE/ SALMETEROL.....	121
<i>fluconazole for susp 40 mg/ml</i>	25	<i>fluticasone propionate cream 0.05%</i>	82
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	25	FLUTICASONE PROPIONATE HFA.....	121
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	25	FLUTICASONE PROPIONATE HFA.....	121
<i>fluconazole tab 100 mg</i>	25	FLUTICASONE PROPIONATE HFA.....	121
<i>fluconazole tab 150 mg</i>	25	<i>fluticasone propionate nasal susp 50 mcg/act</i>	121
<i>fluconazole tab 200 mg</i>	25	<i>fluticasone propionate oint 0.005%</i>	82
<i>fluconazole tab 50 mg</i>	25	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	121
<i>flucytosine cap 250 mg</i>	25	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	121
<i>flucytosine cap 500 mg</i>	25	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	121
<i>fludrocortisone acetate tab 0.1 mg</i>	91	<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	69
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	121	<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	69
<i>fluocinolone acetonide (otic) oil 0.01%</i>	118	<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	69
<i>fluocinolone acetonide cream 0.01%</i>	82	<i>fluvoxamine maleate tab 100 mg</i>	21
<i>fluocinolone acetonide cream 0.025%</i>	82	<i>fluvoxamine maleate tab 25 mg</i>	21
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	82	<i>fluvoxamine maleate tab 50 mg</i>	21
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	82	<i>folic acid tab 1 mg</i>	85
<i>fluocinolone acetonide oint 0.025%</i>	82		
<i>fluocinolone acetonide soln 0.01%</i>	82		
<i>fluocinonide cream 0.05%</i>	82		

<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	61	<i>galantamine hydrobromide tab 4 mg</i>	19
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	61	<i>galantamine hydrobromide tab 8 mg</i>	19
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	61	GAMMAGARD LIQUID.....	109
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	61	GAMMAGARD LIQUID.....	109
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	49	GAMMAGARD LIQUID.....	109
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	69	GAMMAGARD LIQUID.....	109
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	69	GAMMAGARD LIQUID.....	109
<i>fosinopril sodium tab 10 mg</i>	69	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	109
<i>fosinopril sodium tab 20 mg</i>	69	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	109
<i>fosinopril sodium tab 40 mg</i>	69	GAMMAPLEX.....	109
FOTIVDA.....	30	GAMMAPLEX.....	109
FOTIVDA.....	30	GAMMAPLEX.....	109
FRUZAQLA.....	30	GAMMAPLEX.....	109
FRUZAQLA.....	30	GAMMAPLEX.....	109
FULPHILA.....	61	GAMMAPLEX.....	109
<i>furosemide inj 10 mg/ml</i>	69	GAMMAPLEX.....	109
<i>furosemide oral soln 10 mg/ml</i>	69	GAMUNEX-C.....	109
<i>furosemide oral soln 8 mg/ml</i>	69	GAMUNEX-C.....	109
<i>furosemide tab 20 mg</i>	69	GAMUNEX-C.....	109
<i>furosemide tab 40 mg</i>	69	GAMUNEX-C.....	109
<i>furosemide tab 80 mg</i>	69	GAMUNEX-C.....	109
FUZEON.....	49	GARDASIL 9.....	109
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FYCOMPA.....	15	<i>gatifloxacin ophth soln 0.5%</i>	117
FYCOMPA.....	15	GATTEX.....	87
FYCOMPA.....	15	GAUZE PADS 2" X 2".....	54
FYCOMPA.....	15	<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	87
FYCOMPA.....	15	<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	87
FYCOMPA.....	15	<i>gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	87
FYCOMPA.....	15	GAVRETO.....	30
FYCOMPA.....	15	<i>gefitinib tab 250 mg</i>	30
G		<i>gemfibrozil tab 600 mg</i>	69
<i>gabapentin cap 100 mg</i>	15	<i>gemmily - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	96
<i>gabapentin cap 300 mg</i>	15	GEMTESA.....	90
<i>gabapentin cap 400 mg</i>	15	<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i>	87
<i>gabapentin oral soln 250 mg/5ml</i>	15	<i>gengraf - cyclosporine modified cap 100 mg</i>	109
<i>gabapentin tab 600 mg</i>	15	<i>gengraf - cyclosporine modified cap 25 mg</i>	109
<i>gabapentin tab 800 mg</i>	15	<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	110
GALANTAMINE HYDROBROMIDE.....	19	<i>gentamicin in saline inj 1.2 mg/ml</i>	10
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	19	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	11
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	19		
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	19		
<i>galantamine hydrobromide tab 12 mg</i>	19		

GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	11	GLYXAMBI.....	55
<i>gentamicin sulfate cream 0.1%</i>	82	<i>granisetron hcl tab 1 mg</i>	24
<i>gentamicin sulfate inj 40 mg/ml</i>	11	GRANIX.....	61
<i>gentamicin sulfate oint 0.1%</i>	82	GRANIX.....	61
<i>gentamicin sulfate ophth soln 0.3%</i>	117	GRANIX.....	61
GENVOYA.....	49	<i>griseofulvin microsize susp 125 mg/5ml</i>	25
GILOTRIF.....	30	<i>griseofulvin microsize tab 500 mg</i>	25
GILOTRIF.....	30	<i>griseofulvin ultramicrosize tab 125 mg</i>	25
GILOTRIF.....	30	<i>griseofulvin ultramicrosize tab 250 mg</i>	25
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	79	<i>guanfacine hcl tab 1 mg</i>	69
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	79	<i>guanfacine hcl tab 2 mg</i>	69
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	79	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	79
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i>	79	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	79
GLEOSTINE.....	30	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	79
GLEOSTINE.....	30	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	79
GLEOSTINE.....	30	GVOKE HYPOPEN 1-PACK.....	55
<i>glimepiride tab 1 mg</i>	54	GVOKE HYPOPEN 1-PACK.....	55
<i>glimepiride tab 2 mg</i>	54	GVOKE HYPOPEN 2-PACK.....	55
<i>glimepiride tab 4 mg</i>	54	GVOKE HYPOPEN 2-PACK.....	55
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	54	GVOKE KIT.....	55
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	54	GVOKE PFS.....	55
<i>glipizide-metformin hcl tab 5-500 mg</i>	54		
<i>glipizide tab 10 mg</i>	54	H	
<i>glipizide tab 5 mg</i>	54	HADLIMA.....	110
<i>glipizide tab er 24hr 10 mg</i>	54	HADLIMA.....	110
<i>glipizide tab er 24hr 2.5 mg</i>	54	HADLIMA PUSH TOUCH.....	110
<i>glipizide tab er 24hr 5 mg</i>	54	HADLIMA PUSH TOUCH.....	110
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	54	HAEGARDA.....	110
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	54	HAEGARDA.....	110
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	54	<i>hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	96
<i>glucagon (rdna) for inj kit 1 mg</i>	54	<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	96
<i>glucagon hcl for inj 1 mg</i>	54	<i>hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	96
<i>glutamine (sickle cell) powd pack 5 gm</i>	89	<i>hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	96
<i>glyburide-metformin tab 1.25-250 mg</i>	55	<i>halobetasol propionate cream 0.05%</i>	82
<i>glyburide-metformin tab 2.5-500 mg</i>	55	<i>halobetasol propionate oint 0.05%</i>	82
<i>glyburide-metformin tab 5-500 mg</i>	55	<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	96
<i>glyburide micronized tab 1.5 mg</i>	54	<i>haloperidol decanoate im soln 100 mg/ml</i>	42
<i>glyburide micronized tab 3 mg</i>	54	<i>haloperidol decanoate im soln 50 mg/ml</i>	42
<i>glyburide micronized tab 6 mg</i>	54	<i>haloperidol lactate inj 5 mg/ml</i>	42
<i>glyburide tab 1.25 mg</i>	54		
<i>glyburide tab 2.5 mg</i>	55		
<i>glyburide tab 5 mg</i>	55		
<i>glycopyrrolate tab 1 mg</i>	87		
<i>glycopyrrolate tab 2 mg</i>	87		
GLYXAMBI.....	55		

<i>haloperidol lactate oral conc 2 mg/ml</i>	42	HUMULIN R U-500 KWIKPEN.....	56
<i>haloperidol tab 0.5 mg</i>	42	<i>hydralazine hcl tab 100 mg</i>	69
<i>haloperidol tab 10 mg</i>	43	<i>hydralazine hcl tab 10 mg</i>	69
<i>haloperidol tab 1 mg</i>	42	<i>hydralazine hcl tab 25 mg</i>	69
<i>haloperidol tab 20 mg</i>	43	<i>hydralazine hcl tab 50 mg</i>	69
<i>haloperidol tab 2 mg</i>	42	<i>hydrochlorothiazide cap 12.5 mg</i>	69
<i>haloperidol tab 5 mg</i>	43	<i>hydrochlorothiazide tab 12.5 mg</i>	69
HAVRIX.....	110	<i>hydrochlorothiazide tab 25 mg</i>	69
HAVRIX.....	110	<i>hydrochlorothiazide tab 50 mg</i>	69
<i>heather - norethindrone tab 0.35 mg</i>	96	HYDROCODONE/IBUPROFEN.....	3
<i>heparin sodium (porcine) inj 10000 unit/ ml</i>	61	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>heparin sodium (porcine) inj 1000 unit/ ml</i>	61	<i>hydrocodone-acetaminophen tab 10-300 mg</i>	3
<i>heparin sodium (porcine) inj 20000 unit/ ml</i>	62	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
<i>heparin sodium (porcine) inj 5000 unit/ ml</i>	61	<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3
<i>heparin sodium (porcine) pf inj 1000 unit/ ml</i>	62	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>heparin sodium (porcine) pf inj 5000 unit/ ml</i>	62	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	3
HEPLISAV-B.....	110	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3
HIBERIX.....	110	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	3
HUMALOG.....	55	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3
HUMALOG.....	55	<i>hydrocortisone butyrate cream 0.1%</i>	82
HUMALOG JUNIOR KWIKPEN.....	55	<i>hydrocortisone butyrate oint 0.1%</i>	82
HUMALOG KWIKPEN.....	55	<i>hydrocortisone butyrate soln 0.1%</i>	82
HUMALOG KWIKPEN.....	55	<i>hydrocortisone cream 1%</i>	82
HUMALOG MIX 50/50 KWIKPEN.....	55	<i>hydrocortisone cream 2.5%</i>	82
HUMALOG MIX 75/25.....	55	<i>hydrocortisone enema 100 mg/60ml</i>	115
HUMALOG MIX 75/25 KWIKPEN.....	55	<i>hydrocortisone lotion 2.5%</i>	82
HUMALOG TEMPO PEN.....	55	<i>hydrocortisone oint 1%</i>	82
HUMATIN.....	11	<i>hydrocortisone oint 2.5%</i>	82
HUMIRA.....	110	<i>hydrocortisone perianal cream 1%</i>	115
HUMIRA.....	110	<i>hydrocortisone perianal cream 2.5%</i>	115
HUMIRA.....	110	<i>hydrocortisone tab 10 mg</i>	91
HUMIRA.....	110	<i>hydrocortisone tab 20 mg</i>	91
HUMIRA PEN.....	110	<i>hydrocortisone tab 5 mg</i>	91
HUMIRA PEN.....	110	<i>hydrocortisone valerate cream 0.2%</i>	82
HUMIRA PEN.....	110	<i>hydrocortisone valerate oint 0.2%</i>	82
HUMIRA PEN-CD/UC/HS STARTER.....	110	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	118
HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	110	<i>hydromorphone hcl liqd 1 mg/ml</i>	3
HUMIRA PEN-PS/UV STARTER.....	110	<i>hydromorphone hcl preservative free (pf) inj 10 mg/ ml</i>	3
HUMULIN 70/30.....	56	<i>hydromorphone hcl tab 2 mg</i>	3
HUMULIN 70/30 KWIKPEN.....	56	<i>hydromorphone hcl tab 4 mg</i>	3
HUMULIN N.....	55	<i>hydromorphone hcl tab 8 mg</i>	3
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<i>hydroxyzine pamoate cap 50 mg</i>	53	<i>indapamide tab 1.25 mg</i>	69
I		<i>indapamide tab 2.5 mg</i>	69
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	115	<i>indomethacin cap 25 mg</i>	3
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<i>ibu - ibuprofen tab 800 mg</i>	3	INTRALIPID.....	85
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<i>imatinib mesylate tab 400 mg (base equivalent)</i>	30	<i>ipratropium bromide nasal soln 0.03% (21 mcg/ spray)</i>	122
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<i>ivabradine hcl tab 5 mg (base equiv)</i>	70	<i>junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	97
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	70	<i>junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	96
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<i>jantoven - warfarin sodium tab 4 mg</i>	62	<i>jantoven - warfarin sodium tab 5 mg</i>	62
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<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45%</i> <i>inj</i>	85	<i>klor-con m20 - potassium chloride</i> <i>microencapsulated crys ertab 20</i> <i>meq</i>	85
<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i> <i>inj</i>	85	KLOXXADO.....	5
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2%</i> <i>inj</i>	85	KOSELUGO.....	31
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<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45%</i> <i>inj</i>	85	<i>kourzeq - triamcinolone acetonide dental paste</i> <i>0.1%</i>	80
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	85	KRAZATI.....	31
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45%</i> <i>inj</i>	85	<i>kurvelo - levonorgestrel & ethinyl estradiol tab 0.15</i> <i>mg-30mcg</i>	97
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45%</i> <i>inj</i>	85	L	
<i>kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	97	<i>labetalol hcl tab 100 mg</i>	70
<i>kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	97	<i>labetalol hcl tab 200 mg</i>	70
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<i>ketoconazole cream 2%</i>	25	<i>lacosamide tab 150 mg</i>	15
<i>ketoconazole shampoo 2%</i>	25	<i>lacosamide tab 200 mg</i>	15
<i>ketoconazole tab 200 mg</i>	25	<i>lacosamide tab 50 mg</i>	15
<i>ketorolac tromethamine ophth soln</i> <i>0.4%</i>	117	<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	83
<i>ketorolac tromethamine ophth soln</i> <i>0.5%</i>	117	<i>lactic acid (ammonium lactate) lotion</i> <i>12%</i>	83
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<i>kionex - sodium polystyrene sulfonate oral susp 15</i> <i>gm/60ml</i>	85	<i>lactulose solution 10 gm/15ml</i>	87
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KISQALI.....	31	<i>lamivudine tab 100 mg (hbv)</i>	50
KISQALI.....	31	<i>lamivudine tab 150 mg</i>	50
KISQALI FEMARA 200 DOSE.....	31	<i>lamivudine tab 300 mg</i>	50
KISQALI FEMARA 400 DOSE.....	31	<i>lamivudine-zidovudine tab 150-300 mg</i>	50
KISQALI FEMARA 600 DOSE.....	31	<i>lamotrigine tab 100 mg</i>	15
<i>klayesta - nystatin topical powder 100000 unit/</i> <i>gm</i>	25	<i>lamotrigine tab 150 mg</i>	16
<i>klor-con 10 - potassium chloride tab er 10</i> <i>meq</i>	85	<i>lamotrigine tab 200 mg</i>	16
<i>klor-con 8 - potassium chloride tab er 8 meq (600</i> <i>mg)</i>	85	<i>lamotrigine tab 25 mg</i>	15
<i>klor-con m10 - potassium chloride</i> <i>microencapsulated crys ertab 10</i> <i>meq</i>	85	<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	15
<i>klor-con m15 - potassium chloride</i> <i>microencapsulated crys ertab 15</i> <i>meq</i>	85	<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	15
		<i>lamotrigine tab er 24hr 100 mg</i>	15
		<i>lamotrigine tab er 24hr 200 mg</i>	15
		<i>lamotrigine tab er 24hr 25 mg</i>	15
		<i>lamotrigine tab er 24hr 300 mg</i>	15
		<i>lamotrigine tab er 24hr 50 mg</i>	15
		<i>lansoprazole cap delayed release 15</i> <i>mg</i>	87
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<i>larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	97	<i>levetiracetam tab er 24hr 750 mg</i>	16
<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	97	<i>levobunolol hcl ophth soln 0.5%</i>	117
<i>larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	97	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	89
<i>larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	97	<i>levocarnitine tab 330 mg</i>	89
<i>latanoprost ophth soln 0.005%</i>	117	<i>levocetirizine dihydrochloride tab 5 mg</i>	122
<i>layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	97	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	11
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<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	97	<i>levofloxacin oral soln 25 mg/ml</i>	11
<i>leflunomide tab 10 mg</i>	111	<i>levofloxacin tab 250 mg</i>	11
<i>leflunomide tab 20 mg</i>	111	<i>levofloxacin tab 500 mg</i>	11
<i>lenalidomide cap 10 mg</i>	31	<i>levofloxacin tab 750 mg</i>	11
<i>lenalidomide cap 15 mg</i>	31	<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	97
<i>lenalidomide cap 20 mg</i>	32	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	97
<i>lenalidomide cap 25 mg</i>	32	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	97
<i>lenalidomide cap 5 mg</i>	31	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	97
<i>lenalidomide caps 2.5 mg</i>	31	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	97
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LENVIMA 12MG DAILY DOSE.....	32	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	97
LENVIMA 14 MG DAILY DOSE.....	32	<i>levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	97
LENVIMA 18 MG DAILY DOSE.....	32	<i>levorphanol tartrate tab 2 mg</i>	3
LENVIMA 20 MG DAILY DOSE.....	32	<i>levorphanol tartrate tab 3 mg</i>	3
LENVIMA 24 MG DAILY DOSE.....	32	<i>levothyroxine sodium tab 100 mcg</i>	103
LENVIMA 4 MG DAILY DOSE.....	32	<i>levothyroxine sodium tab 112 mcg</i>	103
LENVIMA 8 MG DAILY DOSE.....	32	<i>levothyroxine sodium tab 125 mcg</i>	103
<i>lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	97	<i>levothyroxine sodium tab 137 mcg</i>	103
<i>letrozole tab 2.5 mg</i>	32	<i>levothyroxine sodium tab 150 mcg</i>	103
<i>leucovorin calcium tab 10 mg</i>	32	<i>levothyroxine sodium tab 175 mcg</i>	103
<i>leucovorin calcium tab 15 mg</i>	32	<i>levothyroxine sodium tab 200 mcg</i>	103
<i>leucovorin calcium tab 25 mg</i>	32	<i>levothyroxine sodium tab 25 mcg</i>	103
<i>leucovorin calcium tab 5 mg</i>	32	<i>levothyroxine sodium tab 300 mcg</i>	104
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<i>levo-t - levothyroxine sodium tab 100 mcg</i>	103	<i>lidocaine hcl soln 4%</i>	4
<i>levo-t - levothyroxine sodium tab 112 mcg</i>	103	<i>lidocaine hcl viscous soln 2%</i>	4
<i>levo-t - levothyroxine sodium tab 125 mcg</i>	103	<i>lidocaine oint 5%</i>	4
<i>levo-t - levothyroxine sodium tab 137 mcg</i>	103	<i>lidocaine patch 5%</i>	5
<i>levo-t - levothyroxine sodium tab 150 mcg</i>	103	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	5
<i>levo-t - levothyroxine sodium tab 175 mcg</i>	103	<i>lidocan - lidocaine patch 5%</i>	5
<i>levo-t - levothyroxine sodium tab 200 mcg</i>	103	LILETTA.....	90
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<i>levo-t - levothyroxine sodium tab 300 mcg</i>	103	<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	11
<i>levo-t - levothyroxine sodium tab 50 mcg</i>	103	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	11
<i>levo-t - levothyroxine sodium tab 75 mcg</i>	103	<i>linezolid tab 600 mg</i>	11
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<i>levoxyl - levothyroxine sodium tab 125 mcg</i>	104	<i>liothyronine sodium tab 25 mcg</i>	104
<i>levoxyl - levothyroxine sodium tab 137 mcg</i>	104	<i>liothyronine sodium tab 50 mcg</i>	104
<i>levoxyl - levothyroxine sodium tab 150 mcg</i>	104	<i>liothyronine sodium tab 5 mcg</i>	104
<i>levoxyl - levothyroxine sodium tab 175 mcg</i>	104	<i>lisdexamfetamine dimesylate cap 10 mg</i>	79
<i>levoxyl - levothyroxine sodium tab 200 mcg</i>	104	<i>lisdexamfetamine dimesylate cap 20 mg</i>	79
<i>levoxyl - levothyroxine sodium tab 25 mcg</i>	104	<i>lisdexamfetamine dimesylate cap 30 mg</i>	79
<i>levoxyl - levothyroxine sodium tab 50 mcg</i>	104	<i>lisdexamfetamine dimesylate cap 40 mg</i>	79
<i>levoxyl - levothyroxine sodium tab 75 mcg</i>	104	<i>lisdexamfetamine dimesylate cap 50 mg</i>	79
<i>levoxyl - levothyroxine sodium tab 88 mcg</i>	104	<i>lisdexamfetamine dimesylate cap 60 mg</i>	79
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LIBERVANT.....	16	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	70
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<i>lidocaine hcl laryngotracheal soln 4%</i>	4	<i>lisinopril tab 2.5 mg</i>	70
		<i>lisinopril tab 20 mg</i>	70
		<i>lisinopril tab 30 mg</i>	70
		<i>lisinopril tab 40 mg</i>	70
		<i>lisinopril tab 5 mg</i>	70
		<i>lithium carbonate cap 150 mg</i>	53
		<i>lithium carbonate cap 300 mg</i>	53
		<i>lithium carbonate cap 600 mg</i>	53
		<i>lithium carbonate tab 300 mg</i>	53
		<i>lithium carbonate tab er 300 mg</i>	53
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<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....</i>	70	<i>lyllana - estradiol td patch twice weekly 0.0375 mg/24hr.....</i>	98
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memantine hcl tab 10 mg.....	19	methotrexate sodium inj 250 mg/10ml (25 mg/ ml).....	111
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<i>methylphenidate hcl tab er 20 mg</i>	79	<i>microgestin 1/20 - norethindrone ace & ethinyl</i>	
<i>methylprednisolone tab 16 mg</i>	92	<i>estradiol tab 1 mg-20 mcg</i>	99
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<i>methylprednisolone tab 4 mg</i>	91	<i>estradiol tab 1.5 mg-30 mcg</i>	99
<i>methylprednisolone tab 8 mg</i>	91	<i>microgestin 24 fe - norethindrone ace-ethinyl</i>	
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(base equiv).....	87	<i>microgestin fe 1.5/30 - norethindrone ace & ethinyl</i>	
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<i>metoclopramide hcl tab 5 mg (base</i>		<i>midodrine hcl tab 2.5 mg</i>	71
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<i>metolazone tab 10 mg</i>	71	<i>mifepristone tab 300 mg</i>	105
<i>metolazone tab 2.5 mg</i>	71	<i>miglustat cap 100 mg</i>	89
<i>metolazone tab 5 mg</i>	71	<i>mili - norgestimate & ethinyl estradiol tab 0.25 mg-35</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25</i>		<i>mcg</i>	99
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<i>metoprolol & hydrochlorothiazide tab 50-25</i>		<i>minocycline hcl cap 50 mg</i>	11
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equiv).....	71	<i>minocycline hcl tab 50 mg</i>	12
<i>metoprolol succinate tab er 24hr 200 mg (tartrate</i>		<i>minocycline hcl tab 75 mg</i>	12
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<i>metoprolol tartrate tab 37.5 mg</i>	71	mg.....	22
<i>metoprolol tartrate tab 50 mg</i>	71	<i>mirtazapine tab 15 mg</i>	22
<i>metoprolol tartrate tab 75 mg</i>	71	<i>mirtazapine tab 30 mg</i>	22
<i>metronidazole cap 375 mg</i>	11	<i>mirtazapine tab 45 mg</i>	22
<i>metronidazole cream 0.75%</i>	83	<i>mirtazapine tab 7.5 mg</i>	22
<i>metronidazole gel 0.75%</i>	83	<i>misoprostol tab 100 mcg</i>	87
<i>metronidazole gel 1%</i>	83	<i>misoprostol tab 200 mcg</i>	87
<i>metronidazole iv soln 500 mg/100ml</i>	11	M-M-R II.....	111
<i>metronidazole lotion 0.75%</i>	83	<i>modafinil tab 100 mg</i>	124
<i>metronidazole tab 250 mg</i>	11	<i>modafinil tab 200 mg</i>	124
<i>metronidazole tab 500 mg</i>	11	<i>moexipril hcl tab 15 mg</i>	71
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<i>mometasone furoate oint 0.1%</i>	83	<i>mycophenolate mofetil for oral susp 200 mg/ ml</i>	111
<i>mometasone furoate solution 0.1% (lotion)</i>	83	<i>mycophenolate mofetil tab 500 mg</i>	111
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<i>mono-lynyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	99	<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	111
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<i>montelukast sodium chew tab 5 mg (base equiv)</i>	122	MYRBETRIQ.....	90
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	122	MYRBETRIQ.....	90
<i>montelukast sodium tab 10 mg (base equiv)</i>	122	MYRBETRIQ.....	90
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<i>morphine sulfate oral soln 10 mg/5ml</i>	3	<i>nabumetone tab 500 mg</i>	4
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	<i>nabumetone tab 750 mg</i>	4
<i>morphine sulfate tab 15 mg</i>	4	<i>nadolol tab 20 mg</i>	71
<i>morphine sulfate tab 30 mg</i>	4	<i>nadolol tab 40 mg</i>	71
<i>morphine sulfate tab er 100 mg</i>	3	<i>nadolol tab 80 mg</i>	72
<i>morphine sulfate tab er 15 mg</i>	3	<i>nafcillin sodium for inj 1 gm</i>	12
<i>morphine sulfate tab er 200 mg</i>	4	<i>nafcillin sodium for inj 2 gm</i>	12
<i>morphine sulfate tab er 30 mg</i>	3	<i>nafcillin sodium for iv soln 10 gm</i>	12
<i>morphine sulfate tab er 60 mg</i>	3	<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	12
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MOUNJARO.....	57	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	5
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MOVANTIK.....	87	<i>naproxen sodium tab 275 mg</i>	4
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	12	<i>naproxen sodium tab 550 mg</i>	4
<i>moxifloxacin hcl iv solution 400 mg/250ml (base equiv)</i>	12	<i>naproxen susp 125 mg/5ml</i>	4
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i>	117	<i>naproxen tab 250 mg</i>	4
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i>	117	<i>naproxen tab 375 mg</i>	4
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	12	<i>naproxen tab 500 mg</i>	4
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<i>mupirocin oint 2%</i>	83	<i>naratriptan hcl tab 1 mg (base equiv)</i>	27
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		<i>nateglinide tab 120 mg</i>	57
		<i>nateglinide tab 60 mg</i>	57
		NAYZILAM.....	16
		<i>nebivolol hcl tab 10 mg (base equivalent)</i>	72
		<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	72

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neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	118	nisoldipine tab er 24hr 8.5 mg.....	72
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neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	117	nitisinone cap 20 mg.....	89
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		norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	99
		norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	99

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norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	99	NOVOLIN R.....	57
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nortriptyline hcl cap 25 mg.....	22	NUTRILIPID.....	85
nortriptyline hcl cap 50 mg.....	22	NUZYRA.....	12
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<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	100	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	73
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	105	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	73
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	105	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	73
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	105	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	72
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	105	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	72
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	105	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	73
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	105	<i>olmesartan medoxomil tab 20 mg</i>	72
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	105	<i>olmesartan medoxomil tab 40 mg</i>	72
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	105	<i>olmesartan medoxomil tab 5 mg</i>	72
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ODOMZO.....	33	<i>omega-3-acid ethyl esters cap 1 gm</i>	73
OFEV.....	122	<i>omeprazole cap delayed release 10 mg</i>	88
OFEV.....	122	<i>omeprazole cap delayed release 20 mg</i>	88
<i>ofloxacin ophth soln 0.3%</i>	117	<i>omeprazole cap delayed release 40 mg</i>	88
<i>ofloxacin otic soln 0.3%</i>	118	OMNIPOD 5 G6 INTRO KIT (GEN 5).....	58
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<i>olanzapine orally disintegrating tab 10 mg</i>	44	OMNIPOD GO 25 UNITS/DAY.....	58
<i>olanzapine orally disintegrating tab 15 mg</i>	44	OMNIPOD GO 30 UNITS/DAY.....	58
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<i>olanzapine tab 10 mg</i>	44	OMNITROPE.....	92
<i>olanzapine tab 15 mg</i>	44	OMNITROPE.....	92
<i>olanzapine tab 2.5 mg</i>	44	OMNITROPE.....	92
<i>olanzapine tab 20 mg</i>	44	<i>ondansetron hcl oral soln 4 mg/5ml</i>	24
<i>olanzapine tab 5 mg</i>	44	<i>ondansetron hcl tab 4 mg</i>	24
<i>olanzapine tab 7.5 mg</i>	44	<i>ondansetron hcl tab 8 mg</i>	24
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	73	<i>ondansetron orally disintegrating tab 4 mg</i>	24
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ORKAMBI.....	122	paliperidone tab er 24hr 3 mg.....	44
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ORSERDU.....	33	PALYNZIQ.....	89
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equiv).....	50	PANRETIN.....	33
oseltamivir phosphate cap 45 mg (base		pantoprazole sodium ec tab 20 mg (base	
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oseltamivir phosphate cap 75 mg (base		pantoprazole sodium ec tab 40 mg (base	
equiv).....	50	equiv).....	88
oseltamivir phosphate for susp 6 mg/ml (base		paricalcitol cap 1 mcg.....	115
equiv).....	50	paricalcitol cap 2 mcg.....	115
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OTEZLA.....	83	equiv).....	22
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oxazepam cap 10 mg.....	53	paroxetine hcl tab 20 mg.....	22
oxazepam cap 15 mg.....	53	paroxetine hcl tab 30 mg.....	22
oxazepam cap 30 mg.....	53	paroxetine hcl tab 40 mg.....	22
oxcarbazepine susp 300 mg/5ml (60 mg/		paroxetine hcl tab er 24hr 12.5 mg.....	22
ml).....	16	paroxetine hcl tab er 24hr 25 mg.....	22
oxcarbazepine tab 150 mg.....	16	paroxetine hcl tab er 24hr 37.5 mg.....	22
oxcarbazepine tab 300 mg.....	16	PAXLOVID.....	50
oxcarbazepine tab 600 mg.....	16	PAXLOVID.....	50
oxybutynin chloride solution 5 mg/5ml.....	90	pazopanib hcl tab 200 mg (base	
oxybutynin chloride tab 5 mg.....	91	equiv).....	34
oxybutynin chloride tab er 24hr 10 mg.....	90	PEDIARIX.....	112
oxybutynin chloride tab er 24hr 15 mg.....	90	PEDVAX HIB.....	112
oxybutynin chloride tab er 24hr 5 mg.....	90	peg 3350-kcl-na bicarb-nacl-na sulfat for soln 236	
oxycodone hcl tab 10 mg.....	4	gm.....	88
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<i>penicillin g potassium for inj 20000000 unit</i>	12	<i>phenytoin sodium extended cap 100 mg</i>	16
<i>penicillin g potassium for inj 5000000 unit</i>	12	<i>phenytoin sodium extended cap 200 mg</i>	16
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	12	<i>phenytoin sodium extended cap 300 mg</i>	16
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	12	<i>phenytoin susp 125 mg/5ml</i>	17
PENICILLIN G SODIUM	12	<i>philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	100
<i>penicillin v potassium for soln 125 mg/5ml</i>	12	PIFELTRO	50
<i>penicillin v potassium for soln 250 mg/5ml</i>	12	<i>pilocarpine hcl ophth soln 1%</i>	117
<i>penicillin v potassium tab 250 mg</i>	12	<i>pilocarpine hcl ophth soln 2%</i>	117
<i>penicillin v potassium tab 500 mg</i>	12	<i>pilocarpine hcl ophth soln 4%</i>	117
PENTACEL	112	<i>pilocarpine hcl tab 5 mg</i>	80
<i>pentamidine isethionate for inj soln 300 mg</i>	38	<i>pilocarpine hcl tab 7.5 mg</i>	80
<i>pentamidine isethionate for nebulization soln 300 mg</i>	38	PIMOZIDE	45
PENTASA	115	PIMOZIDE	45
<i>pentoxifylline tab er 400 mg</i>	73	<i>pimtree - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	100
<i>perindopril erbumine tab 2 mg</i>	73	<i>pindolol tab 10 mg</i>	73
<i>perindopril erbumine tab 4 mg</i>	73	<i>pindolol tab 5 mg</i>	73
<i>perindopril erbumine tab 8 mg</i>	73	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	59
<i>perigard - chlorhexidine gluconate soln 0.12%</i>	80	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	59
<i>permethrin cream 5%</i>	83	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	59
<i>perphenazine tab 16 mg</i>	24	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	59
<i>perphenazine tab 2 mg</i>	24	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	59
<i>perphenazine tab 4 mg</i>	24	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	59
<i>perphenazine tab 8 mg</i>	24	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	59
PERSERIS	45	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	12
PERSERIS	45	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	12
<i>phenelzine sulfate tab 15 mg</i>	22	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	12
<i>phenobarbital elixir 20 mg/5ml</i>	16	PIQRAY 200MG DAILY DOSE	34
<i>phenobarbital tab 100 mg</i>	16	PIQRAY 250MG DAILY DOSE	34
<i>phenobarbital tab 15 mg</i>	16	PIQRAY 300MG DAILY DOSE	34
<i>phenobarbital tab 16.2 mg</i>	16	<i>pirfenidone cap 267 mg</i>	122
<i>phenobarbital tab 30 mg</i>	16	<i>pirfenidone tab 267 mg</i>	122
<i>phenobarbital tab 32.4 mg</i>	16	<i>pirfenidone tab 801 mg</i>	122
<i>phenobarbital tab 60 mg</i>	16	<i>piroxicam cap 10 mg</i>	4
<i>phenobarbital tab 64.8 mg</i>	16	<i>piroxicam cap 20 mg</i>	4
<i>phenobarbital tab 97.2 mg</i>	16	PLEGRIDY	79
<i>phenoxybenzamine hcl cap 10 mg</i>	73		
<i>phenytek - phenytoin sodium extended cap 200 mg</i>	16		
<i>phenytek - phenytoin sodium extended cap 300 mg</i>	16		
<i>phenytoin chew tab 50 mg</i>	16		

PLEGRIDY.....	79	<i>pramipexole dihydrochloride tab 0.5</i>	
PLEGRIDY.....	79	<i>mg.....</i>	39
PLEGRIDY STARTER PACK.....	79	<i>pramipexole dihydrochloride tab 0.75</i>	
PLEGRIDY STARTER PACK.....	79	<i>mg.....</i>	39
<i>podofilox soln 0.5%.....</i>	83	<i>pramipexole dihydrochloride tab 1.5</i>	
<i>polycin - bacitracin-polymyxin b ophth</i>		<i>mg.....</i>	39
<i>oint.....</i>	117	<i>pramipexole dihydrochloride tab 1 mg.....</i>	39
<i>polymyxin b-trimethoprim ophth soln 10000 unit/</i>		<i>prasugrel hcl tab 10 mg (base equiv).....</i>	62
<i>ml-0.1%.....</i>	117	<i>prasugrel hcl tab 5 mg (base equiv).....</i>	62
POMALYST.....	34	<i>pravastatin sodium tab 10 mg.....</i>	73
POMALYST.....	34	<i>pravastatin sodium tab 20 mg.....</i>	73
POMALYST.....	34	<i>pravastatin sodium tab 40 mg.....</i>	73
POMALYST.....	34	<i>pravastatin sodium tab 80 mg.....</i>	73
<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15</i>		<i>praziquantel tab 600 mg.....</i>	38
<i>mg-30 mcg.....</i>	100	<i>prazosin hcl cap 1 mg.....</i>	73
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/</i>		<i>prazosin hcl cap 2 mg.....</i>	73
<i>ml).....</i>	26	<i>prazosin hcl cap 5 mg.....</i>	73
<i>posaconazole susp 40 mg/ml.....</i>	26	<i>prednisolone acetate ophth susp 1%.....</i>	117
<i>posaconazole tab delayed release 100</i>		<i>prednisolone sodium phosphate ophth soln</i>	
<i>mg.....</i>	26	<i>1%.....</i>	117
POTASSIUM CHLORIDE/DEXTROSE/LACTATED		<i>prednisolone sodium phosphate oral soln 25 mg/5ml</i>	
RINGERS.....	86	<i>(base eq).....</i>	92
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5%</i>		<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	
<i>inj.....</i>	85	<i>(base equiv).....</i>	92
<i>potassium chloride cap er 10 meq.....</i>	85	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5</i>	
<i>potassium chloride cap er 8 meq.....</i>	85	<i>mg/5ml base).....</i>	92
<i>potassium chloride inj 2 meq/ml.....</i>	85	<i>prednisolone soln 15 mg/5ml.....</i>	92
<i>potassium chloride microencapsulated crys er tab 10</i>		<i>prednisone oral soln 5 mg/5ml.....</i>	92
<i>meq.....</i>	85	<i>prednisone tab 10 mg.....</i>	92
<i>potassium chloride microencapsulated crys er tab 15</i>		<i>prednisone tab 1 mg.....</i>	92
<i>meq.....</i>	85	<i>prednisone tab 2.5 mg.....</i>	92
<i>potassium chloride microencapsulated crys er tab 20</i>		<i>prednisone tab 20 mg.....</i>	92
<i>meq.....</i>	85	<i>prednisone tab 50 mg.....</i>	92
<i>potassium chloride oral soln 10% (20</i>		<i>prednisone tab 5 mg.....</i>	92
<i>meq/15ml).....</i>	85	<i>prednisone tab therapy pack 10 mg</i>	
<i>potassium chloride oral soln 20% (40</i>		<i>(21).....</i>	92
<i>meq/15ml).....</i>	85	<i>prednisone tab therapy pack 10 mg</i>	
<i>potassium chloride tab er 10 meq.....</i>	85	<i>(48).....</i>	92
<i>potassium chloride tab er 20 meq (1500</i>		<i>prednisone tab therapy pack 5 mg (21).....</i>	92
<i>mg).....</i>	85	<i>prednisone tab therapy pack 5 mg (48).....</i>	92
<i>potassium chloride tab er 8 meq (600</i>		<i>pregabalin cap 100 mg.....</i>	17
<i>mg).....</i>	85	<i>pregabalin cap 150 mg.....</i>	17
<i>potassium citrate tab er 10 meq (1080</i>		<i>pregabalin cap 200 mg.....</i>	17
<i>mg).....</i>	86	<i>pregabalin cap 225 mg.....</i>	17
<i>potassium citrate tab er 15 meq (1620</i>		<i>pregabalin cap 25 mg.....</i>	17
<i>mg).....</i>	86	<i>pregabalin cap 300 mg.....</i>	17
<i>potassium citrate tab er 5 meq (540</i>		<i>pregabalin cap 50 mg.....</i>	17
<i>mg).....</i>	86	<i>pregabalin cap 75 mg.....</i>	17
<i>pramipexole dihydrochloride tab 0.125</i>		<i>pregabalin soln 20 mg/ml.....</i>	17
<i>mg.....</i>	39	PREGNYL.....	92
<i>pramipexole dihydrochloride tab 0.25</i>		PREGNYL W/DILUENT BENZYL ALCOHOL/	
<i>mg.....</i>	39	NACL.....	92

PREHEVBRIO.....	112	PROGRAF.....	112
PREMARIN.....	100	PROLASTIN-C.....	89
PREMARIN.....	100	PROLENSA.....	118
PREMARIN.....	100	PROLIA.....	115
PREMARIN.....	100	PROMACTA.....	62
PREMARIN.....	100	PROMACTA.....	62
PREMARIN.....	100	PROMACTA.....	62
PREMPHASE.....	100	PROMACTA.....	62
PREMPRO.....	100	PROMACTA.....	62
PREMPRO.....	100	PROMACTA.....	62
PREMPRO.....	100	PROMACTA.....	62
PREMPRO.....	100	PROMACTA.....	62
PREMPRO.....	100	<i>promethazine hcl suppos 12.5 mg</i>	24
<i>prevalite - cholestyramine light powder 4 gm/ dose</i>	73	<i>promethazine hcl suppos 25 mg</i>	24
<i>prevalite - cholestyramine light powder packets 4 gm</i>	73	<i>promethazine hcl tab 12.5 mg</i>	24
PREVYMIS.....	50	<i>promethazine hcl tab 25 mg</i>	24
PREVYMIS.....	50	<i>promethazine hcl tab 50 mg</i>	24
PREZCOBIX.....	50	<i>promethegan - promethazine hcl suppos 12.5 mg</i>	24
PREZISTA.....	50	<i>promethegan - promethazine hcl suppos 25 mg</i>	24
PREZISTA.....	50	<i>propafenone hcl cap er 12hr 225 mg</i>	73
PREZISTA.....	51	<i>propafenone hcl cap er 12hr 325 mg</i>	73
PRIFTIN.....	28	<i>propafenone hcl cap er 12hr 425 mg</i>	73
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	38	<i>propafenone hcl tab 150 mg</i>	73
PRIMIDONE.....	17	<i>propafenone hcl tab 225 mg</i>	73
<i>primidone tab 250 mg</i>	17	<i>propafenone hcl tab 300 mg</i>	73
<i>primidone tab 50 mg</i>	17	<i>propranolol hcl cap er 24hr 120 mg</i>	73
PRIORIX.....	112	<i>propranolol hcl cap er 24hr 160 mg</i>	73
<i>probenecid tab 500 mg</i>	26	<i>propranolol hcl cap er 24hr 60 mg</i>	73
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	24	<i>propranolol hcl cap er 24hr 80 mg</i>	73
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	24	<i>propranolol hcl oral soln 20 mg/5ml</i>	74
<i>prochlorperazine suppos 25 mg</i>	24	<i>propranolol hcl oral soln 40 mg/5ml</i>	74
PROCRIT.....	62	<i>propranolol hcl tab 10 mg</i>	74
PROCRIT.....	62	<i>propranolol hcl tab 20 mg</i>	74
PROCRIT.....	62	<i>propranolol hcl tab 40 mg</i>	74
PROCRIT.....	62	<i>propranolol hcl tab 60 mg</i>	74
PROCRIT.....	62	<i>propranolol hcl tab 80 mg</i>	74
PROCRIT.....	62	<i>propylthiouracil tab 50 mg</i>	106
<i>proctocort - hydrocortisone perianal cream 1%</i>	115	PROQUAD.....	112
<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	115	<i>protiptyline hcl tab 10 mg</i>	22
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	115	<i>protiptyline hcl tab 5 mg</i>	22
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	115	<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	122
<i>progesterone cap 100 mg</i>	100	PULMOZYME.....	122
<i>progesterone cap 200 mg</i>	100	PURIXAN.....	34
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		<i>pyridostigmine bromide tab 60 mg</i>	27
		<i>pyridostigmine bromide tab er 180 mg</i>	27
		<i>pyrimethamine tab 25 mg</i>	38
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<i>quetiapine fumarate tab 100 mg</i>	45	RECOMBIVAX HB.....	112
<i>quetiapine fumarate tab 200 mg</i>	45	RECOMBIVAX HB.....	112
<i>quetiapine fumarate tab 25 mg</i>	45	REGRANEX.....	83
<i>quetiapine fumarate tab 300 mg</i>	45	RELENZA DISKHALER.....	51
<i>quetiapine fumarate tab 400 mg</i>	45	RENFLEXIS.....	112
<i>quetiapine fumarate tab 50 mg</i>	45	<i>repaglinide tab 0.5 mg</i>	59
<i>quetiapine fumarate tab er 24hr 150</i>		<i>repaglinide tab 1 mg</i>	59
<i>mg</i>	45	<i>repaglinide tab 2 mg</i>	59
<i>quetiapine fumarate tab er 24hr 200</i>		REPATHA.....	74
<i>mg</i>	45	REPATHA PUSHTRONEX SYSTEM.....	74
<i>quetiapine fumarate tab er 24hr 300</i>		REPATHA SURECLICK.....	74
<i>mg</i>	45	RESTASIS.....	118
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<i>mg</i>	45	RETACRIT.....	62
<i>quetiapine fumarate tab er 24hr 50 mg</i>	45	RETACRIT.....	62
<i>quinapril hcl tab 10 mg</i>	74	RETACRIT.....	63
<i>quinapril hcl tab 20 mg</i>	74	RETACRIT.....	63
<i>quinapril hcl tab 40 mg</i>	74	RETACRIT.....	63
<i>quinapril hcl tab 5 mg</i>	74	RETACRIT.....	63
<i>quinapril-hydrochlorothiazide tab 10-12.5</i>		RETACRIT.....	63
<i>mg</i>	74	RETEVMO.....	34
<i>quinapril-hydrochlorothiazide tab 20-12.5</i>		RETEVMO.....	34
<i>mg</i>	74	RETEVMO.....	34
<i>quinapril-hydrochlorothiazide tab 20-25</i>		RETEVMO.....	34
<i>mg</i>	74	RETEVMO.....	34
<i>quinidine gluconate tab er 324 mg</i>	74	RETCOVI.....	89
<i>quinidine sulfate tab 200 mg</i>	74	REXULTI.....	45
<i>quinidine sulfate tab 300 mg</i>	74	REXULTI.....	45
<i>quinine sulfate cap 324 mg</i>	38	REXULTI.....	45
QVAR REDIHALER.....	122	REXULTI.....	46
QVAR REDIHALER.....	122	REXULTI.....	46
R		REXULTI.....	46
RABAVERT.....	112	REYATAZ.....	51
<i>rabeprazole sodium ec tab 20 mg</i>	88	REZLIDHIA.....	34
<i>raloxifene hcl tab 60 mg</i>	100	REZUROCK.....	112
<i>ramelteon tab 8 mg</i>	124	RHOPRESSA.....	118
<i>ramipril cap 1.25 mg</i>	74	RIABNI.....	34
<i>ramipril cap 10 mg</i>	74	RIABNI.....	34
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<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	76	<i>triderm - triamcinolone acetonide cream</i>	
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