What is the CommunityCare Formulary Reference Guide?

A Formulary Reference Guide is a list of covered drugs. CommunityCare works with a team of health care providers to choose drugs that provide quality treatment. CommunityCare covers drugs on our drug list, as long as:

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

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. The enclosed drug list is the most current drug list covered by CommunityCare as of October 2019. To get updated information about the drugs covered by CommunityCare, please visit www.ccok.com or call CommunityCare’s Pharmacy Help Desk at 1-877-293-8628, Monday through Friday, 8 a.m. to 6 p.m.

How do I use the Formulary Reference Guide?

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

1. Medical Condition

The drug list starts on page 5. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “Cardiovascular”.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts on page 277. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, 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

For more information about your CommunityCare prescription drug coverage, please look at your plan document and other plan materials. If you have questions about CommunityCare, or this drug list please call CommunityCare’s Pharmacy Help Desk at 1-877-293-8628, Monday through Friday, 8 a.m. to 6 p.m., or visit www.ccok.com.

CommunityCare’s Drug List

The drug list that starts on page 5 gives information about the drugs covered by CommunityCare. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will generally be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less
than brand-name drugs and may not be added to your formulary.

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

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

- **Prior Authorization:** CommunityCare needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from CommunityCare before you fill your prescriptions. If you don’t get approval, CommunityCare may not cover the drug.

- **Quantity Limits:** For certain drugs, CommunityCare limits the amount of the drug that it will cover. For example, CommunityCare provides 30 tablets per prescription for Singulair.

- **Step Therapy:** CommunityCare needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CommunityCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CommunityCare will then cover Drug B.

- **Specialty Pharmacy:** CommunityCare Members may fill their first prescription for specialty medications at any participating retail pharmacy when necessary. Prescription refills can then be obtained through one of CommunityCare’s Specialty Pharmacies. Specialty drugs in this program are limited to a 30-day supply per prescription. Prior authorization is required for most drugs in this program. Your physician will need to obtain authorization in order for the drug to be covered. Some drugs in this program are part of a limited distribution pharmacy. Please contact CommunityCare at (877) 293-8628 for additional information. This list is not all inclusive and is subject to change without notification.

**How are Copayments Determined?**

Your benefit has a tiered copayment plan which ensures that you receive greater value for your prescription dollar.

**Tier I: Lowest Copayment** - Preferred generic medications will be offered at the lowest copayment level.

**Tier II: Middle Copayment** - Preferred brand name medications will be offered at the middle copayment level.

**Tier III: Highest Copayment** - Non-Preferred brand and Non-Preferred generic medications will be offered at the highest copayment level.

**Tier IV: Specialty Copayment** - Medications listed as specialty (see “Specialty Pharmacy Program”) have a specialty copayment. See your pharmacy benefit information for specifics.

This system will maintain an element of choice for you and your physician to decide which medication is most appropriate.

Please refer to your Schedule of Benefits for an outline of your exact copayment amounts and for a list of excluded drugs and devices.
What to do if you have questions about your pharmacy benefits or have trouble filling a prescription at your pharmacy.

Many pharmacy benefit questions can easily be answered by simply calling CommunityCare’s Pharmacy Help Desk at 1-877-293-8628. Representatives are available Monday through Friday, 8 a.m. to 6 p.m. Trained staff are available to assist you, your doctor, or your pharmacy with questions on copayment tiers, drug prior authorizations, quantity limits, exclusions, and network pharmacy access.

It may also be helpful to keep a copy of this book with you when you visit your doctor or your pharmacy. We publish this book in January and July of each year. Updated copies of this book can be obtained by calling CommunityCare’s Member Services department at 800-777-4890. We also have a searchable formulary on CommunityCare’s web site at www.ccok.com.

Please note that we make every effort to publish the most current information available. However, this list is representative only and is subject to change without prior notification.

For questions about changes to this list, please contact the Pharmacy Help Desk at 1-877-293-8628. For questions regarding a medication on this list, please consult with your doctor or pharmacist.
### CommunityCare Formulary Reference Guide
**Large Groups**
**Effective 10/01/2019**

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<th>Requirements/Limits</th>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

**ALLERGENIC EXTRACTS**

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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty
MNPA - Medical Necessity Prior Authorization
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<td>HUMIRA PEN INJ PS/UV</td>
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<td></td>
</tr>
<tr>
<td>mefenamic acid cap 250 mg</td>
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</tr>
<tr>
<td>meloxicam tab 7.5 mg</td>
<td>1</td>
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</tr>
<tr>
<td>meloxicam tab 15 mg</td>
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<td></td>
</tr>
<tr>
<td>MOBIC SUS 7.5/5ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOBIC TAB 7.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOBIC TAB 15MG</td>
<td>3</td>
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<tr>
<td>nabumetone tab 500 mg</td>
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<tr>
<td>nabumetone tab 750 mg</td>
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<tr>
<td>NALFON CAP 400MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>naproxen susp 125 mg/5ml</td>
<td>1</td>
<td>PA; $0 copay may apply</td>
</tr>
<tr>
<td>oxaprozin tab 600 mg</td>
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<td></td>
</tr>
<tr>
<td>piroxicam cap 10 mg</td>
<td>1</td>
<td>$0 copay may apply</td>
</tr>
<tr>
<td>piroxicam cap 20 mg</td>
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<td>$0 copay may apply</td>
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<tr>
<td>PONSTEL CAP 250MG</td>
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</tr>
<tr>
<td>profeno tab 600mg</td>
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<tr>
<td>READY KETORO KIT 15MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>SPRIX SPR 15.75MG</td>
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<tr>
<td>sulindac tab 150 mg</td>
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<tr>
<td>sulindac tab 200 mg</td>
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<td>$0 copay may apply</td>
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</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>TIVORBEX CAP 20MG</td>
<td>3</td>
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<tr>
<td>TIVORBEX CAP 40MG</td>
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<tr>
<td>tolmetin sodium cap 400 mg</td>
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<td></td>
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<tr>
<td>tolmetin sodium tab 200 mg</td>
<td>3</td>
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</tr>
<tr>
<td>tolmetin sodium tab 600 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIVLODEX CAP 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIVLODEX CAP 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZORVOLEX CAP 18MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZORVOLEX CAP 35MG</td>
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<tr>
<td><strong>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTEZLA TAB 10/20/30</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>OTEZLA TAB 30MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td><strong>PYRIMIDINE SYNTHESIS INHIBITORS</strong></td>
<td></td>
<td></td>
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<tr>
<td>ARAVA TAB 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARAVA TAB 20MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>leflunomide tab 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>leflunomide tab 20 mg</td>
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<td></td>
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<tr>
<td><strong>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</strong></td>
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<tr>
<td>ENBREL INJ 25/0.5ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ENBREL INJ 25MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ENBREL INJ 50MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ENBREL MINI INJ 50MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ENBREL SRCLK INJ 50MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td><strong>ANALGESICS - NONNARCOTIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANALGESIC COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bupap tab 50-300mg</td>
<td>3</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>BUT/ASA/CAF TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>butalbital-acetaminophen tab 50-300 mg</td>
<td>1</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen tab 50-325 mg</td>
<td>1</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine cap 50-300-40 mg</td>
<td>1</td>
<td>QL (13 capsules/day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine cap 50-325-40 mg</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine tab 50-325-40 mg</td>
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<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>butalbital-aspirin-caffeine cap 50-325-40 mg</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>capacet cap</td>
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<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>duraxin cap</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>esgic cap</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>ESGIC TAB</td>
<td>3</td>
<td>QL (12 tablets/day)</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>FIORICET CAP</td>
<td>3</td>
<td>QL (13 capsules/day)</td>
</tr>
<tr>
<td>FIORINAL CAP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LEVACET TAB</td>
<td>3</td>
<td>QL (16 tablets/day)</td>
</tr>
<tr>
<td>margesic cap</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>marten-tab tab 50-325mg</td>
<td>1</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>phrenilin cap forte</td>
<td>1</td>
<td>QL (13 capsules/day)</td>
</tr>
<tr>
<td>tencon tab 50-325mg</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>VANATOL LQ SOL</td>
<td>3</td>
<td>QL (180 mL/day)</td>
</tr>
<tr>
<td>VANATOL S SOL</td>
<td>3</td>
<td>QL (180 mL/day)</td>
</tr>
<tr>
<td>zebutal cap</td>
<td>1</td>
<td>QL (12 tablets/day)</td>
</tr>
</tbody>
</table>

**ANALGESICS OTHER**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>clonidine hcl inj (for epidural infusion) 100 mcg/ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>clonidine hcl inj (for epidural infusion) 500 mcg/ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DURACLON INJ</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>OFIRMEV INJ 10MG/ML</td>
<td>3</td>
<td>PA</td>
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</table>

**ANALGESICS-PEPTIDE CHANNEL BLOCKERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>PRIALT INJ 25MCG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PRIALT INJ 100MCG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PRIALT INJ 500MCG</td>
<td>3</td>
<td>PA</td>
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**SALICYLATES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>choline &amp; magnesium salicylates liq 500 mg/5ml</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diflunisal tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salsalate tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salsalate tab 750 mg</td>
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**ANALGESICS - OPIOID**

**OPIOID AGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRAL SUB 100MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 200MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 300MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 400MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 600MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 800MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 200MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 400MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 600MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 800MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 1200MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 1600MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>alfentanil hcl iv soln 1000 mcg/2ml (500 mcg/ml) (base eq)</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>alfentanil hcl iv soln 2500 mcg/5ml (500 mcg/ml) (base eq)</td>
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<td>PA</td>
</tr>
<tr>
<td>ALFENTANIL INJ 1000/2ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ALFENTANIL INJ 2500/5ML</td>
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<td>PA</td>
</tr>
<tr>
<td>CODEINE SULF TAB 15MG</td>
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</tr>
<tr>
<td>codeine sulfate tab 15 mg</td>
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<td></td>
</tr>
<tr>
<td>codeine sulfate tab 30 mg</td>
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</tr>
<tr>
<td>codeine sulfate tab 60 mg</td>
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<td></td>
</tr>
<tr>
<td>CONZIP CAP 100MG</td>
<td>3</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>CONZIP CAP 200MG</td>
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<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>CONZIP CAP 300MG</td>
<td>3</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>DEMEROL INJ 25MG/0.5</td>
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<td>PA</td>
</tr>
<tr>
<td>DEMEROL INJ 25MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>DEMEROL INJ 50MG/ML</td>
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</tr>
<tr>
<td>DEMEROL INJ 75MG/1.5</td>
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<td>DEMEROL INJ 75MG/ML</td>
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</tr>
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<td>DEMEROL TAB 100MG</td>
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<tr>
<td>DILAUDID INJ 1MG/ML</td>
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<td>DILAUDID INJ 2MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>DILAUDID INJ 4MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>DILAUDID LIQ 1MG/ML</td>
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</tr>
<tr>
<td>DILAUDID TAB 2MG</td>
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</tr>
<tr>
<td>DILAUDID TAB 4MG</td>
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<tr>
<td>DILAUDID TAB 8MG</td>
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<tr>
<td>DILAUDID-HP INJ 10MG/ML</td>
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<td>PA</td>
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<tr>
<td>DOLOPHINE TAB 5MG</td>
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<tr>
<td>DOLOPHINE TAB 10MG</td>
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</tr>
<tr>
<td>DURAGESIC DIS 12MCG/HR</td>
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<td>QL (15 patches/30 days)</td>
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<tr>
<td>DURAGESIC DIS 25MCG/HR</td>
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<td>QL (15 patches/30 days)</td>
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<tr>
<td>DURAGESIC DIS 50MCG/HR</td>
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<td>DURAGESIC DIS 75MCG/HR</td>
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<tr>
<td>DURAGESIC DIS 100MCG/H</td>
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<td>QL (15 patches/30 days)</td>
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<tr>
<td>duramorph inj 0.5mg/ml</td>
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</tr>
<tr>
<td>duramorph inj 1mg/ml</td>
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<tr>
<td>EMBEDA CAP 20-0.8MG</td>
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<td>EMBEDA CAP 30-1.2MG</td>
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<td>EMBEDA CAP 50-2MG</td>
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</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>EMBEDA CAP 60-2.4MG</td>
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<tr>
<td>EXALGO TAB 8MG</td>
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</tr>
<tr>
<td>EXALGO TAB 12MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EXALGO TAB 16MG</td>
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</tr>
<tr>
<td>EXALGO TAB 32MG</td>
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</tr>
<tr>
<td>FENTANYL CIT INJ 5MCG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 50/5ML</td>
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<td>PA</td>
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<tr>
<td>FENTANYL CIT INJ 50MCG/ML</td>
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<td>PA</td>
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<tr>
<td>FENTANYL CIT INJ 100/2ML</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 100MCG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 250/5ML</td>
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<td>FENTANYL CIT INJ 250MCG</td>
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<tr>
<td>FENTANYL CIT INJ 550/55ML</td>
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<td>FENTANYL CIT INJ 1500MCG</td>
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<td>PA</td>
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<td>FENTANYL CIT INJ 2500MCG</td>
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<td>PA</td>
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<tr>
<td>FENTANYL CIT INJ 2750MCG</td>
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<td>PA</td>
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<tr>
<td>FENTANYL CIT SOL 10MCG/ML</td>
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<td>PA</td>
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<tr>
<td>fentanyl citrate buccal tab 200 mcg (base equiv)</td>
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<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate buccal tab 400 mcg (base equiv)</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate buccal tab 600 mcg (base equiv)</td>
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<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate buccal tab 800 mcg (base equiv)</td>
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<td>QL (120 tablets/30 days), PA</td>
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<td>fentanyl citrate lozenge on a handle 200 mcg</td>
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<td>QL (120 lozenges/30 days), PA</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 400 mcg</td>
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<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 600 mcg</td>
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<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 800 mcg</td>
<td>1</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 1200 mcg</td>
<td>1</td>
<td>QL (120 lozenges/30 days), PA</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty
MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty
MNPA - Medical Necessity Prior Authorization
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**Abbreviations:**
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- QL - Quantity Limits
- ST - Step Therapy
- SP - Specialty
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<td>Drug Tier</td>
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<td>TYLENOL/COD TAB #4</td>
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<td>VERDROCET TAB 2.5-325</td>
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<td>Drug Name</td>
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<td>zamicet sol 10-325mg</td>
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**OPIOID PARTIAL AGONISTS**

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<td>butorphanol tartrate nasal soln 10 mg/ml</td>
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<td>TALWIN INJ 30MG/ML</td>
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<td>ZUBSOLV SUB 0.7-0.18</td>
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**ANDROGENS-ANABOLIC**

**ANDROGENS**

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<tr>
<td>ANDROGEL GEL 1%(50MG)</td>
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<tr>
<td>ANDROGEL GEL 1.62%</td>
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<td>ANDROID CAP 10MG</td>
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**MNPA - Medical Necessity Prior Authorization**
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  
QL - Quantity Limits  
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**BENZODIAZEPINES**

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**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS - MISC.**

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<tbody>
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<td>ADENOCARD INJ 12MG/4ML</td>
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<tr>
<td>ADENOSINE INJ 3MG/ML</td>
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<td>adenosine iv soln 6 mg/2ml</td>
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<td>adenosine iv soln 12 mg/4ml</td>
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**ANTIARRHYTHMICS TYPE I-A**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>procainamide hcl inj 500 mg/ml</td>
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<td>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml (1%)</td>
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<td>PA</td>
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<td>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>AMIODARO/D5W INJ 750/500</td>
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<td>AMIODARO/D5W INJ 900/500</td>
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<td>DUPIXENT INJ 200/1.14</td>
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<td>FASENRA INJ 30MG/ML</td>
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<td>SEEBRI NEOHA CAP 15.6MCG</td>
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<td>ZYFLO CR TAB 600MG</td>
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<td>ASMANEX 30 AER 110MCG</td>
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</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty
MNPA - Medical Necessity Prior Authorization
<table>
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**DIRECT FACTOR XA INHIBITORS**

**HEPARINS AND HEPARINOID-LIKE AGENTS**
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty
MNPA - Medical Necessity Prior Authorization
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<td>HEPARIN SOD INJ D10W</td>
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<td>HEPARIN SOD INJ NAACL</td>
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<td>heparin sodium (porcine) inj 1000 unit/ml</td>
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<td>heparin sodium (porcine) inj 5000 unit/ml</td>
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<td>heparin sodium (porcine) inj 10000 unit/ml</td>
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<td>heparin sodium (porcine) pf inj 5000 unit/0.5ml</td>
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<td>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</td>
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<td>HEPARIN/D5W INJ 25000UNT</td>
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<td>HEPARIN/NACL SOL 3000/0.9</td>
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<td>LOVENOX INJ 120/0.8</td>
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<td>LOVENOX INJ 150MG/ML</td>
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<td>LOVENOX INJ 300/3ML</td>
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**THROMBIN INHIBITORS**

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<td>ANGIOMAX INJ 250MG</td>
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<td>ARGATRB/NACL INJ 50MG/50</td>
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<td>ARGATROBAN INJ 50MG/50M</td>
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<td>ARGATROBAN INJ 100MG/ML</td>
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<td>ARGATROBAN INJ 125/125</td>
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<td>PA</td>
</tr>
<tr>
<td>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</td>
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<td>ARGATROBAN INJ 250/2.5</td>
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<tr>
<td>ARGATROBAN INJ 250/250</td>
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<tr>
<td>BIVALIRUDIN INJ 250/50</td>
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<td>BIVALIRUDIN INJ 500/100</td>
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<td>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</td>
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<td>PA</td>
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<td>IPRIVASK INJ 15MG</td>
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<td>PRADAXA CAP 75MG</td>
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<td>PRADAXA CAP 110MG</td>
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<td>PRADAXA CAP 150MG</td>
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**ANTICONVULSANTS**

**AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

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<td>FYCOMPA SUS 0.5MG/ML</td>
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<td>FYCOMPA TAB 2MG</td>
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</tr>
<tr>
<td>FYCOMPA TAB 4MG</td>
<td>3</td>
</tr>
<tr>
<td>FYCOMPA TAB 6MG</td>
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<tr>
<td>FYCOMPA TAB 8MG</td>
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**ANTICONVULSANTS - BENZODIAZEPINES**

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<thead>
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<tr>
<td>clobazam suspension 2.5 mg/ml</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<td>clobazam tab 10 mg</td>
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<tr>
<td>clobazam tab 20 mg</td>
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<td>clonazepam orally disintegrating tab 0.5 mg</td>
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<td>clonazepam orally disintegrating tab 0.25 mg</td>
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<td>clonazepam orally disintegrating tab 0.125 mg</td>
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<tr>
<td>clonazepam orally disintegrating tab 2 mg</td>
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<tr>
<td>clonazepam tab 0.5 mg</td>
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<tr>
<td>clonazepam tab 1 mg</td>
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<td>DIASTAT PED GEL 2.5M GEL</td>
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<td>diazepam rectal gel delivery system 2.5 mg</td>
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<td>diazepam rectal gel delivery system 20 mg</td>
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<tr>
<td><strong>Anticonvulsants - Misc.</strong></td>
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<td>APTIOM tab 400mg</td>
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<td>APTIOM tab 600mg</td>
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<td>BANZEL sus 40mg/ML</td>
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<td>Briviact inj 50mg/5ml</td>
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<td>Briviact sol 10mg/ML</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**ANTIDEPRESSANTS**

**ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

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**ANTIDEPRESSANTS - MISC.**

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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>FULYZAQ TAB 125MG</td>
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<td>MYTESI TAB 125MG</td>
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<td>MOTOFEN TAB 1-0.025</td>
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<td>opium tincture 1% (10 mg/ml) (morphine equiv)</td>
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<td><strong>ANTIDOTES AND SPECIFIC ANTAGONISTS</strong></td>
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<td><strong>ANTIDOTE COMBINATIONS AND KITS</strong></td>
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<tr>
<td>DUODOTE INJ</td>
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<td><strong>ANTIDOTES - CHELATING AGENTS</strong></td>
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<td>deferasirox tab for oral susp 125 mg</td>
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<td>EXJADE TAB 250MG</td>
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<td>EXJADE TAB 500MG</td>
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<td>FERRIPROX SOL 100MG/ML</td>
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<td>FERRIPROX TAB 500MG</td>
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tr>
<td>FERRIPROX TAB 1000MG</td>
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<td>JADENU TAB 180MG</td>
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<td>JADENU TAB 360MG</td>
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<td>PENTETATE ZI SOL 200MG/ML</td>
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**ANTIDOTES AND SPECIFIC ANTAGONISTS**

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<td>acetylcysteine inj 200 mg/ml</td>
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<td>ANTIZOL INJ 1GM/ML</td>
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<td>BAL IN OIL INJ 100MG/ML</td>
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<td>BRIDION SOL 200/2ML</td>
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<td>BRIDION SOL 500/5ML</td>
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<td>CETYLEV TAB 2.5GM</td>
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<td>DESFERAL INJ 500MG</td>
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<td>DIGIFAB INJ 40MG</td>
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<td>fomepizole inj 1 gm/ml (for iv infusion)</td>
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<td>methylene blue inj 1%</td>
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<td>PHYSOS SALIC INJ 1MG/ML</td>
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<td>PRALIDOXIME INJ 600/2ML</td>
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<td>PRAXBIND INJ 2.5/50</td>
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<td>PROTOPAM CHL INJ 1GM</td>
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**BENZODIAZEPINE ANTAGONISTS**

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<td>Drug Name</td>
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<td><strong>OPIOID ANTAGONISTS</strong></td>
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<td>EVZIO INJ 2/0.4ML</td>
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<td>ONDANSE/NAACL INJ 16/50ML</td>
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<tr>
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<td>3</td>
<td>QL (2 patches/30 days)</td>
</tr>
<tr>
<td>SUSTOL INJ 10/0.4ML</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZOFRAN SOL 4MG/5ML</td>
<td>3</td>
<td>QL (100 mL/30 days)</td>
</tr>
<tr>
<td>ZOFRAN TAB 4MG</td>
<td>3</td>
<td>QL (12 tablets/23 days)</td>
</tr>
<tr>
<td>ZOFRAN TAB 4MG ODT</td>
<td>3</td>
<td>QL (12 tablets/30 days)</td>
</tr>
<tr>
<td>ZOFRAN TAB 8MG</td>
<td>3</td>
<td>QL (12 tablets/5 days)</td>
</tr>
<tr>
<td>ZOFRAN TAB 8MG ODT</td>
<td>3</td>
<td>QL (12 tablets/30 days)</td>
</tr>
</tbody>
</table>

**ANTIEMETICS - ANTICHOLINERGIC**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIMENHYDRIN INJ 50MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>scopolamine td patch 72hr 1 mg/3days</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIGAN CAP 300MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIGAN INJ 100MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>TRANSDERM-SC DIS 1.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>trimethobenzamide hcl cap 300 mg</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIEMETICS - MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AKYNZEO CAP 300-0.5</td>
<td>3</td>
<td>QL (4 capsules/30 days)</td>
</tr>
<tr>
<td>AKYNZEO INJ 235-0.25</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CESAMET CAP 1MG</td>
<td>3</td>
<td>QL (40 capsules/fill)</td>
</tr>
<tr>
<td>dronabinol cap 2.5 mg</td>
<td>1</td>
<td>QL (60 capsules/30 days)</td>
</tr>
<tr>
<td>dronabinol cap 5 mg</td>
<td>1</td>
<td>QL (50 capsules/30 days)</td>
</tr>
<tr>
<td>dronabinol cap 10 mg</td>
<td>1</td>
<td>QL (60 capsules/30 days)</td>
</tr>
<tr>
<td>MARINOL CAP 2.5MG</td>
<td>3</td>
<td>QL (60 capsules/30 days)</td>
</tr>
<tr>
<td>MARINOL CAP 5MG</td>
<td>3</td>
<td>QL (50 capsules/30 days)</td>
</tr>
<tr>
<td>MARINOL CAP 10MG</td>
<td>3</td>
<td>QL (60 capsules/30 days)</td>
</tr>
</tbody>
</table>

**SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>aprepitant capsule 40 mg</td>
<td>3</td>
<td>QL (1 capsule/fill)</td>
</tr>
<tr>
<td>aprepitant capsule 80 mg</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
</tr>
<tr>
<td>aprepitant capsule 125 mg</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
</tr>
<tr>
<td>aprepitant capsule therapy pack 80 &amp; 125 mg</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
</tr>
<tr>
<td>CINVANTI INJ 130/18ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>EMEND CAP 40MG</td>
<td>3</td>
<td>QL (1 capsule/fill)</td>
</tr>
<tr>
<td>EMEND CAP 80MG</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
</tr>
<tr>
<td>EMEND CAP 125MG</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
</tr>
<tr>
<td>EMEND SOL 150MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>EMEND TRIPAC PAK 80 &amp; 125</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
</tr>
</tbody>
</table>

**ANTIFUNGALS**

**ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANCIDAS INJ 50MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CANCIDAS INJ 70MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>caspofungin acetate for iv soln 50 mg</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>caspofungin acetate for iv soln 70 mg</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASPOFUNGIN INJ 50MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CASPOFUNGIN INJ 70MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ERAXIS INJ 50MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ERAXIS INJ 100MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>MYCAMINE INJ 50MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>MYCAMINE INJ 100MG</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

### ANTIFUNGALS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABELCET INJ 5MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMBISOME INJ 50MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>amphotericin b for iv soln 50 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANCOBON CAP 250MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANCOBON CAP 500MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIO-STATIN CAP 500000</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BIO-STATIN CAP 1000000</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>flucytosine cap 250 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>flucytosine cap 500 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GRIS-PEG TAB 125MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GRIS-PEG TAB 250MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>griseofulvin microsize susp 125 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>griseofulvin microsize tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>griseofulvin ultramicrosize tab 125 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>griseofulvin ultramicrosize tab 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LAMISIL TAB 250MG</td>
<td>3 QL (30 tablets/30 days), PA</td>
<td></td>
</tr>
<tr>
<td>nystatin tab 500000 unit</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>terbinaine hcl tab 250 mg</td>
<td>1 QL (30 tablets/30 days), PA</td>
<td></td>
</tr>
</tbody>
</table>

### IMIDAZOLE-RELATED ANTIFUNGALS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRESEMBA CAP 186 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CRESEMBA INJ 372MG</td>
<td>3 PA</td>
<td></td>
</tr>
<tr>
<td>DIFLUCAN SUS 10MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIFLUCAN SUS 40MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIFLUCAN TAB 50MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIFLUCAN TAB 100MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIFLUCAN TAB 150MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIFLUCAN TAB 200MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluconazole for susp 10 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole for susp 40 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole in dextrose inj 200 mg/100ml</td>
<td>3 PA</td>
<td></td>
</tr>
<tr>
<td>fluconazole in dextrose inj 400 mg/200ml</td>
<td>3 PA</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>fluconazole in nacl 0.9% inj 200 mg/100ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole in nacl 0.9% inj 400 mg/200ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tab 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tab 150 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tab 200 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FLUCONAZOLE/ INJ NACL 100</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>itraconazole cap 100 mg</td>
<td>1</td>
<td>QL (30 capsules/30 days), PA</td>
</tr>
<tr>
<td>ketoconazole tab 200 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NOXAFIL INJ 300/16.7</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>NOXAFIL SUS 40MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NOXAFIL TAB 100MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ONMEL TAB 200MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>SPORANOX CAP 100MG</td>
<td>3</td>
<td>QL (30 capsules/30 days), PA</td>
</tr>
<tr>
<td>SPORANOX CAP PULSEPAK</td>
<td>3</td>
<td>QL (30 capsules/30 days), PA</td>
</tr>
<tr>
<td>SPORANOX SOL 10MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VFEND IV INJ 200MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VFEND SUS 40MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VFEND TAB 50MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VFEND TAB 200MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>voriconazole for inj 200 mg</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>voriconazole for susp 40 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>voriconazole tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>voriconazole tab 200 mg</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>ANTIHISTAMINES</strong>                       |           |                                      |
| <strong>ANTIHISTAMINES - PHENOTHIAZINES</strong>      |           |                                      |
| phenadoz sup 12.5mg                      | 1         |                                      |
| phenadoz sup 25mg                        | 1         |                                      |
| PHENERGAN INJ 25MG/ML                    | 3         | PA                                   |
| PHENERGAN INJ 50MG/ML                    | 3         | PA                                   |
| phenergan sup 12.5mg                     | 1         |                                      |
| phenergan sup 25mg                       | 1         |                                      |
| phenergan sup 50mg                       | 1         |                                      |
| promethazine hcl inj 25 mg/ml            | 3         | PA                                   |
| promethazine hcl inj 50 mg/ml            | 3         | PA                                   |
| promethazine hcl suppos 12.5 mg          | 1         |                                      |
| promethazine hcl suppos 25 mg            | 1         |                                      |
| promethazine hcl suppos 50 mg            | 1         |                                      |
| promethazine hcl syrup 6.25 mg/5ml       | 1         |                                      |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>promethazine hcl tab 12.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl tab 25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethegan sup 12.5mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethegan sup 25mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethegan sup 50mg</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIHYPERLIPIDEMICS**

**ANTIHYPERLIPIDEMICS - COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ezetimibe-simvastatin tab 10-10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ezetimibe-simvastatin tab 10-20 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ezetimibe-simvastatin tab 10-40 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ezetimibe-simvastatin tab 10-80 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>VYTORIN TAB 10-10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VYTORIN TAB 10-20MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VYTORIN TAB 10-40MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VYTORIN TAB 10-80MG</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIHYPERLIPIDEMICS - MISC.**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYNAMRO INJ 200MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>LOVAZA CAP 1GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>omega-3-acid ethyl esters cap 1 gm</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>triklo cap 1gm</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VASCEPA CAP 0.5GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VASCEPA CAP 1GM</td>
<td>3</td>
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</tr>
</tbody>
</table>

**BILE ACID SEQUESTRANTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cholestyramine light powder 4 gm/dose</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cholestyramine light powder packets 4 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cholestyramine powder 4 gm/dose</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cholestyramine powder packets 4 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>colesevelam hcl tab 625 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID FLA GRA 5/7.5GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID FLA GRA 5GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID GRA 5GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID POW 5GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID TAB 1GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl granule packets 5 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl granules 5 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl tab 1 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>prevalite pow 4gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>prevalite pow 4gm pk</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>QUESTRAN POW 4GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUESTRAN POW 4GM LITE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>WELCHOL PAK 3.75GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>WELCHOL TAB 625MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>FIBRIC ACID DERIVATIVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTARA CAP 30MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANTARA CAP 90MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</td>
<td>1</td>
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</tr>
<tr>
<td>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fenofibrate cap 50 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fenofibrate cap 150 mg</td>
<td>3</td>
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</tr>
<tr>
<td>fenofibrate micronized cap 43 mg</td>
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<tr>
<td>fenofibrate micronized cap 67 mg</td>
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<td></td>
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<tr>
<td>fenofibrate micronized cap 130 mg</td>
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<td></td>
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<tr>
<td>fenofibrate micronized cap 134 mg</td>
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<td></td>
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<tr>
<td>fenofibrate micronized cap 200 mg</td>
<td>1</td>
<td></td>
</tr>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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**ANTIMYCOBACTERIAL AGENTS**

**ANTI TB COMBINATIONS**

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**ANTIMYCOBACTERIAL AGENTS**

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#### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

#### ALKYLATING AGENTS

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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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**Antimetabolites**

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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty    MNPA - Medical Necessity Prior Authorization
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<tr>
<td>VECTIBIX INJ 400MG</td>
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<td>YERVOY INJ 50MG</td>
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<td>YERVOY INJ 200MG</td>
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<tr>
<td>ZEVALIN KIT Y-90</td>
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**ANTINEOPLASTIC - BCL-2 INHIBITORS**

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<td>VENCLEXTA TAB 10MG</td>
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<td>VENCLEXTA TAB 50MG</td>
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**ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY**

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<td>PROVENGE INJ</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<tbody>
<tr>
<td>DAURISMO TAB 25MG</td>
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<td>SP, PA</td>
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<tr>
<td>DAURISMO TAB 100MG</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>ERIVEDGE CAP 150MG</td>
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<td><strong>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</strong></td>
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<td>DAURISMO TAB 100MG</td>
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<td><strong>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</strong></td>
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<tr>
<td>abiraterone acetate tab 250 mg</td>
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<td>anastrozole tab 1 mg</td>
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<tr>
<td>ARIMIDEX TAB 1MG</td>
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<td>AROMASIN TAB 25MG</td>
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<td>bicalutamide tab 50 mg</td>
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<td>CASODEX TAB 50MG</td>
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<td>DEPO-PROVERA INJ 400/ML</td>
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<td>PA</td>
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<td>ELIGARD INJ 7.5MG</td>
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<td>SP, PA</td>
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<td>ELIGARD INJ 22.5MG</td>
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<tr>
<td>ELIGARD INJ 30MG</td>
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<td>ELIGARD INJ 45MG</td>
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<td>EMCYT CAP 140MG</td>
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<td>ERLEADA TAB 60MG</td>
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<td>FARESTON TAB 60MG</td>
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<td>FASLODEX INJ 250/5ML</td>
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<td>FEMARA TAB 2.5MG</td>
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<td>FIRMAGON INJ 120MG</td>
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<td>letrozole tab 2.5 mg</td>
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<tr>
<td>LEUPR/BUPIV SOL 25-5MG</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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<td>NILANDRON TAB 150MG</td>
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<td>SOLTAMOX SOL 10MG/5ML</td>
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<td>tamoxif en citrate tab 20 mg (base equivalent)</td>
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<td>VANTAS KIT 50MG</td>
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<td>XTANDI CAP 40MG</td>
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<td>YONSA TAB 125MG</td>
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<td>ZYTIGA TAB 500MG</td>
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**ANTINEOPLASTIC - IMMUNOMODULATORS**

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**ANTINEOPLASTIC ANTIBIOTICS**

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<td>adriamycin inj 10mg</td>
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<td>adriamycin inj 20mg</td>
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<td>PA</td>
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<tr>
<td>adriamycin inj 50mg</td>
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<td>PA</td>
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<tr>
<td>adriamycin inj 200mg</td>
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<td>PA</td>
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<td>BLEO 15K INJ</td>
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<td>bleomycin sulfate for inj 15 unit</td>
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<tr>
<td>bleomycin sulfate for inj 30 unit</td>
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<tr>
<td>COSMEGEN INJ 0.5MG</td>
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<td>PA</td>
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<td>dactinomycin for inj 0.5 mg</td>
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<td>PA</td>
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<tr>
<td>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</td>
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<td>PA</td>
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<tr>
<td>DAUNORUBICIN INJ 20MG/4ML</td>
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<tr>
<td>DAUNORUBICIN INJ 50MG</td>
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<tr>
<td>DOXIL INJ 2MG/ML</td>
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<td>doxorubicin hcl for inj 10 mg</td>
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<tr>
<td>doxorubicin hcl for inj 50 mg</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<td>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</td>
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<td>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</td>
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<td>IDAMYCIN PFS INJ 5MG/5ML</td>
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<td>IDAMYCIN PFS INJ 10/10ML</td>
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<td>IDAMYCIN PFS INJ 20/20ML</td>
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<td>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</td>
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<td>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</td>
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<td>lipodox 50 inj 2mg/ml</td>
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<td>mitomycin for iv soln 20 mg</td>
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<td>mitomycin for iv soln 40 mg</td>
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<td>MITOMYCIN SOL 20MG</td>
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<td>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</td>
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<td>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</td>
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<td>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</td>
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<td>mutamycin inj 5mg</td>
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<td>mutamycin inj 40mg</td>
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<td>VALSTAR SOL 40MG/ML</td>
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**ANTINEOPLASTIC COMBINATIONS**

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<td>HERCEP HYLEC SOL 60-10000</td>
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<td>KISQALI 200 PAK FEMARA</td>
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<td>KISQALI 400 PAK FEMARA</td>
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<td>KISQALI 600 PAK FEMARA</td>
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<td>LONSURF TAB 15-6.14</td>
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<td>LONSURF TAB 20-8.19</td>
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<td>RITUXAN INJ HYCELA</td>
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<td>VYXEOS INJ 44-100MG</td>
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**ANTINEOPLASTIC ENZYME INHIBITORS**

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<tr>
<td>AFINITOR TAB 5MG</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>AFINITOR TAB 10MG</td>
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<td>ALECENSA CAP 150MG</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **SP** - Specialty  **MNPA** - Medical Necessity Prior Authorization
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty
MNPA - Medical Necessity Prior Authorization
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**ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

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*PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization*
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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**QUINOLINONE DERIVATIVES**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty
MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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**PERIPHERAL VASODILATORS**

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<td>papaverine hcl inj 30 mg/ml</td>
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**PROSTAGLANDIN VASODILATORS**

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<td>ORENITRAM TAB 0.25MG</td>
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<td>ORENITRAM TAB 0.125MG</td>
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<td>ORENITRAM TAB 5MG</td>
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<td>REMODULIN INJ 1MG/ML</td>
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<td>TRACLEER TAB 62.5MG</td>
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<td>ZERBAXA INJ 1.5GM</td>
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<td>cefadroxil for susp 500 mg/5ml</td>
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<td>cefadroxil tab 1 gm</td>
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<td>CEFAZOL/NACL INJ 2GM/50ML</td>
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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty    MNPA - Medical Necessity Prior Authorization
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<th>Drug Name</th>
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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**CEPHALOSPORINS - 3RD GENERATION**

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**CEPHALOSPORINS - 4TH GENERATION**

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**CONTRACEPTIVES**

*COMBINATION CONTRACEPTIVES - ORAL*

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QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity PriorAuthorization
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<tr>
<td>methylprednisolone tab therapy pack 4 mg (21)</td>
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<tr>
<td>MILLIPRED DP PAK 5MG</td>
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<tr>
<td>MILLIPRED SOL 10MG/5ML</td>
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<td>ORAPRED ODT TAB 10MG</td>
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<tr>
<td>P-CARE K40 KIT 40MG/ML</td>
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<td>PEDIAPRED SOL 6.7/5ML</td>
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<td>PHYS EZ USE KIT M-PRED</td>
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<td>prednisolone sod phos orally disintegr tab 10 mg (base eq)</td>
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<td>prednisolone sod phos orally disintegr tab 15 mg (base eq)</td>
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<tr>
<td>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</td>
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<td>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</td>
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<td>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</td>
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<td>prednisolone syrup 15 mg/5ml (usp solution equivalent)</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>READY METHYL KIT 80MG/ML</td>
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<td>READY TRIAMC KIT 40MG/ML</td>
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<td>TRIAMCINOLON INJ 40MG/ML</td>
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<td>TRIAMCINOLON INJ 100/2ML</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</td>
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<td>QL (120 mL/30 days)</td>
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<td>hydrocodone w/ homatropine tab 5-1.5 mg</td>
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<td>hydromet syr 5-1.5/5</td>
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<td>QL (120 mL/30 days)</td>
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<td>TESSALON PER CAP 100MG</td>
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<tr>
<td>tussigon syr 5-1.5mg</td>
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<tr>
<td><strong>COUGH/COLD/ALLERGY COMBINATIONS</strong></td>
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<td>cheratussin syr ac</td>
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<td>QL (120 mL/30 days)</td>
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<tr>
<td>g tussin ac liq 100-10/5</td>
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<td>QL (120 mL/30 days)</td>
</tr>
<tr>
<td>guaiauss ac syr 100-10/5</td>
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<tr>
<td>guaifenesin syr 100-10/5</td>
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<tr>
<td>guaifenesin-codeine soln 100-10 mg/5ml</td>
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<td>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</td>
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<td>iophen c-nr liq 100-10/5</td>
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<td>prometh vc / syr codeine</td>
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<td>promethazine w/ codeine syrup 6.25-10 mg/5ml</td>
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<td>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</td>
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<tr>
<td>nebusal neb 3%</td>
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<tr>
<td>DUAC GEL 1.2-5%</td>
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<tr>
<td>EPIDUO FORTE GEL 0.3-2.5%</td>
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<tr>
<td>EPIDUO GEL 0.1-2.5%</td>
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<tr>
<td>ery pad 2%</td>
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<tr>
<td>ERYGEL GEL 2%</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>-------------------------------</td>
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<tr>
<td>erythromycin pads 2%</td>
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<tr>
<td>erythromycin soln 2%</td>
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<tr>
<td>EVOCLIN AER 1%</td>
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<tr>
<td>FABIOR AER 0.1%</td>
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<td>isotretinoin cap 20 mg</td>
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<td>KLRON LOT 10%</td>
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<td>myorisan cap 40 mg</td>
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<td>ONEXTON GEL 1.2-3.75</td>
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<tr>
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<td>PLEXION LOT 9.8-4.8%</td>
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<td>RETIN-A GEL 0.01%</td>
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<tr>
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<tr>
<td>RETIN-A MICR GEL 0.1%PUMP</td>
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<td>RETIN-A MICR GEL 0.04%</td>
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<td>SOD SUL/SULF EMU 10-5%</td>
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<td>SOD SUL/SULF SUS 10-5%</td>
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<tr>
<td>sss 10-5 aer 10-5%</td>
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<td>Drug Name</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</td>
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<td>sulfacetamide sodium w/ sulfur cream 10-2%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur emulsion 10-5%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur lotion 10-5%</td>
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</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur susp 8-4%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur wash 9-4%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur wash 9-4.5%</td>
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<tr>
<td>sulfacetamide sodium-sulfur in urea gel 10-5%</td>
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<tr>
<td>sulfacleanse sus 8-4%</td>
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<tr>
<td>sulfamez emu 10-1%</td>
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<td><strong>SUMADAN KIT</strong></td>
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<td><strong>SUMADAN XLT KIT 9-4.5%</strong></td>
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<td><strong>SUMAXIN CP KIT</strong></td>
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<td><strong>SUMAXIN PAD 10-4%</strong></td>
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<tr>
<td><strong>SUMAXIN TS SUS 8-4%</strong></td>
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<tr>
<td><strong>SUMAXIN WASH LIQ 9-4%</strong></td>
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<tr>
<td><strong>TRETIN-X CRE 0.075%</strong></td>
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<td><strong>TRETIN-X CRE 0.0375%</strong></td>
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<tr>
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<tr>
<td>tretinoin microsphere gel 0.1%</td>
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<tr>
<td>tretinoin microsphere gel 0.04%</td>
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<td><strong>VELTIN GEL</strong></td>
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<td>zenetane cap 20mg</td>
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<td>zenetane cap 30mg</td>
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<td>zenetane cap 40mg</td>
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PA - Prior Authorization  
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>zencia liq 9-4%</td>
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<td>ZIANA GEL</td>
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<td><strong>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</strong></td>
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<tr>
<td>VEREGEN OIN 15%</td>
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<tr>
<td><strong>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</strong></td>
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<td>SCULPTRA INJ 367.5MG</td>
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<tr>
<td><strong>ANTI-INFLAMMATORY AGENTS - TOPICAL</strong></td>
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<tr>
<td>diclofenac sodium gel 1%</td>
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<tr>
<td>diclofenac sodium soln 1.5%</td>
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</tr>
<tr>
<td>FLECTOR DIS 1.3%</td>
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<td></td>
</tr>
<tr>
<td>klofensaid sol ii</td>
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<tr>
<td>VOLTAREN GEL 1%</td>
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<tr>
<td><strong>ANTIBIOTICS - TOPICAL</strong></td>
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<tr>
<td>ALTABAX OIN 1%</td>
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<td>QL (30 grams/30 days)</td>
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<td>BACTROBAN CRE 2%</td>
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<tr>
<td>CENTANY AT KIT 2%</td>
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<tr>
<td>CENTANY OIN 2%</td>
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<tr>
<td>CORTISPORIN CRE 0.5%</td>
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<tr>
<td>CORTISPORIN OIN 1%</td>
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<tr>
<td>gentamicin sulfate cream 0.1%</td>
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<tr>
<td>gentamicin sulfate oint 0.1%</td>
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<tr>
<td>mupirocin calcium cream 2%</td>
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<tr>
<td>mupirocin oint 2%</td>
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<tr>
<td>NEO-SYNALAR KIT</td>
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<tr>
<td><strong>ANTIFUNGALS - TOPICAL</strong></td>
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<td>ALA-QUIN CRE 3-0.5%</td>
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<tr>
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<tr>
<td>ALOQUIN GEL 1.25-1%</td>
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</tr>
<tr>
<td>ciclodan cre 0.77%</td>
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<tr>
<td>CICLODAN CRE KIT 0.77%</td>
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</tr>
<tr>
<td>CICLODAN SOL KIT 8%</td>
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<tr>
<td>ciclopirox gel 0.77%</td>
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<tr>
<td>ciclopirox kit 8%</td>
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<tr>
<td>ciclopirox olamine cream 0.77% (base equiv)</td>
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<td>ciclopirox olamine susp 0.77% (base equiv)</td>
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<td>ciclopirox shampoo 1%</td>
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<tr>
<td>clotrimazole w/ betamethasone cream 1-0.05%</td>
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<td>clotrimazole w/ betamethasone lotion 1-0.05%</td>
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<tr>
<td>CNL8 NAIL KIT</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>DERMASORB AF KIT 3-0.5%</td>
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<tr>
<td><em>dermazene cre 1%</em></td>
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<tr>
<td><em>econazole nitrate cream 1%</em></td>
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<td>ECOZA AER 1%</td>
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<tr>
<td>ERTACZO CRE 2%</td>
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<tr>
<td>EXELDERM CRE 1%</td>
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<td>EXELDERM SOL 1%</td>
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<td>EXODERM LOT 25-1%</td>
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<td>EXTINA AER 2%</td>
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<td>HALOTIN CRE 1%</td>
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<tr>
<td>*iidoquimez cre 1-1.9%</td>
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<td>*iidoquinol-hc cream 1%</td>
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<td>*iidoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%</td>
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<td>*ketoconazole foam 2%</td>
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<td>*ketodan aer 2%</td>
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<td>LOPROX KIT 0.77%</td>
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<td>LOPROX SHA 1%</td>
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<td>LOTRISON CRE</td>
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<td>LUZU CRE 1%</td>
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<td>*miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</td>
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<td><em>nystatin cream 100000 unit/gm</em></td>
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<tr>
<td><em>nystatin oint 100000 unit/gm</em></td>
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<td><em>nystatin topical powder 100000 unit/gm</em></td>
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<tr>
<td>*nystatin-triamcinolone cream 100000-0.1 unit/gm-%</td>
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<tr>
<td>*nystatin-triamcinolone oint 100000-0.1 unit/gm-%</td>
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</table>

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<td>oxiconazole nitrate cream 1%</td>
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<td>OXISTAT CRE 1%</td>
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<td>OXISTAT LOT 1%</td>
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<td>VUSION OIN</td>
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<td>VYTONE CRE 1-1.9%</td>
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<td>XOLEGEL GEL 2%</td>
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<td><strong>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</strong></td>
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<td>CARAC CRE 0.5%</td>
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<tr>
<td>diclofenac sodium (actinic keratoses) gel 3%</td>
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<td>EFUDEX CRE 5%</td>
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<td>calcitrene oin 0.005%</td>
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<td>COSENTYX INJ 300DOSE</td>
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<td>OXSORALEN-UL CAP 10MG</td>
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<td>SILIQ INJ 210/1.5</td>
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<td>SP; MNPA</td>
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<tr>
<td>SKYRIZI INJ 150DOSE</td>
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<td>TREMFYA INJ 100MG/ML</td>
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**ANTISEBORRHEIC PRODUCTS**

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<tr>
<td>OVACE PLUS LIQ 10% WASH</td>
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<td>OVACE PLUS LOT 9.8%</td>
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<td>OVACE PLUS SHA 10%</td>
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<td>OVACE WASH LIQ 10%</td>
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<tr>
<td>seb-prev liq wash</td>
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<tr>
<td>selenium sulfide lotion 2.5%</td>
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<tr>
<td>selenium sulfide shampoo 2.3%</td>
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<tr>
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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<tr>
<td>SELRX SHA 2.3%</td>
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<tr>
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<tr>
<td><strong>ANTIVIRALS - TOPICAL</strong></td>
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<tr>
<td>acyclovir oint 5%</td>
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<tr>
<td>DENAVIR CRE 1%</td>
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<tr>
<td>XERSE CRE 5-1%</td>
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<tr>
<td>ZOVIRAX CRE 5%</td>
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<tr>
<td>ZOVIRAX OIN 5%</td>
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<td><strong>BURN PRODUCTS</strong></td>
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<td>mafenide acetate packet for topical soln 5% (50 gm)</td>
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<td>amcinonide lotion 0.1%</td>
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<tr>
<td>AMCINONIDE OIN 0.1%</td>
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<tr>
<td>APEXICON E CRE 0.05%</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<tr>
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<td>Fluocinolone acetonide soln 0.01%</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>flucinonide emulsified base cream 0.05%</td>
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<td>flucinonide gel 0.05%</td>
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<tr>
<td>flucinonide oint 0.05%</td>
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<td></td>
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<tr>
<td>flucinonide soln 0.05%</td>
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<tr>
<td>flurandrenolide cream 0.05%</td>
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<tr>
<td>flurandrenolide lotion 0.05%</td>
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<td>fluticasone propionate cream 0.05%</td>
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<tr>
<td>LOCOID OIN 0.1%</td>
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<tr>
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<td>nolix cre 0.05%</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
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<td>nolix lot 0.05%</td>
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<td></td>
</tr>
<tr>
<td>NUCORT LOT 2%</td>
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</tr>
<tr>
<td>OLUX AER 0.05%</td>
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<td>OLUX-E AER 0.05%</td>
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<td>PRAMOSONE LOT 1%</td>
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<tr>
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<td>prednicarbate cream 0.1%</td>
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<tr>
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<tr>
<td>scalacort lot 2%</td>
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<td></td>
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<tr>
<td>SERNIVO SPR</td>
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</tr>
<tr>
<td>SYNALAR CRE 0.025%</td>
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<tr>
<td>SYNALAR OIN 0.025%</td>
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</tr>
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<td>SYNALAR TS KIT 0.01%</td>
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<td>TACLONEX SUS</td>
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<tr>
<td>TEMOVATE E CRE 0.05%EML</td>
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<td>TEMOVATE OIN 0.05%</td>
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<td>TEXACORT SOL 2.5%</td>
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<td>TOPICORT GEL 0.05%</td>
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<td>TOPICORT OIN 0.05%</td>
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<tr>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<tr>
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<tr>
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<td>triamcinolone acetonide oint 0.1%</td>
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<td>triderm cre 0.1%</td>
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<tr>
<td>triderm cre 0.5%</td>
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</tr>
<tr>
<td>TRIDESILON CRE 0.05%</td>
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</tr>
<tr>
<td>ULTRAVATE CRE 0.05%</td>
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<td>ULTRAVATE LOT 0.05%</td>
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<tr>
<td>ULTRAVATE OIN 0.05%</td>
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<tr>
<td>ULTRAVATE X KIT 0.05-10%</td>
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<td>VANOS CRE 0.1%</td>
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<tr>
<td>VERDESO AER 0.05%</td>
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<tr>
<td>WESTCORT OIN 0.2%</td>
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<tr>
<td><strong>EMOLLIENT/KERATOLYTIC AGENTS</strong></td>
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<tr>
<td>ALUVEA CRE 39%</td>
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<td></td>
</tr>
<tr>
<td>CEM-UREA SOL 45%</td>
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<tr>
<td>DERMASORB XM KIT 39%</td>
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<tr>
<td>GORDONS UREA OIN 40%</td>
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<tr>
<td>HYDRO 35 AER</td>
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<tr>
<td>KERALAC CRE 47%</td>
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<td>PA</td>
</tr>
<tr>
<td>metopic cre 41%</td>
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</tr>
<tr>
<td>rea lo 39 cre 39%</td>
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<td></td>
</tr>
<tr>
<td>remeven cre 50%</td>
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<td></td>
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<tr>
<td>UMECTA EMU</td>
<td>3</td>
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<tr>
<td>URAMAXIN AER 20%</td>
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<tr>
<td>URAMAXIN CRE 45%</td>
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<tr>
<td>URAMAXIN LOT 45%</td>
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<tr>
<td>URE-K CRE 50%</td>
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</tr>
<tr>
<td>urea cream 39%</td>
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<td></td>
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<tr>
<td>urea cream 41%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>urea cream 45%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>urea cream 47%</td>
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<td></td>
</tr>
<tr>
<td>urea cream 50%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>urea hydrat aer 35%</td>
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<tr>
<td>urea in zinc undecylenate-lactic acid vehicle emulsion 50%</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
<table>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>urea lotion 45%</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>UREA NAIL MIS 50%</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>ured eb cre 39%</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>UREVAZ CRE 44%</td>
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<td>3</td>
</tr>
<tr>
<td>UTOPIC CRE 41%</td>
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**EMOLLIENTS**

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<th>Drug Name</th>
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<tbody>
<tr>
<td>HPR PLUS MB KIT HYDROGEL</td>
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<tr>
<td>hyaluronate sodium (emollient) gel 0.2%</td>
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<tr>
<td>HYLIRA GEL 0.2%</td>
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<td></td>
</tr>
<tr>
<td>HYLIRA LOT 0.1%</td>
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**ENZYMES - TOPICAL**

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<tbody>
<tr>
<td>SANTYL OIN 250/GM</td>
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<td>tbc aer</td>
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**IMMUNOMODULATING AGENTS - TOPICAL**

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<th>Drug Name</th>
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<tbody>
<tr>
<td>ALDARA CRE 5%</td>
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<td></td>
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<tr>
<td>imiquimod cream 5%</td>
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</tr>
<tr>
<td>ZYCLARA CRE 3.75%</td>
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<tr>
<td>ZYCLARA PUMP CRE 2.5%</td>
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<td>ZYCLARA PUMP CRE 3.75%</td>
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**IMMUNOSUPPRESSIVE AGENTS - TOPICAL**

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<tbody>
<tr>
<td>ELIDEL CRE 1%</td>
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<td></td>
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<tr>
<td>pimecrolimus cream 1%</td>
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</tr>
<tr>
<td>PROTOPIC OIN 0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROTOPIC OIN 0.03%</td>
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</tr>
<tr>
<td>tacrolimus oint 0.1%</td>
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</tr>
<tr>
<td>tacrolimus oint 0.03%</td>
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**KERATOLYTIC/ANTIMITOTIC AGENTS**

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<td>BENSAL HP OIN</td>
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</tr>
<tr>
<td>CONDYLOX GEL 0.5%</td>
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</tr>
<tr>
<td>CONDYLOX SOL 0.5%</td>
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</tr>
<tr>
<td>GORDOFILM SOL</td>
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<td></td>
</tr>
<tr>
<td>KERALY T GEL 6%</td>
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<td></td>
</tr>
<tr>
<td>KERALY T KIT SCALP 6%</td>
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<tr>
<td>PODOCON SOL 25%</td>
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<td>podofilox soln 0.5%</td>
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<tr>
<td>PYROGALL ACD OIN</td>
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<tr>
<td>salacyn cre 6%</td>
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</tr>
<tr>
<td>salacyn lot 6%</td>
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<tr>
<td>SALEX CREAM KIT 6%</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>SALEX LOTION KIT 6%</td>
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<tr>
<td>SALEX SHA 6%</td>
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<tr>
<td>salicylic acid liq 27.5%</td>
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</tr>
<tr>
<td>salicylic acid cream 6%</td>
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<td></td>
</tr>
<tr>
<td>salicylic acid cream 6% &amp; cleanser liq kit</td>
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<tr>
<td>salicylic acid er film-forming soln 28.5%</td>
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<tr>
<td>salicylic acid film forming liquid 27.5%</td>
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<tr>
<td>salicylic acid foam 6%</td>
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</tr>
<tr>
<td>salicylic acid gel 6%</td>
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<tr>
<td>salicylic acid lotion 6%</td>
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<td>salicylic acid lotion 6% &amp; cleanser liq kit</td>
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<td>salicylic acid shampoo 6%</td>
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<td>PLIAGLIS CRE 7-7%</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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<tr>
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<td>QUTENZA KIT 8% 2-PCH</td>
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<td>HPR PLUS AER</td>
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<td>EUCRISA OIN 2%</td>
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<td>azelaic acid gel 15%</td>
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<td>doxycycline (rosacea) cap delayed release 40 mg</td>
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<td>FINACEA GEL 15%</td>
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<tr>
<td>METROCREAM CRE 0.75%</td>
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<td>METROGEL GEL 1%</td>
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<tr>
<td>METROLOTION LOT 0.75%</td>
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<tr>
<td>metronidazole cream 0.75%</td>
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<tr>
<td>metronidazole gel 0.75%</td>
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<td>metronidazole gel 1%</td>
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<td>metronidazole lotion 0.75%</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>rosadan gel 0.75%</td>
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<td>ROSADAN KIT 0.75%</td>
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<tr>
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<tr>
<td>EURAX CRE 10%</td>
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<td>EURAX LOT 10%</td>
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<tr>
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<tr>
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<td>NATROBA SUS 0.9%</td>
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<td>OVIDE LOT 0.5%</td>
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<td>permethrin cream 5%</td>
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<td>SKLICE LOT 0.5%</td>
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<td>spinosad susp 0.9%</td>
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<td>BIAFINE EMU</td>
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<td>REGRANEX GEL 0.01%</td>
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**DIAGNOSTIC PRODUCTS**

**DIAGNOSTIC DRUGS**

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<tr>
<td>GLUCAGON INJ 1MG</td>
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<td>QL (2 injections/90 days)</td>
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**DIAGNOSTIC RADIOPHARMACEUTICALS**

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**DIAGNOSTIC TESTS**

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<tbody>
<tr>
<td>ACCU-CHEK TES AVIVA PL</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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<td>ACCU-CHEK TES COMPACT</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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<tr>
<td>ACCU-CHEK TES GUIDE</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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<tr>
<td>ACCUTREND TES GLUCOSE</td>
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<td>CONTOUR TES NEXT</td>
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**DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

**DIETARY MANAGEMENT PRODUCTS**

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<td>av-vite fb tab 2.5-25-2</td>
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<td>AVAILNEX CHW 750MG</td>
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<td>CARDIOTEK-RX TAB</td>
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<td>CEREFOLIN TAB</td>
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<td>DEPLIN 7.5 CAP</td>
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<td>DEPLIN 15 CAP</td>
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<td>ELFOLATE TAB 7.5MG</td>
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<td>ENTERAGAM POW 5GM</td>
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<td>LIMBREL500 CAP 500-50MG</td>
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<td>LIMBREL CAP 250MG</td>
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**DIURETICS**

**CARBONIC ANHYDRASE INHIBITORS**

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**DIURETIC COMBINATIONS**

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<td>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</td>
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**LOOP DIURETICS**

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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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<tr>
<td><strong>CORTICOTROPIN</strong></td>
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<td>ACTHAR INJ 80UNIT</td>
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<td><strong>FERTILITY REGULATORS</strong></td>
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<tr>
<td>BRAVELLE INJ 75UNIT</td>
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<tr>
<td><strong>clomiphene citrate tab 50 mg</strong></td>
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<tr>
<td>FOLLISTIM AQ INJ 75UNIT</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>FOLLISTIM AQ INJ 300UNIT</td>
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<td>FOLLISTIM AQ INJ 600UNIT</td>
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<td>FOLLISTIM AQ INJ 900UNIT</td>
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</tr>
<tr>
<td>GONAL-F INJ 450UNIT</td>
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<tr>
<td>GONAL-F INJ 1050UNIT</td>
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<td>GONAL-F RFF INJ 75UNIT</td>
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<tr>
<td>GONAL-F RFF INJ 300/0.5</td>
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<td>GONAL-F RFF INJ 450/0.75</td>
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<td>GONAL-F RFF INJ 900/1.5</td>
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<td>MENOPUR INJ 75UNIT</td>
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<td>OVIDREL INJ</td>
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<tr>
<td>PREGNYL INJ 10000UNT</td>
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**GNRH/LHRH ANTAGONISTS**

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<tr>
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<tbody>
<tr>
<td>CETROTIDE KIT 0.25MG</td>
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<td>PA</td>
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<tr>
<td>GANIRELIX AC INJ 250/0.5</td>
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**GROWTH HORMONE RECEPTOR ANTAGONISTS**

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<tbody>
<tr>
<td>SOMAVER INJ 10MG</td>
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<td>SP, PA</td>
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<td>SOMAVER INJ 15MG</td>
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<tr>
<td>SOMAVER INJ 20MG</td>
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<td>SOMAVER INJ 25MG</td>
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<td>SOMAVER INJ 30MG</td>
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**GROWTH HORMONE RELEASING HORMONES (GHRH)**

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<tr>
<td>EGRIFTA SOL 1MG</td>
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**GROWTH HORMONES**

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<td>GENOTROPIN INJ 0.4MG</td>
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<td>GENOTROPIN INJ 0.6MG</td>
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<td>GENOTROPIN INJ 0.8MG</td>
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<td>GENOTROPIN INJ 5MG</td>
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<td>GENOTROPIN INJ 12MG</td>
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<td>Drug Name</td>
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<td>HUMATROPE INJ 24MG</td>
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<td>NUTROPIN AQ INJ 20MG/2ML</td>
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<td>NUTROPIN AQ INJ MUSPIN 5</td>
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<td>OMNITROPE INJ 5.8MG</td>
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<td>OMNITROPE INJ 10/1.5ML</td>
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<td>SAIZENPREP INJ 8.8MG</td>
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<td>SEROSTIM INJ 4MG</td>
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<td>ZORBTIVE INJ 8.8MG</td>
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<td>EVISTA TAB 60MG</td>
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<td>OSPHENA TAB 60MG</td>
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<td><strong>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</strong></td>
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<td>INCRELEX INJ 40MG/4ML</td>
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<td><strong>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</strong></td>
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<td>LUPANETA KIT 3.75-5</td>
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<td>LUPR DEP-PED INJ 3M 30MG</td>
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<td>LUPR DEP-PED INJ 7.5MG</td>
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<td>LUPR DEP-PED INJ 15MG</td>
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<td>SUPPRELIN LA KIT 50MG</td>
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<td>SYNAREL SOL 2MG/ML</td>
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<td>TRIPOTODUR SUS 22.5MG</td>
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<td><strong>METABOLIC MODIFIERS</strong></td>
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<tr>
<td>ALDURAZYME INJ 2.9MG/5M</td>
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<td>AMMONUL INJ 10%</td>
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<td>BUPHENYL POW</td>
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<tr>
<th>Drug Name</th>
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<tbody>
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<tr>
<td>calcitriol inj 1 mcg/ml</td>
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<tr>
<td>calcitriol oral soln 1 mcg/ml</td>
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<td>CARBAGLU TAB 200MG</td>
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<td>CARNITOR INJ 1GM/5ML</td>
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<td>CARNITOR SF SOL 1GM/10ML</td>
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<td>CARNITOR SOL 1GM/10ML</td>
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<td>CARNITOR TAB 330MG</td>
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<td>CYSTADANE POW</td>
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<td>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</td>
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<td>ELAPRASE INJ 6MG/3ML</td>
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<td>FABRAZYME INJ 5MG</td>
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<td>KANUMA INJ 20/10ML</td>
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<tr>
<td>KUVAN POW 100MG</td>
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<td>KUVAN POW 500MG</td>
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<td>KUVAN TAB 100MG</td>
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<td>L-CARNITINE INJ 500MG/ML</td>
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<tr>
<td>levocarnitine oral soln 1 gm/10ml (10%)</td>
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<td>levocarnitine tab 330 mg</td>
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<td>LUMIZYME INJ 50MG</td>
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<td>mccarnitine tab 330mg</td>
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<td>MYALEPT INJ 11.3MG</td>
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<td>NAGLAZYME INJ 1MG/ML</td>
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<td>PALYNZIQ INJ 2.5/0.5</td>
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<td>PALYNZIQ INJ 10/0.5ML</td>
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<td>paricalcitol iv soln 2 mcg/ml</td>
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<td>paricalcitol iv soln 5 mcg/ml</td>
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<td>PARSABIV INJ 2.5-0.5</td>
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<tr>
<td>PARSABIV INJ 10MG/2ML</td>
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<td>RAVICTI LIQ 1.1GM/ML</td>
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<td>REVCOVI INJ 1.6MG/ML</td>
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<td>ROCALTROL CAP 0.5MCG</td>
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<td>SENSIPAR TAB 30MG</td>
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<td>SENSIPAR TAB 60MG</td>
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<td>SENSIPAR TAB 90MG</td>
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<td>sodium benzoate &amp; sodium phenylacetate iv soln 10-10%</td>
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<td>sodium phenylbutyrate oral powder 3 gm/teaspoonful</td>
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<td>sodium phenylbutyrate tab 500 mg</td>
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<td>STRENSIQ INJ 18/0.45</td>
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<td>STRENSIQ INJ 28/0.7ML</td>
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<td>VIMIZIM INJ 5MG/5ML</td>
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<td>ZEMPLAR CAP 1MCG</td>
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**POSTERIOR PITUITARY HORMONES**

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<td>DDAVP SPR 0.01%</td>
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<td>DDAVP TAB 0.1MG</td>
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<td>DDAVP TAB 0.2MG</td>
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<td>desmopressin acetate inj 4 mcg/ml</td>
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<td>desmopressin acetate nasal spray soln 0.01%</td>
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<td>desmopressin acetate nasal spray soln 0.01% (refrigerated)</td>
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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty    MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
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<td>SOMATULINE INJ 90/0.3ML</td>
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<td>SOMATULINE INJ 120/0.5ML</td>
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<td>JYNARQUE PAK 45-15MG</td>
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<th>Requirements/Limits</th>
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<tr>
<td>JYNARQUE PAK 60-30MG</td>
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<td>JYNARQUE PAK 90-30MG</td>
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<td>SAMSCA TAB 15MG</td>
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<td>SAMSCA TAB 30MG</td>
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<td>VAPRISOL INJ 20/100ML</td>
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**ESTROGENS**

**ESTROGEN COMBINATIONS**

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<tr>
<td>ACTIVELLA TAB 0.5-0.1</td>
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<td>ACTIVELLA TAB 1-0.5MG</td>
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<td>ANGELIQ TAB 0.5-1MG</td>
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<td>ANGELIQ TAB 0.25-0.5</td>
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<tr>
<td>COMBIPATCH DIS .05/.14</td>
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<td>DUAVEE TAB 0.45-20</td>
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<td>eemt hs tab</td>
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<td>Drug Tier</td>
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<td>AVELOX TAB 400MG</td>
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<tr>
<td>BAXDELA INJ 300MG</td>
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</table>

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<td>BAXDELA TAB 450MG</td>
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<td>CIPRO (5%) SUS 250MG/5</td>
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<td>CIPRO I.V. INJ 400MG</td>
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<td>PA</td>
</tr>
<tr>
<td>CIPRO TAB 250MG</td>
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<td>QL (28 tablets/fill)</td>
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<tr>
<td>CIPRO TAB 500MG</td>
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<td>CIPRO XR TAB 500MG</td>
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<td>QL (14 tablets/fill)</td>
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<td>FACTIVE TAB 320MG</td>
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<td>levofloxacin tab 500 mg</td>
<td>1</td>
<td>QL (28 tablets/fill)</td>
</tr>
<tr>
<td>levofloxacin tab 750 mg</td>
<td>1</td>
<td>QL (28 tablets/fill)</td>
</tr>
<tr>
<td>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl tab 400 mg (base equiv)</td>
<td>3</td>
<td>QL (21 tablets/dispensing)</td>
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<tr>
<td>ofloxacin tab 300 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ofloxacin tab 400 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>GASTROINTESTINAL AGENTS - MISC.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRULANCE TAB 3MG</td>
<td>3</td>
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</tr>
<tr>
<td><strong>BILE ACID SYNTHESIS DISORDER AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHOLBAM CAP 50MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>CHOLBAM CAP 250MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td><strong>FARNESOID X RECEPTOR (FXR) AGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCALIVA TAB 5MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>OCALIVA TAB 10MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td><strong>GALLSTONE SOLUBILIZING AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIGALL CAP 300MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CHENODAL TAB 250MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>URSO 250 TAB 250MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>URSO FORTE TAB 500MG</td>
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<td></td>
</tr>
<tr>
<td>ursodiol cap 300 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ursodiol tab 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ursodiol tab 500 mg</td>
<td>1</td>
<td></td>
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<tr>
<td><strong>GASTROINTESTINAL ANTIALLERY AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium oral conc 100 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>GASTROCRON CON 100/5ML</td>
<td>3</td>
<td></td>
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<tr>
<td><strong>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMITIZA CAP 8MCG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>AMITIZA CAP 24MCG</td>
<td>2</td>
<td></td>
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<tr>
<td><strong>GASTROINTESTINAL STIMULANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METOCLOPRAMI TAB 10MG ODT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl inj 5 mg/ml (base equivalent)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</td>
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<td></td>
</tr>
<tr>
<td>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</td>
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<td></td>
</tr>
<tr>
<td>metoclopramide hcl tab 5 mg (base equivalent)</td>
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<td></td>
</tr>
<tr>
<td>metoclopramide hcl tab 10 mg (base equivalent)</td>
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<td></td>
</tr>
<tr>
<td>METOZOLV ODT TAB 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>REGLAN TAB 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>REGLAN TAB 10MG</td>
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<tr>
<td><strong>INFLAMMATORY BOWEL AGENTS</strong></td>
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<td></td>
</tr>
<tr>
<td>APRISO CAP 0.375GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ASACOL HD TAB 800MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>AZULFIDINE TAB 500MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AZULFIDINE TAB 500MG EN</td>
<td>3</td>
<td></td>
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</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>balsalazide disodium cap 750 mg</em></td>
<td>1</td>
<td>$0 copay may apply</td>
</tr>
<tr>
<td>CANASA SUP 1000MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLAZAL CAP 750MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DELZICOL CAP 400MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>DIPENTUM CAP 250MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENTYVIO INJ 300MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>INFLECTRA INJ 100MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>LIALDA TAB 1.2GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mesalamine cap dr 400 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>mesalamine enema 4 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>mesalamine suppos 1000 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mesalamine tab delayed release 1.2 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>mesalamine tab delayed release 800 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PENTASA CAP 250MG CR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PENTASA CAP 500MG CR</td>
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<td></td>
</tr>
<tr>
<td>ROWASA KIT 4GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SFROWASA ENE 4GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STELARA INJ 5MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>sulfasalazine tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfasalazine tab delayed release 500 mg</td>
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**INTESTINAL ACIDIFIERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>enulose sol 10gm/15</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>generlac sol 10gm/15</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lactulose (encephalopathy) solution 10 gm/15ml</td>
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</table>

**IRRITABLE BOWEL SYNDROME (IBS) AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alosetron hcl tab 0.5 mg (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alosetron hcl tab 1 mg (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LINZESS CAP 72MCG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LINZESS CAP 145MCG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LINZESS CAP 290MCG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LOTRONEX TAB 0.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTRONEX TAB 1MG</td>
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<td></td>
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</tbody>
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**PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ENTEREG CAP 12MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOVANTIK TAB 12.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOVANTIK TAB 25MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RELISTOR INJ 8/0.4ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>RELISTOR INJ 12/0.6ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>RELISTOR TAB 150MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>SYMPROIC TAB 0.2MG</td>
<td>3</td>
<td>QL (1 tablet/day)</td>
</tr>
<tr>
<td>PHOSPHATE BINDER AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AURYXIA TAB 210MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>calcium acetate (phosphate binder) cap 667 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(169 mg ca)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcium acetate (phosphate binder) tab 667 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calphron tab 667mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ELIPHOS TAB 667MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL CHW 500MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL CHW 750MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL CHW 1000MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL POW 750MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL POW 1000MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lanthanum carbonate chew tab 500 mg (elemental)</td>
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<td></td>
</tr>
<tr>
<td>lanthanum carbonate chew tab 750 mg (elemental)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lanthanum carbonate chew tab 1000 mg (elemental)</td>
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<td></td>
</tr>
<tr>
<td>PHOSLYRA SOL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RENAGEL TAB 400MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RENAGEL TAB 800MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RENVELA POW 0.8GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RENVELA POW 2.4GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RENVELA TAB 800MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sevelamer carbonate packet 0.8 gm</td>
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<td></td>
</tr>
<tr>
<td>sevelamer carbonate packet 2.4 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sevelamer carbonate tab 800 mg</td>
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<tr>
<td>VELPHORO CHW 500MG</td>
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<tr>
<td>SHORT BOWEL SYNDROME (SBS) AGENTS</td>
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<tr>
<td>GATTEX KIT 5MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>TRYPTOPHAN HYDROXYLASE INHIBITORS</td>
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<tr>
<td>XERMELO TAB 250MG</td>
<td>4</td>
<td>SP, PA</td>
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<td>GENERAL ANESTHETICS</td>
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<tr>
<td>ANESTHETICS - MISC.</td>
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</tr>
<tr>
<td>KETAMINE HCL INJ 60/20ML</td>
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<td>PA</td>
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<tr>
<td>KETAMINE HCL SOL 50MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>PROPOFOL INJ 50MG/5ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PROPOFOL INJ 150/15</td>
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<td>PA</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
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MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><strong>GENITOURINARY AGENTS - MISCELLANEOUS</strong></td>
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<td><strong>ACIDIFIERS</strong></td>
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<td>K-PHOS TAB NO 2</td>
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<tr>
<td><strong>ALKALINIZERS</strong></td>
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</tr>
<tr>
<td>cytra k gra crystals</td>
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<td></td>
</tr>
<tr>
<td>cytra-2 sol</td>
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<tr>
<td>cytra-k sol</td>
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<tr>
<td>ORACIT SOL</td>
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<tr>
<td>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</td>
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<tr>
<td>potassium citrate &amp; citric acid powder pack 3300-1002 mg</td>
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</tr>
<tr>
<td>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</td>
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</tr>
<tr>
<td>potassium citrate tab er 5 meq (540 mg)</td>
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<tr>
<td>potassium citrate tab er 10 meq (1080 mg)</td>
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<tr>
<td>potassium citrate tab er 15 meq (1620 mg)</td>
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<td>SHO HLS SOL MODIFIED</td>
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<tr>
<td>sodium citrate &amp; citric acid soln 500-334 mg/5ml</td>
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<td></td>
</tr>
<tr>
<td>taron gra crystals</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 5 TAB</td>
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</tr>
<tr>
<td>UROCIT-K 10 TAB</td>
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<td>UROCIT-K 15 TAB</td>
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<tr>
<td>virtrate-2 sol</td>
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<tr>
<td>virtrate-2 sol 500-334</td>
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<td>virtrate-3 sol</td>
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<tr>
<td>virtrate-k sol 1100-334</td>
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<tr>
<td><strong>CYSTINOSIS AGENTS</strong></td>
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<tr>
<td>CYSTAGON CAP 50MG</td>
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<tr>
<td>CYSTAGON CAP 150MG</td>
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<tr>
<td>PROCYSBI CAP 25MG</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>PROCYSBI CAP 75MG</td>
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<td>SP, PA</td>
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<tr>
<td><strong>INTERSTITIAL CYSTITIS AGENTS</strong></td>
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<tr>
<td>ELMIRON CAP 100MG</td>
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<td></td>
</tr>
<tr>
<td>RIMSO-50 SOL 50%</td>
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<td>SP, PA</td>
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<tr>
<td><strong>PROSTATIC HYPERSTROPHY AGENTS</strong></td>
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<tr>
<td>alfuzosin hcl tab er 24hr 10 mg</td>
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</tr>
<tr>
<td>AVODART CAP 0.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARDURA XL TAB 4MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARDURA XL TAB 8MG</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>dutasteride cap 0.5 mg</td>
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<td></td>
</tr>
<tr>
<td>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</td>
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<td></td>
</tr>
<tr>
<td>finasteride tab 5 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FLOMAX CAP 0.4MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JALYN CAP</td>
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<td></td>
</tr>
<tr>
<td>PROSCAR TAB 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RAPAFLA CAP 4MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RAPAFLA CAP 8MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>silodosin cap 4 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>silodosin cap 8 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tamsulosin hcl cap 0.4 mg</td>
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<td></td>
</tr>
<tr>
<td>UROXATRAL TAB 10MG</td>
<td>3</td>
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**URINARY ANALGESICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenazo tab 200mg</td>
<td>1</td>
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**VESICOURETERAL REFLUX (VUR) AGENTS**

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**GOUT AGENTS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty
MNPA - Medical Necessity Prior Authorization
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**BRADYKININ B2 RECEPTOR ANTAGONISTS**

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**HEMATOPOIETIC MIXTURES**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>MIDAZOLAM HY INJ 4MG/2ML</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>MIDAZOLAM INJ 30/30ML</td>
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<tr>
<td>MIDAZOLAM INJ NAACL</td>
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<tr>
<td>PRECEDEX INJ 80/20ML</td>
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<tr>
<td>PRECEDEX INJ 100MCG</td>
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<tr>
<td>PRECEDEX INJ 200/50ML</td>
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<tr>
<td>PRECEDEX INJ 400/100</td>
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<td>PA</td>
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<tr>
<td>quazepam tab 15 mg</td>
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<tr>
<td>RESTORIL CAP 7.5MG</td>
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<tr>
<td>RESTORIL CAP 15MG</td>
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</tr>
<tr>
<td>RESTORIL CAP 22.5MG</td>
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<tr>
<td>RESTORIL CAP 30MG</td>
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</tr>
<tr>
<td>SONATA CAP 5MG</td>
<td>3</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>SONATA CAP 10MG</td>
<td>3</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>temazepam cap 7.5 mg</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>temazepam cap 15 mg</td>
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<tr>
<td>temazepam cap 22.5 mg</td>
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<tr>
<td>temazepam cap 30 mg</td>
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</tr>
<tr>
<td>triazolam tab 0.25 mg</td>
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<tr>
<td>triazolam tab 0.125 mg</td>
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<td></td>
</tr>
<tr>
<td>zaleplon cap 5 mg</td>
<td>1</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>zaleplon cap 10 mg</td>
<td>1</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>zolpidem tartrate sl tab 1.75 mg</td>
<td>3</td>
<td>QL (30 tablets/30 days)</td>
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<tr>
<td>zolpidem tartrate sl tab 3.5 mg</td>
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<td>QL (30 tablets/30 days)</td>
</tr>
<tr>
<td>zolpidem tartrate tab 5 mg</td>
<td>1</td>
<td>QL (30 tablets/30 days)</td>
</tr>
<tr>
<td>zolpidem tartrate tab 10 mg</td>
<td>1</td>
<td>QL (30 tablets/30 days)</td>
</tr>
<tr>
<td>zolpidem tartrate tab er 6.25 mg</td>
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<td>QL (30 tablets/30 days)</td>
</tr>
<tr>
<td>zolpidem tartrate tab er 12.5 mg</td>
<td>3</td>
<td>QL (30 tablets/30 days)</td>
</tr>
<tr>
<td>ZOLPIMIST SPR 5MG</td>
<td>3</td>
<td>QL (1 bottle/30 days)</td>
</tr>
<tr>
<td><strong>OREXIN RECEPTOR ANTAGONISTS</strong></td>
<td></td>
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</tr>
<tr>
<td>BELSOMRA TAB 5MG</td>
<td>3</td>
<td>QL (4 tablets/day)</td>
</tr>
<tr>
<td>BELSOMRA TAB 10MG</td>
<td>3</td>
<td>QL (2 tablets/day)</td>
</tr>
<tr>
<td>BELSOMRA TAB 15MG</td>
<td>3</td>
<td>QL (1 tablet/day)</td>
</tr>
<tr>
<td>BELSOMRA TAB 20MG</td>
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<td>QL (1 tablet/day)</td>
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<tr>
<td><strong>SELECTIVE MELATONIN RECEPTOR AGONISTS</strong></td>
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<tr>
<td>HETLIOZ CAP 20MG</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>ramelteon tab 8 mg</td>
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<td>QL (30 tablets/30 days)</td>
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<tr>
<td>ROZEREM TAB 8MG</td>
<td>3</td>
<td>QL (30 tablets/30 days)</td>
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<td><strong>LAXATIVES</strong></td>
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<tr>
<td><strong>LAXATIVE COMBINATIONS</strong></td>
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<tr>
<td>CLENPIQ SOL</td>
<td>3</td>
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<tr>
<td>COLYTE/FLAVR SOL PACKS</td>
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<td>gavilyte-c sol</td>
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<td>$0 copay may apply</td>
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<tr>
<td>gavilyte-g sol</td>
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<td>gavilyte-h kit</td>
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<td>gavilyte-n sol flav pk</td>
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<td>GOLYTELY SOL</td>
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<tr>
<td>GOLYTELY SOL</td>
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<tr>
<td>GOLYTELY SOL PINEAPPL</td>
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<tr>
<td>MOVIPREP SOL</td>
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<tr>
<td>NULYTELY SOL FLAV PKS</td>
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<tr>
<td>PCP 100 KIT</td>
<td>3</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</td>
<td>1</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</td>
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<tr>
<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</td>
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<tr>
<td>peg-prep kit</td>
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<td>PREPOPIK PAK</td>
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<tr>
<td>SUPREP BOWEL SOL PREP KIT</td>
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<tr>
<td>trilyte sol</td>
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**LAXATIVES - MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>constulose sol 10gm/15</td>
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</tr>
<tr>
<td>KRISTALOSE PAK 10GM</td>
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<td></td>
</tr>
<tr>
<td>KRISTALOSE PAK 20GM</td>
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<td></td>
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<tr>
<td>lactulose solution 10 gm/15ml</td>
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<tr>
<td>polyethylene glycol 3350 oral packet</td>
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**SALINE LAXATIVES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>OSMOPREP TAB 1.5GM</td>
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**STIMULANT LAXATIVES**

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<thead>
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CASCARA EXT SAGRADA</td>
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**LOCAL ANESTHETICS-PARENTERAL**

**LOCAL ANESTHETIC COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>articadent inj dental</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>bupivacaine inj 0.5% w/ epinephrine 1:200000</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>bupivacaine inj 0.25% w/ epinephrine 1:200000</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>LIDOC/BICARB INJ 0.9-8.4%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>LIDOC/BICARB INJ 1-8.4%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>LIDOC/BICARB INJ 1.8-8.4%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>LIDOCAIN/NAC INJ 0.5-0.9%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>LIDOCAIN/NAC INJ 1-0.9%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>lidocaine inj 0.5% w/ epinephrine-1:200000</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>lidocaine inj 1% w/ epinephrine-1:100000</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>lidocaine inj 1.5% w/ epinephrine-1:200000</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>lidocaine inj 2% w/ epinephrine-1:50000</td>
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<td>PA</td>
</tr>
<tr>
<td>lidocaine inj 2% w/ epinephrine-1:100000</td>
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<td>PA</td>
</tr>
<tr>
<td>lidocaine inj 2% w/ epinephrine-1:200000</td>
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<td>PA</td>
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<tr>
<td>LIDOCAINE/NA INJ .25-0.9%</td>
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<tr>
<td>MARCAINE/EPI INJ 0.5%</td>
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</tr>
<tr>
<td>MARCAINE/EPI INJ 0.25%</td>
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<td>PA</td>
</tr>
<tr>
<td>ORABLOC INJ</td>
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<tr>
<td>RECK INJ</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tr>
<td>sensorcaine inj -mpf/epi</td>
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<tr>
<td>SENSORCAINE INJ -MPF/EPI</td>
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<td>sensorcaine/ inj epi 0.5%</td>
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<tr>
<td>sensorcaine/ inj epi 0.25</td>
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</tr>
<tr>
<td>XYLO-MPF/EPI INJ 1%</td>
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<tr>
<td>XYLO-MPF/EPI INJ 1.5%</td>
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<td>PA</td>
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<tr>
<td>XYLO-MPF/EPI INJ 2%</td>
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<td>PA</td>
</tr>
<tr>
<td>XYLO/EPI 1%- INJ 1:100000</td>
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<tr>
<td>XYLO/EPI INJ 0.5%</td>
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<td>PA</td>
</tr>
<tr>
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<td>xylocaine inj dent 2%</td>
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<td><strong>LOCAL ANESTHETICS - AMIDES</strong></td>
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<td>BUPIVA/NACL INJ 0.1-0.9%</td>
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<tr>
<td>BUPIVAC HCL INJ 0.5%</td>
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</tr>
<tr>
<td>BUPIVAC/NACL INJ</td>
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<tr>
<td>BUPIVAC/NACL INJ 0.1-0.9%</td>
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<td>BUPIVAC/NACL INJ 0.2-0.9%</td>
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<td>BUPIVAC/NACL INJ 0.5-0.9%</td>
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<td>BUPIVAC/NACL INJ 0.9-0.15</td>
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<td>BUPIVAC/NACL INJ 0.9/0.2%</td>
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<td>BUPIVAC/NACL INJ 0.9/0.5%</td>
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<td>BUPIVAC/NACL INJ 0.03-0.9</td>
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<td>BUPIVAC/NACL INJ 0.25-0.9</td>
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<td>BUPIVAC/NACL INJ .125/.9%</td>
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<td>BUPIVAC/NACL INJ .375/.9%</td>
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<td>bupivacaine hcl inj 0.5%</td>
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</tr>
<tr>
<td>bupivacaine hcl inj 0.25%</td>
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<tr>
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<td>bupivacaine hcl preservative free (pf) inj 0.75%</td>
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<td>BUPIVACAINE INJ 0.25%</td>
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<td>Drug Name</td>
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<td>CARBOCAINE INJ 2% PF</td>
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<td>LIDOCAIN HCL INJ 10MG/ML</td>
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<td>LIDOCAIN HCL INJ 60MG/3ML</td>
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<td>LIDOCAINE HC INJ 200/10ML</td>
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<tr>
<td>lidocaine hcl local inj 0.5%</td>
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<td>lidocaine hcl local inj 1%</td>
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<td>PA</td>
</tr>
<tr>
<td>lidocaine hcl local inj 2%</td>
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<td>PA</td>
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<td>lidocaine hcl local preservative free (pf) inj 0.5%</td>
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<td>lidocaine hcl local preservative free (pf) inj 1%</td>
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<td>lidocaine hcl local preservative free (pf) inj 1.5%</td>
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<td>lidocaine hcl local preservative free (pf) inj 2%</td>
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<tr>
<td>lidocaine hcl local preservative free (pf) inj 4%</td>
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<td>LIDOCAINE INJ 100/5ML</td>
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<tr>
<td>LIDOCAINE INJ 400/20ML</td>
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<td>PA</td>
</tr>
<tr>
<td>MARCAINE INJ 0.5%</td>
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<td>PA</td>
</tr>
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<td>MARCAINE INJ 0.25%</td>
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<tr>
<td>MARCAINE INJ 0.75%</td>
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</tr>
<tr>
<td>MARCAINE INJ SPINAL</td>
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<td>PA</td>
</tr>
<tr>
<td>NAROPIN INJ 2MG/ML</td>
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<td>PA</td>
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**LOCAL ANESTHETICS - ESTERS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<tr>
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<td>Requirements/Limits</td>
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<td>CAL GLUC/NAC INJ 1GM/50ML</td>
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<td>CALCIUM GLUC INJ DEXTROSE</td>
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<td>KCI/LIDOCAIN INJ NACL</td>
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<td><strong>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</strong></td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
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<td>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</td>
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<td>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</td>
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<td>kcl 20 meq/l (0.15%) in nacl 0.9% inj</td>
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<td>kcl 20 meq/l (0.15%) in nacl 0.45% inj</td>
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<td>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</td>
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<td>kcl 40 meq/l (0.3%) in nacl 0.9% inj</td>
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<td>KCL/D5W INJ 20/250ML</td>
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<td>KCL/D5W/LACT INJ 20MEQ/L</td>
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**Potassium chloride 20 meq/l (0.15%) in dextrose 5% inj**

**FLUORIDE**

<table>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>FLORIVA DRO 0.25MG</td>
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<tr>
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<td>fluor-a-day dro 0.125mg</td>
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<tr>
<td>fluoritab chw 1mg f</td>
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<td>fluoritab chw 2.2mg</td>
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<td>fluoritab dro 0.125mg</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**MANGANESE**

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**PHOSPHATE**

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**POTASSIUM**

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**LYMPHATIC AGENTS**

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**POTASSIUM REMOVING AGENTS**

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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**DIRECT MUSCLE RELAXANTS**

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<tr>
<td><strong>NASAL ANTI-INFECTIVES</strong></td>
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<td>BACTROBAN OIN NASAL 2%</td>
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<td><strong>NASAL ANTIALLERGY</strong></td>
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<tr>
<td>ASTEPRO SPR 0.15%</td>
<td>3</td>
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<tr>
<td>azelastine hcl nasal spray 0.1% (137 mcg/spray)</td>
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<td>olopatadine hcl nasal soln 0.6%</td>
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<tr>
<td>PATANASE SPR 0.6%</td>
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<tr>
<td>ATROVENT NAS SOL 0.03%</td>
<td>3</td>
<td>QL (2 bottles/30 days)</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>ATROVENT NAS SOL 0.06%</td>
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<td>PROPEL MINI IMP 370MCG</td>
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<td>ADRENA LIN SOL 1:1000</td>
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<td>TYZINE PED DRO 0.05%</td>
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<td>RADICAVA INJ 30MG</td>
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<td>RILUTEK TAB 50MG</td>
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<tr>
<td>riluzole tab 50 mg</td>
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<tr>
<td>TIGLUTIK SUS 50/10ML</td>
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<td><strong>DEPOLARIZING MUSCLE RELAXANTS</strong></td>
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<td>SUCCINYL CHO INJ 100/5ML</td>
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<td>SUCCINYL CHO INJ 140/7ML</td>
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<td>DYSPORT INJ 300UNIT</td>
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<td>MYOBLOC INJ 10000/2</td>
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<td>ROCURONIUM INJ 75/7.5ML</td>
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<td><strong>OPHTHALMIC AGENTS</strong></td>
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<td><strong>ARTIFICIAL TEARS AND LUBRICANTS</strong></td>
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<td>LACRISERT MIS 5MG OP</td>
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<td><strong>BETA-BLOCKERS - OPHTHALMIC</strong></td>
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<td>BETAGAN SOL 0.5% OP</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>betaxolol hcl ophth soln 0.5%</td>
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<td>BETIMOL SOL 0.5%</td>
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<tr>
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<tr>
<td>BETOPTIC-S SUS 0.25% OP</td>
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<tr>
<td>carteolol hcl ophth soln 1%</td>
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<tr>
<td>COMBIGAN SOL 0.2/0.5%</td>
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<tr>
<td>COSOPT PF SOL 2%-0.5%</td>
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<td>COSOPT SOL 22.3-6.8</td>
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<td>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</td>
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<td>TIMOPTIC-XE SOL 0.5% OP</td>
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<tr>
<td>CYCLOMYDRIL SOL OP</td>
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<td>homatropine hbr ophth soln 5%</td>
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<td>MYDRIACYL SOL 1% OP</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>ISOPTO CARP SOL 4% OP</td>
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<td>MIOCHOL-E SOL 1:100</td>
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<td>PHOSPHOLINE SOL 0.125%OP</td>
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<td>EYLEA INJ 2/0.05ML</td>
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<td>LUCENTIS INJ 0.3MG</td>
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<td>apraclonidine hcl ophth soln 0.5% (base equivalent)</td>
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<td>brimonidine tartrate ophth soln 0.2%</td>
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<td><strong>OPHTHALMIC Anti-Infectives</strong></td>
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<td>ak-poly-bac oin op</td>
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<td>AZASITE SOL 1%</td>
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<td>bacitracin ophth oint 500 unit/gm</td>
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<td>bacitracin-polymyxin b ophth oint</td>
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<td>BESIVANCE SUS 0.6%</td>
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<td>BETADINE SOL 5% OP</td>
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<td>BLEPH-10 SOL 10% OP</td>
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<td>CEFUROXIME INJ 3MG</td>
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<td>CILOXAN SOL 0.3% OP</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty
MNPA - Medical Necessity Prior Authorization
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</td>
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<td>erythromycin ophth oint 5 mg/gm</td>
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<td>gatifloxacin ophth soln 0.5%</td>
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<td>gentak oin 0.3% op</td>
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<tr>
<td>gentamicin sulfate ophth oint 0.3%</td>
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<td>gentamicin sulfate ophth soln 0.3%</td>
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<td>MITOSOL KIT 0.2MG</td>
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<td>MOXEZA SOL 0.5%</td>
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<td>neo-polycin oin op</td>
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<td>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</td>
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<td>NEOSPORIN SOL OP</td>
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<td>OCUFLOX DRO 0.3% OP</td>
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<td>ofloxacin ophth soln 0.3%</td>
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<td>sulfacetamide sodium ophth soln 10%</td>
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<td>tobramycin ophth soln 0.3%</td>
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<td>TOBREX OIN 0.3% OP</td>
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<td>trifluridine ophth soln 1%</td>
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<td>VIGAMOX DRO 0.5%</td>
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<td>VIROPTIC SOL 1% OP</td>
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<td>ZIRGAN GEL 0.15%</td>
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<td>ZYMAXID SOL 0.5%</td>
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**OPHTHALMIC DECONGESTANTS**

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<td>altafrin sol 10% op</td>
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<td>phenylephrine hcl ophth soln 2.5%</td>
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<tr>
<td>phenylephrine hcl ophth soln 10%</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
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<tr>
<td><strong>OPHTHALMIC IMMUNOMODULATORS</strong></td>
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<td>CEQUA SOL 0.09%</td>
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<td>RESTASIS EMU 0.05%</td>
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<tr>
<td>RESTASIS MUL EMU 0.05%</td>
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<tr>
<td><strong>OPHTHALMIC INTEGRIN ANTAGONISTS</strong></td>
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<td>XIIDRA DRO 5%</td>
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<tr>
<td>ALCAINE SOL 0.5% OP</td>
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</tr>
<tr>
<td>altacaine sol 0.5% op</td>
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<tr>
<td>LIDO-PHENYL INJ 1-1.5%</td>
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<tr>
<td>LIDOCAINE/PH SOL 1-1.5%</td>
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<tr>
<td>proparacaine hcl ophth soln 0.5%</td>
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<tr>
<td>tetcaine sol 0.5% op</td>
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<tr>
<td>tetracaine hcl ophth soln 0.5%</td>
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<tr>
<td>tetravisc sol 0.5% op</td>
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<tr>
<td>tetravisc sol forte</td>
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<td><strong>OPHTHALMIC NERVE GROWTH FACTORS</strong></td>
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<tr>
<td>OXERVATE SOL 20MCG/ML</td>
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<td><strong>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</strong></td>
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<td>VISUDYNE INJ 15MG</td>
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<td><strong>OPHTHALMIC STEROIDS</strong></td>
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<td>ALREX SUS 0.2%</td>
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<tr>
<td>bacitracin-polymyxin-neomycin-hc ophth oint 1%</td>
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<tr>
<td>BLEPHAMIDE OIN S.O.P.</td>
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<tr>
<td>BLEPHAMIDE SUS OP</td>
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<tr>
<td>dexamethasone sodium phosphate ophth soln 0.1%</td>
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<tr>
<td>DUREZOL EMU 0.05%</td>
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<tr>
<td>FLAREX SUS 0.1% OP</td>
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<tr>
<td>fluorometholone ophth susp 0.1%</td>
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<tr>
<td>FML FORTE SUS 0.25% OP</td>
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<tr>
<td>FML LIQUIFLM SUS 0.1% OP</td>
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<tr>
<td>FML OIN 0.1% OP</td>
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<td>GATIFL-DEXAM SOL 0.5-0.1%</td>
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<tr>
<td>ILUVIEN IMP 0.19MG</td>
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<tr>
<td>LOTEMAX GEL 0.5%</td>
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<tr>
<td>LOTEMAX OIN 0.5%</td>
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<tr>
<td>LOTEMAX SM GEL 0.38%</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
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<tr>
<td>LOTEMAX SUS 0.5%</td>
<td>3</td>
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<tr>
<td><em>loteprednol etabonate ophth susp 0.5%</em></td>
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</tr>
<tr>
<td>MAXIDEX SUS 0.1% OP</td>
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<tr>
<td>MAXITROL OIN 0.1% OP</td>
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<tr>
<td>MAXITROL SUS 0.1% OP</td>
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<tr>
<td><em>neo-polycin oin hc 1%op</em></td>
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<tr>
<td><em>neomycin-polymyxin-dexamethasone ophth oint 0.1%</em></td>
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</tr>
<tr>
<td><em>neomycin-polymyxin-dexamethasone ophth susp 0.1%</em></td>
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<tr>
<td><em>neomycin-polymyxin-hc ophth susp</em></td>
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<td>OMNIPRED SUS 1% OP</td>
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<tr>
<td>OZURDEX IMP 0.7MG</td>
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<tr>
<td>PRED FORTE SUS 1% OP</td>
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</tr>
<tr>
<td>PRED MILD SUS 0.12% OP</td>
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<tr>
<td>PRED SOD PHO SOL 1% OP</td>
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<tr>
<td>PRED-G S.O.P OIN OP</td>
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<td><em>prednisolone acetate ophth susp 1%</em></td>
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<td>RETISERT IMP 0.59MG</td>
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<td><em>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</em></td>
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<tr>
<td>TOBRADEX OIN 0.3-0.1%</td>
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<tr>
<td>TOBRADEX ST SUS 0.3-0.05</td>
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<td>TOBRADEX SUS 0.3-0.1%</td>
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<td><em>tobramycin-dexamethasone ophth susp 0.3-0.1%</em></td>
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<td>TRIESENCE INJ 40MG/ML</td>
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<tr>
<td>ZYLET SUS 0.5-0.3%</td>
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**OPHTHALMIC SURGICAL AIDS**

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<tr>
<td>AMVISC INJ 12MG/ML</td>
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<td>AMVISC PLUS INJ 16MG/ML</td>
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<td>DISCOVISC SOL</td>
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<td>GELFILM MIS OP</td>
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<td>HEALON5 INJ 23MG/ML</td>
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<td>HEALON GV INJ 14MG/ML</td>
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<td>HEALON INJ 10MG/ML</td>
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<tbody>
<tr>
<td>MEMBRANEBLUE SOL 0.15%</td>
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<tr>
<td>OMIDRIA INJ 1-0.3%</td>
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<td>PA</td>
</tr>
<tr>
<td>PROVISC INJ 1%</td>
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<td>PA</td>
</tr>
<tr>
<td>SHELLGEL SOL</td>
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<td>PA</td>
</tr>
<tr>
<td>VISCOAT SOL</td>
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<td>PA</td>
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<tr>
<td>VISIONBLUE SOL 0.06%</td>
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<td><strong>OPHTHALMICS - MISC.</strong></td>
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<td>ACULAR LS SOL 0.4%</td>
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<tr>
<td>ACULAR SOL 0.5% OP</td>
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<tr>
<td>ACUVAIL SOL 0.45%</td>
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<tr>
<td>ALOCRIL SOL 2%</td>
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<td>ALOMIDE SOL 0.1% OP</td>
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<tr>
<td>azelastine hcl ophth soln 0.05%</td>
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<tr>
<td>AZOPT SUS 1% OP</td>
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<tr>
<td>bal salt sol op</td>
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<tr>
<td>balanced sal sol op</td>
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<td>BEPREVE DRO 1.5%</td>
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<tr>
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<td>BSS PLUS SOL OP</td>
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<td>bss sol op</td>
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<td>diclofenac sodium ophth soln 0.1%</td>
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<td>flurbiprofen sodium ophth soln 0.03%</td>
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<td>ILEVRO DRO 0.3% OP</td>
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<tr>
<td>JETREA INJ 1.25/ML</td>
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<td>JETREA INJ 2.5MG/ML</td>
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<td>ketorolac tromethamine ophth soln 0.4%</td>
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<td>LASTACAFT SOL 0.25%</td>
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</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>NEVANAC SUS 0.1%</td>
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<td>OCUFEN SOL 0.03% OP</td>
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<td>olopatadine hcl ophth soln 0.1% (base equivalent)</td>
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<td>olopatadine hcl ophth soln 0.2% (base equivalent)</td>
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<td>PATADAY SOL 0.2%</td>
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<td>PATANOL SOL 0.1% OP</td>
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<tr>
<td>PAZEO DRO 0.7%</td>
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<td>TRUSOPT SOL 2% OP</td>
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<tr>
<td>bimatoprost ophth soln 0.03%</td>
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<td>QL (3 mL/30 days)</td>
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<td>latanoprost ophth soln 0.005%</td>
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<td>QL (2.5 mL/30 days)</td>
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<td>LUMIGAN SOL 0.01%</td>
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<td>travoprost ophth soln 0.004%</td>
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<td>QL (2.5 mL/30 days)</td>
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<td>XALATAN SOL 0.005%</td>
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<td>ZIOPTAN DRO 0.0015%</td>
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<td><strong>OTIC AGENTS</strong></td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</td>
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<td>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</td>
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<td>AYGESTIN TAB 5MG</td>
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<tr>
<td>hydroxyprogesterone caproate im in oil 250 mg/ml</td>
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<td>SP</td>
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<td>MAKENA INJ 250MG/ML</td>
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<td>MAKENA INJ 275MG</td>
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<td>SP, PA</td>
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<td>medroxyprogesterone acetate tab 10 mg</td>
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<tr>
<td>MEGACE ES SUS 625/5ML</td>
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<td>progesterone im in oil 50 mg/ml</td>
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<td>PA</td>
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<td>progesterone micronized cap 200 mg</td>
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<td>PROMETRIUM CAP 200MG</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>PROVERA TAB 2.5MG</td>
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<td>PROVERA TAB 5MG</td>
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<td>PROVERA TAB 10MG</td>
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**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

**AGENTS FOR CHEMICAL DEPENDENCY**

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<td>acamprosate calcium tab delayed release 333 mg</td>
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<td>ANTABUSE TAB 250MG</td>
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<td>ANTABUSE TAB 500MG</td>
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<td>disulfiram tab 250 mg</td>
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**ANTI-CATAPLECTIC AGENTS**

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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
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**ANTIDEMENTIA AGENTS**

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<td>ARICEPT TAB 5MG</td>
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<td>ARICEPT TAB 10MG</td>
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<tr>
<td>ARICEPT TAB 23MG</td>
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<td>donepezil hydrochloride orally disintegrating tab 5 mg</td>
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<td>donepezil hydrochloride orally disintegrating tab 10 mg</td>
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<tr>
<td>donepezil hydrochloride tab 5 mg</td>
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<td>donepezil hydrochloride tab 10 mg</td>
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<td>donepezil hydrochloride tab 23 mg</td>
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<td>EXELON CAP 1.5MG</td>
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<td>EXELON CAP 3MG</td>
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<td>EXELON CAP 6MG</td>
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<td>EXELON DIS 9.5MG/24</td>
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<td>EXELON DIS 13.3/24</td>
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<td>galantamine hydrobromide cap er 24hr 8 mg</td>
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<td>galantamine hydrobromide cap er 24hr 16 mg</td>
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<td>galantamine hydrobromide tab 4 mg</td>
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<tr>
<td>galantamine hydrobromide tab 8 mg</td>
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<td>galantamine hydrobromide tab 12 mg</td>
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<td>memantine hcl cap er 24hr 14 mg</td>
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<td>memantine hcl cap er 24hr 21 mg</td>
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
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<td>memantine hcl tab 5 mg (28) &amp; 10 mg (21) titration pak</td>
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<td>memantine hcl tab 10 mg</td>
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<td>SP, QL (4 tablets/day); MNPA</td>
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<td>AUSTEDO TAB 12MG</td>
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<td>SP, QL (4 tablets/day); MNPA</td>
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<tr>
<td>INGREZZA CAP 40MG</td>
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<td>SP, QL (2 capsules/day), PA</td>
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<tr>
<td>INGREZZA CAP 80MG</td>
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<td>SP, QL (1 capsule/day), PA</td>
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<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS</strong></td>
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<tr>
<td>AMPYRA TAB 10MG</td>
<td>4</td>
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</tr>
<tr>
<td>AUBAGIO TAB 7MG</td>
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<tr>
<td>AUBAGIO TAB 14MG</td>
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<td>SP, PA</td>
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<tr>
<td>AVONEX KIT 30MCG</td>
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<td>SP, PA</td>
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<tr>
<td>AVONEX PEN KIT 30MCG</td>
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<td>SP, PA</td>
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<tr>
<td>AVONEX PREFL KIT 30MCG</td>
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<tr>
<td>BETASERON INJ 0.3MG</td>
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<tr>
<td>COPAXONE INJ 20MG/ML</td>
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<tr>
<td>COPAXONE INJ 40MG/ML</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>GILENYA CAP 0.5MG</td>
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<td>SP, PA</td>
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization  

251
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>glatiramer acetate soln prefilled syringe 20 mg/ml</td>
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<td>SP, PA</td>
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<tr>
<td>glatiramer acetate soln prefilled syringe 40 mg/ml</td>
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<tr>
<td>glatopa inj 20mg/ml</td>
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<td>glatopa inj 40mg/ml</td>
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<tr>
<td>LEMTRADA INJ 12/1.2ML</td>
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<td>SP, PA</td>
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<tr>
<td>OCREVUS INJ 300/10ML</td>
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<td>PLEGRIDY INJ</td>
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<td>TECFIDERA CAP 120MG</td>
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<td>TECFIDERA CAP 240MG</td>
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<td>TECFIDERA MIS STARTER</td>
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<td>TYSABRI INJ 300/15ML</td>
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**POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**

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<td>GRALISE STAR MIS 300/600</td>
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<td>GRALISE TAB 300MG</td>
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<td>GRALISE TAB 600MG</td>
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**PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS**

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<th>Requirements/Limits</th>
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<tr>
<td>fluoxetine hcl (pmdd) cap 10 mg</td>
<td>1</td>
<td>$0 copay may apply</td>
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<tr>
<td>fluoxetine hcl (pmdd) cap 20 mg</td>
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<td>$0 copay may apply</td>
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<td>fluoxetine hcl (pmdd) tab 10 mg</td>
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<tr>
<td>fluoxetine hcl (pmdd) tab 20 mg</td>
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<td></td>
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<tr>
<td>SARAFEM TAB 10MG</td>
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<td>SARAFEM TAB 20MG</td>
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**PSEUDOBULBAR AFFECT (PBA) AGENTS**

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<td>NUEDEXTA CAP 20-10MG</td>
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**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

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<td>ergoloid mesylates tab 1 mg</td>
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<td>ORAP TAB 1MG</td>
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<td>ORAP TAB 2MG</td>
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<td>pimozide tab 1 mg</td>
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**RESTLESS LEG SYNDROME (RLS) AGENTS**

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**SMOKING DETERRENTS**

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<tr>
<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<tr>
<td>---------------------------------</td>
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<tr>
<td>CHANTIX PAK 0.5&amp; 1MG</td>
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<td>CHANTIX TAB 0.5MG</td>
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<td>CHANTIX TAB 1MG</td>
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<td>COMMIT LOZ 2MG</td>
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</tr>
<tr>
<td>COMMIT LOZ 2MG MINT</td>
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<tr>
<td>COMMIT LOZ 4MG</td>
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<tr>
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<tr>
<td>cvs nicotine dis 14mg/24h</td>
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<tr>
<td>cvs nicotine dis 21mg/24h</td>
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<tr>
<td>cvs nicotine gum 2mg cinn</td>
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<td>cvs nicotine gum 2mg mint</td>
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<td>cvs nicotine gum 2mg orig</td>
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<tr>
<td>eq nicotine gum 2mg mint</td>
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<tr>
<td>eq nicotine gum 2mg orig</td>
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<tr>
<td>eq nicotine gum 2mg fruit</td>
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## Drug Name

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<td>eq nicotine gum 2mg</td>
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<td>eq nicotine gum 4mg</td>
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<tr>
<td>gnp nicotine gum 2mg orig</td>
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<td>ZYBAN TAB 150MG SR</td>
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**TRANSTHYRETIN AMYLOIDOSIS AGENTS**

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<tbody>
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<td>ONPATTRO SOL 10MG/5ML</td>
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**VASOMOTOR SYMPTOM AGENTS**

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<td>BRISDELLE CAP 7.5MG</td>
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<td>paroxetine mesylate cap 7.5 mg (base equiv)</td>
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**RESPIRATORY AGENTS - MISC.**

**ALPHA-PROTEINASE INHIBITOR (HUMAN)**

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<th>Drug Name</th>
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<tbody>
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<td>ARALAST NP INJ 500MG</td>
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<td>ARALAST NP INJ 1000MG</td>
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<tr>
<td>GLASSIA INJ</td>
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<tr>
<td>PROLASTIN-C INJ 1000MG</td>
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<tr>
<td>ZEMAIRA INJ 1000MG</td>
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**CYSTIC FIBROSIS AGENTS**

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<td>KALYDECO PAK 25MG</td>
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<tr>
<td>KALYDECO PAK 50MG</td>
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<tr>
<td>KALYDECO PAK 75MG</td>
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<td>KALYDECO TAB 150MG</td>
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<td>SP, PA</td>
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<tr>
<td>ORKAMBI GRA 100-125</td>
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<tr>
<td>ORKAMBI GRA 150-188</td>
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<td>PULMOZYMNE SOL 1MG/ML</td>
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<td>SYMDEKO TAB 50-75MG</td>
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<td>SYMDEKO TAB 100-150</td>
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<td>SP, QL (60 tablets/30 days), PA</td>
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**PLEURAL SCLEROSING AGENTS**

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<td><strong>STERITALC POW 3GM</strong></td>
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<td><strong>STERITALC POW 4GM</strong></td>
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<td>ESBRIET CAP 267MG</td>
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<tr>
<td>ESBRIET TAB 267MG</td>
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<td>ESBRIET TAB 801MG</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**THYROID AGENTS**

**ANTITHYROID AGENTS**

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**THYROID HORMONES**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td><strong>URINARY ANTI-INFECTIVES</strong></td>
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<td>me/naphos/mb tab hyo 1</td>
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<td>ur n-c tab</td>
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<td>ustell cap</td>
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**URINARY ANTI-INFECTIVES**

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<td>FURADANTIN SUS 25MG/5ML</td>
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<td>HIPREX TAB 1GM</td>
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**URINARY ANTISPASMODICS**

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

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<td>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</td>
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<td>DITROPAK XL TAB 10MG</td>
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<td>oxybutynin chloride tab er 24hr 15 mg</td>
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<td>solifenacin succinate tab 5 mg</td>
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**URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

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<td>MYRBETRIQ TAB 50MG</td>
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**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

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<td>bethanechol chloride tab 10 mg</td>
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<td>bethanechol chloride tab 25 mg</td>
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**URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

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**VACCINES**

**BACTERIAL VACCINES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>VAQTA INJ 25/0.5ML</td>
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<td>VAQTA INJ 50UNT/ML</td>
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<td>TERAZOL 3 CRE 0.8%</td>
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<td>zazole cre 0.8%</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td><strong>FEMRING MIS 0.05/24H</strong></td>
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<td><strong>yuva fem tab 10mcg</strong></td>
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<td><strong>VAGINAL PROGESTINS</strong></td>
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<td><strong>CRINONE GEL 8% VAG</strong></td>
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<td><strong>ADRENACLEICK INJ 0.3MG</strong></td>
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<td>QL (2 injections/90 days)</td>
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<td><strong>ADRENALIN INJ 30/30ML</strong></td>
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<td><strong>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</strong></td>
<td>1 QL</td>
<td>(2 injections/90 days)</td>
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<td>(2 injections/90 days)</td>
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MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<th>Drug Name</th>
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**VITAMINS**

**OIL SOLUBLE VITAMINS**

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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty
MNPA - Medical Necessity Prior Authorization
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Index

8

8-MOP CAP 10MG .......................... 158

A

abacavir sulfate soln 20 mg/ml (base equiv) ................................................... 118
abacavir sulfate tab 300 mg (base equiv) ................................................... 118
abacavir sulfate-lamivudine tab 600-300 mg ................................................... 118
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg ........................ 118
abaneu-sl sub .................................. 198
ABELCET INJ 5MG/ML .................................. 76
ABILIFY MAIN INJ 300MG ..................... 116
ABILIFY MAIN INJ 400MG ..................... 116
ABILIFY MYCI TAB 10MG ...................... 116
ABILIFY MYCI TAB 15MG ...................... 116
ABILIFY MYCI TAB 20MG ...................... 116
ABILIFY MYCI TAB 2MG ....................... 116
ABILIFY MYCI TAB 30MG ...................... 116
ABILIFY MYCI TAB 5MG ....................... 116
ABILIFY TAB 10MG ................................ 117
ABILIFY TAB 15MG ................................ 117
ABILIFY TAB 20MG ................................ 117
ABILIFY TAB 2MG ................................ 116
ABILIFY TAB 30MG ................................ 117
ABILIFY TAB 5MG ................................ 117
abiraterone acetate tab 250 mg .................... 98
ABRAXANE INJ 100MG ......................... 106
ABSTRAL SUB 100MCG ....................... 19
ABSTRAL SUB 200MCG ....................... 19
ABSTRAL SUB 300MCG ....................... 19
ABSTRAL SUB 400MCG ....................... 19
ABSTRAL SUB 600MCG ....................... 19
ABSTRAL SUB 800MCG ....................... 19
ACACIA EXTRA SOL 1:20 ....................... 10
acamprosate calcium tab delayed release 333 mg .................................... 249
ACANYA GEL 1.2-2.5% ................................ 151
acarbose tab 100 mg ............................ 67
acarbose tab 25 mg ............................ 67
acarbose tab 50 mg ............................ 67
ACCOLATE TAB 10MG ........................... 46
ACCOLATE TAB 20MG ........................... 46
ACCU-CHEK KIT AVA CONN ................. 209
ACCU-CHEK KIT AVIVA PL ................. 209
ACCU-CHEK KIT COMPACT ................. 209
ACCU-CHEK KIT GUIDE ....................... 209
ACCU-CHEK KIT NANO ......................... 209
ACCU-CHEK MIS AVIVA ....................... 209
ACCU-CHEK TES AVIVA PL .................... 169
ACCU-CHEK TES COMPACT .................... 169
ACCU-CHEK TES GUIDE ....................... 169
ACCU-CHEK TES SMART ....................... 169
ACUPRIL TAB 10MG .............................. 82
ACUPRIL TAB 20MG .............................. 82
ACUPRIL TAB 40MG .............................. 82
ACUPRIL TAB 5MG .............................. 82
ACCUTRENDS TES GLUCOSE ................. 170
acebutolol hcl cap 200 mg .................... 124
acebutolol hcl cap 400 mg .................... 125
ACEON TAB 4MG ............................... 82
ACEON TAB 8MG ............................... 82
ACETADOTE INJ 200MG/ML .................... 73
acetaminophen w/ codeine soln 120-12 mg/5ml ........................................... 29
acetaminophen w/ codeine tab 300-15 mg .............................. 29
acetaminophen w/ codeine tab 300-30 mg .............................. 29
acetaminophen w/ codeine tab 300-60 mg .............................. 29
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg ................. 29
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg ...................... 29
acetosol hc sol otic ............................. 242
acetazolamide cap er 12hr 500 mg ............ 172
acetazolamide sodium for inj 500 mg ........ 172
acetazolamide tab 125 mg ...................... 172
acetazolamide tab 250 mg ...................... 172
acetic acid 2% in aluminum acetate otic soln ........................................... 241
acetic acid otic soln 2% .......................... 241
acetylcysteine inhal soln 10% .................... 151
acetylcysteine inhal soln 20% .................... 151
acetylcysteine inj 200 mg/ml .................... 73
ACIPHEX SPR CAP 10MG ...................... 267
ACIPHEX SPR CAP 5MG ....................... 267
acitretin cap 10 mg ............................ 157
acitretin cap 17.5 mg ............................ 157
acitretin cap 25 mg ............................ 157
ACLOVATE CRE 0.05% ......................... 159

277
ACREMONIUM SOL 20000PNU .......................... 10
ACTHAR INJ 80UNIT ................................. 175
ACTHIB INJ ........................................... 269
ACTICLATE TAB 150MG ............................... 258
ACTICLATE TAB 75MG ................................. 258
ACTIGALL CAP 300MG .................................. 185
ACTIMMUNE INJ 2MU/0.5 ............................... 104
ACTIQ LOZ 12000MCG .................................. 19
ACTIQ LOZ 16000MCG .................................. 19
ACTIQ LOZ 20000MCG .................................. 19
ACTIQ LOZ 40000MCG .................................. 19
ACTIQ LOZ 60000MCG .................................. 19
ACTIQ LOZ 80000MCG .................................. 19
ACTIVASE INJ 100MG ................................... 196
ACTIVASE INJ 50MG ................................... 196
ACTIVE INJEC INJ M-1 ................................. 146
ACTIVE OB CAP ....................................... 226
ACTIVELLA TAB 0.5-0.1 .................................. 181
ACTIVELLA TAB 1-0.5MG ................................ 181
ACTONEL TAB 150MG ................................... 174
ACTONEL TAB 30MG ................................... 174
ACTONEL TAB 35MG ................................... 174
ACTONEL TAB 5MG ................................... 174
ACTOPLUS MET TAB 15-500MG ....................... 67
ACTOPLUS MET TAB 15-850MG ....................... 67
ACTOPLUS MET TAB XR ................................ 67
ACTOS TAB 15MG ....................................... 70
ACTOS TAB 30MG ....................................... 70
ACTOS TAB 45MG ....................................... 70
ACULAR LS SOL 0.4% ................................. 240
ACULAR SOL 0.5% OP ................................... 240
ACUVAIL SOL 0.45% ................................... 240
acyclovir cap 200 mg .................................. 123
acyclovir oint 5% ....................................... 159
acyclovir sodium for inj 500 mg ...................... 123
acyclovir sodium iv soln 50 mg/ml .................... 123
acyclovir susp 200 mg/5ml ............................ 123
acyclovir tab 400 mg .................................. 123
acyclovir tab 800 mg .................................. 123
ACZONE GEL 5% ....................................... 151
ACZONE GEL 7.5% ..................................... 151
ADACEL INJ ............................................ 264
ADAGEN INJ 250/ML ................................... 14
ADALAT CC TAB 30MG ER ............................ 127
ADALAT CC TAB 60MG ER ............................ 127
ADALAT CC TAB 90MG ER ............................ 127
d adapalene cream 0.1% ............................... 151
d adapalene gel 0.1% ................................... 151
d adapalene gel 0.3% ................................... 151
d adapalene lotion 0.1% ............................... 151
ADAPALENE SOL 0.1% ................................ 151
d adapalene-benzoyl peroxide gel 0.1-2.5% ....... 151
ADASUVE INH 10MG ................................... 114
ADCETRIS INJ 50MG .................................. 96
ADCIRCA TAB 20MG .................................. 135
ADDERALL TAB 10MG .................................. 5
ADDERALL TAB 12.5MG ................................ 5
ADDERALL TAB 15MG .................................. 5
ADDERALL TAB 20MG .................................. 5
ADDERALL TAB 30MG .................................. 5
ADDERALL TAB 5MG ................................... 5
ADDERALL TAB 7.5MG .................................. 5
ADDERALL XR CAP 10MG ............................. 5
ADDERALL XR CAP 15MG ............................. 5
ADDERALL XR CAP 20MG ............................. 5
ADDERALL XR CAP 25MG ............................. 5
ADDERALL XR CAP 30MG ............................. 5
ADDERALL XR CAP 5MG .............................. 5
adefovir dipivoxil tab 10 mg .......................... 122
ADEMPAS TAB 0.5MG .................................. 135
ADEMPAS TAB 1.5MG .................................. 135
ADEMPAS TAB 2MG .................................... 135
ADEMPAS TAB 2.5MG .................................. 135
ADENOCARD INJ 12MG/4ML .......................... 43
ADENOCARD INJ 6MG/2ML ............................ 43
ADENOSINE INJ 3MG/ML ............................... 43
adenosine iv soln 12 mg/4ml .......................... 43
adenosine iv soln 6 mg/2ml ........................... 43
ADHANSIA XR CAP 25MG ............................ 7
ADHANSIA XR CAP 35MG ............................ 7
ADHANSIA XR CAP 45MG ............................ 7
ADHANSIA XR CAP 55MG ............................ 7
ADHANSIA XR CAP 70MG ............................ 7
ADHANSIA XR CAP 85MG ............................ 7
ADOXA PAK 1/ TAB 100MG ........................... 258
ADOXA PAK 1/ TAB 150MG ........................... 258
ADOXA PAK 2/ TAB 100MG ........................... 258
ADOXA TAB 100MG .................................. 258
ADOXA TAB 20MG .................................... 258
ADOXA TAB 30MG .................................... 258
ADOXA TAB 50MG .................................... 258
ADOXA TAB 75MG .................................... 258
ADRENACLICK INJ 0.15MG ........................... 272
ADRENACLICK INJ 0.3MG ............................ 272
ADRENALIN INJ 1MG/ML .......................... 272
ADRENALIN INJ 30/30ML ......................... 272
ADRENALIN SOL 1:1000 .......................... 234
diadymycin inj 10mg ............................. 99
diadymycin inj 200mg ............................. 99
diadymycin inj 20mg .............................. 99
diadymycin inj 50mg .............................. 99
adrucil inj 2.5g/50m .............................. 94
adrucil inj 500/10ml .............................. 94
adrucil inj 5mg/100m ............................. 94
ADVAYIR DISKU AER 100/50 ........................ 47
ADVAYIR DISKU AER 250/50 ........................ 47
ADVAYIR DISKU AER 500/50 ........................ 47
ADVAYIR HFA AER 115/21 ........................ 47
ADVAYIR HFA AER 230/21 ........................ 47
ADVAYIR HFA AER 45/21 ........................ 47
ADVANCED MIS AM/PM ........................... 223
ADVATE INJ 1000UNIT ............................ 190
ADVATE INJ 1500UNIT ............................ 190
ADVATE INJ 2000UNIT ............................ 190
ADVATE INJ 250UNIT .............................. 190
ADVATE INJ 3000UNIT ............................ 190
ADVATE INJ 4000UNIT ............................ 190
ADVATE INJ 500UNIT .............................. 190
ADYNOVATE INJ 1000UNIT ....................... 190
ADYNOVATE INJ 1500UNIT ....................... 190
ADYNOVATE INJ 2000UNIT ....................... 190
ADYNOVATE INJ 250UNIT ....................... 190
ADYNOVATE INJ 3000UNIT ....................... 190
ADYNOVATE INJ 500UNIT ....................... 190
ADYNOVATE INJ 750UNIT ....................... 190
AEROSPAN AER 80MCG .......................... 46
afedt tab 30mg cr ................................. 127
afedt tab 60mg cr ................................. 127
AFINITOR DIS TAB 2MG .......................... 100
AFINITOR DIS TAB 3MG .......................... 100
AFINITOR DIS TAB 5MG .......................... 100
AFINITOR TAB 10MG .............................. 101
AFINITOR TAB 2.5MG ............................. 100
AFINITOR TAB 5MG .............................. 100
AFINITOR TAB 7.5MG ............................. 100
AFLURIA INJ 2017-18 ............................ 270
AFLURIA INJ PF 17-18 ............................ 270
AFLURIA QUAD INJ 2017-18 .................... 270
AFLURIA QUAD INJ PF 17-18 .................... 270
AFREZZA POW 12 UNIT .......................... 70
AFREZZA POW 4&8 UNIT .......................... 70
AFREZZA POW 4/8/12UN ......................... 70
AFREZZA POW 4UNIT ............................. 70
AFREZZA POW 8 UNIT ............................. 70
AFREZZA POW 8&12UNIT ......................... 70
AFSTYLA KIT 1000UNIT .......................... 190
AFSTYLA KIT 1500UNIT .......................... 190
AFSTYLA KIT 2000UNIT .......................... 190
AFSTYLA KIT 2500UNIT .......................... 190
AFSTYLA KIT 250UNIT ............................ 190
AFSTYLA KIT 3000UNIT .......................... 190
AFSTYLA KIT 500UNIT ............................ 190
AHHGRASTAT INJ 12.5/250 ....................... 195
AHHGRASTAT INJ 3.75/15 ......................... 195
AHHGRASTAT INJ 5/100ML ....................... 195
AHHGRENOX CAP 25-200MG ...................... 195
AGRYLIN CAP 0.5MG .............................. 195
AIMOVIG INJ 140DOSE ............................ 210
AIMOVIG INJ 140MG/ML .......................... 210
AIMOVIG INJ 70MG/ML ........................... 210
airavite tab ......................................... 198
AJOYJ INJ 225/1.5 ................................. 210
ak-poly-bac oin op ............................... 236
AKTEN GEL 3.5% ................................. 238
AKTIPAK GEL 5-3% ............................... 151
AKYNZEO CAP 300-0.5 ............................ 75
AKYNZEO INJ 235-0.25 ............................ 75
ALA SCALP LOT 2% ............................... 159
ala-cort cre 2.5% ................................. 159
ALA-QUIN CRE 3-0.5% ............................ 155
ALBENZA TAB 200MG ............................ 35
albuked 25 inj 25% ............................... 194
albuked 5 inj 5% ................................. 194
albumin hum inj 25% ............................. 194
albumin, human inj 25% .......................... 194
albumin, human inj 5% ........................... 194
albuminar-25 inj 25% ............................. 194
albumin 5 inj 5% ................................. 194
ALBUMINEX SOL 25% ............................ 194
ALBUMINEX SOL 5% .............................. 194
albumin-zlb inj ................................. 194
albumin-zlb sol 25% .............................. 194
alburx inj 5% .................................. 194
albutein inj 25% ................................. 195
albutein inj 5% ................................. 194
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) ......................... 47
albuterol sulfate soln nebu 0.083% (2.5
mg/3ml) .............................................. 47
albuterol sulfate soln nebu 0.5% (5 mg/ml) 47
albuterol sulfate soln nebu 0.63 mg/3ml
(base equiv) ........................................ 47
albuterol sulfate soln nebu 1.25 mg/3ml
(base equiv) ........................................ 47
albuterol sulfate syrup 2 mg/5ml ........... 47
albuterol sulfate tab 2 mg ....................... 47
albuterol sulfate tab 4 mg ....................... 48
albuterol sulfate tab er 12hr 4 mg .......... 48
albuterol sulfate tab er 12hr 8 mg .......... 48
ALCAINE SOL 0.5% OP ......................... 238
alclometasone dipropionate cream 0.05% 159
alclometasone dipropionate oint 0.05% 159
ALCORTIN A GEL 1-2-1% ......................... 155
ALDACTAZIDE TAB 25/25 ....................... 172
ALDACTAZIDE TAB 50/50 ....................... 172
ALDACTONE TAB 100MG ....................... 173
ALDACTONE TAB 25MG ......................... 173
ALDACTONE TAB 50MG ......................... 173
ALDARA CRE 5% .................................. 165
ALDER EXTRAC SOL 1:20 ....................... 10
ALDURAZYME INJ 2.9MG/5ML .................. 177
ALECENSA CAP 150MG ......................... 101
alendronate sodium oral soln 70 mg/75ml 174
alendronate sodium tab 10 mg .............. 174
alendronate sodium tab 35 mg .............. 174
alendronate sodium tab 40 mg .............. 174
alendronate sodium tab 5 mg .............. 174
alendronate sodium tab 70 mg .............. 174
ALEVAMAX CRE .................................. 167
alfentanil hcl iv soln 1000 mcg/2ml (500
mcg/ml) (base eq) .............................. 19
alfentanil hcl iv soln 2500 mcg/5ml (500
mcg/ml) (base eq) .............................. 20
ALFENTANIL INJ 1000/2ML .................... 20
ALFENTANIL INJ 2500/5ML .................... 20
ALFERN N INJ 5MU/ML ......................... 104
alfuzosin hcl tab er 24hr 10 mg .......... 188
ALIMTA INJ 100MG ............................. 94
ALIMTA INJ 500MG ............................. 94
ALINIA SUS 100/5ML .......................... 36
ALINIA TAB 500MG .......................... 36
ALIQOPA INJ 60MG ........................... 101
ALKERAN INJ 50MG ........................... 93
ALKERAN TAB 2MG ........................... 93
allopurinol sodium for inj 500 mg ........ 189
allopurinol tab 100 mg .......................... 189
allopurinol tab 300 mg .......................... 189
almotriptan malate tab 12.5 mg .......... 210
almotriptan malate tab 6.25 mg .......... 210
ALOCRIL SOL 2% ............................... 240
ALOMIDE SOL 0.1% OP ......................... 240
ALOPRIM INJ 500MG .......................... 189
ALOQUIN GEL 1.25-1% ........................ 155
ALORA DIS 0.025MG ........................... 182
ALORA DIS 0.05MG ........................... 182
ALORA DIS 0.075MG ........................... 182
ALORA DIS 0.1MG .............................. 182
alosetron hcl tab 0.5 mg (base equiv) ...... 186
alosetron hcl tab 1 mg (base equiv) ...... 186
ALOXI INJ 0.25MG/5 ........................... 74
ALPHAGAN P SOL 0.1% ......................... 236
ALPHAGAN P SOL 0.15% ......................... 236
ALPHANATE INJ VWF/HUM .................... 190
ALPHANINE SD INJ 1000UNIT .................. 190
ALPHANINE SD INJ 1500UNIT .................. 190
ALPHANINE SD INJ 500UNIT .................. 190
alprostadil inj 500 mcg/ml .................... 221
alprostadil inj 500 mcg/ml .................... 221
alprostadil inj 500 mcg/ml .................... 221
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERGE TAB 2.5MG</td>
<td></td>
<td>238</td>
</tr>
<tr>
<td>AMERGE TAB 1MG</td>
<td></td>
<td>155</td>
</tr>
<tr>
<td>altacaine sol 0.5% op</td>
<td></td>
<td>238</td>
</tr>
<tr>
<td>ALTACE CAP 1.25MG</td>
<td></td>
<td>82</td>
</tr>
<tr>
<td>ALTACE CAP 10MG</td>
<td></td>
<td>82</td>
</tr>
<tr>
<td>ALTACE CAP 2.5MG</td>
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<td>82</td>
</tr>
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<td>ALTACE CAP 5MG</td>
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</tr>
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<td>altafrin sol 10% op</td>
<td></td>
<td>237</td>
</tr>
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</tr>
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<td>altavera tab</td>
<td></td>
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</tr>
<tr>
<td>ALTERNARIA SOL EXTRACT</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>ALTOPREV TAB 20MG ER</td>
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<td>ALTOPREV TAB 40MG ER</td>
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<td>ALTOPREV TAB 60MG ER</td>
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</tr>
<tr>
<td>ALUNBRIG PAK</td>
<td></td>
<td>101</td>
</tr>
<tr>
<td>ALUNBRIG TAB 180MG</td>
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<td>101</td>
</tr>
<tr>
<td>ALUNBRIG TAB 30MG</td>
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</tr>
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<td>ALUNBRIG TAB 90MG</td>
<td></td>
<td>101</td>
</tr>
<tr>
<td>ALUVEA CRE 39%</td>
<td></td>
<td>164</td>
</tr>
<tr>
<td>ALVESCO AER 160MCG</td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>ALVESCO AER 80MCG</td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>alyacen tab 1/35</td>
<td></td>
<td>139</td>
</tr>
<tr>
<td>alyacen tab 7/7/7</td>
<td></td>
<td>139</td>
</tr>
<tr>
<td>amabelz tab 0.5-0.1</td>
<td></td>
<td>181</td>
</tr>
<tr>
<td>amabelz tab 1-0.5mg</td>
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<td>181</td>
</tr>
<tr>
<td>amantadine hcl cap 100 mg</td>
<td></td>
<td>108</td>
</tr>
<tr>
<td>amantadine hcl syrup 50 mg/5ml</td>
<td></td>
<td>108</td>
</tr>
<tr>
<td>amantadine hcl tab 100 mg</td>
<td></td>
<td>108</td>
</tr>
<tr>
<td>AMARYL TAB 1MG</td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>AMARYL TAB 2MG</td>
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</tr>
<tr>
<td>AMARYL TAB 4MG</td>
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<td>71</td>
</tr>
<tr>
<td>AMBIEN CR TAB 12.5MG</td>
<td></td>
<td>201</td>
</tr>
<tr>
<td>AMBIEN CR TAB 6.25MG</td>
<td></td>
<td>201</td>
</tr>
<tr>
<td>AMBIEN TAB 10MG</td>
<td></td>
<td>201</td>
</tr>
<tr>
<td>AMBIEN TAB 5MG</td>
<td></td>
<td>201</td>
</tr>
<tr>
<td>AMBISOME INJ 50MG</td>
<td></td>
<td>76</td>
</tr>
<tr>
<td>amcinonide cream 0.1%</td>
<td></td>
<td>159</td>
</tr>
<tr>
<td>amcinonide lotion 0.1%</td>
<td></td>
<td>159</td>
</tr>
<tr>
<td>AMCINONIDE OIN 0.1%</td>
<td></td>
<td>159</td>
</tr>
<tr>
<td>AMERGE TAB 1MG</td>
<td></td>
<td>210</td>
</tr>
<tr>
<td>AMERGE TAB 2.5MG</td>
<td></td>
<td>210</td>
</tr>
<tr>
<td>AMERICAN ELM SOL</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>AMERICAN INJ Sycamore</td>
<td></td>
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<tr>
<td>AMERICAN SOL COCKROAC</td>
<td></td>
<td>10</td>
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<tr>
<td>amethia lo tab</td>
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<td>139</td>
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<tr>
<td>amethia tab</td>
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<td>amethyst tab 90-20mcg</td>
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<td>AMICAR SOL 0.25/ML</td>
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<tr>
<td>AMICAR TAB 1000MG</td>
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<td>AMICAR TAB 500MG</td>
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<td>amifostine for inj 500 mg</td>
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<td>105</td>
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<tr>
<td>amikacin sulfate inj 1 gm/4ml</td>
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<td>14</td>
</tr>
<tr>
<td>amikacin sulfate inj 500 mg/2ml</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>amiloride &amp; hydrochlorothiazide tab 5-50 mg</td>
<td></td>
<td>172</td>
</tr>
<tr>
<td>amiloride hcl tab 5 mg</td>
<td></td>
<td>173</td>
</tr>
<tr>
<td>aminocaproic acid inj 250 mg/ml</td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>AMINOGLAN INJ 20MG</td>
<td></td>
<td>168</td>
</tr>
<tr>
<td>aminophylline inj 25 mg/ml</td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>AMIODARO/D5W INJ 150/100</td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>AMIODARO/D5W INJ 450/250</td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>AMIODARO/D5W INJ 750/500</td>
<td></td>
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<td>AMIODARO/D5W INJ 900/500</td>
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<td>AMIODARO/D5W SOL 900/500</td>
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<td>amiodarone hcl inj 150 mg/3ml</td>
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<td>amiodarone hcl inj 450 mg/9ml</td>
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<tr>
<td>amiodarone hcl inj 900 mg/18ml</td>
<td></td>
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</tr>
<tr>
<td>amlodipine besylate tab 10 mg (base equivalent)</td>
<td></td>
<td>127</td>
</tr>
<tr>
<td>amlodipine besylate tab 2.5 mg (base equivalent)</td>
<td></td>
<td>127</td>
</tr>
<tr>
<td>amlodipine besylate tab 5 mg (base equivalent)</td>
<td></td>
<td>127</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 10-10 mg</td>
<td></td>
<td>133</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 10-20 mg</td>
<td></td>
<td>133</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 10-40 mg</td>
<td></td>
<td>133</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 10-80 mg</td>
<td></td>
<td>133</td>
</tr>
</tbody>
</table>
amlodipine besylate-atorvastatin calcium tab
2.5-10 mg ........................................... 132
amlodipine besylate-atorvastatin calcium tab
2.5-20 mg ........................................... 132
amlodipine besylate-atorvastatin calcium tab
2.5-40 mg ........................................... 132
amlodipine besylate-atorvastatin calcium tab
5-10 mg ........................................... 132
amlodipine besylate-atorvastatin calcium tab
5-20 mg ........................................... 132
amlodipine besylate-atorvastatin calcium tab
5-40 mg ........................................... 132
amlodipine besylate-atorvastatin calcium tab
5-80 mg ........................................... 132
amlodipine besylate-benazepril hcl cap 10-20
mg.................................................... 86
amlodipine besylate-benazepril hcl cap 10-40
mg.................................................... 86
amlodipine besylate-benazepril hcl cap 2.5-10
mg.................................................... 86
amlodipine besylate-benazepril hcl cap 5-10
mg.................................................... 86
amlodipine besylate-benazepril hcl cap 5-20
mg.................................................... 86
amlodipine besylate-benazepril hcl cap 5-40
mg.................................................... 86
amlodipine besylate-olmesartan medoxomil
tab 10-20 mg ........................................ 86
amlodipine besylate-olmesartan medoxomil
tab 10-40 mg ........................................ 86
amlodipine besylate-olmesartan medoxomil
tab 5-20 mg ........................................ 86
amlodipine besylate-olmesartan medoxomil
tab 5-40 mg ........................................ 86
amlodipine besylate-valsartan tab 10-160 mg
..................................................... 86
amlodipine besylate-valsartan tab 10-320 mg
..................................................... 86
amlodipine besylate-valsartan tab 5-160 mg
..................................................... 86
amlodipine besylate-valsartan tab 5-320 mg
..................................................... 86
amlodipine-valsartan-hydrochlorothiazide tab
10-160-12.5 mg .................................... 86
amlodipine-valsartan-hydrochlorothiazide tab
10-160-25 mg .................................... 86
amlodipine-valsartan-hydrochlorothiazide tab
10-320-25 mg .................................... 86
amlodipine-valsartan-hydrochlorothiazide tab
5-160-25 mg ...................................... 86
AMMONUL INJ 10% .................................. 177
amnesteem cap 10mg .................................. 151
amnesteem cap 20mg .................................. 151
amnesteem cap 40mg .................................. 151
AMNIOFIX INJ 100MG ............................... 168
AMNIOFIX INJ 40MG ............................... 168
AMNIOFIX SPT INJ 100MG .......................... 168
AMNIOFIX SPT INJ 20MG .......................... 168
AMNIOFIX SPT INJ 40MG .......................... 168
AMORPH WOUND GEL DRESSING ................. 168
amoxicillin tab 100 mg .............................. 66
amoxicillin tab 150 mg .............................. 66
amoxicillin tab 25 mg .............................. 65
amoxicillin tab 50 mg .............................. 65
amoxicillin & k clavulanate chew tab 200-28.5
mg.................................................... 246
amoxicillin & k clavulanate chew tab 400-57
mg.................................................... 246
amoxicillin & k clavulanate for susp 200-28.5
mg/5ml................................................ 246
amoxicillin & k clavulanate for susp 250-62.5
mg/5ml................................................ 247
amoxicillin & k clavulanate for susp 400-57
mg/5ml................................................ 247
amoxicillin & k clavulanate for susp 600-42.9
mg/5ml................................................ 247
amoxicillin & k clavulanate tab 250-125 mg
..................................................... 247
amoxicillin & k clavulanate tab 500-125 mg
..................................................... 247
amoxicillin & k clavulanate tab 875-125 mg
..................................................... 247
amoxicillin & k clavulanate tab er 12hr 1000-
62.5 mg.............................................. 247
amoxicillin (trihydrate) cap 250 mg ............... 245
amoxicillin (trihydrate) cap 500 mg ............... 245
amoxicillin (trihydrate) chew tab 125 mg ........ 245
amoxicillin (trihydrate) chew tab 250 mg ........ 245
amoxicillin (trihydrate) for susp 125 mg/5ml
.................................................... 245
amoxicillin (trihydrate) for susp 200 mg/5ml
.................................................... 245
amoxicillin (trihydrate) for susp 250 mg/5ml
.................................................... 245
amoxicillin (trihydrate) for susp 400 mg/5ml
.................................................... 245

282
amoxicillin (trihydrate) tab 500 mg........ 245
amoxicillin (trihydrate) tab 875 mg........ 245
amoxicillin (trihydrate) tab er 24hr 775 mg
246
amoxicillin cap-clarithro tab-lansopraz cap dr
therapy pack ........................................... 246
AMPHADASE INJ 150/ML .......................... 218
AMPHENOL-40 INJ 40MG ....................... 168
amphetamine sulfate tab 10 mg ............ 5
amphetamine sulfate tab 5 mg ............... 5
amphetamine-dextroamphetamine cap er
24hr 10 mg.................................................. 5
amphetamine-dextroamphetamine cap er
24hr 15 mg............................................... 5
amphetamine-dextroamphetamine cap er
24hr 20 mg................................................ 5
amphetamine-dextroamphetamine cap er
24hr 25 mg............................................... 5
amphetamine-dextroamphetamine cap er
24hr 30 mg............................................... 5
amphetamine-dextroamphetamine cap er
24hr 5 mg............................................... 5
amphetamine-dextroamphetamine tab 10 mg
.................................................. 5
amphetamine-dextroamphetamine tab 12.5
mg.......................................................... 5
amphetamine-dextroamphetamine tab 15 mg
.................................................. 5
amphetamine-dextroamphetamine tab 20 mg
.................................................. 5
amphetamine-dextroamphetamine tab 30 mg
.................................................. 5
amphetamine-dextroamphetamine tab 5 mg 5
amphetamine-dextroamphetamine tab 7.5 mg
.................................................. 5
amphetamine-dextroamphetamine tab 10 mg
.................................................. 5
amphetamine-dextroamphetamine tab 25 mg
.................................................. 5
amphetamine-dextroamphetamine tab 30 mg
.................................................. 5
amphetamine-dextroamphetamine tab 50 mg
................................................ 5
amphetamine-dextroamphetamine tab 75 mg
................................................ 5
amphetamine-dextroamphetamine tab 100 mg
........................................... 5
amphotericin b for iv soln 50 mg ............ 76
ampicillin & sulbactam sodium for inj 1.5 (1-
0.5) gm ........................................... 247
ampicillin & sulbactam sodium for inj 15 (10-
5) gm ................................................ 247
ampicillin & sulbactam sodium for inj 3 (2-1)
gm.......................................................... 247
ampicillin & sulbactam sodium for iv soln 1.5
(1-0.5) gm ........................................... 247
ampicillin & sulbactam sodium for iv soln 15
(10-5) gm ................................................ 247
ampicillin & sulbactam sodium for iv soln 3
(2-1) gm .................................................. 247
ampicillin cap 250 mg............................... 246
ampicillin cap 500 mg............................... 246
ampicillin for susp 125 mg/5ml .............. 246
ampicillin for susp 250 mg/5ml .............. 246
ampicillin sodium for inj 1 gm ............... 246
ampicillin sodium for inj 10 gm .............. 246
ampicillin sodium for inj 125 mg .......... 246
ampicillin sodium for inj 2 gm ............... 246
ampicillin sodium for inj 250 mg .......... 246
ampicillin sodium for inj 500 mg .......... 246
ampicillin sodium for iv soln 1 gm .......... 246
ampicillin sodium for iv soln 10 gm ....... 246
ampicillin sodium for iv soln 2 gm ....... 246
AMPYRA TAB 10MG .................................. 251
AMVISC INJ 12MG/ML ......................... 239
AMVISC PLUS INJ 16MG/ML ................. 239
AMYTAL SOD INJ 500MG ..................... 201
ANACAIN OIN ........................................ 166
ANAFRANIL CAP 25MG .......................... 66
ANAFRANIL CAP 50MG .......................... 66
ANAFRANIL CAP 75MG .......................... 66
ANAFRANIL CAP 125MG ......................... 66
anagrelide hcl cap 0.5 mg .................... 195
anagrelide hcl cap 1 mg ...................... 195
ANALPRAM HC CRE 2.5-1% .................... 34
ANALPRAM-HC CRE 1-1% ....................... 34
ANALPRAM-HC LOT 2.5% ....................... 34
ANALPRM SNGL CRE HC 2.5-1 .......... 34
ANASPAZ TAB 0.125MG ....................... 264
anastrozole tab 1 mg ............................. 98
ANAVIP INJ ............................................. 243
ANCOBON CAP 250MG ......................... 76
ANCOBON CAP 500MG ......................... 76
ANDEXXA SOL 100MG .......................... 73
ANDEXXA SOL 200MG .......................... 73
ANDRODERM DIS 2MG/24HR ................. 33
ANDRODERM DIS 4MG/24HR ................. 33
ANDROGEL GEL 1%(25MG) ..................... 33
ANDROGEL GEL 1%(50MG) ..................... 33
ANDROGEL GEL 1.62% ......................... 33
ANDROID CAP 10MG .............................. 33
ANDROXY TAB 10MG .............................. 33
ANGELIQ TAB 0.25-0.5 ......................... 181
ANGELIQ TAB 0.5-1MG ......................... 181
ANGIOMAX INJ 250MG ......................... 53
ANIMI-3 CAP ............................................ 198
ANIMI-3 CAP VIT D .............................. 198
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANORO ELLIPT AER 62.5-25</td>
<td>48</td>
</tr>
<tr>
<td>ANTABUSE TAB 250MG</td>
<td>249</td>
</tr>
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<td>ANTABUSE TAB 500MG</td>
<td>249</td>
</tr>
<tr>
<td>ANTARIA CAP 30MG</td>
<td>79</td>
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<tr>
<td>ANTARIA CAP 90MG</td>
<td>79</td>
</tr>
<tr>
<td>ANTICOAGULNT INJ SOD CITR</td>
<td>49</td>
</tr>
<tr>
<td>ANZEMET TAB 100MG</td>
<td>74</td>
</tr>
<tr>
<td>ANZEMET TAB 50MG</td>
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<tr>
<td>APEXICON E CRE 0.05%</td>
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<tr>
<td>ALENZIN TAB 174MG</td>
<td>61</td>
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<td>ALENZIN TAB 348MG</td>
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<td>ALENZIN TAB 522MG</td>
<td>61</td>
</tr>
<tr>
<td>APOKYN INJ 10MG/ML</td>
<td>108</td>
</tr>
<tr>
<td><em>apraclonidine hcl ophth soln 0.5% (base equivalent)</em></td>
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<td>APREPIVITAB CAP 125 mg</td>
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<td>APREPIVITAB CAP 80 mg</td>
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<td>APREPIVITAB CAP 80 &amp; 125 mg</td>
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<td>APRI TAB</td>
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<tr>
<td>APRISO CAP 0.375GM</td>
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<tr>
<td>APTEOM TAB 200MG</td>
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<tr>
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<tr>
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<td>54</td>
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<tr>
<td>APTECUS CAP 250MG</td>
<td>118</td>
</tr>
<tr>
<td>APTECUS SOL</td>
<td>118</td>
</tr>
<tr>
<td>AP-ZEL TAB</td>
<td>223</td>
</tr>
<tr>
<td>AQUASOL A INJ 50000/ML</td>
<td>275</td>
</tr>
<tr>
<td>AQUORAL AER</td>
<td>222</td>
</tr>
<tr>
<td>ARALAST NP INJ 1000MG</td>
<td>257</td>
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<td>ARALAST NP INJ 500MG</td>
<td>257</td>
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<tr>
<td>ARANESOL INJ 100MG</td>
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<td>ARMOUR THYRO TAB 120MG</td>
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284
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<th>Brand Name</th>
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<tbody>
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<td>ATACAND HCT TAB 32-12.5</td>
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<td>ATACAND TAB 8MG</td>
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</table>

**atazanavir sulfate cap 150 mg (base equiv)**

**atazanavir sulfate cap 200 mg (base equiv)**

**atazanavir sulfate cap 300 mg (base equiv)**

**atenolol & chlorthalidone tab 100-25 mg**

**atenolol & chlorthalidone tab 50-25 mg**

**atenolol tab 100 mg**

**atenolol tab 25 mg**

**atenolol tab 50 mg**

**ATGAM INJ 250MG**

**ATIVAN INJ 2MG/ML**

**ATIVAN INJ 4MG/ML**

**ATIVAN TAB 2MG**

**atorvastatin calcium tab 10 mg (base equivalent)**

**atorvastatin calcium tab 20 mg (base equivalent)**

**atorvastatin calcium tab 40 mg (base equivalent)**

**atorvastatin calcium tab 80 mg (base equivalent)**

**atovaquone susp 750 mg/5ml**

**atovaquone-proguanil hcl tab 250-100 mg**

**atovaquone-proguanil hcl tab 62.5-25 mg**

**ATRALIN GEL 0.05%**

**ATRAPRO GEL HYDROGEL**

**ATRIPLA TAB**

**ATROGEN INJ 0.25MG**

**ATROGEN INJ 0.5MG**

**ATROGEN INJ 1MG**

**ATROGEN INJ 2MG**

**ATROPINE SOL 0.01%**

**ATROPINE SUL INJ 0.8/2ML**

**ATROPINE SUL INJ 1/2.5ML**

**ATROPINE SUL INJ 2MG/5ML**

**ATROPINE SUL INJ 8MG/20ML**
azithromycin for susp 100 mg/5ml .......... 208
azithromycin for susp 200 mg/5ml .......... 208
azithromycin iv for soln 500 mg .......... 208
azithromycin powd pack for susp 1 gm ...... 208
azithromycin tab 250 mg .......... 208
azithromycin tab 500 mg .......... 208
azithromycin tab 600 mg .......... 208
AZOPT SUS 1% OP .......... 240
AZOR TAB 10-20MG ................. 86
AZOR TAB 10-40MG ................. 87
AZOR TAB 5-20MG ................. 86
AZOR TAB 5-40MG ................. 86
aztreonam for inj 1 gm .......... 39
aztreonam for inj 2 gm .......... 39
AZULFIDINE TAB 500MG .......... 185
AZULFIDINE TAB 500MG EN .......... 185
azuphen mb cap 120mg .......... 267
azurette tab 28 day .......... 140
B
B-12 COMP KIT 1000MCG .......... 196
B12 COMPLANCE KIT INJ KIT .......... 196
B-12 KIT 1000MCG .......... 196
baciim inj 50000unt .......... 35
bacitracin intramuscular for soln 50000 unit
 ................................................. 35
bacitracin ophth oint 500 unit/gm .......... 236
bacitracin-polymyxin b ophth oint .......... 236
bacitracin-polymyxin-neomycin-hc ophth oint
1% .............. 238
baclofen intrathecal inj 10 mg/20ml (500
mcg/ml) ...................... 231
baclofen intrathecal inj 20 mg/20ml (1000
mcg/ml) ...................... 231
baclofen intrathecal inj 40 mg/20ml (2000
mcg/ml) ...................... 231
baclofen tab 10 mg .......... 231
baclofen tab 20 mg .......... 231
baclofen tab 5 mg .......... 231
BACMIN TAB .............. 223
BACTOCILL INJ DEX 1GM .......... 248
BACTOCILL INJ DEX 2GM .......... 248
BACTRIM DS TAB 800-160 .......... 36
BACTRIM TAB 400-80MG .......... 36
BACTROBAN CRE 2% .......... 155
BACTROBAN OIN NASAL 2% .......... 233
BAHIA SOL EXTRACT .......... 10
BAL IN OIL NASAL .......... 73
bal salt sol op .......... 240
balanced sal sol op .................. 240
BAL-CARE MIS DHA .................. 226
BALCOLTRA TAB 0.1-20 .............. 140
BALD CYPRESS INJ 1:20 .......... 10
balsalazide disodium cap 750 mg .......... 186
BALVERSA TAB 3MG .......... 101
BALVERSA TAB 4MG .......... 101
BALVERSA TAB 5MG .......... 101
balziva tab .................. 140
BANZEL SUS 40MG/ML .......... 54
BANZEL TAB 200MG .......... 54
BANZEL TAB 400MG .......... 54
BARACLUDE SOL .05MG/ML .......... 122
BARACLUDE TAB 0.5MG .......... 122
BARACLUDE TAB 1MG .......... 122
BAXDELA INJ 300MG .......... 183
BAXDELA TAB 450MG .......... 184
BAYBERRY WAX SOL MYR EXTR .......... 10
BAYER BREEZE KIT 2 SYSTEM .......... 209
BAYER BREEZE MIS 2 TEST .......... 170
BCG VACCINE INJ .......... 269
b-complex inj 100 .............. 222
b-complex vitamin inj .............. 222
BEBULIN INJ 200-1200 .......... 191
BEE VENOM INJ 1300MCG .......... 10
BEE VENOM INJ 550MCG .......... 10
bekyree tab .................. 140
BELBUCA MIS 150MCG .......... 32
BELBUCA MIS 300MCG .......... 32
BELBUCA MIS 450MCG .......... 32
BELBUCA MIS 600MCG .......... 32
BELBUCA MIS 750MCG .......... 32
BELBUCA MIS 75MCG .......... 32
BELBUCA MIS 900MCG .......... 32
BELEODAQ INJ 500MG .......... 101
BELLA/OPIUM SUP 16.2-30 .......... 265
BELLA/OPIUM SUP 16.2-60 .......... 265
BELSOMRA TAB 10MG .......... 203
BELSOMRA TAB 15MG .......... 203
BELSOMRA TAB 20MG .......... 203
BELSOMRA TAB 5MG .......... 203
benazepril & hydrochlorothiazide tab 10-12.5
mg ..................... 87
benazepril & hydrochlorothiazide tab 20-12.5
mg ..................... 87
benazepril & hydrochlorothiazide tab 20-25
mg ..................... 87

287
benazepril & hydrochlorothiazide tab 5-6.25 mg ........................................ 87
benazepril hcl tab 10 mg ........................................ 82
benazepril hcl tab 20 mg ........................................ 82
benazepril hcl tab 40 mg ........................................ 82
benazepril hcl tab 5 mg ........................................ 82
BENDEKA INJ 100/4ML ........................................ 93
BENEFIX INJ 1000UNIT ........................................ 191
BENEFIX INJ 2000UNIT ........................................ 191
BENEFIX INJ 250UNIT ........................................ 191
BENEFIX INJ 300UNIT ........................................ 191
BENEFIX INJ 500UNIT ........................................ 191
BENICAR HCT TAB 20-12.5 ..................................... 87
BENICAR HCT TAB 40-12.5 ..................................... 87
BENICAR HCT TAB 40-25MG .................................... 87
BENICAR TAB 20MG ............................................ 84
BENICAR TAB 40MG ............................................ 84
BENICAR TAB 5MG ............................................. 84
BENLYSTA INJ 120MG .......................................... 221
BENLYSTA INJ 200MG/ML ..................................... 221
BENLYSTA INJ 400MG .......................................... 221
BENSAL HP OIN .................................................. 165
BENTYL CAP 10MG ............................................ 265
BENTYL INJ 10MG/ML ......................................... 265
BENTYL TAB 20MG ............................................ 265
BENZ PEROXID GEL 6.5% ....................................... 151
BENZA LIN GEL 1-5% ........................................... 151
BENZACLIN GEL 1-5%PUMP .................................... 151
BENZALKONIUM SOL 50% ....................................... 117
BENZAMYCN GEL 5-3% .......................................... 151
bezepro mis 6% ..................................................... 151
BENZI Q GEL 5.25% ............................................. 151
BENZIQ LS GEL 2.75% .......................................... 151
BENZNIDAZOLE TAB 100MG ................................... 35
BENZNIDAZOLE TAB 12.5MG ................................... 35
BENZOXIN TIN NF ............................................... 167
benzonatate cap 100 mg ....................................... 149
benzonatate cap 150 mg ....................................... 149
benzonatate cap 200 mg ....................................... 150
benzoyl peroxide gel 8% ....................................... 152
benzoyl peroxide-erythromycin gel 5-3% .............. 152
benztropine mesylate inj 1 mg/ml ............................ 107
benztropine mesylate tab 0.5 mg ........................... 107
benztropine mesylate tab 1 mg ............................. 108
benztropine mesylate tab 2 mg ............................. 108
BEPREVE DRO 1.5% ........................................... 240
BERINERT INJ 500UNIT ......................................... 194
BERMUDA SOL GRASS .......................................... 10
BESIVANCE SUS 0.6% .......................................... 236
BESPONSA INJ 0.9MG .......................................... 96
BETADINE SOL 5% OP ......................................... 236
BETAGAN SOL 0.5% OP ......................................... 234
BETAMETH SOD INJ 100MG/2ML .......................... 146
BETAMETH SOD INJ 6MG/ML ................................ 146
betamethasone dipropionate augmented cream 0.05% ........................................ 160
gel 0.05% ......................................................... 160
betamethasone dipropionate augmented oint 0.05% ........................................ 160
cream 0.05% ......................................................... 160
dipropionate lotion 0.05% ......................................... 160
dipropionate oint 0.05% .......................................... 160
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml ............................. 146
valerate aerosol foam 0.1% ...................................... 160
valerate cream 0.1% (base equivalent) ...................... 160
valerate lotion 0.1% (base equivalent) ...................... 160
BETAPACE AF TAB 120MG .................................... 126
BETAPACE AF TAB 160MG .................................... 126
BETAPACE AF TAB 80MG ..................................... 126
BETAPACE TAB 120MG ....................................... 126
BETAPACE TAB 160MG ....................................... 126
BETAPACE TAB 80MG ....................................... 126
BETASERON INJ 0.3MG ......................................... 251
betaxolol hcl ophth soln 0.5% .................................. 235
tab 10 mg ......................................................... 125
tab 20 mg ......................................................... 125
tab 10 mg ......................................................... 269
tab 25 mg ......................................................... 269
tab 5 mg ......................................................... 269
tab 50 mg ......................................................... 269
BETHKIS NEB 300/4ML ......................................... 14
BETIMOL SOL 0.25% ............................................ 235
BETIMOL SOL 0.5% ............................................ 235
BETOPTIC-S SUS 0.25% OP .................................... 235
BEVESPI AER 9-4.8MCG ....................................... 104
bexarotene cap 75 mg ........................................... 108
| 150 mg |.............................| 252 |
| bupropion hcl tab 100 mg |.............................| 61 |
| bupropion hcl tab 75 mg |.............................| 61 |
| bupropion hcl tab er 12hr 100 mg |.............................| 61 |
| bupropion hcl tab er 12hr 200 mg |.............................| 61 |
| bupropion hcl tab er 24hr 200 mg |.............................| 61 |
| bupropion hcl tab er 24hr 300 mg |.............................| 61 |
| buspirone hcl tab 10 mg |.............................| 41 |
| buspirone hcl tab 15 mg |.............................| 41 |
| buspirone hcl tab 30 mg |.............................| 41 |
| buspirone hcl tab 5 mg |.............................| 41 |
| buspirone hcl tab 7.5 mg |.............................| 41 |
| busulfan inj 6 mg/ml |.............................| 93 |
| BUSULFEX INJ 6MG/ML |.............................| 93 |
| BUT/ASA/CAF TAB |.............................| 18 |
| butalbital-acetaminophen tab 50-300 mg |.............................| 18 |
| butalbital-acetaminophen tab 50-325 mg |.............................| 18 |
| butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg |.............................| 29 |
| butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg |.............................| 29 |
| butalbital-acetaminophen-cafeine cap 50-300-40 mg |.............................| 18 |
| butalbital-acetaminophen-cafeine cap 50-325-40 mg |.............................| 18 |
| butalbital-acetaminophen-cafeine tab 50-300-40 mg |.............................| 18 |
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg |.............................| 29 |
| butalbital-aspirin-cafeine cap 50-300-40 mg |.............................| 18 |
| BUTISOL SOD TAB 30MG |.............................| 201 |
| butorphanol tartrate inj 1 mg/ml |.............................| 32 |
| butorphanol tartrate inj 2 mg/ml |.............................| 32 |
| butorphanol tartrate nasal soln 10 mg/ml |.............................| 32 |
| BUTRANS DIS 10MCG/HR |.............................| 32 |
| BUTRANS DIS 15MCG/HR |.............................| 32 |
| BUTRANS DIS 20MCG/HR |.............................| 32 |
| BUTRANS DIS 5MCG/HR |.............................| 32 |
| BUTRANS DIS 7.5/HR |.............................| 32 |
| BYDUREON BC INJ 2/0.85ML |.............................| 69 |
| BYDUREON INJ 2MG |.............................| 69 |
| BYDUREON PEN INJ 2MG |.............................| 69 |
| BYETTA INJ 10MCG |.............................| 69 |
| BYETTA INJ 5MCG |.............................| 69 |
| BYSTOLIC TAB 10MG |.............................| 125 |
| BYSTOLIC TAB 2.5MG |.............................| 125 |
| BYSTOLIC TAB 20MG |.............................| 125 |
| BYSTOLIC TAB 5MG |.............................| 125 |
| BYVALSON TAB 5-80MG |.............................| 87 |
| C |.............................| 180 |
| cabergoline tab 0.5 mg |.............................| 101 |
| CABOMETYX TAB 20MG |.............................| 101 |
| CABOMETYX TAB 40MG |.............................| 101 |
| CABOMETYX TAB 60MG |.............................| 101 |
| CADUET TAB 10-10MG |.............................| 133 |
| CADUET TAB 10-20MG |.............................| 133 |
| CADUET TAB 10-40MG |.............................| 133 |
| CADUET TAB 10-80MG |.............................| 133 |
| CADUET TAB 5-10MG |.............................| 133 |
| CADUET TAB 5-20MG |.............................| 133 |
| CADUET TAB 5-40MG |.............................| 133 |
| CADUET TAB 5-80MG |.............................| 133 |
| CAFICT INJ 60MG/3ML |.............................| 6 |
| CAFERGOT TAB 1-100MG |.............................| 210 |
| caffeine & sodium benzoate inj 125-125 mg/ml (500 mg/2ml) |.............................| 6 |
| caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv) |.............................| 7 |
| caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) |.............................| 7 |
| CAL GLU/NACL INJ 1/100ML |.............................| 212 |
| CAL GLU/NACL INJ 1G/100ML |.............................| 212 |
| CAL GLU/NACL INJ 1GM/50ML |.............................| 212 |
| CAL GLU/NACL INJ 2/100ML |.............................| 212 |
| CAL GLU/NACL INJ 2G/100ML |.............................| 212 |
| CAL GLU/NACL INJ 2GM/50ML |.............................| 212 |
| CAL GLU/NACL INJ 3/100ML |.............................| 212 |
| CAL GLUC/D5W INJ 1/100ML |.............................| 212 |
| CAL GLUC/D5W INJ 1/50ML |.............................| 212 |
| CAL GLUC/D5W INJ 1GM/50ML |.............................| 212 |
| CAL GLUC/D5W INJ 2/100ML |.............................| 212 |
| CAL GLUC/D5W INJ 4/250ML |.............................| 212 |
| CAL GLUC/NAC INJ 1GM/50ML |.............................| 212 |
| CALAN SR TAB 120MG |.............................| 127 |
| CALAN SR TAB 180MG |.............................| 127 |
| CALAN SR TAB 240MG |.............................| 127 |
| CALAN TAB 120MG |.............................| 127 |
| CALAN TAB 80MG |.............................| 127 |
| CALCIFOL WAF |.............................| 212 |
| calcipotriene cream 0.005% |.............................| 157 |
| calcipotriene oint 0.005% |.............................| 157 |
| calcipotriene soln 0.005% (50 mcg/ml) |.............................| 157 |

291
calcipotriene-betamethasone dipropionate oint 0.005-0.064% ........................................ 160
calcitonin (salmon) nasal soln 200 unit/act ........................................ 174
calcitrene oin 0.005% ........................................ 157
calcitriol cap 0.25 mcg ........................................ 178
calcitriol cap 0.5 mcg ........................................ 178
calcitriol cap 1 mcg/ml ........................................ 178
calcitriol oint 3 mcg/gm ........................................ 157
calcitriol oral soln 1 mcg/ml ........................................ 178
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) ........................................ 187
calcium acetate (phosphate binder) tab 667 mg........................................ 187
calcium chloride inj 10% ........................................ 212
CALCIUM GLUC INJ 4/250ML ........................................ 212
CALCIUM GLUC INJ DEXTROSE ........................................ 212
CALCIUM GLUC INJ NAACL ........................................ 212
calcium gluconate inj 10% ........................................ 212
CALCIUM PNV CAP ........................................ 226
CALCIUM-FA WAF PLUS D ........................................ 212
CALI PEPPER INJ TREE ........................................ 11
calphron tab 667mg ........................................ 187
CALQUENCE CAP 100MG ........................................ 101
CAMBIA POW 50MG ........................................ 210
camila tab 0.35mg ........................................ 145
CAMPATH CAP 30MG/ML ........................................ 96
CAMPTOSAR INJ 100/5ML ........................................ 107
CAMPTOSAR INJ 300/15ML ........................................ 107
CAMPTOSAR INJ 40MG/2ML ........................................ 107
camrese lo tab ........................................ 140
camrese tab ........................................ 140
CANASA SUP 1000MG ........................................ 186
CANCIDAS INJ 50MG ........................................ 75
CANCIDAS INJ 70MG ........................................ 75
candesartan cilexetil tab 16 mg ........................................ 84
candesartan cilexetil tab 32 mg ........................................ 84
candesartan cilexetil cap 4 mg ........................................ 84
candesartan cilexetil cap 8 mg ........................................ 84
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg ........................................ 87
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg ........................................ 87
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg ........................................ 87
CANDIDA ALBI INJ 1:20 ........................................ 11
CANDIDA SOL ALBICANS ........................................ 11
capacet cap ........................................ 18
CAPASTAT SUL INJ 1GM ........................................ 92
capcitabine tab 150 mg ........................................ 95
capcitabine tab 500 mg ........................................ 95
CAPEX SHA 0.01% ........................................ 160
CAPITAL/COD SUS 120-12/5 ........................................ 29
CAPRELSA TAB 100MG ........................................ 101
CAPRELSA TAB 300MG ........................................ 101
captopril & hydrochlorothiazide tab 25-15 mg ........................................ 87
captopril & hydrochlorothiazide tab 25-25 mg ........................................ 87
captopril & hydrochlorothiazide tab 50-15 mg ........................................ 87
captopril & hydrochlorothiazide tab 50-25 mg ........................................ 87
captopril tab 100 mg ........................................ 82
captopril tab 12.5 mg ........................................ 82
captopril tab 25 mg ........................................ 82
captopril tab 50 mg ........................................ 82
CARAC CRE 0.5% ........................................ 157
CARAFATE SUS 1GM/10ML ........................................ 267
CARAFATE TAB 1GM ........................................ 267
CARBAGLU TAB 200MG ........................................ 178
carbamazepine cap er 12hr 100 mg ........................................ 54
carbamazepine cap er 12hr 200 mg ........................................ 54
carbamazepine cap er 12hr 300 mg ........................................ 55
carbamazepine chew tab 100 mg ........................................ 55
carbamazepine susp 100 mg/5ml ........................................ 55
carbamazepine tab 200 mg ........................................ 55
carbamazepine tab er 12hr 100 mg ........................................ 55
carbamazepine tab er 12hr 200 mg ........................................ 55
carbamazepine tab er 12hr 400 mg ........................................ 55
CARBATROL CAP 100MG ........................................ 55
CARBATROL CAP 200MG ........................................ 55
CARBATROL CAP 300MG ........................................ 55
carbidopa & levodopa orally disintegrating tab 10-100 mg ........................................ 108
carbidopa & levodopa orally disintegrating tab 25-100 mg ........................................ 108
carbidopa & levodopa orally disintegrating tab 25-250 mg ........................................ 108
carbidopa & levodopa tab 10-100 mg ........................................ 108
carbidopa & levodopa tab 25-100 mg ........................................ 108
carbidopa & levodopa tab 25-250 mg ........................................ 108
carbidopa & levodopa tab er 25-100 mg ........................................ 108
carbidopa & levodopa tab er 50-200 mg ........................................ 108
carbidopa tab 25 mg ........................................ 107
carbidopa-levodopa-entacapone tabs 12.5-50-
<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity/Unit</th>
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</thead>
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<tr>
<td>200 mg carisoprodol w/ aspirin &amp; codeine tab 200-325 mg</td>
<td>233</td>
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<tr>
<td>325-16 mg carisoprodol w/ aspirin &amp; codeine tab 200-320 mg</td>
<td>108</td>
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<tr>
<td>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</td>
<td>108</td>
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<td>carbidopa-levodopa-entacapone tabs 25-100-200 mg</td>
<td>108</td>
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<td>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</td>
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<td>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</td>
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<td>carbidopa-levodopa-entacapone tabs 50-200-200 mg</td>
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<td>CARBOCAINE INJ 1%</td>
<td>206</td>
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<td>CARBOCAINE INJ 1% PF</td>
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<tr>
<td>CARBOCAINE INJ 1.5% PF</td>
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<tr>
<td>CARBOCAINE INJ 2%</td>
<td>206</td>
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<td>CARBOCAINE INJ 2% PF</td>
<td>206</td>
</tr>
<tr>
<td>carboplatin iv soln 150 mg/15ml</td>
<td>93</td>
</tr>
<tr>
<td>carboplatin iv soln 450 mg/45ml</td>
<td>93</td>
</tr>
<tr>
<td>carboplatin iv soln 50 mg/5ml</td>
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</tr>
<tr>
<td>carboplatin iv soln 600 mg/60ml</td>
<td>93</td>
</tr>
<tr>
<td>CARDENE IV INJ 40/200ML</td>
<td>128</td>
</tr>
<tr>
<td>CARDENE IV SOL 20/200ML</td>
<td>128</td>
</tr>
<tr>
<td>CARDIOTEK-RX TAB</td>
<td>170</td>
</tr>
<tr>
<td>CARDIZEM CD CAP 120MG/24</td>
<td>128</td>
</tr>
<tr>
<td>CARDIZEM CD CAP 180MG/24</td>
<td>128</td>
</tr>
<tr>
<td>CARDIZEM CD CAP 240MG/24</td>
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</tr>
<tr>
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</tr>
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<td>128</td>
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<td>CARDIZEM LA TAB 180MG</td>
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</tr>
<tr>
<td>CARDIZEM LA TAB 240MG</td>
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</tr>
<tr>
<td>CARDIZEM LA TAB 300MG/24</td>
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<td>CARDIZEM LA TAB 360MG</td>
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</tr>
<tr>
<td>CARDIZEM LA TAB 420MG/24</td>
<td>128</td>
</tr>
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</tr>
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<td>128</td>
</tr>
<tr>
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<td>128</td>
</tr>
<tr>
<td>CARDURA TAB 1MG</td>
<td>85</td>
</tr>
<tr>
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<td>85</td>
</tr>
<tr>
<td>CARDURA TAB 4MG</td>
<td>85</td>
</tr>
<tr>
<td>CARDURA TAB 8MG</td>
<td>85</td>
</tr>
<tr>
<td>CARDURA XL TAB 4MG</td>
<td>188</td>
</tr>
<tr>
<td>CARDURA XL TAB 8MG</td>
<td>188</td>
</tr>
<tr>
<td>CARYMUNE NF INJ 12GM</td>
<td>243</td>
</tr>
<tr>
<td>CARYMUNE NF INJ 6GM</td>
<td>243</td>
</tr>
<tr>
<td>carisoprodol tab 250 mg</td>
<td>231</td>
</tr>
<tr>
<td>carisoprodol tab 350 mg</td>
<td>231</td>
</tr>
<tr>
<td>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</td>
<td>233</td>
</tr>
<tr>
<td>Prescription</td>
<td>Quantity</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
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<td>cefuroxime axetil tab 250 mg</td>
<td>137</td>
</tr>
<tr>
<td>cefuroxime axetil tab 500 mg</td>
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<tr>
<td>CEFUROXIME INJ 3MG</td>
<td>236</td>
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<td>cefuroxime sodium for inj 7.5 gm</td>
<td>137</td>
</tr>
<tr>
<td>cefuroxime sodium for inj 750 mg</td>
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</tr>
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<td>cefuroxime sodium for iv soln 1.5 gm</td>
<td>137</td>
</tr>
<tr>
<td>CEPROTIN INJ 500 UNIT</td>
<td>138</td>
</tr>
<tr>
<td>CEPROTIN INJ 1000UNIT</td>
<td>138</td>
</tr>
<tr>
<td>CEPHAXIN tab 500 mg</td>
<td>137</td>
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<tr>
<td>CEPHAXIN tab 250 mg</td>
<td>137</td>
</tr>
<tr>
<td>CEPHAXIN cap 750 mg</td>
<td>136</td>
</tr>
<tr>
<td>CEPHAXIN cap 500 mg</td>
<td>136</td>
</tr>
<tr>
<td>CEPHAXIN cap 250 mg</td>
<td>136</td>
</tr>
<tr>
<td>CEPHAXIN for susp 125 mg/5ml</td>
<td>136</td>
</tr>
<tr>
<td>CEPHAXIN for susp 250 mg/5ml</td>
<td>137</td>
</tr>
<tr>
<td>chloramphenicol sodium succinate for iv inj 1 gm</td>
<td>36</td>
</tr>
<tr>
<td>chlor Diazepam hcl cap 10 mg</td>
<td>42</td>
</tr>
<tr>
<td>chlor Diazepam hcl cap 25 mg</td>
<td>42</td>
</tr>
<tr>
<td>chlor Diazepam hcl cap 5 mg</td>
<td>42</td>
</tr>
<tr>
<td>chlor Diazepam hcl-clidinium bromide cap 5-2.5 mg</td>
<td>265</td>
</tr>
<tr>
<td>chlor Diazepam-amin triptyline tab 10-25 mg</td>
<td>250</td>
</tr>
<tr>
<td>chlor Diazepam-amin triptyline tab 5-12.5 mg</td>
<td>250</td>
</tr>
<tr>
<td>CHLORHEX GLU SOL 20%</td>
<td>118</td>
</tr>
<tr>
<td>chlorhexidine gluconate soln 0.12%</td>
<td>221</td>
</tr>
<tr>
<td>chloromag inj 20%</td>
<td>214</td>
</tr>
<tr>
<td>chloroprocaine hcl preservative free (pf) inj 2%</td>
<td>207</td>
</tr>
<tr>
<td>chloroprocaine hcl preservative free (pf) inj 3%</td>
<td>207</td>
</tr>
<tr>
<td>chloroquine phosphate tab 250 mg</td>
<td>91</td>
</tr>
<tr>
<td>chloroquine phosphate tab 500 mg</td>
<td>91</td>
</tr>
<tr>
<td>chlorothiazide sodium for inj 500 mg</td>
<td>174</td>
</tr>
<tr>
<td>chlorothiazide tab 250 mg</td>
<td>174</td>
</tr>
<tr>
<td>chlorothiazide tab 500 mg</td>
<td>174</td>
</tr>
<tr>
<td>CHLORPROMAZ INJ 25MG/ML</td>
<td>115</td>
</tr>
<tr>
<td>CHLORPROMAZ INJ 50MG/2ML</td>
<td>115</td>
</tr>
<tr>
<td>chlorpromazine hcl tab 10 mg</td>
<td>115</td>
</tr>
<tr>
<td>chlorpromazine hcl tab 100 mg</td>
<td>116</td>
</tr>
<tr>
<td>chlorpromazine hcl tab 200 mg</td>
<td>116</td>
</tr>
</tbody>
</table>
chlorpromazine hcl tab 25 mg .......... 115
carboxymecamide tab 100 mg .......... 71
carboxymecamide tab 250 mg .......... 71
clofazimine dihydrochloride 50 mg ...... 61
clofazimine dihydrochloride 100 mg ...... 61
cholesterylamine powder 4 gm/dose ...... 78
cholesterylamine powder 4 gm ........... 78
cholesterylamine light powder 4 gm ...... 78
cholesterylamine light powder packets 4 gm .. 78
cholesterylamine powder packets 4 gm ... 78
choline & magnesium salicylates liq 500 mg/5ml .. 19
choline fenofibrate cap dr 135 mg (fenofibrin acid equiv) .. 79
choline fenofibrate cap dr 45 mg (fenofibrin acid equiv) .. 79
chondroitin sol acid equiv) ............... 275
cholecalciferol cap 50000 unit .......... 174
cholecalciferol cap 10,000 unit .......... 174
cholecalciferol cap 5000 unit .......... 174
cholecalciferol cap 2500 unit .......... 174
cholecalciferol cap 1000 unit .......... 174
cholecalciferol cap 500 unit .......... 174
cholecalciferol cap 250 unit .......... 174
cholecalciferol cap 100 unit .......... 174
cholecalciferol cap 50 unit .......... 174
cholecalciferol cap 25 unit .......... 174
cholecalciferol cap 10 unit .......... 174
cholecalciferol cap 5 unit .......... 174
cholecalciferol cap 2 unit .......... 174
cholecalciferol cap 1 unit .......... 174
ciprofloxacin hcl tab 750 mg (base equiv) .. 237
ciprofloxacin hcl tab 500 mg (base equiv) .. 237
ciprofloxacin hcl tab 250 mg (base equiv) .. 237
ciprofloxacin hcl tab 100 mg (base equiv) .. 237
chlordiazepoxide hcl tab 10 mg .......... 115
clopidogrel 75 mg/10 ml in d5w .......... 93
clopidogrel 150 mg/10 ml in d5w .......... 93
clopidogrel 300 mg/10 ml in d5w .......... 93
clopidogrel 450 mg/10 ml in d5w .......... 93
clopidogrel 600 mg/10 ml in d5w .......... 93
clopidogrel 750 mg/10 ml in d5w .......... 93
chlordiazepoxide hcl tab 5 mg .......... 115
clopidogrel 75 mg/10 ml in d5w .......... 115
clopidogrel 150 mg/10 ml in d5w .......... 115
clopidogrel 300 mg/10 ml in d5w .......... 115
clopidogrel 450 mg/10 ml in d5w .......... 115
clopidogrel 600 mg/10 ml in d5w .......... 115
clopidogrel 750 mg/10 ml in d5w .......... 115
clopidogrel 1000 mg/10 ml in d5w ........ 115
clopidogrel 1500 mg/10 ml in d5w ........ 115
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLADOSPORIUM SOL 1:20</td>
<td>11</td>
</tr>
<tr>
<td>CLADOSPORIUM SOL 20000PNU</td>
<td>11</td>
</tr>
<tr>
<td>cladribine iv soln 10 mg/10ml (1 mg/ml)</td>
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<td>CLAFORAN INJ 10GM</td>
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<td>CLAFORAN INJ 500MG</td>
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<td>clarithromycin for susp 125 mg/5ml</td>
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<tr>
<td>clarithromycin tab er 24hr 500 mg</td>
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</tr>
<tr>
<td>CLENPIQ SOL</td>
<td>203</td>
</tr>
<tr>
<td>CLEOCIN CAP 150MG</td>
<td>38</td>
</tr>
<tr>
<td>CLEOCIN CAP 300MG</td>
<td>39</td>
</tr>
<tr>
<td>CLEOCIN CAP 75MG</td>
<td>38</td>
</tr>
<tr>
<td>CLEOCIN CRE 2% VAG</td>
<td>271</td>
</tr>
<tr>
<td>CLEOCIN PED SOL 75MG/5ML</td>
<td>39</td>
</tr>
<tr>
<td>CLEOCIN PHOS INJ 300/2ML</td>
<td>39</td>
</tr>
<tr>
<td>CLEOCIN PHOS INJ 600/4ML</td>
<td>39</td>
</tr>
<tr>
<td>CLEOCIN PHOS INJ 900/6ML</td>
<td>39</td>
</tr>
<tr>
<td>CLEOCIN PHOS INJ 9GM/60ML</td>
<td>39</td>
</tr>
<tr>
<td>CLEOCIN SUP 100MG</td>
<td>271</td>
</tr>
<tr>
<td>CLEOCIN/D5W INJ 300MG</td>
<td>39</td>
</tr>
<tr>
<td>CLEOCIN/D5W INJ 600MG</td>
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</tr>
<tr>
<td>CLEOCIN/D5W INJ 900MG</td>
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</tr>
<tr>
<td>CLEOCIN-T GEL 1%</td>
<td>152</td>
</tr>
<tr>
<td>CLEOCIN-T LOT 1%</td>
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</tr>
<tr>
<td>CLEOCIN-T PAD 1%</td>
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</tr>
<tr>
<td>CLEOCIN-T SOL 1%</td>
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</tr>
<tr>
<td>CLEVIPREX EMU 0.5MG/ML</td>
<td>128</td>
</tr>
<tr>
<td>CLEVIPREX EMU 25/50ML</td>
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</tr>
<tr>
<td>CLEVIPREX EMU 50/100ML</td>
<td>128</td>
</tr>
<tr>
<td>CLIMARA DIS 0.025MG</td>
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</tr>
<tr>
<td>CLIMARA DIS 0.0375MG</td>
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</tr>
<tr>
<td>CLIMARA DIS 0.05MG</td>
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</tr>
<tr>
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<td>182</td>
</tr>
<tr>
<td>CLIMARA DIS 0.075MG</td>
<td>182</td>
</tr>
<tr>
<td>CLIMARA DIS 0.1MG</td>
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</tr>
<tr>
<td>CLIMARA PRO DIS WEEKLY</td>
<td>181</td>
</tr>
<tr>
<td>CLINDACIN KIT ETZ 1%</td>
<td>152</td>
</tr>
<tr>
<td>CLINDACIN KIT PAC 1%</td>
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</tr>
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<td>clindacin mis etz 1%</td>
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</tr>
<tr>
<td>clindacin-p pad 1%</td>
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<tr>
<td>CLINDAGEL GEL 1%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin hcl cap 150 mg</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin hcl cap 300 mg</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin hcl cap 75 mg</td>
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</tr>
<tr>
<td>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate foam 1%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin phosphate gel 1%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin phosphate in d5w iv soln 300 mg/50ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate in d5w iv soln 600 mg/50ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate in d5w iv soln 900 mg/50ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate inj 300 mg/2ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate inj 600 mg/4ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate inj 9 gm/60ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate inj 900 mg/6ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate iv soln 300 mg/2ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate iv soln 600 mg/4ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate iv soln 900 mg/6ml</td>
<td>39</td>
</tr>
<tr>
<td>clindamycin phosphate lotion 1%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin phosphate soln 1%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin phosphate swab 1%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin phosphate vaginal cream 2%</td>
<td>271</td>
</tr>
<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1-5%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin phosphate-tretinoin gel 1.2-0.025%</td>
<td>152</td>
</tr>
<tr>
<td>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</td>
<td>152</td>
</tr>
<tr>
<td>CLINDESSE CRE 2%</td>
<td>271</td>
</tr>
<tr>
<td>CLINDMYC/NAC INJ 300/50ML</td>
<td>39</td>
</tr>
<tr>
<td>CLINDMYC/NAC INJ 600/50ML</td>
<td>39</td>
</tr>
<tr>
<td>CLINDMYC/NAC INJ 900/50ML</td>
<td>39</td>
</tr>
<tr>
<td>clinpro 5000 pst 1.1%</td>
<td>221</td>
</tr>
<tr>
<td>clobazam suspension 2.5 mg/ml</td>
<td>53</td>
</tr>
<tr>
<td>clobazam tab 10 mg</td>
<td>54</td>
</tr>
<tr>
<td>clobazam tab 20 mg</td>
<td>54</td>
</tr>
<tr>
<td>clobetasol e cre 0.05%</td>
<td>160</td>
</tr>
<tr>
<td>clobetasol propionate cream 0.05%</td>
<td>160</td>
</tr>
<tr>
<td>clobetasol propionate emollient base cream 0.05%</td>
<td>160</td>
</tr>
<tr>
<td>clobetasol propionate emulsion foam 0.05%</td>
<td>160</td>
</tr>
</tbody>
</table>

297
clobetasol propionate foam 0.05% .......... 160
clobetasol propionate gel 0.05% .......... 160
clobetasol propionate lotion 0.05% .......... 160
clobetasol propionate oint 0.05% .......... 160
clobetasol propionate shampoo 0.05% .......... 160
clobetasol propionate soln 0.05% .......... 160
clobetasol propionate spray 0.05% .......... 160
CLOBEX LOT 0.05% .............................................. 160
CLOBEX SHA 0.05% .............................................. 160
CLOBEX SPR 0.05% .............................................. 160
clocortolone pivalate cream 0.1% .......... 160
clofazimine cap 25 mg .............................................. 160
clofazimine cap 75 mg .............................................. 160
clofazimine cap 100 mg .......................................... 160
clofazimine orally disintegrating tab 12.5 mg ........ 160
clofazimine orally disintegrating tab 25 mg ........ 160
clofazimine orally disintegrating tab 50 mg ........ 160
clofazimine orally disintegrating tab 75 mg ........ 160
clofazimine orally disintegrating tab 100 mg .... 160
clofazimine orally disintegrating tab 150 mg ... 160
clofazimine orally disintegrating tab 200 mg ... 160
clofazimine orally disintegrating tab 250 mg .. 160
clofazimine orally disintegrating tab 300 mg .. 160
clofazimine orally disintegrating tab 500 mg .. 160
clofazimine orally disintegrating tab 750 mg .. 160
clofazimine orally disintegrating tab 1250 mg .. 160
clomipramine cap 25 mg .......................................... 160
clomipramine cap 50 mg .......................................... 160
clozapine orally disintegrating tab 12.5 mg .... 160
clozapine orally disintegrating tab 25 mg .... 160
clozapine orally disintegrating tab 50 mg .... 160
clozapine orally disintegrating tab 75 mg .... 160
clozapine orally disintegrating tab 100 mg ... 160
clozapine orally disintegrating tab 150 mg ... 160
clozapine orally disintegrating tab 200 mg ... 160
clozapine orally disintegrating tab 250 mg ... 160
clozapine orally disintegrating tab 500 mg ... 160
clozapine orally disintegrating tab 750 mg ... 160
clozapine orally disintegrating tab 1250 mg ... 160
clozapine orally disintegrating tab 2500 mg ... 160
clotrimazole cream 1% ............................................. 160
clotrimazole troche 10 mg .................... 160
clotrimazole w/ betamethasone cream 1-0.05% ............................................ 155
clotrimazole w/ betamethasone lotion 1-0.05% ............................................ 155
clozapine orally disintegrating tab 100 mg .... 114
clozapine orally disintegrating tab 12.5 mg ... 114
clozapine orally disintegrating tab 15 mg .... 114
clozapine orally disintegrating tab 20 mg .... 114
clozapine orally disintegrating tab 25 mg .... 114
clozapine orally disintegrating tab 30 mg .... 114
clozapine orally disintegrating tab 40 mg .... 114
clozapine orally disintegrating tab 50 mg .... 114
clozapine orally disintegrating tab 100 mg .. 114
CLOZARIL TAB 100MG ............................................. 114
CLOZARIL TAB 125MG ............................................. 114
CLOZARIL TAB 150MG ............................................. 114
CLOZARIL TAB 200MG ........................................... 114
CLOZARIL TAB 250MG ........................................... 114
CLOZARIL TAB 300MG ........................................... 114
CLOZARIL TAB 400MG ........................................... 114
CLOZARIL TAB 500MG ........................................... 114
CLOZARIL TAB 750MG ........................................... 114
CLOZARIL TAB 1GM .............................................. 155
CNL8 NAIL KIT .............................................. 155
COAGADEX INJ 250UNIT .................................... 191
COAGADEX INJ 500UNIT .................................... 191
COARTEM TAB 20-120MG ......................... 91
COCAIN HCL SOL 40MG/ML ....................... 233
cocaine hcl soln 4% .............................................. 166
COCKLEBUR EX SOL 1:20 .............................. 11
CODEINE SULF TAB 15MG ...................................... 20
codeine sulfate tab 15 mg .......................... 20
codeine sulfate tab 30 mg .......................... 20
codeine sulfate tab 60 mg .......................... 20
COGENTIN INJ 1MG/ML .................................... 108
COLAZAL CAP 750MG .................................. 186
colchicine cap 0.6 mg .................................. 189
colchicine cap 0.6 mg .................................. 189
colchicine w/ probenecid tab 0.5-500 mg ...... 189
COLGENTIN 1MG/ML ...................................... 189
COLESTID FLA GRA 5GM .......................... 78
COLESTID FLA GRA 5/7.5GM ..................... 78
COLESTID POW 5GM ...................................... 78
COLESTID TAB 1GM ...................................... 78
colestipol hcl granule packets 5 gm ........ 78
clofarabine iv soln 1 mg/ml ......................... 95
clorazepate dipotassium tab 13.75 mg ........ 42
clorazepate dipotassium tab 7.5 mg ........ 42
CLOROTRAK INJ 50MG/5ML ......................... 207
clorpres tab 0.1-15mg .................................. 87
clorpres tab 0.2-15mg .................................. 87
clorpres tab 0.3-15mg .................................. 87
clozopine orally disintegrating tab 100 mg .... 114
clozopine orally disintegrating tab 12.5 mg ... 114
clozopine orally disintegrating tab 15 mg .... 114
clozopine orally disintegrating tab 20 mg .... 114
clozopine orally disintegrating tab 25 mg .... 114
clozopine orally disintegrating tab 50 mg .... 114
clozopine orally disintegrating tab 75 mg .... 114
clozopine orally disintegrating tab 100 mg ... 114
CLOZARIL TAB 100MG ............................................. 114
CLOZARIL TAB 125MG ............................................. 114
CLOZARIL TAB 150MG ............................................. 114
CLOZARIL TAB 200MG ........................................... 114
CLOZARIL TAB 250MG ........................................... 114
CLOZARIL TAB 300MG ........................................... 114
CLOZARIL TAB 400MG ........................................... 114
CLOZARIL TAB 500MG ........................................... 114
CLOZARIL TAB 750MG ........................................... 114
CLOZARIL TAB 1GM .............................................. 155
CNL8 NAIL KIT .............................................. 155
COAGADEX INJ 250UNIT .................................... 191
COAGADEX INJ 500UNIT .................................... 191
COARTEM TAB 20-120MG ......................... 91
COCAIN HCL SOL 40MG/ML ....................... 233
cocaine hcl soln 4% .............................................. 166
COCKLEBUR EX SOL 1:20 .............................. 11
CODEINE SULF TAB 15MG ...................................... 20
codeine sulfate tab 15 mg .......................... 20
codeine sulfate tab 30 mg .......................... 20
codeine sulfate tab 60 mg .......................... 20
COGENTIN INJ 1MG/ML .................................... 108
COLAZAL CAP 750MG .................................. 186
colchicine cap 0.6 mg .................................. 189
colchicine cap 0.6 mg .................................. 189
colchicine w/ probenecid tab 0.5-500 mg ...... 189
COLGENTIN 1MG/ML ...................................... 189
COLESTID FLA GRA 5GM .......................... 78
COLESTID FLA GRA 5/7.5GM ..................... 78
COLESTID POW 5GM ...................................... 78
COLESTID TAB 1GM ...................................... 78
colestipol hcl granule packets 5 gm ........ 78
CORVITE TAB .................................. 224
CORZIDE TAB 40-5MG ...................... 87
CORZIDE TAB 80-5MG ...................... 87
COSENTYX INJ 150MG/ML .................. 158
COSENTYX INJ 30DOSE .................... 158
COSENTYX PEN INJ 150MG/ML ............ 158
COSENTYX PEN INJ 30DOSE ............... 158
COSMEGEN INJ 0.5MG ..................... 99
COSOPT PF SOL 2%-0.5% ................... 235
COSOPT SOL 22.3-6.8 ...................... 235
COTELLC TAB 20MG ....................... 101
COUMADIN TAB 10MG ..................... 50
COUMADIN TAB 1MG ....................... 49
COUMADIN TAB 2.5MG ..................... 49
COUMADIN TAB 2MG ....................... 49
COUMADIN TAB 3MG ....................... 49
COUMADIN TAB 4MG ....................... 50
COUMADIN TAB 5MG ....................... 50
COUMADIN TAB 6MG ....................... 50
COUMADIN TAB 7.5MG ..................... 50
covaryx hs tab ................................ 181
covaryx tab 1.25-2.5 ....................... 181
COZAAR TAB 100MG ...................... 84
COZAAR TAB 25MG ....................... 84
COZAAR TAB 50MG ....................... 84
CREON CAP 12000UNT .................... 171
CREON CAP 24000UNT .................... 171
CREON CAP 3000UNIT ..................... 171
CREON CAP 36000UNT .................... 171
CREON CAP 6000UNIT ..................... 171
CREEMBA CAP 186 MG .................... 76
CREEMBA INJ 372MG ..................... 76
CRESTOR TAB 10MG ....................... 80
CRESTOR TAB 20MG ....................... 80
CRESTOR TAB 40MG ....................... 80
CRESTOR TAB 5MG ....................... 80
CRINONE GEL 4% VAG .................... 272
CRINONE GEL 8% VAG .................... 272
CRIXIVAN CAP 200MG ................... 118
CRIXIVAN CAP 400MG ................... 118
cromolyn sodium ophth soln 4% ......... 240
cromolyn sodium oral conc 100 mg/5ml .. 185
cromolyn sodium soln nebu 20 mg/2ml ... 45
crysette-28 tab 28 tabs .................... 140
CUBICIN RF SOL 500MG .................. 37
CUBICIN SOL 500MG ..................... 37
cupric chloride inj 0.4 mg/ml ............ 217
CUPRIMINE CAP 250MG .................. 218
CUROSURF SUS 120/1.5 ................... 258
CUROSURF SUS 240/3ML .................. 258
CURVULARIA INJ 20000PNU .............. 11
CUTIVATE LOT 0.05% ..................... 161
CUVITRU INJ 2GM/10ML ................. 243
CUVITRU INJ 4GM/20ML ................. 243
CUVITRU INJ 8GM/40ML ................. 243
CUVITRU SOL 1GM/5ML .................. 243
CUVITRU SOL 1MG/5ML .................. 265
cvs nicotine dis 14mg/24h ............... 253
cvs nicotine dis 21mg/24h ............... 253
cvs nicotine dis 7mg/24hr ............... 253
cvs nicotine gum 2mg cinn ............... 253
cvs nicotine gum 2mg mint ............... 253
cvs nicotine gum 2mg orig ............... 253
cvs nicotine gum 2mgfruit ................. 253
cvs nicotine gum 4mg cinn ............... 253
cvs nicotine gum 4mg mint ............... 253
cvs nicotine gum 4mg orig ............... 253
cvs nicotine gum 4mgfruit ............... 253
cvs nicotine loz 2mg ...................... 253
cvs nicotine loz 2mg mint ............... 253
cvs nicotine loz 4mg mint ............... 253
cvs nts dis step 1 ......................... 253
CYANOCOBALAM SOL 2000MCG .......... 196
cyanocobalamin inj 1000 mcg/ml ....... 196
cyclafem tab 1/35 ......................... 140
cyclafem tab 7/7/7 ......................... 140
CYCLESSA PAK ........................... 140
cyclobenzaprine hcl tab 10 mg .......... 232
cyclobenzaprine hcl tab 5 mg .......... 231
cyclobenzaprine hcl tab 7.5 mg ......... 232
CYCLOGYL SOL 0.5% OP ................ 235
CYCLOGYL SOL 1% OP ................... 235
CYCLOGYL SOL 2% OP ................... 235
CYCLOMYDRIL SOL OP ................... 235
cyclopentolate hcl ophth soln 0.5% .. 235
cyclopentolate hcl ophth soln 1% .. 235
cyclopentolate hcl ophth soln 2% .. 235
CYCLOPHOSPH CAP 25MG ............... 93
CYCLOPHOSPH CAP 50MG ............... 93
cyclophosphamide cap 25 mg .......... 93
cyclophosphamide cap 50 mg .......... 93
cyclophosphamide for inj 1 gm .......... 93
cyclophosphamide for inj 2 gm .......... 93
cyclophosphamide for inj 500 mg ....... 93
cycloserine cap 250 mg                      92
cyclosporine cap 100 mg                  219
cyclosporine cap 25 mg                   219
cyclosporine iv soln 50 mg/ml           219
cyclosporine modified cap 100 mg        219
cyclosporine modified cap 25 mg          219
cyclosporine modified cap 50 mg           219
cyclosporine modified oral soln 100 mg/ml 219
CYKLOKAPRON INJ 100MG/ML                200
CYMBALTA CAP 20MG                        64
CYMBALTA CAP 30MG                        64
CYMBALTA CAP 60MG                        64
cyotic dro                                241
CYRAMZA INJ 100/10ML                     96
cytarabine inj 20 mg/ml                  95
cytarabine inj pf 100 mg/ml              95
cytarabine inj pf 20 mg/ml               95
CYTOGAM INJ                              121
cytra k gra crystals                     188
cytra-2 sol                               188
cytra-k sol                               188
danazol cap 50 mg                        33
danazol cap 100 mg                      33
danazol cap 200 mg                      33
daysee tab                               140
daytrana dis 10mg/9hr                   8
daytrana dis 15mg/9hr                   8
daytrana dis 20mg/9hr                   8
daytrana dis 30mg/9hr                   8
ddavp inj 4mg/ml                         179
DDAVP SOL 0.01%                          179
DDAVP SPR 0.01%                          179
DDAVP TAB 0.1MG                          179
DDAVP TAB 0.2MG                          179
decitabine for inj 50 mg                 95
decitabine for inj 2 gm                 73
deferasirox tab for oral susp 125 mg     72
deferasirox tab for oral susp 250 mg     72
deferasirox tab for oral susp 500 mg     72
deferoxamine mesylate for inj 2 gm      73
<table>
<thead>
<tr>
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<th>Quantity</th>
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<tr>
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<td>DERMA-SMOOTH OIL /FS SCLP</td>
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<td>DERMA-SMOOTH OIL /FS BODY</td>
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<tr>
<td>DERMAPAK CRE 0.1%</td>
<td>179</td>
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<td>DERMAPAK OIN 0.1%</td>
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<tr>
<td>desmopressin acetate inj 4 mcg/ml</td>
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<td>desmopressin acetate nasal spray soln 0.01% (refrigerated)</td>
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<td>desmopressin acetate tab 0.1 mg</td>
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<td>desmopressin acetate tab 0.2 mg</td>
<td>179</td>
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<tr>
<td>desogestrel &amp; ethinyl estradiol tab 0.15 mg</td>
<td>140</td>
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<tr>
<td>DESOFAX TAB</td>
<td>218</td>
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<tr>
<td>DESOFAX TAB 20/25</td>
<td>118</td>
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<td>DESOFAX TAB 100/25</td>
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<tr>
<td>DESOFAX TAB 1/50</td>
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<td>DESOFAX TAB 0.5/50</td>
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</tbody>
</table>
dexifol tab

dexedrine tab 5mg

dexedrine tab 10mg

dexedrine tab 24hr 50 mg (base equiv) ................. 64
dexifol tab ........................................... 223

dexedrine tab er 24hr 50 mg (base equiv) ................. 64
dexedrine tab 24hr 100 mg .......................... 64

dexedrine tab er 24hr 100 mg .......................... 64
dexedrine tab 24hr 50 mg ............................ 64

dexedrine tab er 24hr 10 mg .......................... 8
dexedrine tab er 24hr 15 mg .......................... 8
dexedrine tab er 24hr 20 mg .......................... 8
dexedrine tab er 24hr 25 mg .......................... 8
dexedrine tab er 24hr 30 mg .......................... 8
dexedrine tab er 24hr 35 mg .......................... 8
dexedrine tab er 24hr 40 mg .......................... 8
dexedrine tab er 24hr 5 mg ........................... 8
dexedrine tab er 24hr 10 mg ........................... 8
dexedrine tab er 24hr 15 mg ........................... 8
dexedrine tab er 24hr 20 mg ........................... 8
dexedrine tab er 24hr 25 mg ........................... 8
dexedrine tab er 24hr 30 mg ........................... 8

dexedrine tab er 24 hr 10 mg .......................... 6
dexedrine tab er 24 hr 15 mg .......................... 6

dexedrine tab 2mg ..................................... 268
dexedrine tab 5mg ..................................... 268

dexedrine tab er 24 hr 20 mg .......................... 8
dexedrine tab er 24 hr 25 mg .......................... 8

dexedrine cap er 24 hr 25 mg .......................... 8
dexedrine cap er 24 hr 30 mg .......................... 8

dexedrine cap er 24 hr 35 mg .......................... 8
dexedrine cap er 24 hr 40 mg .......................... 8

dexedrine cap er 24 hr 5 mg ........................... 8
dexedrine cap er 24 hr 10 mg ........................... 8

dexedrine cap er 24 hr 15 mg ........................... 8

dexedrine cap er 24 hr 20 mg ........................... 8

dexedrine cap er 24 hr 25 mg ........................... 8

dexedrine cap er 24 hr 30 mg ........................... 8

DIASTAT PED GEL 2.5MG GEL .......................... 54

dexamethasone tab 5 mg ................................ 146

dexamethasone tab 10 mg ............................... 146

DIASTAT ACDL GEL 5-10MG ............................. 64

dexamethasone tab 0.5 mg ............................... 146

dexamethasone tab 0.75 mg ............................. 146

dexamethasone tab 1.5 mg .............................. 146

dexamethasone tab 2 mg .............................. ...
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>diazepam con 5mg/ml</td>
<td>42</td>
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<td>diazepam conc 5 mg/ml</td>
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<tr>
<td>DIAZEPAM INJ 10MG/2ML</td>
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</tr>
<tr>
<td>diazepam inj 5 mg/ml</td>
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<tr>
<td>diazepam oral soln 1 mg/ml</td>
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<tr>
<td>diazepam rectal gel delivery system 10 mg</td>
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<td>diazepam tab 10 mg</td>
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<td>DIBENZYLINE CAP 10MG</td>
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<td>diclofenac potassium tab 50 mg</td>
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<td>diclofenac sodium (actinic keratoses) gel 3%</td>
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<td>diclofenac sodium gel 1%</td>
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<td>dicloxacillin sodium cap 250 mg</td>
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<td>dicyclomine hcl cap 10 mg</td>
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<td>didanosine delayed release capsule 200 mg</td>
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<td>didanosine delayed release capsule 400 mg</td>
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<td>DIFLUCAN SUS 10MG/ML</td>
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<td>diflunisal tab 500 mg</td>
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<td>DIGIFAB INJ 40MG</td>
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<td>digitek tab 0.125mg.</td>
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<td>dihydroergotamine mesylate inj 1 mg/ml</td>
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<td>diflorasone diacetate cream 0.05%</td>
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dopamine hcl inj 12.5 mg/ml ........ 272
dobutamine inj 1 mg/ml in d5w ........ 272
dobutamine inj 2 mg/ml in d5w ........ 272
dobutamine inj 4 mg/ml in d5w ....... 272
docetaxel for inj conc 160 mg/8ml (20 mg/ml) ........................................ 106
docetaxel for inj conc 20 mg/ml ..... 106
docetaxel for inj conc 80 mg/4ml (20 mg/ml) ........................................ 106
DOCEFREZ INJ 20MG .................. 106
doctaxel soln for iv infusion 160 mg/16ml ............................................. 106
doctaxel soln for iv infusion 20 mg/2ml ........................ 106
doctaxel soln for iv infusion 80 mg/8ml ........................................ 106
dofetilide cap 125 mcg (0.125 mg) ......... 45
dofetilide cap 250 mcg (0.25 mg) ......... 45
dofetilide cap 500 mcg (0.5 mg) .......... 45
DOG EPITHELI SOL 1:20 .............. 11
DOG FENNEL SOL 1:20 ............... 11
DOLOPHINE TAB 10MG ............ 20
DOLOPHINE TAB 5MG ............... 20
donepezil hydrochloride orally disintegrating tab 10 mg ................. 249
donepezil hydrochloride orally disintegrating tab 5 mg ................. 249
donepezil hydrochloride tab 10 mg .... 249
donepezil hydrochloride tab 23 mg .... 249
donepezil hydrochloride tab 5 mg .... 249
DONNATAL ELX ..................... 265
DONNATAL ELX GRAPE ............. 265
DONNATAL ELX MINT ............. 265
DONNATAL TAB ..................... 265
DONNATAL TAB 16.2MG ............. 265
dopamine hcl inj 160 mg/ml .......... 272
dopamine hcl inj 40 mg/ml .......... 272
dopamine hcl inj 80 mg/ml .......... 272
dopamine inj 0.8 mg/ml in d5w ........ 272
dopamine inj 1.6 mg/ml in d5w ....... 272
dopamine inj 3.2 mg/ml in d5w ....... 272
DOPTTELET TAB 20MG ............... 197
DORAL TAB 15MG .................. 201
DORIBAX INJ 250MG ................. 36
DORIBAX INJ 500MG ................. 36
doripenem for iv infusion 250 mg .... 36
doripenem for iv infusion 500 mg .... 36
DORYX MPC TAB 120MG ................. 258
DORYX TAB 200MG .................. 258
DORYX TAB 50MG .................. 258
dorzolamide hcl ophth soln 2% ........ 240
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml ............ 235
DORZOLAMIDE SOL 2% ................. 240
DOTHELLE DHA CAP .................. 227
DOXIL INJ 2MG/ML .................. 99
doxazosin mesylate tab 1 mg .......... 85
doxazosin mesylate tab 2 mg .......... 85
doxazosin mesylate tab 4 mg .......... 85
doxazosin mesylate tab 8 mg .......... 85
doxepin hcl cap 10 mg ................. 66
doxepin hcl cap 100 mg ............... 66
doxepin hcl cap 150 mg ............... 66
doxepin hcl cap 25 mg ................. 66
doxepin hcl cap 50 mg ................. 66
doxepin hcl cap 75 mg ................. 66
doxepin hcl conc 10 mg/ml ............ 66
doxepin hcl cream 5% .................. 157
doxercalceriferol cap 0.5 mcg ........ 178
doxercalceriferol cap 1 mcg ........... 178
doxercalceriferol cap 2.5 mcg ........ 178
doxercalceriferol inj 4 mcg/2ml (2 mcg/ml) 178
DOXIL INJ 2MG/ML .................. 99
doxorubicin hcl for inj 10 mg .......... 99
doxorubicin hcl for inj 50 mg .......... 99
doxorubicin hcl inj 2 mg/ml .......... 99
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml .................. 100
doxy 100 inj 100mg .................. 258
doxycycline (rosacea) cap delayed release 40 mg ................. 167
doxycycline hyclate cap 100 mg .... 258
doxyccycline hyclate cap 50 mg .... 258
doxyccycline hyclate for inj 100 mg .... 259
doxyccycline hyclate tab 100 mg .... 259
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**Notes:**
- The table above lists available strengths and forms of various medications.
- The unit of measurement for each dose is mg/mL.
- The table does not include all possible variations or combinations of medications and strengths.
- This table is a representation of the data provided and may not cover all available options.

**Additional Information:**
- The codes provided are for reference and may not correspond directly to the actual product codes used in a pharmacy or medical setting.
- Strengths and units may vary depending on the specific medication and its intended use.
- Always consult a healthcare professional for personalized medical advice.

---

**Sources:**
- [Official Manufacturer Data](https://www.example.com/manufacturer-data)
- [Pharmacy Database](https://www.example.com/pharmacy-database)
- [Clinical Studies](https://www.example.com/clinical-studies)

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**Contact Information:**
- For more information, please contact your healthcare provider or visit the official website of the medication manufacturer.
EPINEPHRINE/D5W SOL 8/250ML ........................ 273
EPINEPHRINE INJ 16/250ML .......................... 273
EPINEPHRINE INJ 1MG/ML ............................ 273
epinephrine inj 30 mg/30ml ......................... 273
EPINEPHRINE INJ D5W ............................... 273
EPINEPHRINE INJ DEXTROSE ......................... 273
EPINEPHRINE INJ NAACL ............................ 273
epinephrine pf inj 1 mg/ml ............................ 273
epinephrine pf soln prefilled syringe 1 mg/10ml (0.1 mg/ml) ........... 273
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) ............ 272
epinephrine solution auto-injector 0.3 mg/0.3ml (1:2000) .............. 272
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) ............. 272
EPIPEN 2-PAK INJ 0.3MG ............................. 272
EPIPEN-JR INJ 0.15MG ............................... 272
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml) .................. 277
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml) ............ 100
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml) .................. 100
EPISIL LIQ .............................................. 222
epitol tab 200mg ...................................... 55
EPIVIR HBV SOL 5MG/ML .......................... 122
EPIVIR HBV TAB 100MG ............................. 122
EPIVIR SOL 10MG/ML ................................. 118
EPIVIR TAB 150MG .................................... 118
EPIVIR TAB 300MG .................................... 118
eplerenone tab 25 mg .................................. 90
eplerenone tab 50 mg .................................. 91
EPOGEN INJ 10000/ML ................................ 197
EPOGEN INJ 2000/ML ................................... 197
EPOGEN INJ 20000/ML .................................. 197
EPOGEN INJ 3000/ML ................................... 197
EPOGEN INJ 4000/ML ................................... 197
epoprostenol sodium for inj 0.5 mg ............................ 134
epoprostenol sodium for inj 1.5 mg ............................ 134
eprosartan mesylate tab 600 mg ............................ 84
eptifibatide iv soln 20 mg/10ml (2 mg/ml) .................. 195
eptifibatide iv soln 200 mg/100ml (2 mg/ml) .................. 195
eptifibatide iv soln 75 mg/100ml (0.75 mg/ml) .................. 195
EPZICOM TAB 600-300 .................................. 118
eq nicotine dis 14mg/24h ................................ 253
eq nicotine dis 21mg/24h ................................ 253
eq nicotine dis 7mg/24hr ................................ 253
eq nicotine gum 2mg cinn ................................ 253
eq nicotine gum 2mg mint ................................ 253
eq nicotine gum 2mg orig ................................ 253
eq nicotine gum 2mg fruit ............................... 253
eq nicotine gum 4mg cinn ................................ 253
eq nicotine gum 4mg mint ................................ 253
eq nicotine gum 4mg orig ................................ 253
eq nicotine gum 4mg ref .................................. 253
eq nicotine gum 4mg strt .................................. 253
eq nicotine gum 4mgfruit ................................. 253
eq nicotine loz 2mg cher .................................. 253
eq nicotine loz 2mg cinn .................................. 253
eq nicotine loz 2mg mint .................................. 253
eq nicotine loz 4mg chry .................................. 254
eq nicotine loz 4mg cinn .................................. 254
eq nicotine loz 4mg mint .................................. 254
eql nicotine gum 2mg ................................. 272
eql nicotine gum 4mg ................................. 272
eql nicotine loz 2mg ................................. 272
eql nicotine loz 2mg mint ............................... 272
eql nicotine loz 4mg chry ............................... 272
eql nicotine loz 4mg mint ............................... 272
EQUETRO CAP 100MG ................................. 111
EQUETRO CAP 200MG ................................. 111
EQUETRO CAP 300MG ................................. 111
ERAXIS INJ 100MG .................................... 76
ERAXIS INJ 50MG ....................................... 76
ERBITUX INJ 100MG .................................... 97
ERBITUX INJ 200MG .................................... 97
ERGOCAL CAP 2500UNIT ............................... 276
ergocalciferol cap 50000 unit ............................ 276
ergoloid mesylates tab 1 mg ............................. 252
ERGOMAR SUB 2MG ..................................... 210
ergotamine w/ caffeine tab 1-100 mg .................. 276
ERIVEDGE CAP 150MG ................................ 98
ERLEADA TAB 60MG .................................... 98
errin tab 0.35mg ........................................ 145
ERTACZO CRE 2% ....................................... 156
ertapenem sodium for inj 1 gm (base equivalent) ...................... 36
ERWINAZE INJ 10000UNT .............................. 104
ery pad 2% ............................................... 152
ERYGEL GEL 2% ........................................ 152
ERYPED SUS 200/5ML .................................. 208
ERYPED SUS 400/5ML .................................. 208
ery-tab tab 250mg ec .................................. 208

correcting the pagination error: 277
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Amount</th>
<th>Page</th>
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<tbody>
<tr>
<td>ETHYL INJ 500MG</td>
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<td>EURESX INJ 10MG/ML</td>
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<td>233</td>
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<td>EURAX CRE 10%</td>
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<td>EXFORGE TAB 10-160MG</td>
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<td>EYLEA INJ 2/0.05ML</td>
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<td>FALESSA KIT</td>
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<td>falmina tab</td>
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<td>FOLIXAPURE TAB 1-5000</td>
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<td>199</td>
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| FOLLISTIM AQ INJ 300UNIT | | 176
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tr>
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GENOTROPIN INJ 0.4MG ............................ 176
GENOTROPIN INJ 0.6MG ............................ 176
GENOTROPIN INJ 0.8MG ............................ 176
GENOTROPIN INJ 1.2MG ............................ 176
GENOTROPIN INJ 1.4MG ............................ 176
GENOTROPIN INJ 1.6MG ............................ 176
GENOTROPIN INJ 1.8MG ............................ 176
GENOTROPIN INJ 12MG .............................. 176
GENOTROPIN INJ 1MG ............................... 176
GENOTROPIN INJ 2MG ............................... 176
GENOTROPIN INJ 5MG ............................... 176
gentak oin 0.3% op .................................. 237
GENTAM/NACL INJ 0.9MG/ML ..................... 14
GENTAM/NACL INJ 1.4MG/ML ..................... 14
gentamicin in saline inj 0.8 mg/ml ............... 14
gentamicin in saline inj 1 mg/ml ................. 14
gentamicin in saline inj 1.2 mg/ml ............... 14
gentamicin in saline inj 1.6 mg/ml ............... 14
gentamicin in saline inj 2 mg/ml ................. 14
gentamicin sulfate cream 0.1% .................... 155
gentamicin sulfate inj 10 mg/ml .................. 14
gentamicin sulfate inj 40 mg/ml .................. 14
gentamicin sulfate oint 0.1% ..................... 155
gentamicin sulfate ophth oint 0.3% ............... 237
gentamicin sulfate ophth soln 0.3% ............... 237
GENVISC 850 INJ 25/2.5 ........................... 233
GENVOYA TAB ....................................... 119
GEODON CAP 20MG ................................ 111
GEODON CAP 40MG ................................ 111
GEODON CAP 60MG ................................ 111
GEODON CAP 80MG ................................ 111
GEODON INJ 20MG .................................. 111
GERMAN INJ COCKROAC ............................ 11
gianvi tab 3-0.02mg ................................ 141
GIAPREZA INJ 2.5MG ............................... 273
gildagia tab 0.4-35 ................................ 141
gildess 24 tab 1/20 .................................. 141
gildess fe tab 1.5/30 ................................ 141
gildess fe tab 1/20 .................................... 141
gildess tab 1.5/30 .................................... 141
gildess tab 1/20 ....................................... 141
GILENYA CAP 0.5MG ............................... 251
GILOTRIF TAB 20MG ............................... 101
GILOTRIF TAB 30MG ............................... 101
GILOTRIF TAB 40MG ............................... 101
GLASSIA INJ .......................................... 257
glatiramer acetate soln prefilled syringe 20 mg/ml .................................................. 252
glatopra inj 20mg/ml ................................ 252
glatopra inj 40mg/ml ................................ 252
GLEEVEC TAB 100MG ............................... 101
GLEEVEC TAB 400MG ............................... 101
GLEOSTINE CAP 100MG ............................ 93
GLEOSTINE CAP 10MG .............................. 93
GLEOSTINE CAP 40MG .............................. 93
GLEOSTINE CAP 5MG ............................... 93
GLIADEL WAF 7.7MG ............................... 93
glipizide tab 1 mg ................................... 71
glipizide tab 2 mg ................................... 71
glipizide tab 4 mg ................................... 71
glipizide tab 10 mg .................................. 71
glipizide tab 5 mg ................................... 71
glipizide tab er 24hr 10 mg ....................... 71
glipizide tab er 24hr 2.5 mg ...................... 71
glipizide tab er 24hr 5 mg ....................... 71
glipizide xl tab 10mg ................................. 71
glipizide xl tab 2.5mg ............................... 71
glipizide xl tab 5mg ................................. 71
glipizide-metformin hcl tab 2.5-250 mg ....... 67
glipizide-metformin hcl tab 2.5-500 mg ....... 67
glipizide-metformin hcl tab 5-500 mg ......... 67
GLUCAGEN INJ HYPOKIT .......................... 69
GLUCAGON INJ 1MG ................................. 169
GLUCAGON KIT 1MG ................................. 69
GLUCOPHAGE TAB 1000MG ....................... 69
GLUCOPHAGE TAB 500MG .......................... 69
GLUCOPHAGE TAB 500MG XR ..................... 69
GLUCOPHAGE TAB 750MG XR ..................... 69
GLUCOPHAGE TAB 850MG ......................... 69
GLUCOTROL TAB 10MG ............................. 71
GLUCOTROL TAB 5MG ............................... 71
GLUCOTROL XL TAB 10MG ......................... 72
GLUCOTROL XL TAB 2.5MG ......................... 71
GLUCOTROL XL TAB 5MG .......................... 71
GLUCOVANCE TAB 2.5-500 ......................... 67
GLUCOVANCE TAB 5-500MG ...................... 67
glyburide micronized tab 1.5 mg ................. 72
glyburide micronized tab 3 mg ................. 72
glyburide micronized tab 6 mg ................. 72
glyburide tab 1.25 mg ............................. 72
glyburide tab 2.5 mg ............................... 72
glyburide tab 5 mg ................................. 72
mg/ml ..................................................... 252
glyburide tab 7.5mg ............................... 72
glyburide tab 12.5 mg .............................. 72
glyburide tab 25mg ................................. 72
glyburide tab 50mg ................................. 72
haloperidol decanoate im soln 100 mg/ml
haloperidol decanoate im soln 50 mg/ml
haloperidol decanoate im soln 25 mg/ml
haloperidol decanoate im soln 10 mg/ml
GRALISE TAB 600MG
GRALISE TAB 300MG
GRALISE STAR MIS 300/600
HALOBETASOL AER 0.05%
halobetasol propionate cream 0.05%
halobetasol propionate oint 0.05%
HALOGEN CRE 0.1%
haloperidol oint 0.1%
haloperidol decanoate im soln 100 mg/ml
haloperidol decanoate im soln 50 mg/ml
haloperidol lactate inj 5 mg/ml
HALCION TAB 0.25MG
HALDOL INJ 5MG/ML
HALDOL DECAN INJ 50MG/ML
HALDOL DECAN INJ 100MG/ML
GOLDEN SOFT FILM SOL
GONAL-F INJ 450UNIT
GONAL-F INJ 1050UNIT
GONAL-F INJ 450/0.5
GONAL-F RFF INJ 300/0.5
GONAL-F RFF INJ 450/0.75
GONAL-F RFF INJ 75UNIT
GONAL-F RFF INJ 900/1.5
GONAL-F RFF INJ 450/0.75
GONAL-F RFF INJ 300/0.5
GONAL-F RFF INJ 450/0.5
GONAL-F INJ 450UNIT
GONAL-F INJ 1050UNIT
Glycopyrrolate inj 0.2 mg/ml
Glycopyrrolate inj 0.1 mg/ml
Glycopyrrolate inj 0.05 mg/ml
Glycopyrrolate inj 0.04 mg/ml
Glycopyrrolate inj 0.02 mg/ml
Glycopyrrolate inj 0.01 mg/ml
Glycopyrrolate inj 0.005 mg/ml
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Haloperidol decanoate im soln
Glyset tab 50 mg
Glyset tab 25 mg
Glyset tab 50 mg
Glyset tab 25 mg
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Glyset tab 5 mg
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GRALISE STAR MIS 300/600
GRALISE TAB 300MG
GRALISE TAB 600MG
Granisetron hcl inj 0.1 mg/ml
Granisetron hcl inj 1 mg/ml
Granisetron hcl inj 4 mg/4ml (1 mg/ml)
Granisetron hcl tab 1 mg
Granisetron hcl tab 0.5 mg
Granisetron hcl tab 0.25 mg
Granisetron hcl tab 0.125 mg
Granisetron hcl tab 0.0625 mg
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Granisetron hcl tab 0.00000000000000625 mg
Granisetron hcl tab 0.00000000000000125 mg
Granisetron hcl tab 0.000000000000000625 mg
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<td>hydrocortisone 100mg</td>
<td>34</td>
</tr>
<tr>
<td>hydrocortisone acetate suppos 25 mg</td>
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</tr>
<tr>
<td>hydrocortisone acetate suppos 30 mg</td>
<td>35</td>
</tr>
<tr>
<td>hydrocortisone acetate w/ pramoxine rectal cream 1-1%</td>
<td>34</td>
</tr>
<tr>
<td>hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%</td>
<td>34</td>
</tr>
<tr>
<td>hydrocortisone butyrate cream 0.1%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone butyrate cream 0.1%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone butyrate lotion 0.1%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone butyrate oint 0.1%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone butyrate soln 0.1%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone cream 2.5%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone enema 100 mg/60ml</td>
<td>34</td>
</tr>
<tr>
<td>hydrocortisone lotion 2.5%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone oint 2.5%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone rectal cream 1%</td>
<td>35</td>
</tr>
<tr>
<td>hydrocortisone rectal cream 2.5%</td>
<td>35</td>
</tr>
<tr>
<td>hydrocortisone tab 10 mg</td>
<td>147</td>
</tr>
<tr>
<td>hydrocortisone tab 20 mg</td>
<td>147</td>
</tr>
<tr>
<td>hydrocortisone tab 5 mg</td>
<td>147</td>
</tr>
<tr>
<td>hydrocortisone valerate oint 0.2%</td>
<td>162</td>
</tr>
<tr>
<td>hydrocortisone w/ acetic acid otic soln 1-2%</td>
<td>242</td>
</tr>
<tr>
<td>hydrogen peroxide soln 30%</td>
<td>117</td>
</tr>
<tr>
<td>HYDROM/BUPIV INJ 2.5/250</td>
<td>30</td>
</tr>
<tr>
<td>HYDROM/BUPIV INJ 4/200ML</td>
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<tr>
<td>HYDROM/NACL INJ 10/100ML</td>
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<td>HYDROM/ROPIV INJ 2/200ML</td>
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<td>HYDROM/ROPIV SOL 2/250ML</td>
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<td>hydromet syr 5-1.5/5</td>
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<td>HYDROMO/NACL INJ</td>
<td>22</td>
</tr>
<tr>
<td>HYDROMO/NACL INJ 0.4/2ML</td>
<td>22</td>
</tr>
<tr>
<td>HYDROMO/NACL INJ 0.5-0.9%</td>
<td>22</td>
</tr>
<tr>
<td>HYDROMO/NACL INJ 10/100ML</td>
<td>23</td>
</tr>
<tr>
<td>HYDROMO/NACL INJ 10/25ML</td>
<td>22</td>
</tr>
<tr>
<td>HYDROMO/NACL INJ 10/50ML</td>
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<td>HYDROMO/NACL INJ 100/100</td>
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<tr>
<td>HYDROMO/NACL INJ 100/50ML</td>
<td>23</td>
</tr>
<tr>
<td>HYDROMO/NACL INJ 12.5/25</td>
<td>23</td>
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<tr>
<td>HYDROMO/NACL INJ 12/30ML</td>
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</tr>
<tr>
<td>HYDROMO/NACL INJ 15/30ML</td>
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<td>23</td>
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<tr>
<td>HYDROMO/NACL INJ 18/30ML</td>
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</tr>
<tr>
<td>HYDROMO/NACL INJ 1MG/5ML</td>
<td>22</td>
</tr>
<tr>
<td>HYDROMO/NACL INJ 2.5/25</td>
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</tr>
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<td>HYDROMO/NACL INJ 20/100ML</td>
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<td>HYDROMO/NACL INJ 2MG/10ML</td>
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<tr>
<td>HYDROMO/NACL INJ 30/30ML</td>
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<td>HYDROMO/NACL INJ 36/30ML</td>
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<tr>
<td>HYDROMO/NACL INJ 3MG/30ML</td>
<td>22</td>
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<tr>
<td>HYDROMO/NACL INJ 4MG/ML</td>
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<tr>
<td>HYDROMO/NACL INJ 5MG/250</td>
<td>22</td>
</tr>
<tr>
<td>HYDROMO/NACL INJ 5MG/50ML</td>
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<tr>
<td>HYDROMO/NACL INJ 6/30ML</td>
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<tr>
<td>HYDROMO/NACL INJ 60/30ML</td>
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<tr>
<td>HYDROMO/NACL INJ 62.5/250</td>
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</tr>
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<td>HYDROMO/NACL INJ 6MG/30ML</td>
<td>22</td>
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<td>HYDROMO/NACL INJ 75/250ML</td>
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<tr>
<td>Medication</td>
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<tr>
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<td>---------------</td>
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<tr>
<td>INLYTA TAB 5MG</td>
<td>102</td>
</tr>
<tr>
<td>INNOPRAN XL CAP 120MG</td>
<td>126</td>
</tr>
<tr>
<td>INNOPRAN XL CAP 80MG</td>
<td>126</td>
</tr>
<tr>
<td>INSPRA TAB 25MG</td>
<td>91</td>
</tr>
<tr>
<td>INSPRA TAB 50MG</td>
<td>91</td>
</tr>
<tr>
<td>INTEGRA F CAP</td>
<td>199</td>
</tr>
<tr>
<td>INTEGRA PLUS CAP</td>
<td>199</td>
</tr>
<tr>
<td>INTEGRILIN INJ</td>
<td>195</td>
</tr>
<tr>
<td>INTEGRILIN INJ 0.75MG/1</td>
<td>195</td>
</tr>
<tr>
<td>INTEGRILIN INJ 20/10ML</td>
<td>195</td>
</tr>
<tr>
<td>INTEGRILIN INJ 2MG/ML</td>
<td>195</td>
</tr>
<tr>
<td>INTELENCE TAB 100MG</td>
<td>119</td>
</tr>
<tr>
<td>INTELENCE TAB 200MG</td>
<td>119</td>
</tr>
<tr>
<td>INTELENCE TAB 25MG</td>
<td>119</td>
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<tr>
<td>INTERMEZZO SUB 1.75MG</td>
<td>202</td>
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<tr>
<td>INTERMEZZO SUB 3.5MG</td>
<td>202</td>
</tr>
<tr>
<td>INTRON A INJ 10MU</td>
<td>104</td>
</tr>
<tr>
<td>INTRON A INJ 18MU</td>
<td>104</td>
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<td>INTUNIV TAB 2MG</td>
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<tr>
<td>INTUNIV TAB 4MG</td>
<td>7</td>
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<tr>
<td>INVANZ INJ 1GM</td>
<td>36</td>
</tr>
<tr>
<td>INVEGA SUST INJ 117/0.75</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA SUST INJ 156MG/ML</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA SUST INJ 234/1.5</td>
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</tr>
<tr>
<td>INVEGA SUST INJ 39/0.25</td>
<td>112</td>
</tr>
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<td>INVEGA SUST INJ 78/0.5ML</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA TAB 1.5MG</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA TAB 3MG</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA TAB 6MG</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA TAB 9MG</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA TRINZ INJ 273MG</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA TRINZ INJ 410MG</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA TRINZ INJ 546MG</td>
<td>112</td>
</tr>
<tr>
<td>INVEGA TRINZ INJ 819MG</td>
<td>112</td>
</tr>
<tr>
<td>INVIROSE CAP 200MG</td>
<td>119</td>
</tr>
<tr>
<td>INVIROSE CAP 500MG</td>
<td>119</td>
</tr>
<tr>
<td>INVOKAMET TAB 150-1000</td>
<td>68</td>
</tr>
<tr>
<td>INVOKAMET TAB 150-500</td>
<td>68</td>
</tr>
<tr>
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<tr>
<td>INVOKAMET TAB 50-500MG</td>
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</tr>
<tr>
<td>INVOKAMET XR TAB 150-1000</td>
<td>68</td>
</tr>
<tr>
<td>INVOKAMET XR TAB 150-500</td>
<td>68</td>
</tr>
</tbody>
</table>

INVOKAMET XR TAB 50-1000 ....... 68
INVOKAMET XR TAB 50-500MG ...... 68
INVOKAMET XR TAB 100MG .......... 71
INVOKAMET XR TAB 300MG .......... 71
iodine solution strong 5% (lugol’s) .......... 214
IODOFLEX PAD PAD .............. 118
IODOOPEN INJ 100MG .......... 214
iidoquimeze cre 1-1.9% .......... 156
iidoquinol-hc cream 1% .......... 156
iidoquinol-hydrocortisone in aloe vehicle ... 156
iidoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1% .......... 156
IODOSORB GEL .................. 118
IODOSORB GEL 0.9% ............. 118
IONSYS PAD 40MCG/AC .......... 24
ioiphen c-nr liq 100-10/5 ...... 150
IOPIDINE SOL 0.5% OP .......... 236
IOPIDINE SOL 1% OP .......... 236
IPOL INJ INACTIVE ........... 270
ipratropium bromide inhal soln 0.02% ..... 46
ipratropium bromide nasal soln 0.03% (21 mcg/spray) .................. 234
ipratropium bromide nasal soln 0.06% (42 mcg/spray) .................. 234
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml .......... 48
IPRIVASK INJ 15MG .......... 53
irbesartan tab 150 mg .......... 84
irbesartan tab 300 mg .......... 84
irbesartan tab 75 mg .......... 84
irbesartan-hydrochlorothiazide tab 150-12.5 mg ............. 88
irbesartan-hydrochlorothiazide tab 300-12.5 mg ............. 88
IRESSA TAB 250MG .......... 102
irinotecan hcl inj 100 mg/5ml (20 mg/ml) 107
irinotecan hcl inj 40 mg/2ml (20 mg/ml) 107
irinotecan hcl inj 500 mg/25ml (20 mg/ml) 107
IROSPAN 24/6 MIS .......... 199
IS 24/6 MIS .................. 199
ISENTRESS CHW 100MG .......... 119
ISENTRESS CHW 25MG .......... 119
ISENTRESS HD TAB 600MG .......... 119
ISENTRESS POW 100MG .......... 119
ISENTRESS TAB 400MG .......... 119
isibloom tab .................. 141

326
isibloom tab 0.15-30 ........................................... 141
isomethoepthene-caffeine-acetaminophen tab 65-20-325 mg ........................................... 210
isomethoepthene-dichloral-acetaminophen cap 65-100-325 mg ........................................... 210
isoniazid inj 100 mg/ml ........................................ 92
isoniazid syrup 50 mg/5ml ........................................ 92
isoniazid tab 100 mg ........................................... 92
isoniazid tab 300 mg ........................................... 92
isoproterenol hcl inj 0.2 mg/ml ................................. 48
ISOPTO ATROP SOL 1% OP .................................... 235
ISOPTO CARP SOL 1% OP .................................... 236
ISOPTO CARP SOL 2% OP .................................... 236
ISOPTO CARP SOL 4% OP .................................... 236
ISORDIL TAB 40MG ........................................... 40
ISORDIL TAB 5MG ........................................... 40
isosorbide dinitrate tab 10 mg ................................... 40
isosorbide dinitrate tab 20 mg ................................... 40
isosorbide dinitrate tab 30 mg ................................... 40
isosorbide dinitrate tab 5 mg ................................... 40
isosorbide dinitrate tab er 40 mg .................................. 40
isosorbide mononitrate tab 10 mg ................................. 40
isosorbide mononitrate tab 20 mg ................................. 40
isosorbide mononitrate tab er 24hr 120 mg ..................... 40
isosorbide mononitrate tab er 24hr 30 mg ...................... 40
isosorbide mononitrate tab er 24hr 60 mg ...................... 40
isotretinoin cap 10 mg ........................................... 153
isotretinoin cap 20 mg ........................................... 153
isotretinoin cap 30 mg ........................................... 153
isotretinoin cap 40 mg ........................................... 153
isoxsuprine hcl tab 10 mg ...................................... 134
isoxsuprine hcl tab 20 mg ...................................... 134
isradipine cap 2.5 mg ............................................ 129
isradipine cap 5 mg ............................................ 129
ISTALOL SOL 0.5% OP ........................................ 235
ISTODAX INJ 10MG .......................................... 102
ISTODAX OVR INJ 10MG ...................................... 102
ISUPREL INJ 0.2MG/ML .............................. 48
itraconazole cap 100 mg ....................................... 77
ivermectin tab 3 mg .............................................. 35
IXEMPRA KIT INJ 15MG ...................................... 106
IXEMPRA KIT INJ 45MG ...................................... 106
IXIARO INJ .................................................. 270
IXITYN INJ 1000UNIT ........................................... 192
IXITYN INJ 1500UNIT ........................................... 192
IXITYN INJ 2000UNIT ........................................... 192
IXITYN INJ 250UNIT ........................................... 192
IXITYN INJ 3000UNIT ........................................... 192
IXITYN INJ 500UNIT ........................................... 192
JADENU SPRKL GRA 180MG ............................... 73
JADENU SPRKL GRA 360MG ............................... 73
JADENU SPRKL GRA 90MG ............................... 73
JADENU TAB 180MG .......................................... 73
JADENU TAB 360MG .......................................... 73
JADENU TAB 90MG .......................................... 73
JAKAFI TAB 10MG .......................................... 102
JAKAFI TAB 15MG .......................................... 102
JAKAFI TAB 20MG .......................................... 102
JAKAFI TAB 25MG .......................................... 102
JAKAFI TAB 5MG .......................................... 102
JALYN CAP .................................................. 189
jantoven tab 10mg .............................................. 50
jantoven tab 1mg ................................................ 50
jantoven tab 2.5mg ............................................. 50
jantoven tab 2mg ............................................... 50
jantoven tab 3mg ............................................... 50
jantoven tab 4mg ............................................... 50
jantoven tab 5mg ............................................... 50
jantoven tab 6mg ............................................... 50
jantoven tab 7.5mg ............................................ 50
JANUMET TAB 50-1000 ......................................... 68
JANUMET TAB 50-500MG ..................................... 68
JANUMET XR TAB 100-1000 .................................. 68
JANUMET XR TAB 50-1000 .................................. 68
JANUMET XR TAB 50-500MG ................................ 68
JANUVIA TAB 100MG .......................................... 69
JANUVIA TAB 25MG .......................................... 69
JANUVIA TAB 50MG .......................................... 69
JARDIANE TAB 10MG .......................................... 71
JARDIANE TAB 25MG .......................................... 71
jencycla tab 0.35mg ............................................ 146
JENTADUETO TAB 2.5-1000 .................................. 68
JENTADUETO TAB 2.5-500 ................................... 68
JENTADUETO TAB 2.5-850 ................................... 68
JENTADUETO TAB XR ......................................... 68
JETREA INJ 1.25/ML ............................................ 68
JETREA INJ 2.5MG/ML ........................................ 240
jevantique l tab 0.5-2.5 ....................................... 181
JEVTANA INJ 60/1.5ML ....................................... 106
JOLIETTAB 1mg-5mcg ......................................... 181
JOHNSON SOL GRASS ......................................... 11
jolivette tab 0.35mg ............................................ 146
<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>KISSLQALI 400 PAK FEMARA</td>
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<tr>
<td>KITABIS PAK NEB 300/5ML</td>
<td>14</td>
</tr>
<tr>
<td>KLARON LOT 10%</td>
<td>153</td>
</tr>
<tr>
<td>klofenasaid sol ii</td>
<td>155</td>
</tr>
<tr>
<td>KLONOPIN TAB 0.5MG</td>
<td>54</td>
</tr>
<tr>
<td>KLONOPIN TAB 1MG</td>
<td>54</td>
</tr>
<tr>
<td>KLONOPIN TAB 2MG</td>
<td>54</td>
</tr>
<tr>
<td>klor-con 10 tab 10meq er</td>
<td>216</td>
</tr>
<tr>
<td>klor-con 8 tab 8meq er</td>
<td>216</td>
</tr>
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<td>klor-con m10 tab 10meq er</td>
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</tr>
<tr>
<td>klor-con m20 tab 20meq er</td>
<td>217</td>
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<tr>
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<td>klor-con pow 20meq</td>
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<td>klor-con spr cap 10meq</td>
<td>217</td>
</tr>
<tr>
<td>klor-con spr cap 8meq</td>
<td>217</td>
</tr>
<tr>
<td>KLMOR-CON/25 POW 25MEQ</td>
<td>217</td>
</tr>
<tr>
<td>klor-con/ef tab 25meq fr</td>
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<td>kls quit2 gum 2mg</td>
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<tr>
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<td>254</td>
</tr>
<tr>
<td>kls quit4 gum 4mg</td>
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</tr>
<tr>
<td>kls quit4 loz 4mg</td>
<td>254</td>
</tr>
<tr>
<td>KOATE INJ 1000UNIT</td>
<td>192</td>
</tr>
<tr>
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<td>192</td>
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<tr>
<td>KOATE INJ 500 UNIT</td>
<td>192</td>
</tr>
<tr>
<td>KOATE-DVI INJ 1000UNIT</td>
<td>192</td>
</tr>
<tr>
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<td>192</td>
</tr>
<tr>
<td>KOATE-DVI INJ 500UNIT</td>
<td>192</td>
</tr>
<tr>
<td>KCHIA EXTRA INJ 1:20</td>
<td>12</td>
</tr>
<tr>
<td>KOCGENATE FS INJ 1000UNIT</td>
<td>192</td>
</tr>
<tr>
<td>KOCGENATE FS INJ 2000UNIT</td>
<td>192</td>
</tr>
<tr>
<td>KOCGENATE FS INJ 250UNIT</td>
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<tr>
<td>KOCGENATE FS INJ 3000UNIT</td>
<td>192</td>
</tr>
<tr>
<td>KOCGENATE FS INJ 500UNIT</td>
<td>192</td>
</tr>
<tr>
<td>KORLYM TAB 300MG</td>
<td>69</td>
</tr>
<tr>
<td>KOSHR PRENAT TAB 30-1MG</td>
<td>227</td>
</tr>
<tr>
<td>KOVALTRY INJ 1000UNIT</td>
<td>192</td>
</tr>
<tr>
<td>KOVALTRY INJ 2000UNIT</td>
<td>192</td>
</tr>
<tr>
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<tr>
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<td>192</td>
</tr>
<tr>
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<td>192</td>
</tr>
<tr>
<td>K-PHOS TAB N</td>
<td>216</td>
</tr>
<tr>
<td>K-PHOS TAB NEUTRAL</td>
<td>216</td>
</tr>
<tr>
<td>K-PHOS TAB NO 2</td>
<td>188</td>
</tr>
<tr>
<td>k-prime tab 25meq ef</td>
<td>216</td>
</tr>
<tr>
<td>KRISTALOSE PAK 10GM</td>
<td>204</td>
</tr>
<tr>
<td>KRISTALOSE PAK 20GM</td>
<td>204</td>
</tr>
</tbody>
</table>
KRYSTEXXA INJ 8MG/ML .................................................. 189
K-TAB TAB 10MEQ CR ............................................. 216
K-TAB TAB 20MEQ .................................................. 216
K-TAB TAB 8MEQ CR ............................................. 216
k-tan plus cap ....................................................... 199
kurvelo tab 0.15/30 .................................................. 141
KUVEAN POW 100MG ............................................. 178
KUVEAN POW 500MG ............................................. 178
KUVEAN TAB 100MG .............................................. 178
k-vescent tab 25meq ef ........................................... 216
KYLEENA IUD 19.5MG ............................................ 145
KYNAMRO INJ 200MG/ML ....................................... 78
KYPROLIS SOL 10MG ............................................. 102
KYPROLIS SOL 30MG ............................................. 102
KYPROLIS SOL 60MG ............................................. 102
L
LABETALOL HC INJ 5MG/ML .................................... 124
labetalol hcl iv soln 5 mg/ml ..................................... 124
labetalol hcl tab 100 mg ........................................... 124
labetalol hcl tab 200 mg .......................................... 124
labetalol hcl tab 300 mg .......................................... 124
LABETALOL INJ 200/200 .......................................... 124
LABETALOL INJ 20MG/4ML ..................................... 124
LABETALOL INJ 5MG/ML ........................................ 124
LABETALOL INJ D5W ............................................... 124
LABETALOL INJ NACL ............................................ 124
LABETALOL SOL NACL .......................................... 124
LACRISERT MIS 5MG OP ........................................ 234
lactulose (encephalopathy) solution 10 gm/15ml .......... 186
lactulose solution 10 gm/15ml ................................ 204
LAMBS SOL QUARTERS ......................................... 12
LAMICTAL CHW 25MG .......................................... 55
LAMICTAL CHW 5MG ............................................. 55
LAMICTAL KIT START 35 ......................................... 55
LAMICTAL KIT START 49 ......................................... 55
LAMICTAL KIT START 98 ......................................... 55
LAMICTAL ODT KIT .................................................. 55
LAMICTAL ODT TAB 100MG .................................. 55
LAMICTAL ODT TAB 200MG .................................. 55
LAMICTAL ODT TAB 250MG .................................. 55
LAMICTAL ODT TAB 50MG .................................. 55
LAMICTAL TAB 100MG ........................................... 55
LAMICTAL TAB 150MG ........................................... 55
LAMICTAL TAB 200MG ........................................... 56
LAMICTAL TAB 25MG ............................................. 56
LAMICTAL XR KIT .................................................. 56
LAMICTAL XR TAB 100MG ..................................... 56
LAMICTAL XR TAB 200MG ..................................... 56
LAMICTAL XR TAB 250MG ..................................... 56
LAMICTAL XR TAB 25MG ..................................... 56
LAMICTAL XR TAB 300MG ..................................... 56
LAMICTAL XR TAB 50MG ..................................... 56
LAMISIL TAB 250MG ............................................. 76
lamivudine oral soln 10 mg/ml .................................. 119
lamivudine tab 100 mg (hbv) .................................... 122
lamivudine tab 150 mg .......................................... 119
lamivudine tab 300 mg .......................................... 119
lamivudine-zidovudine tab 150-300 mg ...................... 119
lamotrigine orally disintegrating tab 100 mg .............. 56
lamotrigine orally disintegrating tab 200 mg ............. 56
lamotrigine orally disintegrating tab 25 mg ............... 56
lamotrigine orally disintegrating tab 50 mg ............... 56
lamotrigine tab 100 mg .......................................... 56
lamotrigine tab 150 mg .......................................... 56
lamotrigine tab 200 mg .......................................... 56
lamotrigine tab 25 mg ............................................ 56
lamotrigine tab 25 mg (35) starter kit ....................... 56
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit ....... 56
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit ...... 56
lamotrigine tab chewable dispersible 25 mg .............. 56
lamotrigine tab chewable dispersible 5 mg ............... 56
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit ..................................................... 56
lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit ..................................................... 56
lamotrigine tab disint 50 mg (42) - 100 mg(14) titration kit ..................................................... 56
lamotrigine tab er 24hr 100 mg ................................. 56
lamotrigine tab er 24hr 200 mg ................................. 56
lamotrigine tab er 24hr 25 mg ................................. 56
lamotrigine tab er 24hr 250 mg ................................. 56
lamotrigine tab er 24hr 300 mg ................................. 56
lamotrigine tab er 24hr 50 mg ................................. 56
LANOXIN INJ 0.25MG/1 ......................................... 132
LANOXIN PED INJ 0.1MG/ML .................................. 132
LANOXIN TAB 0.0625MG ........................................ 132
LANOXIN TAB 0.125MG .......................................... 132
LANOXIN TAB 0.1875MG ....................................... 132
LANOXIN TAB 0.25MG ........................................... 132
330
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lanthanum carbonate chew tab 1000 mg (elemental)</td>
<td>187</td>
</tr>
<tr>
<td>Lanthanum carbonate chew tab 500 mg (elemental)</td>
<td>187</td>
</tr>
<tr>
<td>Lanthanum carbonate chew tab 750 mg (elemental)</td>
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</tr>
<tr>
<td>LANTUS INJ 100/ML</td>
<td>70</td>
</tr>
<tr>
<td>LANTUS SOLOS INJ 100/ML</td>
<td>70</td>
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<tr>
<td>Larin 24 tab fe 1/20</td>
<td>141</td>
</tr>
<tr>
<td>Larin fe tab 1.5/30</td>
<td>142</td>
</tr>
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<td>142</td>
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<td>142</td>
</tr>
<tr>
<td>Larissia tab</td>
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<tr>
<td>LARTRUVO INJ 10MG/ML</td>
<td>97</td>
</tr>
<tr>
<td>LARTRUVO INJ 190/19ML</td>
<td>97</td>
</tr>
<tr>
<td>LASIX TAB 20MG</td>
<td>173</td>
</tr>
<tr>
<td>LASIX TAB 40MG</td>
<td>173</td>
</tr>
<tr>
<td>LASIX TAB 80MG</td>
<td>173</td>
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<tr>
<td>LASTACAFT SOL 0.25%</td>
<td>240</td>
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<tr>
<td>Latanoprost ophth soln 0.005%</td>
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<td>LATUDA TAB 120MG</td>
<td>111</td>
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<td>Layolis fe chw</td>
<td>142</td>
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<td>LAZANDA SPR 100MCG</td>
<td>24</td>
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<tr>
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<tr>
<td>LAZANDA SPR 400MCG</td>
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<tr>
<td>L-CARNITINE INJ 500MG/ML</td>
<td>178</td>
</tr>
<tr>
<td>Leena tab</td>
<td>142</td>
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<tr>
<td>Leflunomide tab 10 mg</td>
<td>18</td>
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<tr>
<td>Leflunomide tab 20 mg</td>
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<tr>
<td>Lemtrada INJ 12/1.2ML</td>
<td>252</td>
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<tr>
<td>Lenscale INJ 1:20</td>
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<td>Lenvima CAP 10 MG</td>
<td>102</td>
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<tr>
<td>Lenvima CAP 18 MG</td>
<td>102</td>
</tr>
<tr>
<td>Lenvima CAP 20 MG</td>
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<tr>
<td>Lenvima CAP 24 MG</td>
<td>102</td>
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<tr>
<td>Lenvima CAP 4MG</td>
<td>102</td>
</tr>
<tr>
<td>Lenvima CAP 8 MG</td>
<td>102</td>
</tr>
<tr>
<td>Lescol XL TAB 80MG</td>
<td>80</td>
</tr>
<tr>
<td>Lesssina tab</td>
<td>142</td>
</tr>
<tr>
<td>Letairis TAB 10MG</td>
<td>135</td>
</tr>
<tr>
<td>Letairis TAB 5MG</td>
<td>135</td>
</tr>
<tr>
<td>Letrozole tab 2.5 mg</td>
<td>98</td>
</tr>
<tr>
<td>Leucovorin calcium for inj 100 mg</td>
<td>105</td>
</tr>
<tr>
<td>Leucovorin calcium for inj 200 mg</td>
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</tr>
<tr>
<td>Leucovorin calcium for inj 350 mg</td>
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<td>Leucovorin calcium for inj 500 mg</td>
<td>105</td>
</tr>
<tr>
<td>Leucovorin calcium inj 500 MG/50ML (10 MG/ML)</td>
<td>105</td>
</tr>
<tr>
<td>Leukin 250mcg</td>
<td>197</td>
</tr>
<tr>
<td>Leuprolide acetate inj kit 5 mg/ML</td>
<td>98</td>
</tr>
<tr>
<td>Levacet tab</td>
<td>19</td>
</tr>
<tr>
<td>Levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</td>
<td>48</td>
</tr>
<tr>
<td>Levalbuterol hcl soln nebu 0.63 mg/3 ml (base equiv)</td>
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</tr>
<tr>
<td>Levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</td>
<td>48</td>
</tr>
<tr>
<td>Levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</td>
<td>48</td>
</tr>
<tr>
<td>Levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</td>
<td>48</td>
</tr>
<tr>
<td>Levaquin TAB 250MG</td>
<td>184</td>
</tr>
<tr>
<td>Levaquin TAB 500MG</td>
<td>184</td>
</tr>
<tr>
<td>Levaquin TAB 750MG</td>
<td>184</td>
</tr>
<tr>
<td>Levbid tab 0.375 ER</td>
<td>266</td>
</tr>
<tr>
<td>Levetiracetam inj 10MG/ML</td>
<td>56</td>
</tr>
<tr>
<td>Levetiracetam inj 15MG/ML</td>
<td>56</td>
</tr>
<tr>
<td>Levetiracetam inj 5MG/ML</td>
<td>56</td>
</tr>
<tr>
<td>Levetiracetam in sodium chloride iv soln 1000 mg/100ml</td>
<td>56</td>
</tr>
<tr>
<td>Levetiracetam in sodium chloride iv soln 1500 mg/100ml</td>
<td>57</td>
</tr>
<tr>
<td>Levetiracetam in sodium chloride iv soln 500 mg/100ml</td>
<td>56</td>
</tr>
<tr>
<td>Levetiracetam inj 500 mg/5ml (100 mg/ml)</td>
<td>57</td>
</tr>
<tr>
<td>Levetiracetam oral soln 100 mg/100ml</td>
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</tr>
<tr>
<td>Levetiracetam tab 1000 mg</td>
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<tr>
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</tr>
<tr>
<td>Levetiracetam tab 500 mg</td>
<td>57</td>
</tr>
<tr>
<td>Levetiracetam tab 750 mg</td>
<td>57</td>
</tr>
<tr>
<td>Levetiracetam tab er 24hr 500 mg</td>
<td>57</td>
</tr>
</tbody>
</table>

331
levetiracetam tab er 24hr 750 mg ............... 57
LEVITRA TAB 10MG .................................. 133
LEVITRA TAB 2.5MG .................................. 133
LEVITRA TAB 20MG .................................. 133
LEVITRA TAB 5MG .................................. 133
levobunolol hcl ophth soln 0.5% ............... 235
levocarnitine oral soln 1 gm/10ml (10%) .... 178
levocarnitine tab 330 mg ................................ 178
levofloxacin in d5w iv soln 250 mg/50ml . 184
levofloxacin in d5w iv soln 500 mg/100ml 184
levofloxacin in d5w iv soln 750 mg/150ml 184
levofloxacin iv soln 25 mg/ml ................. 184
levofloxacin ophth soln 0.5% ................. 237
levofloxacin oral soln 25 mg/ml .......... 184
levofloxacin tab 250 mg ................. 184
levofloxacin tab 500 mg ................. 184
levofloxacin tab 750 mg ................. 184
LEVOLEUCOVOR INJ 175MG ................. 105
levoleucovorin calcium for iv inj 50 mg (base equiv) ................. 105
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv) .......... 105
LEVOMEFOLATE CAP /ALGAL ................. 171
LEVOMEFOLATE CAP ALGAL ................. 171
LEVOMEFOLATE CAP DHA ...................... 227
levonest tab .................................. 142
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg ................. 142
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg ................. 142
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg .......... 142
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg .......... 142
levonorgestrel-eth estrab tab 0.05-30/0.075-40/0.125-30mg-mcg ................. 142
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg .......... 142
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) .......... 142
levonorg-eth estrab tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) .......... 142
LEVOPHED INJ 0.5MG/ML ................. 266
LEVSIN INJ 0.5MG/ML ................. 266
LEVSIN TAB 0.125MG ...................... 266
LEVSIN/SL SUB 0.125MG ................. 266
LEVULAN KERA SOL 20% ................. 157
LEXAPRO SOL 5MG/5ML ................. 63
LEXAPRO SOL 10MG ................. 63
LEXAPRO TAB 20MG ................. 63
LEXAPRO TAB 5MG ................. 63
LEXETTE AER 0.05% ......... 162
LEXIVA SUS 0.05%/ML .......... 119
levotiroxine sodium for iv inj 200 mcg ................. 142
levotiroxine sodium for iv inj 500 mcg ................. 261
levotiroxine sodium for iv inj 100 mcg ................. 261
levotiroxine sodium tab 100 mcg ................. 261
levotiroxine sodium tab 112 mcg ................. 261
levotiroxine sodium tab 125 mcg ................. 261
levotiroxine sodium tab 137 mcg ................. 261
levotiroxine sodium tab 150 mcg ................. 261
levotiroxine sodium tab 75 mcg ................. 261
levotiroxine sodium tab 88 mcg ................. 261
levoxyl tab 100mcg ................. 261
levoxyl tab 112mcg ................. 261
levoxyl tab 125mcg ................. 261
levoxyl tab 137mcg ................. 261
levoxyl tab 150mcg ................. 261
levoxyl tab 175mcg ................. 261
levoxyl tab 200mcg ................. 261
levoxyl tab 25mcg ................. 261
levoxyl tab 50mcg ................. 261
levoxyl tab 75mcg ................. 261
levoxyl tab 88mcg ................. 261
levo-t tab 125mcg ................. 261
levo-t tab 137mcg ................. 261
levo-t tab 150mcg ................. 261
levo-t tab 175mcg ................. 261
levo-t tab 200 mcg ................. 261
levo-t tab 25mcg ................. 260
levo-t tab 300 mcg ................. 260
levo-t tab 50mcg ................. 260
levo-t tab 75mcg ................. 260
levo-t tab 88mcg ................. 260
LEVOTHYROXIN INJ 200MCG ................. 261
levotiroxine sodium for iv inj 100 mcg ................. 261
levotiroxine sodium for iv inj 200 mcg ................. 261
levotiroxine sodium for iv inj 500 mcg ................. 261
levotiroxine sodium tab 100 mcg ................. 261
levotiroxine sodium tab 112 mcg ................. 261
levotiroxine sodium tab 125 mcg ................. 261
levotiroxine sodium tab 137 mcg ................. 261
levotiroxine sodium tab 150 mcg ................. 261
levotiroxine sodium tab 175 mcg ................. 261
levotiroxine sodium tab 200 mcg ................. 261
levotiroxine sodium tab 25 mcg ................. 261
levotiroxine sodium tab 300 mcg ................. 261
levotiroxine sodium tab 50 mcg ................. 261
levotiroxine sodium tab 75 mcg ................. 261
levotiroxine sodium tab 88 mcg ................. 261
levo-t tab 100mcg ................. 260
levo-t tab 300 mcg ................. 260
levo-t tab 50mcg ................. 260
levo-t tab 75mcg ................. 260
levo-t tab 88mcg ................. 260
<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
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<th>Code</th>
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<tr>
<td>LEXIVA TAB 700MG</td>
<td>119</td>
<td></td>
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<tr>
<td>LIALDA TAB 1.2GM</td>
<td>186</td>
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<tr>
<td>LIBRAX CAP 5-2.5MG</td>
<td>266</td>
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<tr>
<td>LBTAYO INJ 350/7ML</td>
<td>97</td>
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<tr>
<td>LIDO/DEXTROS INJ 5-7.5%</td>
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<td></td>
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<td>LIDOC/BICARB INJ 0.9-8.4%</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>LIDOCAINE CRE TETRACAI</td>
<td>166</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LIDOCAINE HC CRE 4.12%</td>
<td>166</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LIDOCAINE HC INJ 200/10ML</td>
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<td></td>
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<td>lidocaine hcl local inj 0.5%</td>
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<td>lidocaine hcl local preservative free (pf) inj 0.5%</td>
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<td>lidocaine hcl local preservative free (pf) inj 1%</td>
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<td></td>
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</tr>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>lidocaine hcl viscous soln 2%</td>
<td>221</td>
<td></td>
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<td></td>
<td></td>
</tr>
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<td>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>lidocaine inj 0.5% w/ epinephrine-1:200000</td>
<td>204</td>
<td></td>
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M.V.I-12 W/O INJ VIT K ................. 225
MACNATAL CN CAP DHA .................. 227
MACROBID CAP 100MG .................. 268
MACRODANTIN CAP 100MG ............... 268
MACRODANTIN CAP 25MG .................. 268
MACRODANTIN CAP 50MG ................. 268
MACUGEN INJ .................................. 236
mafenide acetate packet for topical soln 5% (50 gm) .................. 159
MAG SUL NACL INJ 2G/100ML .......... 215
MAG SUL NACL INJ 4G/100ML .......... 215
MAG SUL NACL SOL 40GM/L ............ 216
MAG SUL NACL SOL 2G/50ML .......... 215
MAG SUL NACL SOL 1G/50ML .......... 215
MAG SUL NACL SOL 1GM/50ML ........ 214
MAG SUL NACL SOL 4GM/50ML ......... 214
MAG SUL NACL SOL 2GM/50ML ........ 214
MAG SUL NACL SOL 40GM/50ML ....... 216
MAG SUL NA CL SOL 4/100ML ........... 215
MAG SUL NA CL SOL 6/150ML ........... 215
MAG SUL NA CL SOL 6G/50ML ........... 215
MAG SUL NA CL SOL 6G/50ML ........... 214
MAG SUL NA CL SOL 3/150ML .......... 214
MAG SUL NA CL SOL 40G/100ML ....... 216
MAG SUL NA CL SOL 3GM/50ML .. ....... 214
MAG SUL NA CL SOL 4GM/L ............. 214
MAG SUL NA CL SOL 1GM/50ML ...... 214
MAG SUL NA CL SOL 2GM/50ML ....... 214
MAG SUL NA CL SOL 10/100ML ......... 215
MAG SUL NA CL SOL 2G/50ML .......... 215
MAG SUL NA CL SOL 5G/50ML .......... 215
MAG SUL NA CL SOL 2G/50ML .......... 215
MAG SUL NA CL SOL 4G/100ML ...... 214
MAG SUL NA CL SOL 6G/50ML ........... 214
MAG SUL NA CL SOL 1G/50ML .......... 214
MAG SUL NA CL SOL 2G/100ML ....... 215
MAG SUL NA CL SOL 6G/100ML ....... 215
magnesium chloride inj 200 mg/ml ............. 215
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml .................. 215
magnesium sulfate inj 50% ............... 215
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) .................. 216
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) .................. 216
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml) .................. 216
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml) .................. 216
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) .................. 216
MAKENA INJ 250MG/ML .................. 248
MAKENA INJ 275MG ...................... 248
MALARONE TAB 250-100 ................. 91
MALARONE TAB 62.5-25 ................. 91
malathion lotion 0.5% ................... 168
manganese chloride inj 0.1 mg/ml .... 216
manganese sulfate inj 0.1 mg/ml ........ 216
mannitol iv soln 20% ..................... 173
mannitol iv soln 25% ..................... 173
maprotiline hcl tab 25 mg ............... 62
maprotiline hcl tab 50 mg ................ 62
maprotiline hcl tab 75 mg ............... 62
MARCAYNE INJ 0.25% ..................... 206
MARCAYNE INJ 0.5% ...................... 206
MARCAYNE INJ 0.75% .................... 206
MARCAYNE INJ SPINAL .................. 206
MARCAYNE/EPI INJ 0.25% .............. 204
MARCAYNE/EPI INJ 0.5% ............... 204
MARDEX-25 KIT ......................... 147
margesic cap .................................. 19
mercaptopurine tab 50 mg ......................... 96
meropenem iv for soln 1 gm .................... 36
meropenem iv for soln 500 mg ................. 36
MERREM INJ 1GM ................................ 36
MERREM INJ 500MG ............................ 36
mesalazine cap dr 400 mg .................... 186
mesalazine enema 4 gm ........................ 186
mesalazine rectal enema 4 gm & cleanser ... 186
wipe kit .......................................... 186
mesalazine suppos 1000 mg ................... 186
mesalazine tab delayed release 1.2 gm .... 186
mesalazine tab delayed release 800 mg .... 186
mesna inj 100 mg/ml ............................ 105
MESNEX INJ 1GM .................................. 106
MESNEX TAB 400MG ............................ 106
MESQUITE SOL EXTRACT ....................... 12
MESTINON SYP 60MG/5ML .................... 92
MESTINON TAB 60MG ............................ 92
MESTINON TAB TIMESPAN ..................... 92
METADATE CD CAP 10MG ...................... 8
METADATE CD CAP 20MG ...................... 8
METADATE CD CAP 30MG ...................... 8
METADATE CD CAP 40MG ...................... 8
METADATE CD CAP 50MG ...................... 9
METADATE CD CAP 60MG ...................... 9
metadate tab 20mg er .......................... 9
METAFOLBIC TAB ................................. 171
METAFLOBIC TAB PLUS .......................... 171
METANX CAP ...................................... 171
metaproterenol sulfate syrup 10 mg/5ml ... 48
metaproterenol sulfate tab 10 mg .......... 48
metaproterenol sulfate tab 20 mg .......... 48
METASTRON INJ .................................. 104
metaxall tab 800mg .............................. 232
metaxalone tab 400 mg ....................... 232
metaxalone tab 800 mg ....................... 232
metformin hcl tab 1000 mg ................... 69
metformin hcl tab 500 mg ................... 69
metformin hcl tab 850 mg ................... 69
metformin hcl tab er 24hr 500 mg .......... 69
metformin hcl tab er 24hr 750 mg .......... 69
metformin hcl tab er 24hr osmotic 1000 mg69
metformin hcl tab er 24hr osmotic 500 mg . 69
methadone con 10mg/ml ...................... 24
methadone hcl conc 10 mg/ml ............... 24
methadone hcl inj 10 mg/ml .................. 24
methadone hcl soln 10 mg/5ml ............... 25
methadone hcl soln 5 mg/5ml ............... 24
methadone hcl tab 10 mg ..................... 25
methadone hcl tab 5 mg ..................... 25
methadone hcl tab for oral susp 40 mg .... 25
METHADONE INJ 10MG/ML ..................... 25
METHADOSE CON 10MG/ML ................... 25
METHADOSE SF CON 10MG/ML .............. 25
methadose tab 40mg ............................ 25
methamphetamine hcl tab 5 mg ............ 6
methazolamide tab 25 mg ..................... 172
methazolamide tab 50 mg ..................... 172
methenamine hippurate tab 1 gm .......... 268
methenamine mandelate tab 0.5 gm ....... 268
methenamine mandelate tab 1 gm ......... 268
methergine tab 0.2mg .......................... 242
methimazole tab 10 mg ......................... 260
methimazole tab 5 mg .......................... 260
METHITEST TAB 10MG .......................... 33
methocarbamol inj 1000 mg/10ml .......... 232
methocarbamol tab 500 mg ................... 232
methocarbamol tab 750 mg ................... 232
methotrexate sodium for inj 1 gm ....... 96
methotrexate sodium inj 250 mg/10ml (25
mg/ml) ........................................... 96
methotrexate sodium inj 50 mg/2ml (25
mg/ml) ........................................... 96
methotrexate sodium inj pf 1000 mg/40ml (25
mg/ml) ........................................... 96
methotrexate sodium inj pf 200 mg/8ml (25
mg/ml) ........................................... 96
methotrexate sodium inj pf 250 mg/10ml (25
mg/ml) ........................................... 96
methotrexate sodium inj pf 50 mg/2ml (25
mg/ml) ........................................... 96
methotrexate sodium tab 2.5 mg (base equiv)
 .................................................. 96
methoxsalen rapid cap 10 mg ............... 158
methscopolamine bromide tab 2.5 mg .... 266
methscopolamine bromide tab 5 mg ....... 266
METHY-BUPIVA SUS 8-5MG/ML .............. 147
methyclothiazide tab 5 mg ................... 147
METHYL-BUPIVA SUS 40-5MG ............... 147
methylidopa & hydrochlorothiazide tab 250-15
mg ................................................. 88
methylidopa & hydrochlorothiazide tab 250-25
mg ................................................. 88
methylidopa tab 250 mg ...................... 85
methylidopa tab 500 mg ...................... 85
| Drug Name                        | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         | Strength         |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| methyldopate hcl inj 250 mg/5ml  | 85               | methylene blue inj 1% | 73               | methylergonovine maleate inj 0.2 mg/ml | 242             | methylergonovine maleate tab 0.2 mg | 242             | METHYLFO/L CA TAB ME-CBL | 171             | METHYLFO/L ME CAP CBL/P5P | 171             | METHYLIN CHW 10MG | 9                | METHYLIN CHW 2.5MG | 9                | METHYLIN CHW 5MG | 9                | METHYLIN SOL 10MG/5ML | 9                | METHYLIN SOL 5MG/5ML | 9                | METHYLPHENID TAB 72MG ER | 9                | methylphenidate hcl cap er 10 mg (cd) | 9                | methylphenidate hcl cap er 20 mg (cd) | 9                | methylphenidate hcl cap er 24hr 10 mg (la) | 9                | methylphenidate hcl cap er 24hr 20 mg (la) | 9                | methylphenidate hcl cap er 24hr 30 mg (la) | 9                | methylphenidate hcl cap er 24hr 40 mg (la) | 9                | methylphenidate hcl cap er 24hr 60 mg (la) | 9                | methylphenidate hcl cap er 30 mg (cd) | 9                | methylphenidate hcl cap er 40 mg (cd) | 9                | methylphenidate hcl cap er 50 mg (cd) | 9                | methylphenidate hcl cap er 60 mg (cd) | 9                | methylphenidate hcl chew tab 10 mg | 9                | methylphenidate hcl chew tab 2.5 mg | 9                | methylphenidate hcl chew tab 5 mg | 9                | methylphenidate hcl soln 10 mg/5ml | 9                | methylphenidate hcl soln 5 mg/5ml | 9                | methylphenidate hcl tab 10 mg | 9                | methylphenidate hcl tab 20 mg | 9                | methylphenidate hcl tab 5 mg | 9                | methylphenidate hcl tab er 10 mg | 9                | methylphenidate hcl tab er 20 mg | 9                | methylphenidate hcl tab er 24hr 18 mg | 9                | methylphenidate hcl tab er 24hr 27 mg | 9                | methylphenidate hcl tab er 24hr 36 mg | 9                | methylphenidate hcl tab er 24hr 54 mg | 9                | methylphenidate hcl tab er osmotic release (osm) | 18 mg | methylphenidate hcl tab er osmotic release (osm) | 27 mg | methylphenidate hcl tab er osmotic release (osm) | 36 mg | methylphenidate hcl tab er osmotic release (osm) | 54 mg | METHYLPRA CE INJ 80MG/ML | 147             | METHYLPREDNI SUS 50MG/ML | 148             | methylprednisolone acetate inj susp 40 mg/ml | 148             | methylprednisolone acetate inj susp 80 mg/ml | 148             | methylprednisolone sod succ for inj 1000 mg (base equiv) | 148             | methylprednisolone sod succ for inj 125 mg (base equiv) | 148             | methylprednisolone sod succ for inj 40 mg (base equiv) | 148             | methylprednisolone tab 16 mg | 148             | methylprednisolone tab 32 mg | 148             | methylprednisolone tab 4 mg | 148             | methylprednisolone tab 8 mg | 148             | methylprednisolone tab therapy pack 4 mg (21) | 148             | methyltestosterone cap 10 mg | 33                | metipranolol ophth soln 0.3% | 235             | METOCLOPRA M I TAB 10MG ODT | 185             | metoclopramide hcl inj 5 mg/ml (base equivalent) | 185             | metoclopramide hcl orally disintegrating tab 5 mg (base eq) | 185             | metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) | 185             | metoclopramide hcl tab 10 mg (base equivalent) | 185             | metoclopramide hcl tab 5 mg (base equivalent) | 185             | metolazozone tab 10 mg | 174             | metolazozone tab 2.5 mg | 174             | metolazozone tab 5 mg | 174             | metopic cre 41% | 164             | METOPRO/HCTZ TAB 100-12.5 | 88              | METOPRO/HCTZ TAB 25-12.5 | 88              | METOPRO/HCTZ TAB 50-12.5 | 88              | metoprolol & hydrochlorothiazide tab 100-25 mg | 88              | metoprolol & hydrochlorothiazide tab 100-50 mg | 88              | metoprolol & hydrochlorothiazide tab 50-25 mg | 88              | METOPROLOL INJ 5MG/5ML | 125             | metoprolol succinate tab er 24hr 100 mg (tartrate equiv) | 125             | metoprolol succinate tab er 24hr 200 mg (tartrate equiv) | 125             | metoprolol succinate tab er 24hr 25 mg (tartrate equiv) | 125             | metoprolol succinate tab er 24hr 50 mg (tartrate equiv) | 125             | 339
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
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<td>Moexipril hcl tab 15 mg</td>
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<td>Mometasone furoate solution 0.1% (lotion)</td>
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<td>Monovisc INJ 88MG/4ML</td>
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<td>Montelukast sodium chew tab 4 mg (base equiv)</td>
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<td>Montelukast sodium chew tab 5 mg (base equiv)</td>
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<td>Montelukast sodium oral granules packet 4 mg (base equiv)</td>
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</table>
morphine sulfate suppos 10 mg........26
morphine sulfate suppos 20 mg........26
morphine sulfate suppos 30 mg........26
morphine sulfate suppos 5 mg ........26
morphine sulfate tab 15 mg ..........26
morphine sulfate tab 30 mg ..........26
morphine sulfate tab er 100 mg ......26
morphine sulfate tab er 15 mg ......26
morphine sulfate tab er 200 mg ......26
morphine sulfate tab er 60 mg ......26
MORPHINE/D5W INJ 250/250 ..........26
MORPHINE/D5W INJ 50/25ML .........26
MOTOFIN TAB 1-0.025 ................72
MOUNTAIN SOL CEDAR ..........12
MOUSE EPITHE INJ 1:20 ..........12
MOVANTIK TAB 12.5MG ..........186
MOVANTIK TAB 25MG ..........186
MOVIPREP SOL ....................203
MOXATAG TAB 775MG ...............246
MOXEZA SOL 0.5% .................237
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj ..........184
moxifloxacin hcl ophth soln 0.5% (base equiv) ........237
moxifloxacin hcl tab 400 mg (base equiv) 184
MOXIFLOXACIN SOL 1MG/ML .......237
MOXIFLOXACIN SOL 5MG/ML .......237
MOZOBIL INJ .......................200
MS CONTIN TAB 100MG ER ..........26
MS CONTIN TAB 15MG ER ..........26
MS CONTIN TAB 200MG ER ..........26
MS CONTIN TAB 30MG ER ..........26
MS CONTIN TAB 60MG ER ..........26
MUCOR EXT INJ 1:10 .................12
MUCOR EXT INJ 1:20 .................12
MUGARD LIQ .......................222
MUGWORT SOL EXTRACT ..........12
MULTAQ TAB 400MG ................45
multi vit/fl dro 0.5mg/ml ..........225
MULTIGEN PLS TAB .................199
MULTIGEN TAB .....................199
MULTIGEN TAB FOLIC ..............199
multiple vitamins w/ minerals tab ...224
MULTITRACE-4 INJ ................217
multitrace-4 inj conc ..............217
MULTITRACE-4 INJ NEONATAL ......217
MULTITRACE-4 INJ PED .............217
multitrace-5 inj ....................217
multitrace-5 inj conc ..............217
MULTITRACE-5 INJ REGULAR ........217
MULTIV/FLUOR CHW 0.25-0.3 .......223
MULTIV/FLUOR CHW 0.5-0.3 .........223
MULTIV/FLUOR CHW 1-0.3MG ......223
multi-vit/fe dro /fl 0.25 ..........225
multivit/fl chw 0.25mg ..........225
multivit/fl chw 0.5mg ..........225
multivit/fl chw 1mg ..........225
multi-vit/fl dro /fe 0.25 ..........225
multivit/fl dro 0.25mg ..........225
multi-vit/fl dro 0.25mg ..........225
multi-vit/fl dro 0.5mg/ml ..........225
multivit/fl sol 0.5mg/ml ..........225
multivit/fl dro fe 0.25 ..........225
multivit/fl chw 0.5mg ..........225
mupirocin calcium cream 2% .......155
mupirocin oint 2% ................155
MUSE SUP 1000MG ................133
MUSE SUP 125MCG ................133
MUSE SUP 250MCG ................133
MUSE SUP 50MCG ................133
MUSTARGEN INJ 10MG ..........94
mutamycin inj 20mg .............100
mutamycin inj 40mg .............100
mutamycin inj 5mg .............100
mvc-fluoride chw 0.25mg ..........225
mvc-fluoride chw 0.5mg ..........225
mvc-fluoride chw 1mg ..........225
M-VIT TAB 27-1MG ...............227
MYALEPT INJ 11.3MG .............178
MYAMBUTOL TAB 100MG ..........92
MYAMBUTOL TAB 400MG ..........92
MYCAMINE INJ 100MG ..........76
MYCAMINE INJ 50MG ..........76
MYCOBUTIN CAP 150MG ..........92
mycophenolate mofetil cap 250 mg ..219
mycophenolate mofetil for oral susp 200 mg/ml ................................219
mycophenolate mofetil hcl for iv soln 500 mg (base equiv) ........219
mycophenolate mofetil tab 500 mg ....219
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) ..........219
mycophenolate sodium tab dr 360 mg
<table>
<thead>
<tr>
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<tr>
<td>nafcillin sodium for inj 2 gm</td>
<td>248</td>
</tr>
<tr>
<td>nafcillin sodium for iv soln 1 gm</td>
<td>248</td>
</tr>
<tr>
<td>nafcillin sodium for iv soln 10 gm</td>
<td>248</td>
</tr>
<tr>
<td>nafcillin sodium for iv soln 2 gm</td>
<td>248</td>
</tr>
<tr>
<td>nafrinse chw 1mg f</td>
<td>214</td>
</tr>
<tr>
<td>NAFRINSE DLY SOL /NEUTRAL</td>
<td>221</td>
</tr>
<tr>
<td>nafrinse dro 0.125mg</td>
<td>214</td>
</tr>
<tr>
<td>NAFRINSE SOL DAILY</td>
<td>221</td>
</tr>
<tr>
<td>NAFRINSE WK SOL 0.2%</td>
<td>221</td>
</tr>
<tr>
<td>naftifine hcl cream 1%</td>
<td>156</td>
</tr>
<tr>
<td>naftifine hcl cream 2%</td>
<td>156</td>
</tr>
<tr>
<td>NAFTIN CRE 2%</td>
<td>156</td>
</tr>
<tr>
<td>NAFTIN GEL 1%</td>
<td>156</td>
</tr>
<tr>
<td>NAFTIN GEL 2%</td>
<td>156</td>
</tr>
<tr>
<td>NAGLAZYME INJ 1MG/ML</td>
<td>178</td>
</tr>
<tr>
<td>nalbuphine hcl inj 10 mg/ml</td>
<td>32</td>
</tr>
<tr>
<td>nalbuphine hcl inj 20 mg/ml</td>
<td>32</td>
</tr>
<tr>
<td>NALFON CAP 400MG</td>
<td>17</td>
</tr>
<tr>
<td>naloxone hcl inj 0.4 mg/ml</td>
<td>74</td>
</tr>
<tr>
<td>naloxone hcl inj 4 mg/10ml</td>
<td>74</td>
</tr>
<tr>
<td>naloxone hcl soln cartridge 0.4 mg/ml</td>
<td>74</td>
</tr>
<tr>
<td>naloxone hcl soln prefilled syringe 2 mg/2ml</td>
<td>74</td>
</tr>
<tr>
<td>naltrexone hcl tab 50 mg</td>
<td>74</td>
</tr>
<tr>
<td>NAMENDA SOL 10MG/5ML</td>
<td>250</td>
</tr>
<tr>
<td>NAMENDA TAB 10MG</td>
<td>250</td>
</tr>
<tr>
<td>NAMENDA TAB 5-10MG</td>
<td>250</td>
</tr>
<tr>
<td>NAMENDA TAB 5MG</td>
<td>250</td>
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<tr>
<td>NAMENDA XR CAP 14MG</td>
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<tr>
<td>NAMENDA XR CAP 28MG</td>
<td>250</td>
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<tr>
<td>NAMENDA XR CAP 7MG</td>
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</tr>
<tr>
<td>NAMENDA XR CAP TITRATIO</td>
<td>250</td>
</tr>
<tr>
<td>NAMZARIC CAP</td>
<td>250</td>
</tr>
<tr>
<td>NAMZARIC CAP 14-10MG</td>
<td>250</td>
</tr>
<tr>
<td>NAMZARIC CAP 21-10MG</td>
<td>250</td>
</tr>
<tr>
<td>NAMZARIC CAP 28-10MG</td>
<td>250</td>
</tr>
<tr>
<td>NAMZARIC CAP 7-10MG</td>
<td>250</td>
</tr>
<tr>
<td>naproxen susp 125 mg/5ml</td>
<td>17</td>
</tr>
<tr>
<td>naratriptan hcl tab 1 mg (base equiv)</td>
<td>211</td>
</tr>
<tr>
<td>naratriptan hcl tab 2.5 mg (base equiv)</td>
<td>211</td>
</tr>
<tr>
<td>NARCAN SPR</td>
<td>74</td>
</tr>
<tr>
<td>NARDIL TAB 15MG</td>
<td>62</td>
</tr>
<tr>
<td>NAROPIN INJ 10MG/ML</td>
<td>206</td>
</tr>
<tr>
<td>NAROPIN INJ 2MG/ML</td>
<td>206</td>
</tr>
<tr>
<td>NAROPIN INJ 5MG/ML</td>
<td>206</td>
</tr>
<tr>
<td>NAROPIN INJ 7.5MG/ML</td>
<td>206</td>
</tr>
<tr>
<td>NASCOBAL SPR 500MCG</td>
<td>196</td>
</tr>
<tr>
<td>NATACHEW CHW</td>
<td>227</td>
</tr>
<tr>
<td>NATACYN SUS 5% OP</td>
<td>237</td>
</tr>
<tr>
<td>NATALVIT TAB 75-1MG</td>
<td>227</td>
</tr>
</tbody>
</table>
NEUPOGEN INJ 300/0.5 .......................... 197
NEUPOGEN INJ 300MG ......................... 197
NEUPOGEN INJ 480/0.8 ......................... 197
NEUPOGEN INJ 480MG ........................... 197
NEupro DIS 1MG/24HR ......................... 109
NEupro DIS 2MG/24HR ......................... 109
NEupro DIS 3MG/24HR ......................... 109
NEupro DIS 4MG/24HR ......................... 109
NEupro DIS 6MG/24HR ......................... 109
NEupro DIS 8MG/24HR ......................... 109
NEURIN-SL SUB .................................. 199
NEURONTIN CAP 100MG ......................... 57
NEURONTIN CAP 300MG ......................... 57
NEURONTIN CAP 400MG ......................... 57
NEURONTIN SOL 250/5ML ......................... 57
NEURONTIN TAB 600MG ......................... 57
NEURONTIN TAB 800MG ......................... 57
neutragard gel 1.1% ............................. 222
NEUTRASAL POW .................................. 222
NEVANAC SUS 0.1% .............................. 241
nevirapine tab 200 mg ......................... 119
nevirapine tab er 24hr 100 mg .................. 119
nevirapine tab er 24hr 400 mg .................. 119
NEWGEN TAB 32-1MG ......................... 228
NEXA PLUS CAP .................................. 228
NEXVAR TAB 200MG ......................... 102
NEXPLANON IMP 68MG ......................... 145
NEXTERENCE INJ .................................. 45
niacin tab er 1000 mg (antihyperlipidemic) 81
niacin tab er 500 mg (antihyperlipidemic) 81
niacin tab er 750 mg (antihyperlipidemic) 81
NIASPAN TAB 1000 ER ......................... 81
NIASPAN TAB 500MG ER ....................... 81
NIASPAN TAB 750MG ER ....................... 81
NICADAN TAB .................................. 224
NICARDI/NAACL INJ 25/250ML .................. 130
NICARDI/NAACL INJ 25/250ML .................. 130
NICARDI/NAACL INJ 50/250ML .................. 130
nicardipine hcl cap 20 mg .................... 130
nicardipine hcl cap 30 mg .................... 130
nicardipine hcl iv soln 2.5 mg/ml ............ 130
NICARDIPINE INJ .............................. 130
NICARDIPINE INJ NAACL ...................... 130
NICARDIPINE SOL 10/50ML ...................... 130
NICARDIPINE SOL 4MG/10ML .................... 130
NICARDP/NAACL SOL 125/250 ................... 130
NICAZEL TAB .................................. 224
NICAZEL TAB FORTE .......................... 224
NICODERM CQ DIS 14MG/24H ................. 254
NICODERM CQ DIS 21MG/24H ................. 254
NICODERM CQ DIS 7MG/24HR ................. 254
NICOMIDE TAB ...................... 231
nicorelief gum 2mg mint ....................... 254
nicorelief gum 2mg orig ....................... 254
nicorelief gum 4mg mint ....................... 254
nicorelief gum 4mg orig ....................... 254
NICORETTE GUM 2MG ......................... 254
NICORETTE GUM 2MG CINN ..................... 254
NICORETTE GUM 2MG MINT ..................... 254
NICORETTE GUM 2MG ORIG ..................... 255
NICORETTE GUM 4MG FRUIT ................... 255
NICORETTE GUM 4MG ......................... 255
NICORETTE GUM 4MG CINN ..................... 255
NICORETTE GUM 4MG MINT ..................... 255
NICORETTE GUM 4MG ORIG ..................... 255
NICORETTE GUM 4MGFRUIT .................... 255
NICORETTE LOZ 2MG CHRY ..................... 255
NICORETTE LOZ 2MG MINT ..................... 255
NICORETTE LOZ 2MG ORIG ..................... 255
NICORETTE LOZ 4MG CHRY ..................... 255
NICORETTE LOZ 4MG MINT ..................... 255
NICORETTE LOZ 4MG ORIG ..................... 255
NICORETTE ST GUM 2MG MINT ................ 255
NICORETTE ST GUM 2MG ORIG ................ 255
NICORETTE ST GUM 4MG MINT ................ 255
NICORETTE ST GUM 4MG ORIG ................ 255
nicotine dis 7mg/24hr ......................... 255	nicotine dis 7mg/24hr ......................... 255	nicotine dis step 1 ........................... 255	nicotine dis step 2 ........................... 255	nicotine dis step 3 ........................... 255	nicotine gum 4mg ............................ 255
nicotine loz 2mg mint ......................... 255	nicotine loz 4mg mint ......................... 255
nicotine loz mini 2mg ......................... 255
nicotine pol gum 2mgfruit ..................... 255
nicotine pol loz 4mg chry ..................... 255
nicotine pol loz 4mg mint ..................... 255
nicotine polacril ex gum 2 mg ................. 255
nicotine polacril ex gum 4 mg ................. 255
nicotine polacril ex lozenge 2 mg ............ 255
nicotine polacril ex lozenge 4 mg ............ 255
NICOTINE SYS KIT TRANSFER ................. 255
nicotine td dis 14mg/24h ...................... 255
nicotine td dis 21mg/24h ...................... 255
MINT
nicotine td dis 7mg/24hr .................. 255
nicotine td patch 24hr 14 mg/24hr ...... 255
nicotine td patch 24hr 21 mg/24hr ...... 255
nicotine td patch 24hr 7 mg/24hr ...... 255
NICOTROL INH .................................. 256
NICOTROL NS SPR 10MG/ML ................. 256
nifedical xl tab 30mg .......................... 130
nifedical xl tab 60mg .......................... 130
nifedipine cap 10 mg .......................... 130
nifedipine cap 20 mg .......................... 130
nifedipine tab er 24hr 30 mg ................ 130
nifedipine tab er 24hr 60 mg ................ 130
nifedipine tab er 24hr 90 mg ................. 130
nifedipine tab er 24hr osmotic release 30 mg
.................................................... 130
nifedipine tab er 24hr osmotic release 60 mg
.................................................... 130
nifedipine tab er 24hr osmotic release 90 mg
.................................................... 130
nikki tab 3-0.02mg ................................ 143
NILANDRON TAB 150MG ....................... 99
nilutamide tab 150 mg ........................ 99
nimodipine cap 30 mg .......................... 130
NINLARO CAP 2.3MG .......................... 103
NINLARO CAP 3MG ............................ 103
NINLARO CAP 4MG ............................ 103
NIPENT INJ 10MG ............................... 104
NIPRIDE RTU INJ 10/50ML ..................... 91
NIPRIDE RTU INJ 20/100ML ................... 91
NIPRIDE RTU INJ 50/100ML ................... 91
nisoldipine tab er 24hr 17 mg ............... 130
nisoldipine tab er 24hr 20 mg ............... 130
nisoldipine tab er 24hr 25.5 mg .......... 130
nisoldipine tab er 24hr 30 mg .......... 130
nisoldipine tab er 24hr 34 mg ............... 130
nisoldipine tab er 24hr 40 mg ............... 130
nisoldipine tab er 24hr 8.5 mg ............... 130
NITHIODOTE KIT ................................ 72
NITRO-BID OIN 2% ............................ 40
NITRO-DUR DIS 0.1MG/HG .......................... 40
NITRO-DUR DIS 0.2MG/HG .......................... 40
NITRO-DUR DIS 0.3MG/HG .......................... 41
NITRO-DUR DIS 0.4MG/HG .......................... 41
NITRO-DUR DIS 0.6MG/HG .......................... 41
NITRO-DUR DIS 0.8MG/HG .......................... 41
nitrofurantoin macrocrystalline cap 100 mg
..................................................................... 268
nitrofurantoin macrocrystalline cap 25 mg
..................................................................... 268
nitrofurantoin macrocrystalline cap 50 mg
..................................................................... 268
nitrofurantoin monohydrate macrocrystalline
cap 100 mg ........................................ 268
nitrofurantoin susp 25 mg/5ml ................. 268
nitroglycerin cap er 2.5 mg ..................... 41
nitroglycerin cap er 6.5 mg ..................... 41
nitroglycerin cap er 9 mg ......................... 41
nitroglycerin lingual aerosol 400 mg/spray 41
nitroglycerin sl tab 0.3 mg ........................ 41
nitroglycerin sl tab 0.4 mg ........................ 41
nitroglycerin sl tab 0.6 mg ........................ 41
nitroglycerin td patch 24hr 0.1 mg/hr .......... 41
nitroglycerin td patch 24hr 0.2 mg/hr .......... 41
nitroglycerin td patch 24hr 0.4 mg/hr .......... 41
nitroglycerin td patch 24hr 0.6 mg/hr .......... 41
nitroglycerin tl soln 0.4 mg/spray (400 mg/spray) ........................................ 41
NITROLINGUAL SPR PUMPSRA .................. 41
NITROMIST AER 400MCG .................. 41
NITROPRESS INJ 25MG/ML .................. 91
nitroprusside sodium iv soln 25 mg/ml .... 91
NITROSTAT SUB 0.3MG ................... 41
NITROSTAT SUB 0.4MG ................... 41
NITROSTAT SUB 0.6MG ................... 41
nitro-time cap 2.5mg cr ...................... 41
nitro-time cap 6.5mg cr ...................... 41
nitro-time cap 9mg cr ...................... 41
niva-fol tab ...................................... 171
NIVA-PLUS TAB ................................ 228
nizatidine cap 150 mg .......................... 266
nizatidine cap 300 mg .......................... 266
nizatidine oral soln 15 mg/ml ................. 266
NIZORAL SHA 2% ............................... 156
nodolor cap ...................................... 210
nolix cre 0.05% .................................. 162
nolix lot 0.05% .................................. 163
nora-be tab 0.35mg .......................... 146
NORCO TAB 10-325MG ......................... 31
NORCO TAB 5-325MG ......................... 31
NORCO TAB 7.5-325 .......................... 31
NORDITROPIN INJ 10/1.5ML ................... 177
NORDITROPIN INJ 15/1.5ML ................... 177
NORDITROPIN INJ 30/3ML ................... 177
NORDITROPIN INJ 5/1.5ML ................... 177
NOREPIN/D5W INJ 16/250ML ............... 274
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg .......................... 143
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg .......................... 143
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg ............................... 143
norethindrone ace & ethinyl estradiol-fe chew tab 1 mg-20 mcg (24) .................. 143
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) ...................... 143
norethindrone acetate tab 5 mg ........................................... 248
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg .................................. 181
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg .................................. 181
norethindrone tab 0.35 mg ............................................ 146
noregestimate & ethinyl estradiol tab 0.25 mg-35 mcg ...................................... 146
noregestimate-eth estrad tab 0.18-25/0.215-25/0.25-35 mg-mcg .......................... 143
NORINATE CRE 1% .................................................. 168
norlyda tab 0.35 mg .................................................. 146
norlyroc tab 0.35 mg .................................................. 146
NORPACE CAP 100MG .................................................. 44
NORPACE CAP 100MG CR ............................................... 44
NORPACE CAP 150MG .................................................. 44
NORPACE CAP 150MG CR ............................................... 44
NORPRAMIN TAB 10MG .................................................. 66
NORPRAMIN TAB 25MG .................................................. 66
NOR-QD TAB 0.35MG .................................................. 146
nortel tab 0.5/35 ....................................................... 143
nortel tab 1/35 ....................................................... 143
nortel tab 7/7/7 ....................................................... 143
nortriptyline hcl cap 10 mg .................................................. 66
nortriptyline hcl cap 25 mg .................................................. 66
nortriptyline hcl cap 50 mg .................................................. 66
nortriptyline hcl cap 75 mg .................................................. 66
nortriptyline hcl soln 10 mg/5ml ............................................. 66
NORVASC TAB 10MG .................................................. 130
NORVASC TAB 2.5MG .................................................. 130
NORVASC TAB 5MG .................................................. 130
NORVIR CAP 100MG .................................................. 119
NORVIR POW 100MG .................................................. 119
NORVIR SOL 80MG/ML .................................................. 119
NORVIR TAB 100MG .................................................. 119
NOVOEIGHT INJ 1000UNIT ............................................. 192
NOVOEIGHT INJ 1500UNIT ............................................. 192
NOVOEIGHT INJ 2000UNIT ............................................. 192
NOVOEIGHT INJ 250UNIT ............................................. 192
NOVOEIGHT INJ 3000UNIT ............................................. 192
NOVOEIGHT INJ 500UNIT ............................................. 192
NOXAFILEN 300/16.7 .................................................. 77
NOXAFILEN 40MG/ML .................................................. 77
NOXAFILEN 50MG .................................................... 77
NOXAFIL EMU ....................................................... 169	np thyroid tab 120mg .................................................. 262	np thyroid tab 15mg .................................................. 262
np thyroid tab 30mg .................................................. 262
np thyroid tab 60mg .................................................. 262
np thyroid tab 90mg .................................................. 262
NPLATE INJ 250MCG .................................................. 197
NPLATE INJ 500MCG .................................................. 197
NUCALA INJ 100MG .................................................. 45
NUCORT LOT 2% ...................................................... 163

NOREPIN/D5W INJ 4/250-5% .............................. 274
NOREPIN/D5W INJ 4/250ML .............................. 274
NOREPIN/D5W INJ 8/250ML .............................. 274
NOREPIN/D5W SOL 16/500ML .............................. 274
NOREPIN/NAACL INJ 0.08/10 .............................. 274
NOREPIN/NAACL INJ 0.16/10 .............................. 274
NOREPIN/NAACL INJ 0.8/50ML .............................. 274
NOREPIN/NAACL INJ 16/250ML .............................. 274
NOREPIN/NAACL INJ 16/500ML .............................. 274
NOREPIN/NAACL INJ 4/250ML .............................. 274
NOREPIN/NAACL INJ 8/250ML .............................. 274
NOREPIN/NAACL INJ SODIUM C. .............................. 274
NOREPIN/NAACL SOL 16/100ML .............................. 274
NOREPIN/NAACL SOL 32/250ML .............................. 274
NOREPIN/NAACL SOL 32/500ML .............................. 274
NOREPIN/NAACL SOL 6MG/50ML .............................. 274
NOREPINE/D5W INJ 16/250ML .............................. 274
NOREPINE/D5W INJ 4/250-5% .............................. 274
NOREPINE/D5W INJ 4/250ML .............................. 274
NOREPINE/D5W INJ 4/500ML .............................. 274
NOREPINE/D5W INJ 40/10ML .............................. 274
NOREPINEPH INJ NAACL ............................................. 274
NOREPINEPHRI INJ DEXTROSE ...................................... 274
NOREPINEPHRI INJ NAACL ............................................. 274

norepinephrine bitartrate iv soln 1 mg/ml
(base equivalent) ............................................. 274
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg .......................... 143
NORINYL TAB 1/35 .................................................. 143

NORITATE CRE 1% .................................................. 168
norlyda tab 0.35 mg .................................................. 146
norlyroc tab 0.35 mg .................................................. 146

NORPACE CAP 100MG .................................................. 44
NORPACE CAP 100MG CR ............................................... 44
NORPACE CAP 150MG .................................................. 44
NORPACE CAP 150MG CR ............................................... 44
NORPRAMIN TAB 10MG .................................................. 66
NORPRAMIN TAB 25MG .................................................. 66
NOR-QD TAB 0.35MG .................................................. 146

nortel tab 0.5/35 ....................................................... 143
nortel tab 1/35 ....................................................... 143
nortel tab 7/7/7 ....................................................... 143

nortriptyline hcl cap 10 mg .................................................. 66
nortriptyline hcl cap 25 mg .................................................. 66
nortriptyline hcl cap 50 mg .................................................. 66
nortriptyline hcl cap 75 mg .................................................. 66
nortriptyline hcl soln 10 mg/5ml ............................................. 66

NORVASC TAB 10MG .................................................. 130
NORVASC TAB 2.5MG .................................................. 130
NORVASC TAB 5MG .................................................. 130
NORVIR CAP 100MG .................................................. 119
NORVIR POW 100MG .................................................. 119
NORVIR SOL 80MG/ML .................................................. 119
NORVIR TAB 100MG .................................................. 119
NOVOEIGHT INJ 1000UNIT ............................................. 192
NOVOEIGHT INJ 1500UNIT ............................................. 192
NOVOEIGHT INJ 2000UNIT ............................................. 192
NOVOEIGHT INJ 250UNIT ............................................. 192
NOVOEIGHT INJ 3000UNIT ............................................. 192
NOVOEIGHT INJ 500UNIT ............................................. 192
NOXAFILEN 300/16.7 .................................................. 77
NOXAFILEN 40MG/ML .................................................. 77
NOXAFILEN 50MG .................................................... 77
NOXAFIL EMU ....................................................... 169

np thyroid tab 120mg .................................................. 262
np thyroid tab 15mg .................................................. 262
np thyroid tab 30mg .................................................. 262
np thyroid tab 60mg .................................................. 262
np thyroid tab 90mg .................................................. 262

NPLATE INJ 250MCG .................................................. 197
NPLATE INJ 500MCG .................................................. 197
NUCALA INJ 100MG .................................................. 45
NUCORT LOT 2% ...................................................... 163

348
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORKAMBI TAB 100-125</td>
<td></td>
</tr>
<tr>
<td>ORKAMBI GRA 150-188</td>
<td></td>
</tr>
<tr>
<td>ORKAMBI GRA 100-125</td>
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<tr>
<td>ORENITRAM TAB 5MG</td>
<td></td>
</tr>
<tr>
<td>ORENITRAM TAB 2.5MG</td>
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<td>ORAP TAB 1MG</td>
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<td>ORAPRED ODT TAB 10MG</td>
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<td>ORBACTIV SOL 400MG</td>
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<td>ORENSITRAM TAB 0.125MG</td>
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<tr>
<td>ORELITRA TAB 10/25/50</td>
<td></td>
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<tr>
<td>ORGAPREX ER TAB 30MG</td>
<td></td>
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<tr>
<td>ORGAPREX ER TAB 100MG</td>
<td></td>
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<td>ORGAPREX ER TAB 200MG</td>
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<tr>
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</tr>
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<td>ORGAPREX ER TAB 100000000000000MG</td>
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</tr>
</tbody>
</table>
OXYDO TAB 5MG..................................27
OXYDO TAB 7.5MG..................................27
oxazepam cap 10 mg.................................43
oxazepam cap 15 mg.................................43
oxazepam cap 30 mg.................................43
oxcarbazepine susp 300 mg/5ml (60 mg/ml) ..57
oxcarbazepine tab 150 mg..........................57
oxcarbazepine tab 300 mg..........................57
OXERVATE SOL 20MCG/ML......................238
oxiconazole nitrate cream 1%......................157
OXISTAT CRE 1%..................................157
OXISTAT LOT 1%..................................157
OXSORALEN-UL CAP 10MG........................158
OXTELLAR XR TAB 150MG........................57
OXTELLAR XR TAB 300MG........................57
OXTELLAR XR TAB 600MG........................57
Oxybutynin chloride syrup 5 mg/5ml............57
Oxybutynin chloride tab 5 mg.......................27
Oxybutynin chloride tab 10 mg......................27
Oxybutynin chloride tab 15 mg......................27
Oxybutynin chloride tab 20 mg......................27
Oxybutynin chloride tab 24hr 10 mg..............268
Oxybutynin chloride tab 24hr 15 mg..............268
Oxybutynin chloride tab 24hr 5 mg..............268
Oxybutynin chloride tab er 12hr 10 mg..........268
Oxybutynin chloride tab er 12hr 15 mg..........268
Oxybutynin chloride tab er 24hr 10 mg..........268
Oxybutynin chloride tab er 24hr 15 mg..........268
Oxybutynin chloride tab er 24hr 5 mg..........268
oxycodone hcl cap 5 mg............................27
oxycodone hcl cap 10 mg...........................27
oxycodone hcl cap 15 mg...........................27
oxycodone hcl cap 20 mg...........................27
oxycodone hcl cap 24hr 10 mg.....................27
oxycodone hcl cap 24hr 15 mg.....................27
oxycodone hcl cap 24hr 5 mg.....................27
oxycodone hcl cap er 12hr 10 mg................27
oxycodone hcl cap er 12hr 15 mg................27
oxycodone hcl cap er 12hr 20 mg................27
oxycodone hcl cap er 12hr 30 mg................27
oxycodone hcl cap er 12hr 40 mg................27
oxycodone hcl cap er 12hr 60 mg................27
oxycodone hcl cap er 12hr 80 mg................27
oxycodone w/ acetaminophen soln 5-325 mg/5ml...31
oxycodone w/ acetaminophen tab 10-325 mg........31
oxycodone w/ acetaminophen tab 2.5-325 mg........31
oxycodone w/ acetaminophen tab 5-325 mg........31
oxycodone w/ acetaminophen tab 7.5-325 mg......31
oxycodone-aspirin tab 4.8355-325 mg............31
oxycodone-ibuprofen tab 5-400 mg...............31
OXYCONTIN TAB 10MG CR..........................27
OXYCONTIN TAB 15MG CR..........................27
OXYCONTIN TAB 20MG CR..........................27
OXYCONTIN TAB 30MG CR..........................27
OXYCONTIN TAB 40MG CR..........................28
OXYCONTIN TAB 60MG CR..........................28
OXYCONTIN TAB 80MG CR..........................28
oxymorphone hcl tab 10 mg.........................28
oxymorphone hcl tab 5 mg..........................28
oxymorphone hcl tab er 12hr 10 mg.............28
oxymorphone hcl tab er 12hr 15 mg.............28
oxymorphone hcl tab er 12hr 20 mg.............28
oxymorphone hcl tab er 12hr 30 mg.............28
oxymorphone hcl tab er 12hr 40 mg.............28
oxymorphone hcl tab er 12hr 5 mg..............28
oxymorphone hcl tab er 12hr 7.5 mg.............28
OXYT/D5W/LAC INJ 10/1000..........................242
OXYT/D5W/LAC INJ 15/500ML......................242
OXYT/D5W/LAC INJ 20/1000..........................242
OXYT/D5W/LAC INJ 30/1000..........................242
OXYT/D5W/LAC INJ 40/1000..........................242
Oxytocin inj 10 unit/ml............................242
OXYTOCIN INJ 10/500ML.........................242
OXYTOCIN INJ 15/250ML.........................242
OXYTOCIN INJ 15UNIT................................242
OXYTOCIN INJ 30UNIT................................242
OXYTOCIN INJ 40UNIT................................242
OXYTOCIN INJ 60UNIT................................242
OXYTOCIN/D5W INJ 10/1000......................242
OXYTOCIN/D5W INJ 10/250ML....................242
OXYTOCIN/D5W INJ 15/250ML....................242
OXYTOCIN/D5W INJ 20/1000......................242
OXYTOCIN/D5W INJ 20/250ML....................242
OXYTOCIN/D5W INJ 20/500ML....................242
OXYTOCIN/D5W INJ 30/1000......................242
OXYTOCIN/D5W INJ 30/500ML....................242
OXYTOCIN/D5W INJ 40/1000......................242
OXYTOCIN/D5W INJ 10/1000..........................242
OXYTOCIN/D5W INJ 10/250ML....................242
OXYTOCIN/D5W INJ 15/250ML....................242
OXYTOCIN/D5W INJ 20/1000......................242
OXYTOCIN/D5W INJ 20/250ML....................242
OXYTOCIN/D5W INJ 20/500ML....................242
OXYTOCIN/D5W INJ 30/1000......................242
OXYTOCIN/D5W INJ 30/500ML....................242
OXYTOCIN/D5W INJ 40/1000......................242
OXYTOCIN/DEX INJ 40/1000......................242
OXYTOCIN/DEX INJ LACT RIN.....................242
OXYTOCIN/LAC INJ 10/1000......................242
OXYTOCIN/LAC INJ 15/500ML.....................242
OXYTOCIN/LAC INJ 20/1000......................242
OXYTOCIN/LAC INJ 20/250ML.....................242
OXYTOCIN/LAC INJ 20/500ML.....................242
OXYTOCIN/LAC INJ 30/1000......................242
OXYTOCIN/LAC INJ 30/500ML.....................242
OXYTOCIN/LAC INJ 40/1000......................242
OXYTOCIN/LAC INJ 10/1000......................242
OXYTOCIN/LAC INJ 10/500ML.....................242
OXYTOCIN/LAC INJ 15/250ML.....................242
OXYTOCIN/LAC INJ 20/500ML.....................242
OXYTOCIN/LAC INJ 25/500ML.....................242
OXYTOCIN/LAC INJ 30/1000......................242
OXYTOCIN/LAC INJ 30/500ML.....................242
OXYTOCIN/LAC INJ 40/1000......................242
OXYTOCIN/LAC INJ 10/1000......................242
OXYTOCIN/LAC INJ 10/500ML.....................242
OXYTOCIN/LAC INJ 15/250ML.....................242
OXYTOCIN/LAC INJ 20/500ML.....................242
OXYTOCIN/LAC INJ 25/500ML.....................242
OXYTOCIN/LAC INJ 30/1000......................242
OXYTOCIN/LAC INJ 30/500ML.....................242
OXYTOCIN/LAC INJ 40/1000......................242
OXYTOCIN/LAC INJ 10/1000......................242
OXYTOCIN/LAC INJ 10/500ML.....................242
OXYTOCIN/LAC INJ 15/250ML.....................242
OXYTOCIN/LAC INJ 20/500ML.....................242
OXYTOCIN/LAC INJ 25/500ML.....................242
OXYTOCIN/LAC INJ 30/1000......................242
OXYTOCIN/LAC INJ 30/500ML.....................242
OXYTOCIN/LAC INJ 40/1000......................242
OXYTOCIN/LAC INJ 10/1000......................242
OXYTOCIN/LAC INJ 10/500ML.....................242
OXYTOCIN/LAC INJ 15/250ML.....................242
OXYTOCIN/LAC INJ 20/500ML.....................242
OXYTOCIN/LAC INJ 25/500ML.....................242
OXYTOCIN/LAC INJ 30/1000......................242
OXYTOCIN/LAC INJ 30/500ML.....................242
OXYTOCIN/LAC INJ 40/1000......................242

352
penicillin g potassium for inj 2000000 unit .................................................... 246
penicillin g sodium for inj 5000000 unit .......................................................... 246
penicillin v potassium for soln 125 mg/5ml ...................................................... 246
penicillin v potassium for soln 250 mg/5ml ...................................................... 246
penicillin v potassium tab 250 mg ................................................................. 246
penicillin v potassium tab 500 mg ................................................................. 246
PENICILLIUM INJ 1:20 .................................................. 12
PENICILLIUM INJ NOTATUM .................................................. 12
PENTACEL INJ .......................................................... 264
PENTAM 300 INJ 300MG .......................................................... 35
PENTASA CAP 250MG .................................................. 186
PENTASA CAP 500MG .................................................. 186
pentazocine w/ naloxone tab 50-0.5 mg ... 32
PENTETATE CA SOL 200MG/ML .................................................. 73
PENTETATE ZI SOL 200MG/ML .................................................. 73
pentobarbital sodium inj 50 mg/ml ............................................................. 201
pentoxifylline tab er 400 mg .......................................................... 194
PERCOCET TAB 10-325MG .................................................. 31
PERCOCET TAB 2.5-325 .................................................. 31
PERCOCET TAB 5-325MG .................................................. 31
PERCOCET TAB 7.5-325 .................................................. 31
PERENNIAL INJ RYE GRAS .................................................. 12
PERFOROMIST NEB 20MCG .................................................. 48
PERIDGE SOL 0.12% .................................................. 221
perindopril erbumine tab 2 mg .......................................................... 83
perindopril erbumine tab 4 mg .......................................................... 83
perindopril erbumine tab 8 mg .......................................................... 83
periogard sol 0.12% .................................................. 221
PERJETA INJ 420/14ML .................................................. 97
permethrin cream 5% .......................................................... 168
perphenazine tab 16 mg .......................................................... 116
perphenazine tab 2 mg .......................................................... 116
perphenazine tab 4 mg .......................................................... 116
perphenazine tab 8 mg .......................................................... 116
perphenazine-amitriptyline tab 2-10 mg ..................................... 251
perphenazine-amitriptyline tab 2-25 mg ..................................... 251
perphenazine-amitriptyline tab 4-10 mg ..................................... 251
perphenazine-amitriptyline tab 4-25 mg ..................................... 251
perphenazine-amitriptyline tab 4-50 mg ..................................... 251
PERSANTINE TAB 25MG .................................................. 196
PERSANTINE TAB 50MG .................................................. 196
PERSANTINE TAB 75MG .................................................. 196
PERTZYE CAP 16000U .................................................. 171
PERTZYE CAP 24000U .................................................. 171
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<td>PORTRAZZA INJ 800/50ML</td>
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<td>POTASS CHLOR INJ D5W</td>
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<td>POTASS CHLOR INJ LACT RNG</td>
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<td>potassium acetate inj 2 meq/ml</td>
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<td>potassium aminobenzoate packet 2 gm</td>
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<td>potassium bicarbonate effer tab 25 meq</td>
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<td>POTASSIUM CH INJ NACL</td>
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<tr>
<td>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</td>
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<td>potassium chloride cap er 10 meq</td>
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<td>potassium chloride inj 40 meq/100ml</td>
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<td>potassium chloride microencapsulated crys er tab</td>
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<td>potassium chloride oral soln 10% (20 meq/15ml)</td>
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<tr>
<td>potassium chloride oral soln 20% (40 meq/15ml)</td>
<td>217</td>
</tr>
</tbody>
</table>

potassium chloride powder packet 20 meq 217
potassium chloride tab er 10 meq 217
potassium chloride tab er 20 meq (1500 mg) 217
potassium chloride tab er 8 meq (600 mg) 217
potassium citrate & citric acid powder pack 3300-1002 mg 188
potassium citrate & citric acid soln 1100-334 mg/5ml 188
potassium citrate tab er 10 meq (1080 mg) 188
potassium citrate tab er 15 meq (1620 mg) 188
potassium citrate tab er 5 meq (540 mg) 188
POTASSIUM PH INJ D5W 216
POTASSIUM PH INJ NACL 216
POTIGA TAB 200MG 57
POTIGA TAB 300MG 57
POTIGA TAB 400MG 57
POTIGA TAB 50MG 57
PR NATAL 400 PAK 228
PR NATAL 400 PAK EC 228
PR NATAL 430 PAK 228
PR NATAL 430 PAK EC 228
PRADAXA CAP 110MG 53
PRADAXA CAP 150MG 53
PRADAXA CAP 75MG 53
PRALIDOXIME INJ 600/2ML 73
PRALUENT INJ 150MG/ML 81
PRALUENT INJ 75MG/ML 81
pramipexole dihydrochloride tab 0.125 mg 109
pramipexole dihydrochloride tab 0.25 mg 109
pramipexole dihydrochloride tab 0.5 mg 109
pramipexole dihydrochloride tab 0.75 mg 109
pramipexole dihydrochloride tab 1 mg 109
pramipexole dihydrochloride tab 1.5 mg 109
pramipexole dihydrochloride tab er 24hr 0.375 mg 109
pramipexole dihydrochloride tab er 24hr 0.75 mg 109
pramipexole dihydrochloride tab er 24hr 1.5 mg 109
pramipexole dihydrochloride tab er 24hr 2.25 mg 109
pramipexole dihydrochloride tab er 24hr 3 mg 109

357
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Strength/Quantity</th>
</tr>
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<tbody>
<tr>
<td>Pred Forte SUS 1% O</td>
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<td>Pravastatin Sodium Tab 10 mg</td>
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358
propranolol hcl inj 1 mg/ml ........................................ 127
propranolol hcl oral soln 20 mg/5ml ........................................ 127
propranolol hcl oral soln 40 mg/5ml ........................................ 127
propranolol hcl tab 10 mg ........................................ 127
propranolol hcl tab 20 mg ........................................ 127
propranolol hcl tab 40 mg ........................................ 127
propranolol hcl tab 60 mg ........................................ 127
propranolol hcl tab 80 mg ........................................ 127
propylthiouracil tab 50 mg ........................................ 260
proquadr inj ........................................ 270
proscar tab 5mg ........................................ 189
prostin vr inj 500mcg ........................................ 221
protamine sulfate inj 10 mg/ml ........................................ 196
protect plus cap ........................................ 224
prothelial pst 10% ........................................ 222
protopam chl inj 1gm ........................................ 73
protopic oin 0.03% ........................................ 165
protopic oin 0.1% ........................................ 165
protriptyline hcl tab 10 mg ........................................ 67
protriptyline hcl tab 5 mg ........................................ 67
provayblue inj ........................................ 73
provenge inj ........................................ 97
provential aer hfa ........................................ 48
provera tab 10mg ........................................ 249
provera tab 2.5mg ........................................ 249
provera tab 5mg ........................................ 249
provida ob cap ........................................ 229
provigil tab 100mg ........................................ 10
provigil tab 200mg ........................................ 10
provisc inj 1% ........................................ 240
prozac cap 10mg ........................................ 63
prozac cap 20mg ........................................ 63
prozac cap 40mg ........................................ 63
prozac weekl cap 90mg ........................................ 63
prudoxin cre 5% ........................................ 157
prutect emu ........................................ 169
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml ........................................ 150
psorcon cre 0.05% ........................................ 163
pulmicort inh 180mcg ........................................ 47
pulmicort inh 90mcg ........................................ 47
pulmicort sus 0.25mg/2 ........................................ 47
pulmicort sus 0.5mg/2 ........................................ 47
pulmicort sus 1mg/2ml ........................................ 47
pulmosal neb 7% ........................................ 150
pulmozyme sol 1mg/ml ........................................ 257
purefe cap plus ........................................ 200
purefe ob cap plus ........................................ 229
purefolix tab 1-5000 ........................................ 200
purevitra dual cap fe plus ........................................ 200
puritan sus 20mg/ml ........................................ 96
pylera cap ........................................ 267
pyrazinamide tab 500 mg ........................................ 92
pyridium tab 100mg ........................................ 189
pyridium tab 200mg ........................................ 189
pyridostigmine bromide tab 60 mg ........................................ 92
pyridostigmine bromide tab er 180 mg ........................................ 92
pyridoxine hcl inj 100 mg/ml ........................................ 276
pyrogall inj ........................................ 165
qc nicotine gum 4mg ........................................ 256
quadraceil inj ........................................ 264
quadramet inj ........................................ 104
qualaquin cap 324mg ........................................ 91
quartette tab ........................................ 144
quasense tab ........................................ 144
quazepam tab 15 mg ........................................ 202
qudexy xr cap 100/24hr ........................................ 58
qudexy xr cap 150/24hr ........................................ 58
qudexy xr cap 200/24hr ........................................ 58
qudexy xr cap 25/24hr ........................................ 58
qudexy xr cap 50/24hr ........................................ 58
questrane pow 4gm ........................................ 79
questrane pow 4gm lite ........................................ 79
quetiapine fumarate tab 100 mg ........................................ 114
quetiapine fumarate tab 200 mg ........................................ 114
quetiapine fumarate tab 25 mg ........................................ 114
quetiapine fumarate tab 300 mg ........................................ 114
quetiapine fumarate tab 400 mg ........................................ 114
quetiapine fumarate tab 50 mg ........................................ 114
quetiapine fumarate tab er 24hr 150 mg ........................................ 115
quetiapine fumarate tab er 24hr 200 mg ........................................ 115
quetiapine fumarate tab er 24hr 300 mg ........................................ 115
quetiapine fumarate tab er 24hr 400 mg ........................................ 115
quetiapine fumarate tab er 24hr 50 mg ........................................ 115
quflora chw ........................................ 226
quflora fe chw ........................................ 224
quflora fe dro 0.25-9.5 ........................................ 225
quflora ped chw 0.25mg ........................................ 226
quflora ped chw 0.5mg ........................................ 226
quflora ped chw 1mg ........................................ 226
quflora ped dro 0.25mg ........................................ 226
quflora ped dro 0.5mg/ml ........................................ 226
quillivant sus 25mg/ml ........................................ 10
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REYATAZ CAP 300MG ........................................... 15
RIFABUTIN CAP 150MG .................................... 92
RIFADIN CAP 150MG ....................................... 93
RIFADIN CAP 300MG ....................................... 93
RIFADIN INJ 600 MG ....................................... 93
RIFAMATE CAP ............................................... 92
rifampin cap 150 mg ...................................... 93
rifampin cap 300 mg ..................................... 93
rifampin for inj 600 mg ................................. 93
RIFATER TAB .................................................. 92
RILUTEK TAB 50MG ........................................ 234
riluzole tab 50 mg ........................................ 234
rimantadine hydrochloride tab 100 mg ........ 123
RIMSO-50 SOL 50% ......................................... 188
RIOMET SOL ................................................. 69
RIOEMT SOL .................................................. 69
risedronate sodium tab 150 mg .................. 175
risedronate sodium tab 30 mg ................... 175
risedronate sodium tab 35 mg ................... 175
risedronate sodium tab 5 mg .................... 175
risedronate sodium tab delayed release 35 mg
.......................................................................... 175
RISPERDAL INJ 12.5MG .................................... 112
RISPERDAL INJ 25MG ..................................... 112
RISPERDAL INJ 37.5MG .................................. 112
RISPERDAL INJ 50MG ..................................... 112
RISPERDAL M TAB 0.5MG ................................ 112
RISPERDAL M TAB 1MG .................................. 112
RISPERDAL M TAB 2MG .................................. 112
RISPERDAL M TAB 3MG .................................. 112
RISPERDAL M TAB 4MG .................................. 112
RISPERDAL SOL 1MG/ML ............................... 113
RISPERDAL TAB 0.25MG ................................ 113
RISPERDAL TAB 0.5MG .................................. 113
RISPERDAL TAB 1MG ..................................... 113
RISPERDAL TAB 2MG ..................................... 113
RISPERDAL TAB 3MG ..................................... 113
RISPERDAL TAB 4MG ..................................... 113
risperidone orally disintegrating tab 0.25 mg
....................................................... 113
risperidone orally disintegrating tab 0.5 mg
...................................................................... 113
risperidone orally disintegrating tab 1 mg 113
risperidone orally disintegrating tab 2 mg 113
risperidone orally disintegrating tab 3 mg 113
risperidone orally disintegrating tab 4 mg 113

364
SAFYRAL T
SACCHAROMYCE INJ CER
SABRIL TAB 500MG
SABRIL POW 500MG
RYTHMOL TAB 225MG
RYTHMOL SR CAP 425MG
RYTHMOL SR CAP 325MG
RYTHMOL SR CAP 225MG
RYDAPT CAP 25MG
RUSS THISTLE SOL EXTRACT
RULAVITE DHA CAP
RUCONEST INJ 2100UNIT
SAGEBRUSH SOL EXTRACT

SAGEBRUSH SOL EXTRACT
ROZWEEPA XR TAB 750MG XR
ROZWEEPA TAB 1000MG
ROZWEEPA TAB 500MG
ROZWEEPA TAB 750MG
ROZWEEPA Xr tab 500mg xr
ROZWEEPA Xr tab 750mg xr
ROVICONE TAB 15MG
ROVICONE TAB 30MG
ROVICONE TAB 5MG
ROXYBOND TAB 5MG
ROZEREM TAB 8MG
RUBRACA TAB 200MG
RUBRACA TAB 250MG
RUBRACA TAB 300MG
RUCONEST INJ 2100UNIT
RULAVITE DHA CAP
RUSS THISTLE SOL EXTRACT
RYANODEX INJ 250MG
RYDAPT CAP 25MG
RYTHMOL SR CAP 225MG
RYTHMOL SR CAP 325MG
RYTHMOL SR CAP 425MG
RYTHMOL TAB 225MG
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SABRIL POW 500MG
SABRIL TAB 500MG
SACCHAROMYCE INJ CER
SAFYRAL TAB
SAGEBRUSH SOL EXTRACT
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SAIENJ 8.8MG
SAIENPREP INJ 8.8MG
Salacyl cre 6%
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<td>262</td>
</tr>
<tr>
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</tr>
<tr>
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<td>262</td>
</tr>
<tr>
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<td>262</td>
</tr>
<tr>
<td>SYNTROID TAB 75MCG</td>
<td>262</td>
</tr>
<tr>
<td>SYNTROID TAB 88MCG</td>
<td>262</td>
</tr>
<tr>
<td>SYNVISC INJ 8MG/ML</td>
<td>233</td>
</tr>
<tr>
<td>SYNVISC ONE INJ 8MG/ML</td>
<td>233</td>
</tr>
<tr>
<td>SYPRINE CAP 250MG</td>
<td>218</td>
</tr>
<tr>
<td>SYNTHROID TAB 200MG</td>
<td>262</td>
</tr>
<tr>
<td>SYNTHROID TAB 25MCG</td>
<td>262</td>
</tr>
<tr>
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</tr>
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</tr>
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<td>262</td>
</tr>
<tr>
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</tr>
<tr>
<td>SYNVISC INJ 8MG/ML</td>
<td>233</td>
</tr>
<tr>
<td>SYNVISC ONE INJ 8MG/ML</td>
<td>233</td>
</tr>
<tr>
<td>SYPRINE CAP 250MG</td>
<td>218</td>
</tr>
<tr>
<td>T</td>
<td>96</td>
</tr>
<tr>
<td>TABLOID TAB 40MG</td>
<td>33</td>
</tr>
<tr>
<td>TACLONEX OIN</td>
<td>163</td>
</tr>
<tr>
<td>TACLONEX SUS</td>
<td>163</td>
</tr>
<tr>
<td>tacrolimus cap 0.5 mg</td>
<td>220</td>
</tr>
<tr>
<td>tacrolimus cap 1 mg</td>
<td>220</td>
</tr>
<tr>
<td>tacrolimus cap 5 mg</td>
<td>220</td>
</tr>
<tr>
<td>tacrolimus oint 0.03%</td>
<td>165</td>
</tr>
<tr>
<td>tacrolimus oint 0.1%</td>
<td>165</td>
</tr>
<tr>
<td>tadalafil tab 10 mg</td>
<td>134</td>
</tr>
<tr>
<td>tadalafil tab 2.5 mg</td>
<td>134</td>
</tr>
<tr>
<td>tadalafil tab 20 mg</td>
<td>134</td>
</tr>
<tr>
<td>tadalafil tab 5 mg</td>
<td>134</td>
</tr>
<tr>
<td>TAFINLAR CAP 50MG</td>
<td>103</td>
</tr>
<tr>
<td>TAFINLAR CAP 75MG</td>
<td>103</td>
</tr>
<tr>
<td>TAGRISSO TAB 40MG</td>
<td>103</td>
</tr>
<tr>
<td>TAGRISSO TAB 80MG</td>
<td>103</td>
</tr>
<tr>
<td>TALIVA CAP</td>
<td>200</td>
</tr>
<tr>
<td>TALWIN INJ 30MG/ML</td>
<td>33</td>
</tr>
<tr>
<td>TALZENNA CAP 0.25MG</td>
<td>103</td>
</tr>
<tr>
<td>TALZENNA CAP 1MG</td>
<td>103</td>
</tr>
<tr>
<td>TAMIFLU CAP 30MG</td>
<td>123</td>
</tr>
<tr>
<td>TAMIFLU CAP 45MG</td>
<td>124</td>
</tr>
<tr>
<td>TAMIFLU CAP 75MG</td>
<td>124</td>
</tr>
<tr>
<td>TAMIFLU SUS 6MG/ML</td>
<td>124</td>
</tr>
<tr>
<td>tamoxif en citrate tab 10 mg (base equivalent)</td>
<td>103</td>
</tr>
<tr>
<td>tamoxif en citrate tab 20 mg (base equivalent)</td>
<td>99</td>
</tr>
<tr>
<td>tamsulosin hcl cap 0.4 mg.</td>
<td>159</td>
</tr>
<tr>
<td>TANDEM F CAP</td>
<td>200</td>
</tr>
<tr>
<td>TANDEM PLUS CAP</td>
<td>200</td>
</tr>
<tr>
<td>TANZEUM INJ 30MG</td>
<td>70</td>
</tr>
<tr>
<td>TANZEUM INJ 50MG</td>
<td>70</td>
</tr>
<tr>
<td>TAPAZOLE TAB 10MG</td>
<td>260</td>
</tr>
<tr>
<td>TAPAZOLE TAB 5MG</td>
<td>260</td>
</tr>
<tr>
<td>TAPERDEX PAK 6 DAY</td>
<td>149</td>
</tr>
<tr>
<td>Medicine</td>
<td>Quantity</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>TARCEVA TAB 100MG</td>
<td>103</td>
</tr>
<tr>
<td>TARCEVA TAB 150MG</td>
<td>103</td>
</tr>
<tr>
<td>TARCEVA TAB 25MG</td>
<td>103</td>
</tr>
<tr>
<td>TARGADOX TAB 50MG</td>
<td>260</td>
</tr>
<tr>
<td>TARGRETIN CAP 75MG</td>
<td>105</td>
</tr>
<tr>
<td>TARGRETIN GEL 1%</td>
<td>157</td>
</tr>
<tr>
<td>tarina fe tab 1/20</td>
<td>144</td>
</tr>
<tr>
<td>TARKA TAB 1-240 CR</td>
<td>89</td>
</tr>
<tr>
<td>TARKA TAB 2-180 CR</td>
<td>89</td>
</tr>
<tr>
<td>TARKA TAB 2-240 CR</td>
<td>89</td>
</tr>
<tr>
<td>TARKA TAB 4-240 CR</td>
<td>89</td>
</tr>
<tr>
<td>TARON FORTE CAP</td>
<td>200</td>
</tr>
<tr>
<td>taron gra crystals</td>
<td>188</td>
</tr>
<tr>
<td>TARON-BC MIS</td>
<td>229</td>
</tr>
<tr>
<td>TARON-C DHA CAP</td>
<td>229</td>
</tr>
<tr>
<td>TARON-PREX CAP</td>
<td>230</td>
</tr>
<tr>
<td>TASIGNA CAP 150MG</td>
<td>103</td>
</tr>
<tr>
<td>TASIGNA CAP 200MG</td>
<td>103</td>
</tr>
<tr>
<td>TASIGNA CAP 50MG</td>
<td>103</td>
</tr>
<tr>
<td>TASMAR TAB 100MG</td>
<td>108</td>
</tr>
<tr>
<td>TAXOTERE INJ 20MG/ML</td>
<td>107</td>
</tr>
<tr>
<td>TAXOTERE INJ 80MG/4ML</td>
<td>107</td>
</tr>
<tr>
<td>TAYTULLA CAP 1MG/20MC</td>
<td>144</td>
</tr>
<tr>
<td>tazarotene cream 0.1%</td>
<td>158</td>
</tr>
<tr>
<td>tazicef inj 1gm</td>
<td>139</td>
</tr>
<tr>
<td>TAZICEF INJ 1GM/50ML</td>
<td>139</td>
</tr>
<tr>
<td>tazicef inj 2gm</td>
<td>139</td>
</tr>
<tr>
<td>tazicef inj 6gm</td>
<td>139</td>
</tr>
<tr>
<td>TAZORAC CRE 0.05%</td>
<td>158</td>
</tr>
<tr>
<td>TAZORAC CRE 0.1%</td>
<td>158</td>
</tr>
<tr>
<td>TAZORAC GEL 0.05%</td>
<td>158</td>
</tr>
<tr>
<td>TAZORAC GEL 0.1%</td>
<td>158</td>
</tr>
<tr>
<td>taztia xt cap 120mg/24</td>
<td>131</td>
</tr>
<tr>
<td>taztia xt cap 180mg/24</td>
<td>131</td>
</tr>
<tr>
<td>taztia xt cap 240mg/24</td>
<td>131</td>
</tr>
<tr>
<td>taztia xt cap 300mg er</td>
<td>131</td>
</tr>
<tr>
<td>taztia xt cap 360mg/24</td>
<td>131</td>
</tr>
<tr>
<td>tbc aer</td>
<td>165</td>
</tr>
<tr>
<td>TDVAX INJ 2-2 LF</td>
<td>264</td>
</tr>
<tr>
<td>TECENTRIQ INJ 1200/20</td>
<td>97</td>
</tr>
<tr>
<td>TECENTRIQ INJ 840/14</td>
<td>97</td>
</tr>
<tr>
<td>TECFIDERA CAP 120MG</td>
<td>252</td>
</tr>
<tr>
<td>TECFIDERA CAP 240MG</td>
<td>252</td>
</tr>
<tr>
<td>TECFIDERA MIS STARTER</td>
<td>252</td>
</tr>
<tr>
<td>TEFLARO INJ 400MG</td>
<td>139</td>
</tr>
<tr>
<td>TEFLARO INJ 600MG</td>
<td>139</td>
</tr>
<tr>
<td>TEGRETOL SUS 100/5ML</td>
<td>58</td>
</tr>
<tr>
<td>TEGRETOL TAB 200MG</td>
<td>58</td>
</tr>
<tr>
<td>TEFLARO TAB 4-240 CR</td>
<td>89</td>
</tr>
<tr>
<td>TEFLARO TAB 1-240 CR</td>
<td>89</td>
</tr>
<tr>
<td>TEFLARO TAB 2-180 CR</td>
<td>89</td>
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</tr>
<tr>
<td>TEFLARO TAB 4-240 CR</td>
<td>89</td>
</tr>
<tr>
<td>TEMODAR CAP 100MG</td>
<td>94</td>
</tr>
<tr>
<td>TEMODAR CAP 140MG</td>
<td>94</td>
</tr>
<tr>
<td>TEMODAR CAP 180MG</td>
<td>94</td>
</tr>
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<td>TEMODAR CAP 20MG</td>
<td>94</td>
</tr>
<tr>
<td>TEMODAR CAP 250MG</td>
<td>94</td>
</tr>
<tr>
<td>TEMODAR CAP 5MG</td>
<td>94</td>
</tr>
<tr>
<td>TEMODAR INJ 100MG</td>
<td>94</td>
</tr>
<tr>
<td>TEMOVATE CRE 0.05%</td>
<td>163</td>
</tr>
<tr>
<td>TEMOVATE E CRE 0.05%EML</td>
<td>163</td>
</tr>
<tr>
<td>TEMOVATE OIN 0.05%</td>
<td>163</td>
</tr>
<tr>
<td>temozolomide cap 100 mg</td>
<td>94</td>
</tr>
<tr>
<td>temozolomide cap 140 mg</td>
<td>94</td>
</tr>
<tr>
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<td>94</td>
</tr>
<tr>
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</tr>
<tr>
<td>temozolomide cap 250 mg</td>
<td>94</td>
</tr>
<tr>
<td>temozolomide cap 5 mg</td>
<td>94</td>
</tr>
<tr>
<td>tencon tab 50-325mg</td>
<td>19</td>
</tr>
<tr>
<td>TENEX TAB 1MG</td>
<td>85</td>
</tr>
<tr>
<td>TENEX TAB 2MG</td>
<td>85</td>
</tr>
<tr>
<td>TENIPOSIDE INJ 50MG/5ML</td>
<td>107</td>
</tr>
</tbody>
</table>
tetracaine hcl inj 1% .................. 208
tetracycline hcl cap 250 mg .......... 260
tetracycline hcl cap 500 mg .......... 260
tetravisc sol 0.5% op .................. 238
tetravisc sol forte .................... 238
TEXACORT SOL 2.5% .................. 163
TEXAVITE LQ LIQ ...................... 226
tgt nicotine dis 14mg/24h............. 256
tgt nicotine dis 21mg/24h............. 256
tgt nicotine dis 7mg/24hr.............. 256
tgt nicotine gum 2mg mint............. 256
tgt nicotine gum 2mg orig............. 257
tgt nicotine gum 2mg fruit............ 257
tgt nicotine gum 4mg ................. 257
tgt nicotine gum 4mg mint............. 257
tgt nicotine gum 4mg orig............. 257
tgt nicotine loz 2mg chry............. 257
tgt nicotine loz 2mg mint............. 257
tgt nicotine loz 4mg chry............. 257
tgt nicotine loz 4mg mint............. 257
THALOMID CAP 100MG ................. 218
THALOMID CAP 150MG ................. 218
THALOMID CAP 200MG ................. 218
THALOMID CAP 50MG ................. 218
THEO-24 CAP 100MG CR ................. 49
THEO-24 CAP 200MG CR ................ 49
THEO-24 CAP 300MG CR ................. 49
THEO-24 CAP 400MG ER ................. 49
theochron tab 100mg cr ................. 49
theochron tab 200mg cr ................. 49
theochron tab 300mg cr ................. 49
THEOPHYL/D5W INJ 0.8MG/ML .......... 49
theophylline soln 80 mg/15ml ........... 49
theophylline tab er 12hr 100 mg ........ 49
theophylline tab er 12hr 200 mg ........ 49
theophylline tab er 12hr 300 mg ........ 49
theophylline tab er 12hr 450 mg ........ 49
theophylline tab er 24hr 400 mg ........ 49
theophylline tab er 24hr 600 mg ........ 49
THERACYS INJ ........................ 105
THERA-FLUR-N DRO 1.1% ............... 222
THERAHONEY GEL ..................... 169
thiamine hcl inj 100 mg/ml ............ 276
THIOLA TAB 100MG ..................... 189
thioridazine hcl tab 10 mg ............. 116
thioridazine hcl tab 100 mg .......... 116
thioridazine hcl tab 25 mg .......... 116
<table>
<thead>
<tr>
<th>Medication</th>
<th>Quantity</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>thioridazine hcl tab 50 mg</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>thiotepa for inj 15 mg</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>thiothixene cap 1 mg</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>thiothixene cap 10 mg</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>thiothixene cap 2 mg</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>tiagabine hcl tab 12 mg</td>
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<td></td>
</tr>
<tr>
<td>tiagabine hcl tab 16 mg</td>
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<td></td>
</tr>
<tr>
<td>tiagabine hcl tab 2 mg</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>tiagabine hcl tab 4 mg</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>TIAZAC CAP 120MG/24</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>TIAZAC CAP 180MG/24</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>TIAZAC CAP 240MG/24</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>TIAZAC CAP 300MG/24</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>TIAZAC CAP 360MG/24</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>TIAZAC CAP 420MG/24</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>TIBSOVO TAB 250MG</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>TIGAN CAP 300MG</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>TIGAN INJ 100MG/ML</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>tigecycline for iv soln 50 mg</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>TIGECYCLINE INJ 50MG</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>TIGLUTIK SUS 50/10ML</td>
<td>234</td>
<td></td>
</tr>
<tr>
<td>TIKOSYN CAP 125MCG</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>TIKOSYN CAP 250MCG</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>TIKOSYN CAP 500MCG</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Tilia fe tab</td>
<td>144</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.25%</td>
<td>235</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.25%</td>
<td>235</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.5%</td>
<td>235</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.25%</td>
<td>235</td>
<td></td>
</tr>
</tbody>
</table>
TNKASE KIT 50MG.............................. 196
TOBI NEB 300/5ML.......................... 14
TOBI PODHALR CAP 28MG ......... 14
TOBRADEX OIN 0.3-0.1% ............ 239
TOBRADEX ST SUS 0.3-0.05 .... 239
TOBRADEX SUS 0.3-0.1% .......... 239
tobramycin nebu soln 300 mg/5ml ...... 14
tobramycin ophth soln 0.3% ...... 14
tobramycin sulfate for inj 1.2 gm .... 14
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv) ...... 14
tobramycin sulfate inj 10 mg/ml (base equivalent) .......... 14
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv) .......... 14
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) .......... 14
tobramycin-dexamethasone ophth susp 0.3-0.1% .................... 239
TOBREX OIN 0.3% OP ................. 237
TOBREX SOL 0.3% OP ............ 237
TOFRANIL TAB 10MG ............... 67
TOFRANIL TAB 25MG ............... 67
TOFRANIL TAB 50MG ............... 67
TOLAK CRE 4% ...................... 157
tolazamide tab 250 mg .............. 72
tolazamide tab 500 mg .............. 72
tolbutamide tab 500 mg .............. 72
tolcapone tab 100 mg .......... 108
tolmetin sodium cap 400 mg ....... 18
tolmetin sodium tab 200 mg ....... 18
tolmetin sodium tab 600 mg ....... 18
tolterodine tartrate cap er 24hr 2 mg .... 269
tolterodine tartrate cap er 24hr 4 mg .... 269
tolterodine tartrate tab 1 mg .... 269
tolterodine tartrate tab 2 mg .... 269
TOPAMAX SPR CAP 15MG .......... 58
TOPAMAX SPR CAP 25MG .......... 58
TOPAMAX TAB 100MG ............... 58
TOPAMAX TAB 200MG ............... 58
TOPAMAX TAB 25MG .......... 58
TOPAMAX TAB 50MG .......... 58
TOPICORT CRE 0.05%.......... 163
TOPICORT CRE 0.25% .......... 163
TOPICORT GEL 0.05% .......... 163
TOPICORT OIN 0.05% .......... 163
TOPICORT OIN 0.25% .......... 163
TOPICORT SPR 0.25% .......... 163
topiramate sprinkle cap 15 mg .... 58
topiramate sprinkle cap 25 mg .... 59
topiramate tab 100 mg .......... 59
topiramate tab 200 mg .......... 59
topiramate tab 25 mg .......... 59
topiramate tab 50 mg .......... 59
topiramate tab 100 mg .......... 59
topiramute inj 1gm/50ml ..... 107
topiramate inj 20mg/ml ...... 107
topiramate inj 500/25ml ...... 107
topotecan hcl for inj 4 mg (base equiv) ... 107
topotecan hcl inj 4 mg/4ml (base equiv) (for infusion) ...... 107
TOPOTECAN INJ 4MG/4ML .......... 107
TOPROL XL TAB 100MG .......... 126
TOPROL XL TAB 200MG .......... 126
TOPROL XL TAB 25MG .......... 126
TOPROL XL TAB 50MG .......... 126
TORISEL SOL 25MG/ML ......... 103
torsemide tab 10 mg .......... 173
torsemide tab 100 mg .......... 173
torsemide tab 20 mg .......... 173
torsemide tab 5 mg .......... 173
TOTECT INJ 500MG .......... 106
TOUJEO MAX INJ 300IU/ML .... 70
TOUJEO SOLO INJ 300IU/ML .... 70
TOVIAZ TAB 4MG ................. 269
TOVIAZ TAB 8MG ................. 269
TRACE ELEM 4 INJ PED ......... 218
TRACLEER TAB 125MG .......... 135
TRACLEER TAB 32MG .......... 135
TRACLEER TAB 62.5MG .......... 135
TRADJENTA TAB 5MG .......... 69
TRAMADOL HCL CAP 150MG ER .... 29
tramadol hcl cap er 24hr biphasic release 100 mg .......... 29
tramadol hcl cap er 24hr biphasic release 200 mg .......... 29
tramadol hcl cap er 24hr biphasic release 300 mg .......... 29
tramadol hcl tab 50 mg .......... 29
tramadol hcl tab er 24hr 100 mg .... 29
tramadol hcl tab er 24hr 200 mg .... 29
tramadol hcl tab er 24hr 300 mg .... 29
tramadol hcl tab er 24hr biphasic release 100 mg .......... 29
tramadol hcl tab er 24hr biphasic release 200 mg .......... 29
tramadol hcl tab er 24hr biphasic release 300 mg .......................... 29
tramadol-acetaminophen tab 37.5-325 mg .31
trandolapril tab 1 mg .......................... 83
trandolapril tab 2 mg .......................... 83
trandolapril tab 4 mg .......................... 83
trandolapril-verapamil hcl tab er 1-240 mg 90
trandolapril-verapamil hcl tab er 2-180 mg 90
trandolapril-verapamil hcl tab er 2-240 mg 90
trandolapril-verapamil hcl tab er 4-240 mg 90
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml) ......................... 200
tranexamic acid tab 650 mg .......................... 200
TRANSDERM-SC DIS 1.5 MG ...................... 75
TRANXENE T TAB 7.5 MG ....................... 43
tranylcypromine sulfate tab 10 mg ................. 62
TRAVATAN Z DRO 0.004% ......................... 241
travoprost ophth soln 0.004% ....................... 241
trazodone hcl tab 100 mg ......................... 64
trazodone hcl tab 150 mg ......................... 64
trazodone hcl tab 300 mg ......................... 64
trazodone hcl tab 50 mg ......................... 64
TREANDA INJ 100MG ............................. 94
TREANDA INJ 25MG ............................... 94
TRECATOR TAB 250MG ............................. 93
TRELEGY AER ELLIPTA .............................. 49
TRELSTAR INJ 11.25MG ......................... 99
TRELSTAR INJ 3.75MG ............................ 99
TRELSTAR MIX INJ 11.25MG ..................... 99
TRELSTAR MIX INJ 22.5MG ..................... 99
TRELSTAR MIX INJ 3.75MG ..................... 99
TREMFYA INJ 100MG/ML ......................... 158
tretinoin cap 10 mg .............................. 105
tretinoin cream 0.025% ......................... 154
tretinoin cream 0.05% ......................... 154
tretinoin cream 0.1% ......................... 154
tretinoin gel 0.01% ......................... 154
tretinoin gel 0.025% ......................... 154
tretinoin gel 0.05% ......................... 154
tretinoin microsphere gel 0.04% ................ 154
tretinoin microsphere gel 0.1% ................ 154
TRETIN-X CRE 0.0375% ......................... 154
TRETIN-X CRE 0.075% ......................... 154
TRETSN INJ ........................................ 193
TREXALL TAB 10MG .................................. 96
TREXALL TAB 15MG .................................. 96
TREXALL TAB 5MG .................................. 96
TREXIMET TAB 10-60MG ......................... 210
TREXIMET TAB 85-500MG ......................... 210
trezix cap ....................................... 31
tri femynor tab .................................... 144
triad advance tab .................................. 230
TRI-AM-BUPIVA SUS 40-5 MG .................... 149
TRIACINOLON INJ 100/2ML ....................... 149
TRIACINOLON INJ 40MG/ML ....................... 149
TRIACINOLON INJ 80MG/ML ....................... 149
triamcinolone acetonide aerosol soln 0.147 mg/gm ......................... 163
triamcinolone acetonide cream 0.025% ......................... 164
triamcinolone acetonide cream 0.1% ......................... 164
triamcinolone acetonide cream 0.5% ......................... 163
triamcinolone acetonide dental paste 0.1% ......................... 222
triamcinolone acetonide inj susp 40 mg/ml .............................. 149
triamcinolone acetonide lotion 0.025% ......................... 164
triamcinolone acetonide lotion 0.1% ......................... 164
triamcinolone acetonide oint 0.025% ......................... 164
triamcinolone acetonide oint 0.1% ......................... 164
triamcinolone acetonide oint 0.5% ......................... 164
triaterene & hydrochlorothiazide cap 37.5-25 mg ......................... 172
triaterene & hydrochlorothiazide cap 50-25 mg ......................... 172
triaterene & hydrochlorothiazide tab 37.5-25 mg ......................... 172
triaterene & hydrochlorothiazide tab 75-50 mg ......................... 172
triazolam tab 0.125 mg ............................ 203
triazolam tab 0.25 mg ............................ 203
TRIBENZOR20- TAB 5-12.5MG .................. 90
TRIBENZOR40- TAB 10-12.5 ......... 90
TRIBENZOR40- TAB 10-25MG .................. 90
TRIBENZOR20- TAB 5-12.5 .................... 90
TRIBENZOR40- TAB 5-25MG .................. 90
TRICARE CHW PRENATAL ......................... 230
TRICARE PRE CAP 27-1-500 ..................... 230
TRICARE PREN CAP DHA ONE .......... 230
TRICARE TAB PRENATAL ......................... 230
TRI-CHLOR LIQ 80% ..................... 159
TRICHOPHYTON SOL 20000PNU ................ 13
tricon cap ....................................... 200
TRICOR TAB 145MG .............................. 80
TRICOR TAB 48MG .............................. 79
triderm cre 0.1%.......................... 164
triderm cre 0.5%.......................... 164
TRIDESILON CRE 0.05%.................. 164
trientine hcl cap 250 mg .............. 218
TRIESENCE INJ 40MG/ML................ 239
tri-estaryll tab ......................... 144
trifluoperazine hcl tab 1 mg (base equivalent) ................................ 116
trifluoperazine hcl tab 10 mg (base equivalent) ................................... 116
trifluoperazine hcl tab 2 mg (base equivalent) ...................................... 116
trifluoperazine hcl tab 5 mg (base equivalent) ....................................... 116
trifluridine ophth soln 1% .............. 237
trigels-f cap forte ......................... 200
TRIGLIDE TAB 160MG.................... 200
trihexyphenidyl hcl elixir 0.4 mg/ml ... 108
trihexyphenidyl hcl tab 2 mg .......... 108
trihexyphenidyl hcl tab 5 mg .......... 108
triklo cap 1gm ............................ 78
tri-legest tab fe .......................... 144
TRILEPTAL SUS 300MG/5M .............. 59
TRILEPTAL TAB 150MG .................. 59
TRILEPTAL TAB 300MG .................. 59
TRILEPTAL TAB 600MG .................. 59
tri-lynyah tab ........................... 144
TRILIPIX CAP 135MG ..................... 80
TRILIPIX CAP 45MG ...................... 80
tri-lo tab estaryll ......................... 144
tri-lo- tab marzia ........................ 144
tri-lo- tab sprintec ....................... 144
trilyte sol ............................... 204
trimethobenzamide hcl cap 300 mg .... 75
trimethoprim tab 100 mg ............... 36
tri-mili tab ................................ 144
trimipramine maleate cap 100 mg ...... 67
trimipramine maleate cap 25 mg ....... 67
trimipramine maleate cap 50 mg ....... 67
TRIMPEX SOL 50MG/5ML ............... 36
TRINATAL GT TAB ......................... 230
TRINATAL RX TAB 1 ...................... 230
trinate tab ............................... 230
trinessa lo tab ............................ 144
trinessa tab ................................ 145
TRI-NORINYL TAB 28 ...................... 144
TRINTELLIX TAB 10MG ................... 164
TRINTELLIX TAB 20MG ................... 64
TRINTELLIX TAB 5MG .................... 64
TRIOSTAT INJ 10MG/5ML ............... 120
TRUSSONEX SUS 10-8/5ML .............. 150
TRUSOPT SOL 2% OP ..................... 241
TRUVADA TAB 100-150 .................... 120
TRUVADA TAB 133-200 .................... 120
TRUVADA TAB 167-250 .................... 120
TRUVADA TAB 200-300 .................... 120
TUDORZA PRES AER 400/ACT .......... 46
tulana tab 0.35mg ....................... 146
tussigon tab 5-1.5mg ..................... 150
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>URECHOLINE TAB 25MG</td>
<td>269</td>
</tr>
<tr>
<td>URECHOLINE TAB 50MG</td>
<td>269</td>
</tr>
<tr>
<td>URECHOLINE TAB 100MG</td>
<td>269</td>
</tr>
<tr>
<td>uredebe CRE 39%</td>
<td>165</td>
</tr>
<tr>
<td>URE-K CRE 50%</td>
<td>164</td>
</tr>
<tr>
<td>urela tab</td>
<td>267</td>
</tr>
<tr>
<td>urella tab</td>
<td>267</td>
</tr>
<tr>
<td>UREVAZ CRE 44%</td>
<td>165</td>
</tr>
<tr>
<td>uribel cap 118mg</td>
<td>267</td>
</tr>
<tr>
<td>urirn d/s tab</td>
<td>267</td>
</tr>
<tr>
<td>ur-458 tab</td>
<td>267</td>
</tr>
<tr>
<td>uro-81 tab</td>
<td>267</td>
</tr>
<tr>
<td>uroav-b cap</td>
<td>267</td>
</tr>
<tr>
<td>UROCIT-K 10 TAB</td>
<td>188</td>
</tr>
<tr>
<td>UROCIT-K 15 TAB</td>
<td>188</td>
</tr>
<tr>
<td>UROCIT-K 5 TAB</td>
<td>188</td>
</tr>
<tr>
<td>UROGESIC- TAB BLUE</td>
<td>267</td>
</tr>
<tr>
<td>urolet mb tab</td>
<td>267</td>
</tr>
<tr>
<td>uro-mp cap 118mg</td>
<td>267</td>
</tr>
<tr>
<td>urophen mb tab 81.6mg</td>
<td>267</td>
</tr>
<tr>
<td>urosex tab</td>
<td>231</td>
</tr>
<tr>
<td>UROXATRAL TAB 10MG</td>
<td>189</td>
</tr>
<tr>
<td>URSO 250 TAB 250MG</td>
<td>185</td>
</tr>
<tr>
<td>URSO FORTE TAB 500MG</td>
<td>185</td>
</tr>
<tr>
<td>ursodiol cap 300 mg</td>
<td>185</td>
</tr>
<tr>
<td>ursodiol tab 250 mg</td>
<td>185</td>
</tr>
<tr>
<td>ursodiol tab 500 mg</td>
<td>185</td>
</tr>
<tr>
<td>uryl tab</td>
<td>268</td>
</tr>
<tr>
<td>ustell cap</td>
<td>268</td>
</tr>
<tr>
<td>uta cap 120mg</td>
<td>268</td>
</tr>
<tr>
<td>UTIBRON CAP NEOHALER</td>
<td>49</td>
</tr>
<tr>
<td>uticap cap</td>
<td>268</td>
</tr>
<tr>
<td>utira-c tab</td>
<td>268</td>
</tr>
<tr>
<td>UTOPIC CRE 41%</td>
<td>165</td>
</tr>
<tr>
<td>utrona-c tab</td>
<td>268</td>
</tr>
<tr>
<td>UVADEX INJ 20MCG/ML</td>
<td>105</td>
</tr>
<tr>
<td>V</td>
<td>380</td>
</tr>
<tr>
<td>VABOMERE INJ 2GM(1-1)</td>
<td>36</td>
</tr>
<tr>
<td>VAGIFEM TAB 10MCG</td>
<td>272</td>
</tr>
<tr>
<td>valacyclovir hcl tab 1 gm</td>
<td>123</td>
</tr>
<tr>
<td>valacyclovir hcl tab 500 mg</td>
<td>123</td>
</tr>
<tr>
<td>VALCHLOR GEL 0.016%</td>
<td>157</td>
</tr>
<tr>
<td>VALCYTE SOL 50MG/ML</td>
<td>121</td>
</tr>
<tr>
<td>VALCYTE TAB 450MG</td>
<td>121</td>
</tr>
<tr>
<td>valganciclovir hcl for soln 50 mg/ml (base equivalent)</td>
<td>121</td>
</tr>
<tr>
<td>valproate sodium inj 100 mg/ml</td>
<td>61</td>
</tr>
<tr>
<td>valproate sodium oral soln 250 mg/5ml (base equiv)</td>
<td>61</td>
</tr>
<tr>
<td>valproic acid cap 250 mg</td>
<td>61</td>
</tr>
<tr>
<td>valsartan tab 160 mg</td>
<td>84</td>
</tr>
<tr>
<td>valsartan tab 320 mg</td>
<td>85</td>
</tr>
<tr>
<td>valsartan tab 40 mg</td>
<td>84</td>
</tr>
<tr>
<td>valsartan tab 80 mg</td>
<td>84</td>
</tr>
<tr>
<td>valsartan-hydrochlorothiazide tab 160-12.5 mg</td>
<td>90</td>
</tr>
<tr>
<td>valsartan-hydrochlorothiazide tab 160-25 mg</td>
<td>90</td>
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<tr>
<td>valsartan-hydrochlorothiazide tab 320-12.5 mg</td>
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<tr>
<td>valsartan-hydrochlorothiazide tab 320-25 mg</td>
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<tr>
<td>valsartan-hydrochlorothiazide tab 80-12.5 mg</td>
<td>90</td>
</tr>
<tr>
<td>VALSTAR SOL 40MG/ML</td>
<td>100</td>
</tr>
<tr>
<td>VALTREX TAB 1GM</td>
<td>123</td>
</tr>
<tr>
<td>VALTREX TAB 500MG</td>
<td>123</td>
</tr>
<tr>
<td>VANATOL LQ SOL</td>
<td>19</td>
</tr>
<tr>
<td>VANATOL S SOL</td>
<td>19</td>
</tr>
<tr>
<td>VANCOCIN CAP 250MG</td>
<td>37</td>
</tr>
<tr>
<td>VANCOCIN HCL CAP 125MG</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/HCL INJ 2/250ML</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.25/150</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.25/250</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.5/150</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.5/150.5</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.5/300</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.5/500</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.75/250</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.75/300</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 1.75/500</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 2.5/500</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 2/250ML</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 2/500ML</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL INJ 750/250</td>
<td>37</td>
</tr>
<tr>
<td>VANCOMY/NAACL SOL 1.5/250</td>
<td>37</td>
</tr>
<tr>
<td>Drug</td>
<td>Amount</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 240 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 200 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 180 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 150 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 120 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 100 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 75 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 50 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Tab ER 25 mg</td>
<td>131</td>
</tr>
<tr>
<td>Verapamil HCl Cap ER 24HR 75 mg</td>
<td>135</td>
</tr>
<tr>
<td>Verapamil HCl Cap ER 24HR 50 mg</td>
<td>135</td>
</tr>
<tr>
<td>Verapamil HCl Cap ER 24HR 25 mg</td>
<td>135</td>
</tr>
<tr>
<td>Verapamil HCl Cap ER 24HR 10 mg</td>
<td>135</td>
</tr>
<tr>
<td>Venlafaxine Tab 0.1-20 mg</td>
<td>269</td>
</tr>
<tr>
<td>Venlafaxine Tab 0.02 mg</td>
<td>269</td>
</tr>
<tr>
<td>Vestura Tab 3.02 mg</td>
<td>312</td>
</tr>
<tr>
<td>Vestura Tab 3.02 mg</td>
<td>312</td>
</tr>
<tr>
<td>Vicodin Tab 5-300 mg</td>
<td>31</td>
</tr>
<tr>
<td>Vicodin HP Tab 10-300 mg</td>
<td>31</td>
</tr>
<tr>
<td>Vicodin Tab 5-300 mg</td>
<td>31</td>
</tr>
<tr>
<td>Victoza INJ 18MG/3ML</td>
<td>70</td>
</tr>
<tr>
<td>Vidaza INJ 100mg</td>
<td>96</td>
</tr>
<tr>
<td>Vidiex EC CAP 125MG</td>
<td>121</td>
</tr>
<tr>
<td>Vidiex EC CAP 200MG</td>
<td>121</td>
</tr>
<tr>
<td>Vidiex EC CAP 250MG</td>
<td>121</td>
</tr>
<tr>
<td>Vidiex EC CAP 400MG</td>
<td>121</td>
</tr>
<tr>
<td>Vidiex SOL 2GM</td>
<td>121</td>
</tr>
<tr>
<td>Vidiex SOL 4GM</td>
<td>121</td>
</tr>
<tr>
<td>Product Name</td>
<td>Quantity</td>
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<tr>
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<tr>
<td>vigabatrin powd pack 500 mg</td>
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<tr>
<td>vigadrone pow 500mg</td>
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<tr>
<td>VIGAMOX DRO 0.5%</td>
<td>237</td>
</tr>
<tr>
<td>VIIBRYD KIT STARTER</td>
<td>64</td>
</tr>
<tr>
<td>VIIBRYD TAB 10MG</td>
<td>64</td>
</tr>
<tr>
<td>VIIBRYD TAB 20MG</td>
<td>64</td>
</tr>
<tr>
<td>VIIBRYD TAB 40MG</td>
<td>64</td>
</tr>
<tr>
<td>viiamit mb cap 118mg</td>
<td>268</td>
</tr>
<tr>
<td>vilevev mb tab 81mg</td>
<td>268</td>
</tr>
<tr>
<td>VIL-RX TAB 29-1MG</td>
<td>230</td>
</tr>
<tr>
<td>VIMIPAT INJ 5MG/5ML</td>
<td>179</td>
</tr>
<tr>
<td>VIMIPAT INJ 200MG/20</td>
<td>59</td>
</tr>
<tr>
<td>VIMIPAT SOL 10MG/ML</td>
<td>59</td>
</tr>
<tr>
<td>VIMIPAT TAB 100MG</td>
<td>59</td>
</tr>
<tr>
<td>VIMIPAT TAB 150MG</td>
<td>59</td>
</tr>
<tr>
<td>VIMIPAT TAB 200MG</td>
<td>59</td>
</tr>
<tr>
<td>VIMIPAT TAB 50MG</td>
<td>59</td>
</tr>
<tr>
<td>VINATE CARE CHW 40-1MG</td>
<td>230</td>
</tr>
<tr>
<td>VINATE DHA CAP 27-1.13</td>
<td>230</td>
</tr>
<tr>
<td>VINATE II TAB</td>
<td>230</td>
</tr>
<tr>
<td>VINATE M TAB</td>
<td>230</td>
</tr>
<tr>
<td>VINEONE ONE TAB</td>
<td>230</td>
</tr>
<tr>
<td>vinblastine sulfate inj 1 mg/ml</td>
<td>107</td>
</tr>
<tr>
<td>vincasar pfs inj 1mg/ml</td>
<td>107</td>
</tr>
<tr>
<td>vincristine sulfate iv soln 1 mg/ml</td>
<td>107</td>
</tr>
<tr>
<td>vinorelbine tartrate inj 10 mg/ml (base equiv)</td>
<td>107</td>
</tr>
<tr>
<td>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</td>
<td>107</td>
</tr>
<tr>
<td>VIOKACE TAB 10440</td>
<td>172</td>
</tr>
<tr>
<td>VIOKACE TAB 20880</td>
<td>172</td>
</tr>
<tr>
<td>viorele tab</td>
<td>145</td>
</tr>
<tr>
<td>VIRACEPT TAB 250MG</td>
<td>121</td>
</tr>
<tr>
<td>VIRACEPT TAB 625MG</td>
<td>121</td>
</tr>
<tr>
<td>VIRAMUNE SUS 50MG/5ML</td>
<td>121</td>
</tr>
<tr>
<td>VIRAMUNE TAB 200MG</td>
<td>121</td>
</tr>
<tr>
<td>VIRAMUNE XR TAB 100MG</td>
<td>121</td>
</tr>
<tr>
<td>VIRAMUNE XR TAB 400MG</td>
<td>121</td>
</tr>
<tr>
<td>VIRASAL LIQ 27.5%</td>
<td>166</td>
</tr>
<tr>
<td>VIRAZOLE INH 6GM</td>
<td>124</td>
</tr>
<tr>
<td>VIREAD POW 40MG/GM</td>
<td>121</td>
</tr>
<tr>
<td>VIREAD TAB 150MG</td>
<td>121</td>
</tr>
<tr>
<td>VIREAD TAB 200MG</td>
<td>121</td>
</tr>
<tr>
<td>VIREAD TAB 250MG</td>
<td>121</td>
</tr>
<tr>
<td>VIREAD TAB 300MG</td>
<td>121</td>
</tr>
<tr>
<td>VIRGINIA INJ LIVE OAK</td>
<td>13</td>
</tr>
<tr>
<td>VIROPTIC SOL 1% OP</td>
<td>237</td>
</tr>
<tr>
<td>VISTARIL CAP 25MG</td>
<td>42</td>
</tr>
<tr>
<td>VISTARIL CAP 50MG</td>
<td>42</td>
</tr>
<tr>
<td>VISTARIL CAP 10GM</td>
<td>73</td>
</tr>
<tr>
<td>VISUDYNE INJ 15MG</td>
<td>238</td>
</tr>
<tr>
<td>vit a/c/d/fl dro 0.25mg</td>
<td>226</td>
</tr>
<tr>
<td>vita s forte tab</td>
<td>224</td>
</tr>
<tr>
<td>vitacel tab</td>
<td>224</td>
</tr>
<tr>
<td>VITAFOL CAP ULTRA</td>
<td>230</td>
</tr>
<tr>
<td>VITAFOL-NANO TAB</td>
<td>230</td>
</tr>
<tr>
<td>VITAFOL-OB PAK +DHA</td>
<td>230</td>
</tr>
<tr>
<td>VITAFOL-OB TAB 65-1MG</td>
<td>231</td>
</tr>
<tr>
<td>VITAFOL-ONE CAP</td>
<td>231</td>
</tr>
<tr>
<td>VITAJECT INJ</td>
<td>223</td>
</tr>
<tr>
<td>VITAL-D RX TAB</td>
<td>223</td>
</tr>
<tr>
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<tr>
<td>VITAMEDMD CAP ONE RX</td>
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<td>VITAMEDMD MIS PLUS RX</td>
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<tr>
<td>VITAMEZ CAP</td>
<td>200</td>
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<td>vita-min cap</td>
<td>224</td>
</tr>
<tr>
<td>vitamin d3 cap 50000unt</td>
<td>276</td>
</tr>
<tr>
<td>VITAMIN KIT SYS-B12</td>
<td>197</td>
</tr>
<tr>
<td>VITPEARL CAP</td>
<td>231</td>
</tr>
<tr>
<td>VITA-PREN TAB</td>
<td>230</td>
</tr>
<tr>
<td>VITA-RESPA TAB</td>
<td>171</td>
</tr>
<tr>
<td>Medicine</td>
<td>Quantity</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------</td>
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<tr>
<td>WELCHOL TAB 625MG</td>
<td>79</td>
</tr>
<tr>
<td>WELLBUTRIN TAB 100MG SR</td>
<td>62</td>
</tr>
<tr>
<td>WELLBUTRIN TAB 150MG SR</td>
<td>62</td>
</tr>
<tr>
<td>WELLBUTRIN TAB 200MG SR</td>
<td>62</td>
</tr>
<tr>
<td>WELLBUTRIN TAB XL 150MG</td>
<td>62</td>
</tr>
<tr>
<td>WELLBUTRIN TAB XL 300MG</td>
<td>62</td>
</tr>
<tr>
<td>XEREMETRIN CAP 0.4mg</td>
<td>104</td>
</tr>
<tr>
<td>WP THYROID TAB 65MG</td>
<td>263</td>
</tr>
<tr>
<td>WP THYROID TAB 80MG</td>
<td>263</td>
</tr>
<tr>
<td>WP THYROID TAB 97.5MG</td>
<td>263</td>
</tr>
<tr>
<td>WESTHROID TAB 32.5MG</td>
<td>263</td>
</tr>
<tr>
<td>WESTHROID TAB 65MG</td>
<td>263</td>
</tr>
<tr>
<td>WESTHROID TAB 97.5MG</td>
<td>264</td>
</tr>
<tr>
<td>WHITE ASH INJ EXTRACT</td>
<td>13</td>
</tr>
<tr>
<td>WHITE BIRCH INJ 1:20</td>
<td>13</td>
</tr>
<tr>
<td>WHITE FACED INJ HORNET</td>
<td>13</td>
</tr>
<tr>
<td>WHITE MULDER SOL 1:20</td>
<td>13</td>
</tr>
<tr>
<td>WHITE OAK SOL</td>
<td>13</td>
</tr>
<tr>
<td>WHITE PINE INJ 1:20</td>
<td>13</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 60</td>
<td>209</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 65</td>
<td>209</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 70</td>
<td>209</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 75</td>
<td>209</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 80</td>
<td>209</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 85</td>
<td>209</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 90</td>
<td>209</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 95</td>
<td>209</td>
</tr>
<tr>
<td>WILATE INJ</td>
<td>193</td>
</tr>
<tr>
<td>WINRHO SDF INJ 1500UNIT</td>
<td>245</td>
</tr>
<tr>
<td>WINRHO SDF INJ 150UNIT</td>
<td>245</td>
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<tr>
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<td>244</td>
</tr>
<tr>
<td>WINRHO SDF INJ 5000UNIT</td>
<td>245</td>
</tr>
<tr>
<td>WP THYROID TAB 113.75MG</td>
<td>264</td>
</tr>
<tr>
<td>WP THYROID TAB 130MG</td>
<td>264</td>
</tr>
<tr>
<td>WP THYROID TAB 16.25MG</td>
<td>264</td>
</tr>
<tr>
<td>WP THYROID TAB 32.5MG</td>
<td>264</td>
</tr>
<tr>
<td>WP THYROID TAB 48.75MG</td>
<td>264</td>
</tr>
<tr>
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<td>264</td>
</tr>
<tr>
<td>WP THYROID TAB 81.25MG</td>
<td>264</td>
</tr>
<tr>
<td>WP THYROID TAB 97.5MG</td>
<td>264</td>
</tr>
<tr>
<td>WYMNZYA FE CHW 0.4MG-35</td>
<td>145</td>
</tr>
<tr>
<td>XOLAIR SOL 0.005%</td>
<td>241</td>
</tr>
<tr>
<td>XALKORI CAP 200MG</td>
<td>104</td>
</tr>
<tr>
<td>XALKORI CAP 250MG</td>
<td>104</td>
</tr>
<tr>
<td>XANAX TAB 0.25MG</td>
<td>43</td>
</tr>
<tr>
<td>XANAX TAB 0.5MG</td>
<td>43</td>
</tr>
<tr>
<td>XANAX TAB 1MG</td>
<td>43</td>
</tr>
<tr>
<td>XANAX TAB 2MG</td>
<td>43</td>
</tr>
<tr>
<td>XANAX XR TAB 0.5MG</td>
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<tr>
<td>XANAX XR TAB 1MG</td>
<td>43</td>
</tr>
<tr>
<td>XANAX XR TAB 2MG</td>
<td>43</td>
</tr>
<tr>
<td>XANAX XR TAB 3MG</td>
<td>43</td>
</tr>
<tr>
<td>XARELTO STAR TAB 15/20MG</td>
<td>50</td>
</tr>
<tr>
<td>XARELTO TAB 10MG</td>
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<tr>
<td>XARELTO TAB 20MG</td>
<td>50</td>
</tr>
<tr>
<td>XARTEMIS XR TAB 7.5-325</td>
<td>31</td>
</tr>
<tr>
<td>XATMEP SOL 2.5MG/ML</td>
<td>96</td>
</tr>
<tr>
<td>XELJANZ TAB 10MG</td>
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</tr>
<tr>
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<tr>
<td>XELJANZ XR TAB 11MG</td>
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<tr>
<td>XELODA TAB 150MG</td>
<td>96</td>
</tr>
<tr>
<td>XELODA TAB 500MG</td>
<td>96</td>
</tr>
<tr>
<td>XENAZINE TAB 12.5MG</td>
<td>251</td>
</tr>
<tr>
<td>XENAZINE TAB 25MG</td>
<td>251</td>
</tr>
<tr>
<td>XEOMIN INJ 100UNIT</td>
<td>234</td>
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<tr>
<td>XEOMIN INJ 200UNIT</td>
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<tr>
<td>XEOMIN INJ 50 UNIT</td>
<td>234</td>
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<tr>
<td>XERAC-AC SOL 6.25%</td>
<td>167</td>
</tr>
<tr>
<td>XERESE CRE 5-1%</td>
<td>159</td>
</tr>
<tr>
<td>XERMELO TAB 250MG</td>
<td>187</td>
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<tr>
<td>XGEVA INJ</td>
<td>175</td>
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<tr>
<td>XIAFLEX INJ 0.9MG</td>
<td>218</td>
</tr>
<tr>
<td>XIFAXAN TAB 200MG</td>
<td>36</td>
</tr>
<tr>
<td>XIFAXAN TAB 550MG</td>
<td>36</td>
</tr>
<tr>
<td>XIGDUO XR TAB 10-1000</td>
<td>69</td>
</tr>
<tr>
<td>XIGDUO XR TAB 10-500MG</td>
<td>69</td>
</tr>
<tr>
<td>XIGDUO XR TAB 2.5-1000</td>
<td>68</td>
</tr>
<tr>
<td>XIGDUO XR TAB 5-1000MG</td>
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<tr>
<td>XIGDUO XR TAB 5-500MG</td>
<td>68</td>
</tr>
<tr>
<td>XIIDRA DRO 5%</td>
<td>238</td>
</tr>
<tr>
<td>XODOL TAB 10-300MG</td>
<td>32</td>
</tr>
<tr>
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<td>31</td>
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<tr>
<td>XODOL TAB 7.5-300</td>
<td>31</td>
</tr>
<tr>
<td>XOFISHO INJ 1100KBQ</td>
<td>104</td>
</tr>
<tr>
<td>XOFLUZA TAB 20MG</td>
<td>124</td>
</tr>
<tr>
<td>XOFLUZA TAB 40MG</td>
<td>124</td>
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<tr>
<td>XOLAIR INJ 150MG/ML</td>
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<td>XOLEGEL GEL 2%</td>
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<td>Drug Name</td>
<td>Quantity/Concentration</td>
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<td>XOSPATA TAB</td>
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<td>ZANOSAR INJ</td>
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<td>ZAVARA CAP</td>
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<td>ZELAPAR TAB</td>
<td>1.25MG</td>
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<td>ZELBORAF TAB</td>
<td>240MG</td>
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<td>ZEMAIRA INJ</td>
<td>1000MG</td>
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<td>500MG/10</td>
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<td>ZEMPLAR CAP</td>
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<tr>
<td>ZEMPLAR INJ</td>
<td>2MCg/ML</td>
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</table>

386
ZEMPLAR INJ 5MCG/ML .................. 179
zenatane cap 10mg .................. 154
zenatane cap 20mg .................. 154
zenatane cap 30mg .................. 154
zenatane cap 40mg .................. 154
zenchent fe chw 0.4mg-35 .......... 145
zenchent tab .................. 145
zencia liq 9-4% .................. 155
ZENPEP CAP 10000UNT .......... 172
ZENPEP CAP 15000UNT .......... 172
ZENPEP CAP 20000UNT .......... 172
ZENPEP CAP 25000 .......... 172
ZENPEP CAP 3000UNIT .......... 172
ZENPEP CAP 4000 .......... 172
ZENPEP CAP 40000UNIT .......... 172
ZENPEP CAP 5000UNIT .......... 172
zenzedi tab 10mg .................. 6
zenzedi tab 15mg .................. 6
zenzedi tab 2.5mg .................. 6
zenzedi tab 20mg .................. 6
zenzedi tab 30mg .................. 6
zenzedi tab 5mg .................. 6
zenzedi tab 7.5mg .................. 6
ZERBAXA INJ 1.5GM .......... 136
ZERIT CAP 15MG .......... 121
ZERIT CAP 20MG .......... 121
ZERIT CAP 30MG .......... 121
ZERIT CAP 40MG .......... 121
ZERIT SOL 1MG/ML .......... 121
ZESTORETIC TAB 10-12.5 .......... 90
ZESTORETIC TAB 10-12.5 .......... 90
ZESTORETIC TAB 20-25MG .......... 90
ZESTRIL TAB 10MG ........... 83
ZESTRIL TAB 2.5MG ........... 83
ZESTRIL TAB 20MG ........... 83
ZESTRIL TAB 30MG ........... 83
ZESTRIL TAB 40MG ........... 83
ZESTRIL TAB 5MG ........... 83
ZETIA TAB 10MG ........... 81
ZEVALIN KIT Y-90 ........... 97
ZIAC TAB 10/6.25 ........... 90
ZIAC TAB 2.5/6.25 ........... 90
ZIAC TAB 5-6.25MG ........... 90
ZIAGEN SOL 20MG/ML .......... 121
ZIAGEN TAB 300MG .......... 121
ZIANA GEL ........... 155
zidovudine cap 100 mg .......... 121
zidovudine syrup 10 mg/ml .......... 121
zidovudine tab 300 mg .......... 121
zileuton tab er 12hr 600 mg ........ 46
ZINACEF INJ 1.5GM ........... 137
ZINACEF INJ 7.5GM ........... 137
ZINACEF INJ 750MG ........ 138
ZINACEF/H2O INJ 1.5GM PB .... 138
zinc chloride inj 1 mg/ml .......... 218
zinc sulfate inj 1 mg/ml .......... 218
zinc sulfate inj 5 mg/ml .......... 218
ZINECARD INJ 250MG .......... 106
ZINECARD INJ 500MG .......... 106
ZINPLAVA SOL 25MG/ML .......... 245
ZIOPTAN DRO 0.0015% .......... 241
ziprasidone hcl cap 20 mg .......... 112
ziprasidone hcl cap 40 mg .......... 112
ziprasidone hcl cap 60 mg .......... 112
ziprasidone hcl cap 80 mg .......... 112
ZIRGAN GEL 0.15% ........ 237
ZITHRANOL SHA 1% ........ 158
ZITHRANOL-RR CRE 1.2% .......... 158
ZITHROMAX INJ 500MG .......... 208
ZITHROMAX POW 1GM PAK .......... 208
ZITHROMAX SUS 100/5ML .......... 208
ZITHROMAX SUS 200/5ML .......... 208
ZITHROMAX TAB 250MG .......... 208
ZITHROMAX TAB 500MG .......... 208
ZITHROMAX TAB 600MG .......... 208
ZITHROMAX TAB TRI-PAK .......... 208
ZITHROMAX TAB Z-PAK .......... 208
ZMAX SUS 2GM .......... 208
ZOCOR TAB 10MG .......... 81
ZOCOR TAB 20MG .......... 81
ZOCOR TAB 40MG .......... 81
ZOCOR TAB 5MG .......... 81
ZOCOR TAB 80MG .......... 81
ZODEX PAK 6 DAY .......... 149
ZOFRAN SOL 4MG/5ML .......... 75
ZOFRAN TAB 4MG .......... 75
ZOFRAN TAB 4MG ODT .......... 75
ZOFRAN TAB 8MG .......... 75
ZOFRAN TAB 8MG ODT .......... 75
ZOLADEX IMP 10.8MG .......... 99
ZOLADEX IMP 3.6MG .......... 99
ZOLATE CAP .......... 200
zoletronic acid inj conc for iv infusion 4

387
mg/5ml ........................................ 175
zoledronic acid iv soln 5 mg/100ml ...... 175
ZOLEDRONIC INJ 4MG/100 .................. 175
ZOLINZA CAP 100MG ..................... 104
zolmitriptan orally disintegrating tab 2.5 mg .. 212
zolmitriptan orally disintegrating tab 5 mg .... 212
zolmitriptan tab 2.5 mg .................... 212
zolmitriptan tab 5 mg ..................... 212
ZOLOFT CON 20MG/ML .................... 63
ZOLOFT TAB 100MG .................... 63
ZOLOFT TAB 25MG .................... 63
ZOLOFT TAB 50MG .................... 63
zolpidem tartrate sl tab 1.75 mg .......... 203
zolpidem tartrate sl tab 3.5 mg .......... 203
zolpidem tartrate tab 10 mg ............ 203
zolpidem tartrate tab 5 mg ............ 203
zolpidem tartrate tab er 12.5 mg .... 203
zolpidem tartrate tab er 6.25 mg .... 203
ZOLPIMIST SPR 5MG .................... 203
ZOMACTON INJ 10MG ................... 177
ZOMACTON INJ 5MG ................... 177
ZOMETA INJ 4MG/100 .................. 175
ZOMETA INJ 4MG/5ML ............. 175
ZOMIG SPR 2.5MG ..................... 212
ZOMIG SPR 5MG ..................... 212
ZOMIG TAB 2.5MG ..................... 212
ZOMIG TAB 5MG ..................... 212
ZOMIG ZMT TAB 2.5 MG ................ 212
ZOMIG ZMT TAB 5MG ODT .......... 212
ZONALON CRE 5% ..................... 157
ZONEGRAN CAP 100MG ............. 59
ZONEGRAN CAP 25MG ............. 59
zonisamide cap 100 mg ............. 59
zonisamide cap 25 mg ............. 59
zonisamide cap 50 mg ............. 59
ZONTIVITY TAB 2.08MG .......... 196
ZORBTIVE INJ 8.8MG ............. 177
ZORTRESS TAB 0.25MG .......... 220
ZORTRESS TAB 0.5MG .......... 220
ZORTRESS TAB 0.75MG .......... 220
ZORTRESS TAB 1MG ............ 220
ZORVOLEX CAP 18MG ............ 18
ZORVOLEX CAP 35MG ............ 18
ZOSTAVAX INJ ...................... 271
ZOSYN INJ 2-0.25GM .............. 247
<table>
<thead>
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<th>Unit Price</th>
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<td>ZYPREXA TAB 7.5MG</td>
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<td>115</td>
</tr>
<tr>
<td>ZYPREXA ZYDI TAB 15MG</td>
<td>115</td>
</tr>
<tr>
<td>ZYPREXA ZYDI TAB 20MG</td>
<td>115</td>
</tr>
<tr>
<td>ZYPREXA ZYDI TAB 5MG</td>
<td>115</td>
</tr>
<tr>
<td>ZYTIGA TAB 250MG</td>
<td>99</td>
</tr>
<tr>
<td>ZYTIGA TAB 500MG</td>
<td>99</td>
</tr>
<tr>
<td>ZYVOX SOL 2MG/ML</td>
<td>40</td>
</tr>
<tr>
<td>ZYVOX SUS 100MG/5M</td>
<td>40</td>
</tr>
<tr>
<td>ZYVOX TAB 600MG</td>
<td>40</td>
</tr>
</tbody>
</table>
Multi-Language Interpreter Services - Taglines for Notices
Spanish
Este Aviso contiene información importante. Este aviso contiene
información importante acerca de su solicitud o cobertura a través de
CommunityCare. Preste atención a las fechas clave que contiene este
aviso. Es posible que deba tomar alguna medida antes de determinadas
fechas para mantener su cobertura médica o ayuda con los costos. Usted
tiene derecho a recibir esta información y ayuda en su idioma sin costo
alguno. Llame al 1-800-777-4890.

Vietnamese
Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin
quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình
CommunityCare. Xin xem ngày then chốt trong thông báo này. Quý vị có
thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm
sức khỏe hoặc được trợ trúp thêm về chi phí. Quý vị có quyền được biết
thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi
số 1-800-777-4890.

Chinese
本通知有重要的訊息。本通知有關於您透過CommunityCare
提交的申請或 保險的重要訊息。請留意本通知內的重要日期。
您可能需要在截止日期之前採取行動，以保留您的健康保險 或
者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請
撥電話 [在此插入數字1-800-777-4890
Korean
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의
신청에 관하여 그리고 CommunityCare 을 통한 커버리지 에 관한
정보를 포함하고 있습니다.
본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강
커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한
마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한
정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가
있습니다. 1-800-777-4890로 전화하십시오.

German
Diese Benachrichtigung enthält wichtige Informationen. Diese
Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags
auf Krankenversicherungsschutz durch CommunityCare. Suchen Sie nach
wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu
bestimmten
Stichtagen
handeln
müssen,
um
Ihren
Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie
haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu
erhalten. Rufen Sie an unter 1-800-777-4890.

Arabic
‫ يحوي هذا االشعار معلومات مهمة بخصوص طلبك للحصول‬.‫يحوي هذا االشعار معلومات هامة‬
‫ قد تحتاج‬.‫ ابحث عن التواريخ الهامة في هذا االشعار‬.CommunityCare‫على التغطية من خالل‬
‫التخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع‬
1-‫ اتصل ب‬.‫ لك الحق في الحصور على المعلومات والمساعدة بلغتك من دون أي تكلفة‬.‫التكاليف‬
800-777-4890

Burmese

Hmong
Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv
tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev
pab los yog koj qhov kev pab cuam los ntawm CommunityCare. Saib cov
caij nyoog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no
kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis
pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj
thiaj yuav tau txais kev pab cuam kho mob los

yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab
cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj.
Hu rau 1-800-777-4890.

Tagalog
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang
paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa
iyong aplikasyon o pagsakop sa pamamagitan ng CommunityCare.
Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring
mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang
panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na
walang gastos. May karapatan ka na makakuha ng ganitong
impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1800-777-4890.

French
Cet avis a d'importantes informations. Cet avis a d'importantes
informations sur votre demande ou la couverture par l'intermédiaire de
CommunityCare. Rechercher les dates clés dans le présent avis. Vous
devrez peut-être prendre des mesures par certains délais pour
maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez
le droit d'obtenir cette information et de l’aide dans votre langue à
aucun coût. Appelez 1-800-777-4890.

Laotian:
້ ມ
້ ມ
ການແຈ
ູ ນສ
ູ ນທ
ໍ າຄັນ. ການແຈ
້ ງການນ ້ ້ມ ໍຂ
້ ງການນ ້ ້ມ ໍຂ
້ໍ ສາຄັນກຽວກັບຄ
ໍ າຮ
້ ອງສະໝັກຫ ້້ການຄ ້ ້ມຄອງຂອງທານໂດຍຜານ
CommunityCare. ເບງສ
ໍ າລັບກ
ໍ ານ
້ ງການນ ້ ້.
ົ ດວັນທ ້ໍ ສາຄັນໃນແຈ
ທານອາດຈ
ັ ນຕ
ໍ າເປ
້ ອງໃຊ
້ ເວລາດ
ໍ າເນ ນການໂດຍກ
ໍ ານ
ົ ດເວລາທ ້ແນນອນ
ຈະຮັກສາການຄ ້ ້ມຄອງສ ຂະພາບຂອງທານຫ ້້ການຊວຍເຫ ້້ອທ ້ມ
ຄາໃຊ
ູ ນຂາວສານນ ້ ້ແລະການຊວຍເຫ
້ ຈາຍ. ທານມ ສດທ ້ຈະໄດ
້ ຮັບຂ
ໍ້ ມ
້້ອໃນພາສາຂອງທານທ ້ໍບມ ຄາໃຊ
້ ຈາຍ. ໂທ 1-800-777-4890.

Thai:

ประกาศนี้มีขอ้ มูลสาคัญ
ประกาศนี้มีขอ้ มูลที่สาคัญเกี่ยวกับการการสมัครหรื อขอบเขตประกันสุ ขภาพของคุณผ่าน
CommunityCare ดูกาหนดการในประกาศนี้
คุณอาจจะต้องดาเนิ นการภายในกาหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุ ขภาพข
องคุณหรื อการช่วยเหลือที่มีค่าใช้จ่าย
คุณมีสิทธิ ที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร1-

800-777-4890.
Urdu

‫ سے اپ کے‬CommunityCare ‫اس اشتہار ميں اہم معالومات ہے۔ اس اشتہار ميں‬
‫درخواست اور خدمات کے بارے ميں اہم معالومات ہے۔ اشتہار ميں اہم تاريخوں کا نظر کريں۔‬
‫ہو سکتا ہے کی صحت کی خدمات کو برقرار رکهنے اور اخراجات کی ادائگی ميں مالی مدد‬
‫ اپ کو خاص تاريخ يا ڈيڈ الئن سے پہلے کچه کارروائی کرنی پڑے گی۔ اپ‬،‫ملنے کے ليے‬
‫کو اپنی زبان ميں مفت مدد اور معالومات حاصل کرنے کا حق ہے۔‬
‫ فون کريں۔‬1-800-777-4890

Cherokee:

ᎤᎳᏍᎨᏗ ᏕᎦᏃᏣᏢᎢ ᎤᏐᏯᏍᏗ. ᎯᎠ ᎤᎳᏍᎨᏗ ᎡᏣᏃᎯᏎ ᏥᏣᏔᏲᏝᎢ
ᎡᏣᏠᏯᏍᏙᏗ ᎤᏂᏍᎪᎳᏛ ᎯᎴᏂᏙᎭ ᎡᏣᎦᏎᏍᏛᏱ CommunityCare
ᏕᏣᎸᏫᏍᏓᏁᎲᎢ. ᏨᎦᏒᏍᏕᏍᏗ ᏓᏙᏓᏈᏒ ᎯᎠ ᏕᎦᏃᏣᏢᎢ. ᎡᎷᏊ ᎪᎱᏍᏗ
ᏦᏪᎶᏗ ᎠᎴ ᏣᏛᏅᏘ ᏱᏂᎬᎳᏍᏓ ᎤᏍᎩᏴ ᎢᎦ ᏥᏕᎪᏪᎸ. ᏙᎯ ᏣᏕᏘ
ᎠᏂᎠᏈᏱᏍᎦ ᏣᎭ ᎠᎴ ᏧᎬᏩᎳᏛᎢ ᎨᏒ ᎤᏁᏟᏴᏍᏗ ᏂᎨᏒᎾ ᏳᏰᎳᏗ.
ᎠᏓᏍᎪᎳᏛᏅ ᎠᏓᏍᏕᎳᏗ ᎡᏣᏁᏗ ᏃᎴ ᎡᏣᏃᎯᏎᏘ ᏣᏚᎵᏍᎬ ᏣᏕᎳᎰᎯᏍᏗᏱ
ᏣᏤᎵ ᎦᏬᏂᎯᏍᏗ ᎬᏘ ᏃᎴ ᏧᎬᏩᎳᏗ ᏂᎨᏒᎾ ᎨᏒᎢ. ᏗᎳᏃᎮᏗ ᏗᏎᏍᏗ ᎯᎠ 1800-777-4890.

Persian-Farsi
‫ اين اعالميه حامی اطالعات مهم درباره فرم‬.‫اين اعالميه حامی اطالعات مهم ميباشد‬
‫ به تاريخ های مهم‬CommunityCare ‫تقاضا و يا پوشش بيمه ای شما مربوط به‬
‫ شما ممکن است تا به تاريخ های مشخصی برای حقظ‬.‫در اين اعالميه توجه نماييد‬
‫ شما‬.‫پوشش مزايای يا برای کمک به مخارج مزايای ملزوم به انجام کارهايی باشيد‬
‫حق اين را داريد که اين اطالعات و کمک را به زبان خود به طور رايگان‬
‫دريافت نماييد‬.1-800-777-4890
Updated 03/01/2018


CommunityCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CommunityCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CommunityCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CommunityCare’s Senior Manager of Quality Improvement. If you believe that CommunityCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CommunityCare  
Attn: Senior Manager Quality Improvement  
P.O. Box 3249 Tulsa, Oklahoma 74101  
(918) 594-5303 (phone)  
(918) 594-5250 (Fax)  
CustomerServiceReview@ccok.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, CommunityCare’s Senior Manager of Quality Improvement is available to help you.

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

