Multi-Tier Enhanced Drug List

July 2019

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list is regularly updated. You can view the most up-to-date list, or the specialty drug list, at MyPrime.com.

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Introduction

Blue Cross and Blue Shield is pleased to present the 2019 Drug List. This is a list of preferred drugs which includes brand drugs and a partial listing of generic drugs. **Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

**Drug List updates** – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit MyPrime.com and log in or call the number on your ID card.

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from your health plan, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list.

How member payment is determined

This list shows prescription drug products in tiers. Generally, each drug is placed into one of up to six member payment tiers: Preferred Generic (Tier 1), Non-Preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-Preferred Brand (Tier 4), Preferred Specialty (Tier 5) and Non-Preferred Specialty (Tier 6). Non-Preferred Brand and Non-Preferred Specialty drugs are not listed in this document. Based on your benefit design, drugs can either be in these tiers or you may have fewer tiers, e.g., all generics in one tier. Note: Covered substance use disorder drugs (those FDA-approved for treatment of opioid drug abuse, alcohol abuse and to quit tobacco use) may be in the lowest tiers. Substance use disorder brand drugs may be in the lowest brand tier and generic drugs in the lowest generic tier, based on your benefit plan. To verify your payment amount for a drug, visit myprime.com and log in or call the number on your ID card.

**Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply.** For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit.
How to use this list

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). The reference brand drug is usually a non-preferred (NP) brand and is only included as a reference to the brand. Some generic products have no reference brand.

Example: **atorvastatin** (Lipitor)

Brand drugs are listed in all CAPITAL letters.

Example: PROAIR HFA

**Drugs used to treat multiple conditions**

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

**Please note:** Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor’s office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.
Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A generic equivalent is made with the same active ingredient(s) at the same dosage as the reference drug.
- A generic alternative is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Preferred brand drugs typically move to a non-preferred brand tier after a generic equivalent becomes available.

You may be responsible for your member share payment amount (copay/coinsurance) plus the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs generally have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.
Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

**Over-the-counter exclusions:** Your benefit plan may not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan material for details about your particular benefits.

**Compounded medications:** Your benefit plan may not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

**Repackaged medications:** Repackaged versions of medications already available on the market are not covered.

**Prior Authorization (PA):** Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication may be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a dot under the prior authorization column. Some plans may have prior authorization on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

**Step Therapy (ST):** Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required, it will generally be noted next to the medication with a dot under the step therapy column. Some plans may have step therapy programs on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

**Dispensing Limits (DL):** Drug dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a dot under the dispensing limits column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows.* For a list of medications and their dispensing limits, visit myprime.com.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

**Remember, medication decisions are between you and your doctor.** Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. Blue Cross and Blue Shield does not provide health care services and, therefore, cannot guarantee any results or outcomes.
Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. For a current list of specialty medications, visit MyPrime.com.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. Your plan may have a different coverage level for self-administered specialty drugs. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on your ID card.

AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, members can have covered specialty medications delivered directly to them or their doctor’s office. When you receive specialty medications through AllianceRx Walgreens Prime, you also receive at no additional charge the following services:

- Coordination of coverage between you, your doctor and your health plan
- Educational materials about your particular condition and information about managing potential medication side effects
- Syringes, sharps containers and other supplies with every shipment for self-injectables
- 24/7/365 phone access to a pharmacist for urgent medication issues

To order through AllianceRx Walgreens Prime:

- Have your doctor call 877-627-6337 or e-prescribe your prescription to AllianceRx Walgreens Prime. Your doctor can find e-prescribing information at www.alliancerxwp.com.
- If you have an existing prescription for a covered specialty medication, you can call 877-627-6337 to transfer your prescription.
- A coordinator will contact you to arrange delivery of your medication.
- The prescription can be shipped directly to you or your prescribing doctor’s office. Each package is individually marked for each member. Refrigerated drugs are shipped in temperature-controlled packaging.

If you have questions, please contact AllianceRx Walgreens Prime at 877-627-6337, visit www.alliancerxwp.com, or call the number on your ID card.

* Blue Cross and Blue Shield of Illinois (BCBSIL), Blue Cross and Blue Shield of Montana (BCBSMT), Blue Cross and Blue Shield of New Mexico (BCBSNM), Blue Cross and Blue Shield of Oklahoma (BCBSOK), and Blue Cross and Blue Shield of Texas (BCBSTX) are Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. BCBSIL, BCBSMT, BCBSNM, BCBSOK, and BCBSTX contract with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, BCBSMT, BCBSNM, BCBSOK, and BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, have an ownership interest in Prime Therapeutics LLC.
### Abbreviation/acronym key

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<th>Capsules</th>
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<td>KALETRA – lopinavir-ritonavir tab 100-25 mg</td>
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<tr>
<td>KALETRA – lopinavir-ritonavir tab 200-50 mg</td>
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<tr>
<td>nevirapine tab 200 mg (Viramune)</td>
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<tr>
<td>NORVIR – ritonavir oral soln 80 mg/ml</td>
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<td>NORVIR – ritonavir powder packet 100 mg</td>
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<tr>
<td>ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg</td>
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<tr>
<td>PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv)</td>
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<tr>
<td>PREZISTA – darunavir ethanolate tab 75 mg (base equiv)</td>
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<tr>
<td>PREZISTA – darunavir ethanolate tab 150 mg (base equiv)</td>
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<td>PREZISTA – darunavir ethanolate tab 600 mg (base equiv)</td>
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<td>PREZISTA – darunavir ethanolate tab 800 mg (base equiv)</td>
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<td>SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</td>
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<td>SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</td>
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<td>TIVICAY – dolutegravir sodium tab 10 mg (base equiv)</td>
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<tr>
<td>TIVICAY – dolutegravir sodium tab 25 mg (base equiv)</td>
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<td>TIVICAY – dolutegravir sodium tab 50 mg (base equiv)</td>
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<td>TRUVADA – emtricitabine-tenofovir disoprol fumarate tab 100-150 mg</td>
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<tr>
<td>TRUVADA – emtricitabine-tenofovir disoprol fumarate tab 133-200 mg</td>
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<tr>
<td>TRUVADA – emtricitabine-tenofovir disoprol fumarate tab 167-250 mg</td>
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<td>Drug Name</td>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<tr>
<td>TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</td>
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<tr>
<td>VIDEX – didanosine for soln 2 gm</td>
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<td>VIDEX – didanosine for soln 4 gm</td>
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<td>VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm</td>
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<tr>
<td>VIREAD – tenofovir disoproxil fumarate tab 150 mg</td>
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<tr>
<td>VIREAD – tenofovir disoproxil fumarate tab 200 mg</td>
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<tr>
<td>VIREAD – tenofovir disoproxil fumarate tab 250 mg</td>
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<tr>
<td>MALARIA</td>
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<tr>
<td>CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg</td>
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<tr>
<td>chloroquine phosphate tab 500 mg (Aralen)</td>
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<td>DARAPRIM – pyrimethamine tab 25 mg</td>
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<td>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</td>
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<tr>
<td>MEFLOetine HCL – mefloquine hcl tab 250 mg</td>
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<td>PRIMAquine PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)</td>
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<td>WORM INFECTIONS</td>
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<td>BENZNIDAZOLE – benznidazole tab 12.5 mg</td>
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<td>BENZNIDAZOLE – benznidazole tab 100 mg</td>
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<td>OTHER ANTI-INFECTIVES</td>
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<tr>
<td>ALINIA – nitazoxanide tab 500 mg</td>
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<tr>
<td>ALINIA – nitazoxanide for susp 100 mg/5ml</td>
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<td>clindamycin hcl cap 75 mg (Cleocin)</td>
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<tr>
<td>clindamycin hcl cap 150 mg (Cleocin)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Step Therapy</th>
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<tr>
<td>IMPAVIDO – miltefosine cap 50 mg</td>
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<tr>
<td>metronidazole tab 250 mg (Flagyl)</td>
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<tr>
<td>metronidazole tab 500 mg (Flagyl)</td>
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<tr>
<td>SULFADIAZINE – sulfadiazine tab 500 mg</td>
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<tr>
<td>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</td>
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<tr>
<td>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</td>
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<td>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</td>
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<tr>
<td>trimethoprim tab 100 mg</td>
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<tr>
<td>XIFAXAN – rifaximin tab 550 mg</td>
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</table>

<p>| CANCEr DRuGS | | | | |
| ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (200000 unit/0.5ml) | | • | | |
| anastrozole tab 1 mg (Arimidex) | | | | |
| bicalutamide tab 50 mg (Casodex) | | | | |
| ERLEADA – apalutamide tab 60 mg | | • | • | |
| KISQALI – ribociclib succinate tab pack 200 mg daily dose | | • | • | |
| KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab) | | • | • | |
| KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab) | | • | • | |
| KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) &amp; letrozole 2.5 mg tbpk | | • | • | |
| KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) &amp; letrozole 2.5 mg tbpk | | • | • | |
| KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) &amp; letrozole 2.5 mg tbpk | | • | • | |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Step Therapy</th>
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<tbody>
<tr>
<td>letrozole tab 2.5 mg (Femara)</td>
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<tr>
<td>LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg</td>
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<tr>
<td>LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg</td>
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<tr>
<td>LEUKERAN – chlorambucil tab 2 mg</td>
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<tr>
<td>megestrol acetate tab 20 mg</td>
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<tr>
<td>megestrol acetate tab 40 mg</td>
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<tr>
<td>MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)</td>
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<tr>
<td>MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)</td>
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<tr>
<td>MYLERAN – busulfan tab 2 mg</td>
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<tr>
<td>NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)</td>
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<tr>
<td>RYDAPT – midostaurin cap 25 mg</td>
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<tr>
<td>SUTENT – sunitinib malate cap 12.5 mg (base equivalent)</td>
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<tr>
<td>SUTENT – sunitinib malate cap 25 mg (base equivalent)</td>
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<tr>
<td>SUTENT – sunitinib malate cap 37.5 mg (base equivalent)</td>
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<tr>
<td>SUTENT – sunitinib malate cap 50 mg (base equivalent)</td>
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<tr>
<td>SYLATRON – peginterferon alfa-2b for inj kit 200 mcg</td>
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<td>SYLATRON – peginterferon alfa-2b for inj kit 300 mcg</td>
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<td>SYLATRON – peginterferon alfa-2b for inj kit 600 mcg</td>
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<tr>
<td>TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)</td>
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<tr>
<td>TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)</td>
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<tr>
<td>tamoxifen citrate tab 10 mg (base equivalent)</td>
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<tr>
<td>tamoxifen citrate tab 20 mg (base equivalent)</td>
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<tr>
<td>TARCEVA – erlotinib hcl tab 25 mg (base equivalent)</td>
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<tr>
<td>TARCEVA – erlotinib hcl tab 100 mg (base equivalent)</td>
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<tr>
<td>TARCEVA – erlotinib hcl tab 150 mg (base equivalent)</td>
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<tr>
<td>TASIGNA – nilotinib hcl cap 50 mg (base equivalent)</td>
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<tr>
<td>TASIGNA – nilotinib hcl cap 150 mg (base equivalent)</td>
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<tr>
<td>TASIGNA – nilotinib hcl cap 200 mg (base equivalent)</td>
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<tr>
<td>VENCLEXTA – venetoclax tab 10 mg</td>
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<tr>
<td>VENCLEXTA – venetoclax tab 50 mg</td>
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<td>VENCLEXTA – venetoclax tab 100 mg</td>
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<tr>
<td>VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 &amp; 50 &amp; 100 mg</td>
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<tr>
<td>VOTRIENT – pazopanib hcl tab 200 mg (base equiv)</td>
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<tr>
<td>XALKORI – crizotinib cap 200 mg</td>
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<tr>
<td>XALKORI – crizotinib cap 250 mg</td>
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<tr>
<td>XTANDI – enzalutamide cap 40 mg</td>
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<tr>
<td>YONSA – abiraterone acetate tab 125 mg</td>
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<tr>
<td>ZELBORAF – vemurafenib tab 240 mg</td>
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<tr>
<td>ZYTIGA – abiraterone acetate tab 500 mg</td>
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**HORMONES, DIABETES AND RELATED DRUGS**

**CORTICOSTEROIDS**

CORTISONE ACETATE – cortisone acetate tab 25 mg

dexamethasone tab 0.5 mg

dexamethasone tab 0.75 mg
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<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
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<tr>
<td>dexamethasone tab 1.5 mg</td>
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<tr>
<td>dexamethasone tab 4 mg</td>
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<tr>
<td>dexamethasone tab 6 mg</td>
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<tr>
<td>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</td>
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<tr>
<td>prednisone tab 1 mg</td>
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<tr>
<td>prednisone tab 2.5 mg</td>
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<tr>
<td>prednisone tab 5 mg</td>
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<tr>
<td>prednisone tab 10 mg</td>
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<td>prednisone tab 20 mg</td>
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**ESTROGENS**

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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day</td>
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<tr>
<td>COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day</td>
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<tr>
<td>DIVIGEL – estradiol gel 0.25 mg/0.25gm (0.1%)</td>
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<tr>
<td>DIVIGEL – estradiol gel 0.5 mg/0.5gm (0.1%)</td>
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<tr>
<td>DIVIGEL – estradiol gel 0.75 mg/0.75gm (0.1%)</td>
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<tr>
<td>DIVIGEL – estradiol gel 1 mg/gm (0.1%)</td>
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<td>estradiol 0.5 mg (Estrace)</td>
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<td>estradiol 1 mg (Estrace)</td>
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<td>estradiol 2 mg (Estrace)</td>
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<td>PREMARIN – estrogens, conjugated tab 0.3 mg</td>
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<td>PREMARIN – estrogens, conjugated tab 0.45 mg</td>
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<td>PREMARIN – estrogens, conjugated tab 0.625 mg</td>
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<td>PREMARIN – estrogens, conjugated tab 0.9 mg</td>
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**PROGESTINS**

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<th>Dispensing Limits</th>
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<tr>
<td>medroxyprogesterone acetate tab 2.5 mg (Provera)</td>
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<tr>
<td>medroxyprogesterone acetate tab 5 mg (Provera)</td>
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<tr>
<td>medroxyprogesterone acetate tab 10 mg (Provera)</td>
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**BIRTH CONTROL**

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<th>Drug Name</th>
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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)</td>
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<tr>
<td>ELLA – ulipristal acetate tab 30 mg</td>
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<tr>
<td>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</td>
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<td>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)</td>
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<td>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)</td>
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<tr>
<td>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)</td>
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<td>NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</td>
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<td>Drug Name</td>
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<td>INFERTILITY</td>
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<td>CLOMIPHENE CITRATE  – clomiphene citrate tab 50 mg</td>
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<td>FOLLISTIM AQ  – follitropin beta inj 300 unit/0.36ml</td>
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<td>FOLLISTIM AQ  – follitropin beta inj 900 unit/1.08ml</td>
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<td>DIABETES</td>
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<tr>
<td>glimepiride tab 1 mg (Amaryl)</td>
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<td>glimepiride tab 2 mg (Amaryl)</td>
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<td>glimepiride tab 4 mg (Amaryl)</td>
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<tr>
<td>glipizide tab 24hr 2.5 mg (Glucotrol xl)</td>
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<tr>
<td>glipizide tab 24hr 5 mg (Glucotrol xl)</td>
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<td>glipizide tab 5 mg (Glucotrol)</td>
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<td>glipizide tab 10 mg (Glucotrol)</td>
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<td>glucagon emergency kit  – glucagon (rdna) for inj kit 1 mg</td>
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<td>glyburide micronized tab 1.5 mg (Glynase)</td>
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<td>glyburide micronized tab 6 mg (Glynase)</td>
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<td>glyburide tab 1.25 mg</td>
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<td>glyburide tab 2.5 mg</td>
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<td>glyburide tab 5 mg</td>
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<tr>
<td>glyburide-metformin tab 1.25-250 mg (Glucovance)</td>
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<td>glyburide-metformin tab 2.5-500 mg (Glucovance)</td>
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<td>glyburide-metformin tab 5-500 mg (Glucovance)</td>
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<tr>
<td>GLYXAMBI  – empagliflozin-linagliptin tab 10-5 mg</td>
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<td>GLYXAMBI  – empagliflozin-linagliptin tab 25-5 mg</td>
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<td>INVOKAMET  – canagliflozin-metformin hcl tab 50-500 mg</td>
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<td>INVOKAMET  – canagliflozin-metformin hcl tab 50-1000 mg</td>
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<td>INVOKAMET  – canagliflozin-metformin hcl tab 150-500 mg</td>
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<td>INVOKAMET  – canagliflozin-metformin hcl tab 150-1000 mg</td>
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<td>INVOKAMET XR  – canagliflozin-metformin hcl tab er 24hr 50-500 mg</td>
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<td>INVOKANA  – canagliflozin tab 100 mg</td>
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<td>INVOKANA  – canagliflozin tab 300 mg</td>
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<tr>
<td>JANUVIA  – sitagliptin phosphate tab 25 mg (base equiv)</td>
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<td>JANUVIA  – sitagliptin phosphate tab 50 mg (base equiv)</td>
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<tr>
<td>JANUVIA  – sitagliptin phosphate tab 100 mg (base equiv)</td>
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<tr>
<td>JARDIANCE  – empagliflozin tab 10 mg</td>
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<td>JARDIANCE  – empagliflozin tab 25 mg</td>
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<td>KOMBIGLYZE XR  – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</td>
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<td>KOMBIGLYZE XR  – saxagliptin-metformin hcl tab er 24hr 5-500 mg</td>
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<td>KOMBIGLYZE XR  – saxagliptin-metformin hcl tab er 24hr 5-1000 mg</td>
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<tr>
<td>KOMBIGLYZE XR – saxagliptin-</td>
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<tr>
<td>metformin hcl tab er 24hr 5-1000 mg</td>
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<tr>
<td>FIAST FLEXTOUCH – insulin aspart</td>
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<tr>
<td>(with niacinamide) sol pen-inj 100 unit/ml</td>
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<tr>
<td>NOVOLOG – insulin aspart inj 100 unit/ml</td>
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<tr>
<td>NOVOLOG FLEX PEN – insulin aspart inj 100</td>
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<tr>
<td>pen-injector 100 unit/ml</td>
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<tr>
<td>NOVOLOG PENFILL – insulin aspart soln</td>
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<tr>
<td>cartridge 100 unit/ml</td>
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<tr>
<td>Short-Acting Insulins</td>
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<tr>
<td>HUMULIN R U-500 (CONCEN) –</td>
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<tr>
<td>insulin regular (human) inj 500 unit/ml</td>
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<tr>
<td>HUMULIN R U-500 KWIKPEN – insulin regular</td>
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<tr>
<td>(human) soln pen-injector 500 unit/ml</td>
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<tr>
<td>NOVOLIN R – insulin regular (human) inj 100</td>
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<tr>
<td>unit/ml</td>
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<td>Intermediate-Acting Insulins</td>
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<tr>
<td>NOVOLIN N – insulin nph (human) (isophane)</td>
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<tr>
<td>inj 100 unit/ml</td>
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<tr>
<td>NOVOLIN 70/30 – insulin nph isophane</td>
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<tr>
<td>&amp; regular human inj 100 unit/ml (70-30)</td>
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<tr>
<td>NOVOLIN 70/30 FLEX PEN – insulin nph &amp;</td>
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<tr>
<td>regular susp pen-injector 100 unit/ml (70-30)</td>
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<tr>
<td>NOVOLOG MIX 70/30 – insulin aspart prot &amp;</td>
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<tr>
<td>aspart (human) inj 100 unit/ml (70-30)</td>
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<tr>
<td>NOVOLOG MIX 70/30 PREFILL – insulin aspart  &amp;</td>
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<tr>
<td>aspart sus pen-injector 100 unit/ml (70-30)</td>
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<tr>
<td>Basal Insulins</td>
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<tr>
<td>LANTUS – insulin glargine inj 100 unit/ml</td>
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<tr>
<td>LANTUS SOLOSTAR – insulin glargine soln pen-</td>
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<tr>
<td>injector 100 unit/ml</td>
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**DIABETES - INSULINS**

**Rapid-Acting Insulins**

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<th>Step Therapy</th>
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<tbody>
<tr>
<td>FIASP – insulin aspart (with niacinamide)</td>
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<tr>
<td>inj 100 unit/ml</td>
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<tr>
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<tr>
<td>LEVEMIR – insulin detemir inj 100 unit/ml</td>
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<tr>
<td>LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml</td>
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<tr>
<td>TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml</td>
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<tr>
<td>TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml</td>
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<tr>
<td>TRESIBA – insulin degludec inj 100 unit/ml</td>
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<td>TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml</td>
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<tr>
<td>TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml</td>
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**THYROID REGULATION**

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<th>Step Therapy</th>
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<tbody>
<tr>
<td>levothyroxine sodium tab 25 mcg (Synthroid)</td>
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<tr>
<td>levothyroxine sodium tab 50 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 75 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 88 mcg (Synthroid)</td>
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<tr>
<td>levothyroxine sodium tab 100 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 112 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 125 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 137 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 150 mcg (Synthroid)</td>
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<tr>
<td>levothyroxine sodium tab 175 mcg (Synthroid)</td>
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<tbody>
<tr>
<td>levothyroxine sodium tab 200 mcg (Synthroid)</td>
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<tr>
<td>levothyroxine sodium tab 300 mcg (Synthroid)</td>
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<tr>
<td>methimazole tab 5 mg (Tapazole)</td>
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<td>methimazole tab 10 mg (Tapazole)</td>
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<tr>
<td>thyroid tab 30 mg (1/2 grain) (Armour thyroid)</td>
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<td>thyroid tab 60 mg (1 grain) (Armour thyroid)</td>
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<tr>
<td>thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)</td>
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**GROWTH HORMONE**

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<tbody>
<tr>
<td>INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)</td>
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<td>OMNITROPE – somatropin for inj 5.8 mg</td>
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<tr>
<td>OMNITROPE – somatropin inj 5 mg/1.5ml</td>
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<tr>
<td>OMNITROPE – somatropin inj 10 mg/1.5ml</td>
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**OTHER HORMONES AND RELATED DRUGS**

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<td>alendronate sodium tab 5 mg</td>
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<td>alendronate sodium tab 10 mg</td>
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<td>alendronate sodium tab 35 mg</td>
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<td>alendronate sodium tab 70 mg (Fosamax)</td>
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<td>CYSTADANE – betaine powder for oral solution</td>
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<td>NITYR – nitisinone tab 2 mg</td>
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<td>NITYR – nitisinone tab 5 mg</td>
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<td>NITYR – nitisinone tab 10 mg</td>
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<td>ORFADIN – nitisinone susp 4 mg/ml</td>
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<td><strong>HEART AND CIRCULATORY DRUGS</strong></td>
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<td><strong>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATI</strong></td>
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<td>benazepril hcl tab 5 mg</td>
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<td>fosinopril sodium tab 10 mg</td>
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<td>quinapril hcl tab 5 mg (Accupril)</td>
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<td>trandolapril tab 1 mg (Mavik)</td>
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<td>Drug Name</td>
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<td>ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBS) AND COMBINATIONS</td>
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<td>irbesartan tab 75 mg (Avapro)</td>
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<td>irbesartan tab 150 mg (Avapro)</td>
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<td>losartan potassium tab 25 mg (Cozaar)</td>
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<td>losartan potassium tab 50 mg (Cozaar)</td>
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<td>valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)</td>
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<td>valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)</td>
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<td>BETA BLOCKERS AND COMBINATIONS</td>
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<td>acebutolol hcl cap 200 mg (Sectral)</td>
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<td>atenolol &amp; chlorthalidone tab 50-25 mg (Tenoretic 50)</td>
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<td>Drug Name</td>
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<td>atenolol tab 25 mg (Tenormin)</td>
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<td>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (Ziac)</td>
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<td>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac)</td>
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<td>bisoprolol fumarate tab 5 mg (Zebeta)</td>
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<td>carvedilol tab 3.125 mg (Coreg)</td>
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<td>carvedilol tab 6.25 mg (Coreg)</td>
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<td>carvedilol tab 25 mg (Coreg)</td>
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<td>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)</td>
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<td>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)</td>
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<td>metoprolol tartrate tab 100 mg (Lopressor)</td>
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<td>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</td>
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<td>amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)</td>
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<td>amlodipine besylate tab 5 mg (base equivalent) (Norvasc)</td>
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<td>Drug Name</td>
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<td>amlodipine besylate tab 10 mg (base equivalent) (Norvasc)</td>
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<td>diltiazem hcl cap er 24hr 120 mg</td>
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<td>diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)</td>
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<td>diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)</td>
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<td>ENTRESTO – sacubitril-valsartan tab 24-26 mg</td>
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<td>ENTRESTO – sacubitril-valsartan tab 97-103 mg</td>
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<td>nifedipine tab er 24hr 30 mg (Adalat cc)</td>
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<td>nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)</td>
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<td>verapamil hcl tab 120 mg (Calan sr)</td>
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<td>CHOLESTEROL LOWERING</td>
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<td>atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)</td>
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<td>fenofibrate tab 54 mg (Lofibra)</td>
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<td>lovastatin tab 10 mg</td>
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<td>lovastatin tab 20 mg (Mevacor)</td>
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<td>REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml</td>
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<td>REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml</td>
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<td>REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml</td>
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<td>simvastatin tab 80 mg (Zocor)</td>
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<td>FLUID RETENTION</td>
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<td>amiloride &amp; hydrochlorothiazide tab 5-50 mg</td>
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<td>Drug Name</td>
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<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>bumetanide tab 0.5 mg</td>
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<td>bumetanide tab 1 mg</td>
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<tr>
<td>chlorothiazide tab 500 mg</td>
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<tr>
<td>furosemide oral soln 10 mg/ml</td>
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<tr>
<td>furosemide tab 20 mg (Lasix)</td>
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<tr>
<td>furosemide tab 40 mg (Lasix)</td>
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<tr>
<td>furosemide tab 80 mg (Lasix)</td>
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<tr>
<td>hydrochlorothiazide cap 12.5 mg (Microzide)</td>
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<td>hydrochlorothiazide tab 12.5 mg</td>
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<td>hydrochlorothiazide tab 25 mg</td>
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<td>indapamide tab 1.25 mg</td>
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<td>indapamide tab 2.5 mg</td>
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<td>spironolactone tab 25 mg (Aldactone)</td>
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<td>spironolactone tab 50 mg (Aldactone)</td>
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<td>torsemide tab 5 mg (Demadex)</td>
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<td>torsemide tab 10 mg (Demadex)</td>
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<td>torsemide tab 20 mg (Demadex)</td>
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<td>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Dyazide)</td>
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<td>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</td>
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<td>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</td>
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<td>HEART RHYTHM</td>
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<td>amiodarone hcl tab 200 mg (Cordarone)</td>
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<tr>
<td>sotalol hcl tab 80 mg (Betapace)</td>
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<td>sotalol hcl tab 120 mg (Betapace)</td>
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<tr>
<td>sotalol hcl tab 160 mg (Betapace)</td>
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<td>OTHER HEART RELATED DRUGS</td>
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<tr>
<td>clonidine hcl tab 0.1 mg (Catapres)</td>
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<td>clonidine hcl tab 0.2 mg (Catapres)</td>
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<td>clonidine hcl tab 0.3 mg (Catapres)</td>
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<tr>
<td>doxazosin mesylate tab 1 mg (Cardura)</td>
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<td>doxazosin mesylate tab 2 mg (Cardura)</td>
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<td>doxazosin mesylate tab 4 mg (Cardura)</td>
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<td>doxazosin mesylate tab 8 mg (Cardura)</td>
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<td>guanfacine hcl tab 1 mg (Tenex)</td>
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<td>guanfacine hcl tab 2 mg (Tenex)</td>
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<td>hydralazine hcl tab 10 mg</td>
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<td>hydralazine hcl tab 25 mg</td>
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<td>hydralazine hcl tab 50 mg</td>
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<td>methyldopa tab 250 mg</td>
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<tr>
<td>minoxidil tab 2.5 mg</td>
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<td>minoxidil tab 10 mg</td>
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<td>OPSUMIT – macitentan tab 10 mg</td>
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<tr>
<td>prazosin hcl cap 1 mg (Minipress)</td>
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<td>prazosin hcl cap 2 mg (Minipress)</td>
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<tr>
<td>terazosin hcl cap 1 mg (base equivalent)</td>
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<tr>
<td>terazosin hcl cap 2 mg (base equivalent)</td>
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<tr>
<td>terazosin hcl cap 5 mg (base equivalent)</td>
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<td>terazosin hcl cap 10 mg (base equivalent)</td>
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<td>TRACLEER – bosentan tab for oral susp 32 mg</td>
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<td>TRACLEER – bosentan tab 62.5 mg</td>
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<td>TRACLEER – bosentan tab 125 mg</td>
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<tr>
<td>UPTRAVI – selexipag tab therapy pack 200 mcg (140) &amp; 800 mcg (60)</td>
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<tr>
<td>Drug Name</td>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<tr>
<td>UPTRAVI – selexipag tab 200 mcg</td>
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<tr>
<td>UPTRAVI – selexipag tab 400 mcg</td>
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<tr>
<td>UPTRAVI – selexipag tab 600 mcg</td>
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<tr>
<td>UPTRAVI – selexipag tab 800 mcg</td>
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<tr>
<td>UPTRAVI – selexipag tab 1000 mcg</td>
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<tr>
<td>UPTRAVI – selexipag tab 1200 mcg</td>
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<tr>
<td>UPTRAVI – selexipag tab 1400 mcg</td>
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<tr>
<td>UPTRAVI – selexipag tab 1600 mcg</td>
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**BEE STING KITS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPINEPHRINE (Mylan Products) – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</td>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</td>
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**RESPIRATORY AGENTS**

**ANTIHISTAMINES**

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<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>promethazine hcl syrup 6.25 mg/5ml</td>
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<tr>
<td>promethazine hcl tab 12.5 mg</td>
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<tr>
<td>promethazine hcl tab 25 mg</td>
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<tr>
<td>promethazine hcl tab 50 mg</td>
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**NASAL PRODUCTS**

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<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluticasone propionate nasal susp 50 mcg/act (Flonase)</td>
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**COUGH/COLD/ALLERGY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>benzonatate cap 100 mg (Tessalon perles)</td>
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<tr>
<td>benzonatate cap 200 mg</td>
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<tr>
<td>promethazine w/ codeine syrup 6.25-10 mg/5ml</td>
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<tr>
<td>promethazine-dm syrup 6.25-15 mg/5ml</td>
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**ASTHMA/COPD**

<table>
<thead>
<tr>
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<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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</thead>
<tbody>
<tr>
<td>ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose</td>
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<tr>
<td>ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose</td>
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<tr>
<td>ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose</td>
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<tr>
<td>ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act</td>
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<tr>
<td>ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act</td>
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<tr>
<td>ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act</td>
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<tr>
<td>albuterol sulfate syrup 2 mg/5ml</td>
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<tr>
<td>ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh</td>
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<tr>
<td>ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act</td>
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<tr>
<td>ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act</td>
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<tr>
<td>ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act</td>
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<tr>
<td>ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act</td>
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<tr>
<td>ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act</td>
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<tr>
<td>ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated)</td>
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<tr>
<td>ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated)</td>
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<tr>
<td>Drug Name</td>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<tr>
<td>ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh</td>
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<tr>
<td>(breath activated)</td>
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<tr>
<td>ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/inh</td>
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<tr>
<td>(breath activated)</td>
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<tr>
<td>BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/ihn</td>
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<tr>
<td>BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/ihn</td>
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<td>DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act</td>
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<td>DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act</td>
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<tr>
<td>FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister</td>
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<tr>
<td>FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister</td>
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<tr>
<td>FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister</td>
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<tr>
<td>FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</td>
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<td>FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</td>
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<tr>
<td>FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)</td>
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<tr>
<td>FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act</td>
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<td>ipratropium bromide inhal soln 0.02%</td>
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<tr>
<td>montelukast sodium chew tab 4 mg (base equiv) (Singular)</td>
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<tr>
<td>montelukast sodium chew tab 5 mg (base equiv) (Singular)</td>
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<tr>
<td>montelukast sodium tab 10 mg (base equiv) (Singular)</td>
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<tr>
<td>PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
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<tr>
<td>PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)</td>
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<tr>
<td>QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act</td>
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<tr>
<td>QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act</td>
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<tr>
<td>SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)</td>
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<tr>
<td>SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</td>
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<tr>
<td>SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act</td>
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<td>Drug Name</td>
<td>Specialty</td>
<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<tr>
<td>SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act</td>
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<td>STIOLTO RESPIMAT – tiotropium bromodaterol inhal aero soln 2.5-2.5 mcg/act</td>
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<td>STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)</td>
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<td>SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</td>
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<td>SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</td>
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<td>theophylline tab er 12hr 100 mg</td>
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<td>TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh</td>
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<td>VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
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<td>OTHER RESPIRATORY DRUGS</td>
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<tr>
<td>KALYDECO – ivacaftor tab 150 mg</td>
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<tr>
<td>KALYDECO – ivacaftor packet 50 mg</td>
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<tr>
<td>KALYDECO – ivacaftor packet 75 mg</td>
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<tr>
<td>PULMOZYMIE – dornase alfa inhal soln 1 mg/ml</td>
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<td>SYMDEKO – tezacaftor-ivacaftor 100-150 mg &amp; ivacaftor 150 mg tab tbpk</td>
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<td>GASTROINTESTINAL DRUGS</td>
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<td>LAXATIVES</td>
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<td>lactulose solution 10 gm/15ml</td>
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<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)</td>
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<td>KALYDECO – ivacaftor tab 150 mg</td>
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<td>KALYDECO – ivacaftor packet 50 mg</td>
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<td>KALYDECO – ivacaftor packet 75 mg</td>
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<td>PULMOZYMIE – dornase alfa inhal soln 1 mg/ml</td>
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<td>KALYDECO – ivacaftor packet 50 mg</td>
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<td>KALYDECO – ivacaftor packet 75 mg</td>
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<td>PULMOZYMIE – dornase alfa inhal soln 1 mg/ml</td>
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<td>Drug Name</td>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>CREON – pancrelipase (lip-prot-amyl)</td>
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<td>dr cap 6000-19000-30000 unit</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl)</td>
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<td>APRISO – mesalamine cap er 24hr 0.375 gm</td>
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<td>CANASA – mesalamine suppos 1000 mg</td>
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<td>CHENODAL – chenodiol tab 250 mg</td>
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<td>lactulose (encephalopathy) solution 10 gm/15ml</td>
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<td>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</td>
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<td>metoclopramide hcl tab 5 mg (base equivalent) (Reglan)</td>
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<td>metoclopramide hcl tab 10 mg (base equivalent) (Reglan)</td>
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<td>VIBERZI – eluxadoline tab 75 mg</td>
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<td>VIBERZI – eluxadoline tab 100 mg</td>
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<td>GENITOURINARY DRUGS</td>
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<td>URINARY TRACT SPASMS</td>
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<td>bethanechol chloride tab 5 mg</td>
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<td>oxybutynin chloride syrup 5 mg/5ml</td>
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<td>OTHER GENITOURINARY DRUGS</td>
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<td>alfuzosin hcl tab er 24hr 10 mg</td>
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<td>CYSTAGON – cysteamine bitartrate cap 50 mg</td>
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<td>CYSTAGON – cysteamine bitartrate cap 150 mg</td>
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<td>finasteride tab 5 mg (Proscar)</td>
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<td>CENTRAL NERVOUS SYSTEM DRUGS</td>
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<td>hydroxyzine hcl syrup 10 mg/5ml</td>
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<td>Drug Name</td>
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<td>bupropion hcl tab er 12hr 100 mg</td>
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<tr>
<td>PSYCHOTIC AND BIPOLAR DISORDERS</td>
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<tr>
<td>FLUPHENAZINE HCL – fluphenazine hcl elixir 2.5 mg/5ml</td>
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Blue Cross and Blue Shield July 2019 Multi Tier Enhanced Drug List 17
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<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>lithium carbonate tab 300 mg</td>
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<td>olanzapine tab 10 mg (Zyprexa)</td>
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<td>prochlorperazine maleate tab 5 mg</td>
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<td>risperidone tab 4 mg (Risperdal)</td>
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<td>AUBAGIO – teriflunomide tab 14 mg</td>
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<td>AVONEX – interferon beta-1a im</td>
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<td>prefilled syringe kit 30 mcg/0.5ml</td>
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<td>AVONEX – interferon beta-1a for im</td>
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<td>inj kit 30 mcg (33mcg(6.6 mu)/vial)</td>
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<td>AVONEX PEN – interferon beta-1a im</td>
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<td>auto-injector kit 30 mcg/0.5ml</td>
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<td>BETASERON – interferon beta-1b for</td>
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<td>inj kit 0.3 mg</td>
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<td>COPAXONE – glatiramer acetate soln</td>
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<td>prefilled syringe 20 mg/ml</td>
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<td>COPAXONE – glatiramer acetate soln</td>
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<td>prefilled syringe 40 mg/ml</td>
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<td>GILENYA – fingolimod hcl cap 0.5 mg</td>
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<td>PLEGRIDY – peginterferon beta-1a</td>
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<td>soln pen-injector 125 mcg/0.5ml</td>
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<td>PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 &amp; 94 mcg/0.5ml pack</td>
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<td>REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)</td>
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<td>REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)</td>
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<td>REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)</td>
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<td>REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)</td>
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<td>REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml &amp; 6x22 mcg/0.5ml</td>
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<td>REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml &amp; 6x22 mcg/0.5ml</td>
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<td>TECFIDERA – dimethyl fumarate capsule delayed release 120 mg</td>
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<td>TECFIDERA – dimethyl fumarate capsule delayed release 240 mg</td>
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<td>TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</td>
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<td>OTHER CENTRAL NERVOUS SYSTEM DRUGS</td>
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<td>CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)</td>
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<td>CHANTIX – varenicline tartrate tab 1 mg (base equiv)</td>
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<tr>
<td>CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)</td>
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<th>Drug Name</th>
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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tr>
<td>donepezil hydrochloride tab 5 mg (Aricept)</td>
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<td>donepezil hydrochloride tab 10 mg (Aricept)</td>
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<td>NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)</td>
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<td>NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)</td>
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<td>PAIN RELIEF DRUGS</td>
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<td>NARCOTIC DRUGS</td>
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<td>acetaminophen w/ codeine soln 120-12 mg/5ml</td>
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<td>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</td>
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<td>acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)</td>
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<td>hydrocodone-acetaminophen tab 10-325 mg (Norco)</td>
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<td>hydrocodone-acetaminophen tab 5-325 mg (Norco)</td>
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<td>hydrocodone-acetaminophen tab 7.5-325 mg (Norco)</td>
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<td>hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)</td>
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<td>hydromorphone hcl tab 2 mg (Dilaudid)</td>
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<td>hydromorphone hcl tab 4 mg (Dilaudid)</td>
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<td>Drug Name</td>
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<td>oxycodone hcl tab 5 mg (Roxicodone)</td>
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<td>oxycodone w/ acetaminophen tab 5-325 mg (Percocet)</td>
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<td>tramadol hcl tab 50 mg (Ultram)</td>
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<td>tramadol-acetaminophen tab 37.5-325 mg (Ultracet)</td>
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<td>diclofenac sodium tab delayed release 50 mg</td>
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<td>ENBREL – etanercept for subcutaneous inj 25 mg</td>
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<td>ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml</td>
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<td>ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml</td>
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<td>ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml</td>
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<td>ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml</td>
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<td>flurbiprofen tab 50 mg</td>
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<td>ibuprofen tab 400 mg</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml</td>
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<td>HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml</td>
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<td>HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml</td>
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<td>HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml</td>
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**MIGRAINE HEADACHES**

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**NEUROMUSCULAR DRUGS**

**SEIZURES**

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Blue Cross and Blue Shield July 2019 Multi Tier Enhanced Drug List 23
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<td><strong>ALPHANATE/VON WILLEBRAND</strong> – antihemophilic factor/vwf (human) for inj 2000 unit</td>
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<td><strong>ALPHANINE SD</strong> – coagulation factor ix for inj 500 unit</td>
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<td><strong>ALPHANINE SD</strong> – coagulation factor ix for inj 1000 unit</td>
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<td><strong>ALPHANINE SD</strong> – coagulation factor ix for inj 1500 unit</td>
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<td><strong>ALPROLIX</strong> – coagulation factor ix (recomb) (rfixfc) for inj 250 unit</td>
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<td><strong>BENEFIX</strong> – coagulation factor ix (recombinant) for inj kit 250 unit</td>
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<td><strong>BRILINTA</strong> – ticagrelor tab 60 mg</td>
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<td><strong>BRILINTA</strong> – ticagrelor tab 90 mg</td>
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<td><strong>CEREZYME</strong> – imiglucerase for inj 400 unit</td>
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<td><strong>cilostazol tab 50 mg</strong> (Pletal)</td>
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<td><strong>cilostazol tab 100 mg</strong> (Pletal)</td>
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<td>FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit</td>
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<td>FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)</td>
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<td><strong>folic acid tab 1 mg</strong></td>
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<td>FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit</td>
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<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 250 unit</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 500 unit</td>
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<td>KOATE – antihemophilic factor (human) for inj 250 unit</td>
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<td>KOATE-DVI – antihemophilic factor (human) for inj 250 unit</td>
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<td>MONOCLATE-P – antihemophilic factor (human) for inj kit 1000 unit</td>
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<td>PROCIT – epoetin alfa inj 2000 unit/ml</td>
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<td>PROCIT – epoetin alfa inj 3000 unit/ml</td>
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<td>PROCIT – epoetin alfa inj 4000 unit/ml</td>
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<td>PROCIT – epoetin alfa inj 10000 unit/ml</td>
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<td>PROFILNINE – factor ix complex for inj 500 unit</td>
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<td>PROFILNINE – factor ix complex for inj 1000 unit</td>
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<td>PROFILNINE – factor ix complex for inj 1500 unit</td>
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<td>PROFILNINE SD – factor ix complex for inj 500 unit</td>
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<td>PROFILNINE SD – factor ix complex for inj 1000 unit</td>
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<td>PROFILNINE SD – factor ix complex for inj 1500 unit</td>
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<tr>
<td>REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unit</td>
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<tr>
<td>REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unit</td>
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<tr>
<td>REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unit</td>
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<tr>
<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit</td>
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<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit</td>
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<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit</td>
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<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit</td>
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<td>RETACRIT – epoetin alfa-epbx inj 2000 unit/ml</td>
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<td>RETACRIT – epoetin alfa-epbx inj 3000 unit/ml</td>
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<td>Drug Name</td>
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<tr>
<td>RETACRIT  – epoetin alfa-epbx inj 4000 unit/ml</td>
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<tr>
<td>RETACRIT  – epoetin alfa-epbx inj 10000 unit/ml</td>
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<tr>
<td>RETACRIT  – epoetin alfa-epbx inj 40000 unit/ml</td>
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<td>RIXUBIS  – coagulation factor ix (recombinant) for inj 250 unit</td>
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<td>RIXUBIS  – coagulation factor ix (recombinant) for inj 500 unit</td>
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<tr>
<td>RIXUBIS  – coagulation factor ix (recombinant) for inj 1000 unit</td>
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<tr>
<td>RIXUBIS  – coagulation factor ix (recombinant) for inj 2000 unit</td>
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<tr>
<td>RIXUBIS  – coagulation factor ix (recombinant) for inj 3000 unit</td>
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<td>TRETEN  – coagulation factor xiii a-subunit for inj 2000-3125 unit</td>
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<td>UDENYCA  – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml</td>
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<tr>
<td>VONVENDI  – von willebrand factor (recombinant) for inj 650 unit</td>
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<td>VONVENDI  – von willebrand factor (recombinant) for inj 1300 unit</td>
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<tr>
<td>warfarin sodium tab 1 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 2 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 2.5 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 3 mg (Coumadin)</td>
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<td>warfarin sodium tab 4 mg (Coumadin)</td>
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<td>warfarin sodium tab 5 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 6 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 7.5 mg (Coumadin)</td>
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<td>warfarin sodium tab 10 mg (Coumadin)</td>
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<tr>
<td>WILATE  – antihemophilic factor/vwf (human) for inj 500-500 unit kit</td>
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<tr>
<td>WILATE  – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit</td>
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<td>XARELTO  – rivaroxaban tab 2.5 mg</td>
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<td>XARELTO  – rivaroxaban tab 10 mg</td>
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<tr>
<td>XARELTO  – rivaroxaban tab 15 mg</td>
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<td>XARELTO  – rivaroxaban tab 20 mg</td>
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<td>XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg &amp; 20 mg</td>
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<td>XYNTHA  – antihemophilic factor recombinant paf for inj kit 250 unit</td>
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<tr>
<td>XYNTHA  – antihemophilic factor recombinant paf for inj kit 500 unit</td>
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<td>XYNTHA  – antihemophilic factor recombinant paf for inj kit 1000 unit</td>
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<tr>
<td>XYNTHA  – antihemophilic factor recombinant paf for inj kit 2000 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE  – antihemophilic factor recombinant paf for inj kit 250 unit</td>
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<td>XYNTHA SOLOFUSE  – antihemophilic factor recombinant paf for inj kit 500 unit</td>
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<td>XYNTHA SOLOFUSE  – antihemophilic factor recombinant paf for inj kit 1000 unit</td>
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<td>XYNTHA SOLOFUSE  – antihemophilic factor recombinant paf for inj kit 2000 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE  – antihemophilic factor recombinant paf for inj kit 3000 unit</td>
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<td>ZARXIO  – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml</td>
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<td>ZARXIO  – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml</td>
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<td>Drug Name</td>
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<tr>
<td><strong>TOPICAL PRODUCTS</strong></td>
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<td><strong>EYE</strong></td>
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<td><strong>Anti-infectives</strong></td>
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<tr>
<td>BACITRACIN – bacitracin ophth oint 500 unit/gm</td>
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<tr>
<td>bacitracin-polymyxin b ophth oint</td>
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<tr>
<td>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)</td>
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<td>erythromycin ophth oint 5 mg/gm</td>
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<tr>
<td>gentamicin sulfate ophth soln 0.3% (Garamycin)</td>
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<tr>
<td>NATACYN – natamycin ophth susp 5%</td>
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<tr>
<td>ofloxacin ophth soln 0.3% (Ocuflox)</td>
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<td>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</td>
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<td>tobramycin ophth soln 0.3% (Tobrex)</td>
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<tr>
<td><strong>Steroids and Combination Products</strong></td>
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<tr>
<td>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</td>
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<tr>
<td>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</td>
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<tr>
<td><strong>Glaucoma</strong></td>
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<td>brimonidine tartrate ophth soln 0.2%</td>
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<tr>
<td>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)</td>
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<td>latanoprost ophth soln 0.005% (Xalatan)</td>
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<td>levobunolol hcl ophth soln 0.5% (Betagan)</td>
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<td>timolol maleate ophth soln 0.25% (Timoptic)</td>
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<tr>
<td>timolol maleate ophth soln 0.5% (Timoptic)</td>
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<tr>
<td><strong>Other Eye Products</strong></td>
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<tr>
<td>cromolyn sodium ophth soln 4%</td>
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<td>cyclopentolate hcl ophth soln 1% (Cyclogy)</td>
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<td>diclofenac sodium ophth soln 0.1%</td>
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<td>flurbiprofen sodium ophth soln 0.03% (Ocufen)</td>
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<td>ketorolac tromethamine ophth soln 0.5% (Acular)</td>
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<td>proparacaine hcl ophth soln 0.5%</td>
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<td>tetracaine hcl ophth soln 0.5%</td>
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<tr>
<td>tropicamide ophth soln 0.5%</td>
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<tr>
<td>tropicamide ophth soln 1% (Mydriac)</td>
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<td><strong>MOUTH AND THROAT (LOCAL)</strong></td>
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<tr>
<td>chlorhexidine gluconate soln 0.12% (Peridex)</td>
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<tr>
<td><strong>ANORECTAL AGENTS</strong></td>
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<tr>
<td>hydrocortisone rectal cream 2.5% (Anusol-hc)</td>
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<tr>
<td><strong>SKIN CONDITIONS/PRODUCTS</strong></td>
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<tr>
<td><strong>Acne</strong></td>
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<tr>
<td>FINACEA – azelaic acid foam 15%</td>
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<tr>
<td>SOOLANTRA – ivermectin cream 1%</td>
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<td>TAZORAC – tazarotene cream 0.05%</td>
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<tr>
<td>TAZORAC – tazarotene gel 0.05%</td>
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<td>TAZORAC – tazarotene gel 0.1%</td>
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<td><strong>Anti-infectives</strong></td>
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<tr>
<td>mupirocin oint 2% (Bactroban)</td>
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<td>silver sulfadiazine cream 1% (Silvadene)</td>
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<td><strong>Corticosteroids</strong></td>
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<tr>
<td>hydrocortisone cream 2.5%</td>
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<tr>
<td>hydrocortisone oint 2.5%</td>
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<tr>
<td>triamcinolone acetonide cream 0.025%</td>
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<td>triamcinolone acetonide cream 0.1%</td>
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<td>triamcinolone acetonide cream 0.5%</td>
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<td>triamcinolone acetonide oint 0.025%</td>
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<td>triamcinolone acetonide oint 0.1%</td>
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<tr>
<td>Other Skin Products</td>
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<tr>
<td>doxepin hcl conc 10mg/ml</td>
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<tr>
<td>DULERA – mometasone furoate-formoterol fumarate aerosol 100-5mcg/act</td>
<td></td>
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<td>E</td>
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<tr>
<td>ELIQUIS – apixaban tab 2.5mg</td>
<td></td>
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<tr>
<td>ELIQUIS – apixaban tab 5mg</td>
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<tr>
<td>ELIQUIS STARTER PACK – apixaban tab 5mg</td>
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<tr>
<td>ELLA – ulipristal acetate tab 30mg</td>
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<tr>
<td>ELOCTATE – antihemophilic factor (recomb) rFVIIa for inj 250 unit</td>
<td></td>
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<tr>
<td>ELOCTATE – antihemophilic factor (recomb) rFVIIa for inj 500 unit</td>
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<td>ELOCTATE – antihemophilic factor (recomb) rFVIIa for inj 750 unit</td>
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<tr>
<td>ELOCTATE – antihemophilic factor (recomb) rFVIIa for inj 1000 unit</td>
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<tr>
<td>Drug Name</td>
<td>Formulation</td>
<td>Strength</td>
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<tr>
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</tr>
<tr>
<td>fluphenazine hcl</td>
<td>tab</td>
<td>5 mg</td>
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<tr>
<td>fluphenazine hcl</td>
<td>tab</td>
<td>10 mg</td>
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<tr>
<td>flurbiprofen sodium ophth soln 0.03% (Ocufen)</td>
<td>soln</td>
<td>10 mg/0.1 ml</td>
</tr>
<tr>
<td>flurbiprofen tab</td>
<td>50 mg</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen tab</td>
<td>100 mg</td>
<td></td>
</tr>
<tr>
<td>FLUCONAZOLE PROPIONATE/SA</td>
<td>powder</td>
<td>15-54 mcg</td>
</tr>
<tr>
<td>FLUCONAZOLE PROPIONATE/SA</td>
<td>powder</td>
<td>113-144 mcg</td>
</tr>
<tr>
<td>FLUCONAZOLE PROPIONATE/SA</td>
<td>powder</td>
<td>232-23.4 mcg</td>
</tr>
<tr>
<td>fluconazole propionate nasal susp 50 mcg/act</td>
<td>(Flonase)</td>
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</tr>
<tr>
<td>folic acid</td>
<td>tab</td>
<td>1 mg</td>
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<tr>
<td>FOLLISTIM AQ – follitropin beta inj 300 unit</td>
<td>soln</td>
<td>0.36 ml</td>
</tr>
<tr>
<td>FOLLISTIM AQ – follitropin beta inj 600 unit</td>
<td>soln</td>
<td>0.72 ml</td>
</tr>
<tr>
<td>FOLLISTIM AQ – follitropin beta inj 900 unit</td>
<td>soln</td>
<td>1.08 ml</td>
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<tr>
<td>fumaric acid</td>
<td>tab</td>
<td>10 mg</td>
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<td>tab</td>
<td>20 mg</td>
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<tr>
<td>fumaric acid</td>
<td>tab</td>
<td>40 mg</td>
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<tr>
<td>FULPHILA – pegfilgrastim-jmdb soln prefill syringe</td>
<td>6 mg/ 0.6 ml</td>
<td>25</td>
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<tr>
<td>furosemide oral soln</td>
<td>10 mg/ml</td>
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<tr>
<td>furosemide tab</td>
<td>20 mg (Lasix)</td>
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<tr>
<td>furosemide tab</td>
<td>40 mg (Lasix)</td>
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</tr>
<tr>
<td>furosemide tab</td>
<td>80 mg (Lasix)</td>
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<tr>
<td>Gabapentin</td>
<td>cap</td>
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<tr>
<td>Gabapentin</td>
<td>cap</td>
<td>400 mg</td>
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<tr>
<td>gemfibrozil tab</td>
<td>600 mg</td>
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<tr>
<td>gentamicin sulfate ophth soln 0.3% (Garamycin)</td>
<td>soln</td>
<td></td>
</tr>
<tr>
<td>GENVOY – elvitegrav-cobic-emtricitab-tenofof</td>
<td>tab</td>
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</tr>
<tr>
<td>GILENYA – fingolimod hcl cap 0.5 mg (base equiv)</td>
<td></td>
<td></td>
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<tr>
<td>glimepiride tab 1 mg (Amaryl)</td>
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<tr>
<td>glimepiride tab 2 mg (Amaryl)</td>
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<tr>
<td>glimepiride tab 4 mg (Amaryl)</td>
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<tr>
<td>glipizide tab 24 hr 2.5 mg (Glucotrol xl)</td>
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<tr>
<td>glipizide tab 24 hr 5 mg (Glucotrol xl)</td>
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<tr>
<td>glipizide tab 5 mg (Glucotrol)</td>
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<tr>
<td>glipizide tab 10 mg (Glucotrol)</td>
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<tr>
<td>GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg</td>
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<tr>
<td>glyburide-metformin tab 1.25-250 mg (Glucovan)</td>
<td>tab</td>
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<tr>
<td>glyburide-metformin tab 2.5-500 mg (Glucovan)</td>
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</tr>
<tr>
<td>glyburide-metformin tab 5-500 mg (Glucovan)</td>
<td>tab</td>
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<tr>
<td>glyburide micronized tab 1.5 mg (Glynase)</td>
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<tr>
<td>glyburide micronized tab 3 mg (Glynase)</td>
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<tr>
<td>glyburide micronized tab 6 mg (Glynase)</td>
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<tr>
<td>glyburide tab 1.25 mg</td>
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<td>glyburide tab 2.5 mg</td>
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<td>glyburide tab 4 mg</td>
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<tr>
<td>Glyburide tab 10 mg</td>
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<tr>
<td>GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg</td>
<td>tab</td>
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<tr>
<td>GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg</td>
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<tr>
<td>GRANIX – tbo-filgrastim soln prefill syringe</td>
<td>300 mcg/0.5 ml</td>
<td>25</td>
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<tr>
<td>GRANIX – tbo-filgrastim soln prefill syringe</td>
<td>480 mcg/0.8 ml</td>
<td>25</td>
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<tr>
<td>GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml</td>
<td></td>
<td>25</td>
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<tr>
<td>GRANIX – tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml</td>
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<td>25</td>
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<tr>
<td>guanfacine hcl tab 1 mg (Tenex)</td>
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<tr>
<td>guanfacine hcl tab 2 mg (Tenex)</td>
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<tr>
<td>H</td>
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<tr>
<td>haloperidol lactate oral conc 2 mg/ml</td>
<td>tab</td>
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<tr>
<td>haloperidol tab 0.5 mg</td>
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<tr>
<td>haloperidol tab 1 mg</td>
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<td></td>
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<tr>
<td>haloperidol tab 2 mg</td>
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<tr>
<td>HARVONI – ledipasvir-sofosbuvir tab 90-400 mg</td>
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<tr>
<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit</td>
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<tr>
<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit</td>
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<tr>
<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit</td>
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<tr>
<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit</td>
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<tr>
<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit</td>
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<tr>
<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml</td>
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<tr>
<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml</td>
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<tr>
<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4 ml (150 mg/ml)</td>
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<tr>
<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7 ml (150 mg/ml)</td>
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<tr>
<td>HEMOFIL M – antihemophilic factor (human) for inj 250 unit</td>
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<tr>
<td>HEMOFIL M – antihemophilic factor (human) for inj 500 unit</td>
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<tr>
<td>HEMOFIL M – antihemophilic factor (human) for inj 1000 unit</td>
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<tr>
<td>HEMOFIL M – antihemophilic factor (human) for inj 1700 unit</td>
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<tr>
<td>HUMATE-P – antihemophilic factor/wwf (human) for inj 250-600 unit</td>
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<tr>
<td>HUMATE-P – antihemophilic factor/wwf (human) for inj 500-1200 unit</td>
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<tr>
<td>HUMATE-P – antihemophilic factor/wwf (human) for inj 1000-2400 unit</td>
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<tr>
<td>HUMIRA – adalimumab prefill syringe kit 10 mg/0.1 ml</td>
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hydrocortisone rectal cream 2.5% (Anusol-hc) ........................................ 20
hydrocodone-acetaminophen tab 7.5-325 mg .................................. 20
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INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg ......................................................... 6

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(Avalide)..................................................................................10
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(base equiv)..............................................................................2
ISENTRESS – raltegravir potassium chew tab 100 mg
(base equiv).............................................................................2
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mg (base equiv).......................................................................2
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unit.........................................................................................25
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unit.........................................................................................25
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unit.........................................................................................25
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unit.........................................................................................25

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(200 mg tab) & letrozole 2.5 mg tbpk........................................3
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unit.........................................................................................26
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levofloxacin tab 250 mg (Levaquin)....................... 1
levofloxacin tab 500 mg (Levaquin)....................... 1
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mcg.................................................................. 5
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levothyroxine sodium tab 75 mcg (Synthroid)........ 8
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(Zestoretic)............................................. 9
lisinopril & hydrochlorothiazide tab 20-25 mg
(Zestoretic)............................................. 9
lisinopril tab 5 mg (Prinivil)................................ 9
lisinopril tab 10 mg (Prinivil).............................. 9
lisinopril tab 20 mg (Prinivil).............................. 9
lisinopril tab 2.5 mg (Zestril).............................. 9
lisinopril tab 30 mg (Zestril).............................. 9
lisinopril tab 40 mg (Zestril).............................. 9
lithium carbonate cap 300 mg............................ 18
lithium carbonate cap 150 mg (Lithium carbonate).... 18
lithium carbonate cap 600 mg (Lithium carbonate).... 18
lorazepam tab 0.5 mg (Ativan)........................... 17
lorazepam tab 1 mg (Ativan)................................ 17
lorazepam tab 2 mg (Ativan).............................. 17
losartan potassium & hydrochlorothiazide tab 50-12.5
mg (Hyzaar)........................................... 10
losartan potassium & hydrochlorothiazide tab 100-12.5
mg (Hyzaar)........................................... 10
losartan potassium & hydrochlorothiazide tab 100-25
mg (Hyzaar)........................................... 10
losartan potassium tab 25 mg (Cozaar).................. 10
losartan potassium tab 50 mg (Cozaar).................. 10
losartan potassium tab 100 mg (Cozaar)................ 10
lovastatin tab 10 mg.................................... 11
lovastatin tab 20 mg (Mevacor)........................... 11
lovastatin tab 40 mg (Mevacor)........................... 11

M

MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg...... 1
medroxyprogesterone acetate tab 2.5 mg (Provera).... 5
medroxyprogesterone acetate tab 5 mg (Provera)...... 5
medroxyprogesterone acetate tab 10 mg (Provera).... 5
MEFLOQUINE HCL – mefloquine hcl tab 250 mg........ 3
megestrol acetate tab 20 mg................................ 4
megestrol acetate tab 40 mg................................ 4
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg
(base equivalent)..................................... 4
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base
equivalent)........................................... 4
meloxicam tab 7.5 mg (Mobic)............................. 21
meloxicam tab 15 mg (Mobic)............................. 21
metformin hcl tab er 24hr 500 mg (Glucophage xr).... 7
metformin hcl tab er 24hr 750 mg (Glucophage xr).... 7
metformin hcl tab 500 mg (Glucophage).................... 7
metformin hcl tab 850 mg (Glucophage).................... 7
metformin hcl tab 1000 mg (Glucophage).................. 7
methadone hcl tab for oral susp 40 mg ........................................ 19
methadone hcl tab 10 mg (Dolophine) ........................................ 19
methadone hcl tab 5 mg (Dolophine hcl) ...................................... 19
methimazole tab 5 mg (Tapazole) .............................................. 8
methimazole tab 10 mg (Tapazole) .............................................. 8
methocarbamol tab 750 mg (Robaxin-750) .................................. 22
methocarbamol tab 500 mg (Robaxin) ........................................ 22
methylprednisolone 250 mg ...................................................... 12
methylprednisolone 500 mg ....................................................... 12
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) .......... 16
metoclopramide hcl tab 5 mg (base equivalent) (Reglan) .............. 16
metoclopramide hcl tab 10 mg (base equivalent) (Reglan) .............. 16
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl) .. 10
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl) .. 10
metoprolol tartrate tab 25 mg .................................................. 10
metoprolol tartrate tab 50 mg (Lopressor) .................................. 10
metoprolol tartrate tab 100 mg (Lopressor) ................................ 10
metronidazole tab 250 mg (Flagyl) ............................................. 3
metronidazole tab 500 mg (Flagyl) ............................................. 3
minocycline hcl cap 50 mg (Minocin) ........................................ 1
minocycline hcl cap 75 mg (Minocin) ........................................ 1
minocycline hcl cap 100 mg (Minocin) ....................................... 1
moxidil tab 2.5 mg .................................................................. 12
moxidil tab 10 mg ................................................................... 12
mirtazapine tab 15 mg (Remeron) ......................................... 17
mirtazapine tab 30 mg (Remeron) ......................................... 17
mirtazapine tab 45 mg (Remeron) ......................................... 17
misoprostol tab 100 mcg (Cytotec) ........................................... 15
misoprostol tab 200 mcg (Cytotec) ........................................... 15
mitigare – colchicine cap 0.6 mg ............................................. 21
monoclate-p – antihemophilic factor (human) for inj kit 1000 unit ... 21
monoclate-p – antihemophilic factor (human) for inj kit 1000 unit ... 26
mononine – coagulation factor ix for inj 1000 unit ......................... 26
montelukast sodium chew tab 4 mg (base equiv) (Singulair) .......... 14
montelukast sodium chew tab 5 mg (base equiv) (Singulair) .......... 14
montelukast sodium tab 10 mg (base equiv) (Singulair) ................. 14
morphine sulfate – morphine sulfate tab 15 mg .......................... 19
morphine sulfate – morphine sulfate tab 30 mg ......................... 20
mupirocin oint 2% (Bactroban) ............................................... 29
myleran – busulfan tab 2 mg .................................................... 4
nabumetone tab 500 mg ........................................................... 21
nabumetone tab 750 mg ........................................................... 21
naproxen sodium tab 275 mg (Anaprox) .................................... 21
naproxen sodium tab 550 mg (Anaprox ds) ................................ 21
naproxen tab ec 375 mg (Ec-naprosyn) .................................... 21
naproxen tab ec 500 mg (Ec-naprosyn) .................................... 21
naproxen tab 250 mg (Naprosyn) ............................................. 21
naproxen tab 375 mg (Naprosyn) ............................................. 21
naproxen tab 500 mg (Naprosyn) ............................................. 21
narcan – naloxone hcl nasal spray 4 mg/0.1ml ............................ 30
natacyn – natamycin ophth susp 5% ....................................... 29
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol) .. 29
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol) .. 29
neomycin sulfate tab 500 mg .................................................. 1
neuimporten – filgrastim inj 300 mcg/ml .................................... 26
neuimporten – filgrastim inj 480 mcg/1.6ml (300 mcg/ml) ............ 26
neuimporten – filgrastim soln prefilled syringe 300 mcg/0.5ml ........ 26
neuimporten – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml) .......................................................... 26
nevirapine tab 200 mg (Viramune) ........................................... 2
nexitavar – sorafenib tosylate tab 200 mg (base equivalent) ......... 4
nicotrol inhaler – nicotine inhaler system 10 mg (4 mg delivered) .. 19
nicotrol ns – nicotine nasal spray 10 mg/ml (0.5 mg/spray) .......... 19
nifedipine tab er 24hr 30 mg (Adalat cc) .................................... 11
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl) ......... 11
nitroglycerin cap er 2.5 mg ...................................................... 11
nityr – nitisinone tab 2 mg ...................................................... 8
nityr – nitisinone tab 5 mg ...................................................... 8
nityr – nitisinone tab 10 mg .................................................... 8
nivestym – filgrastim-aafi inj 300 mcg/ml ................................... 26
nivestym – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml) .......... 26
nivestym – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml ....... 26
nivestym – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml ....... 26
nizatidine cap 150 mg ............................................................. 15
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35) .. 5
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen) . 5
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen) ........................................................... 5
nortriptyline hcl cap 10 mg (Pamelor) ....................................... 17
nortriptyline hcl cap 25 mg (Pamelor) ....................................... 17
nortriptyline hcl cap 50 mg (Pamelor) ....................................... 17
nortriptyline hcl cap 75 mg (Pamelor) ....................................... 17
norvir – ritonavir oral soln 80 mg/ml ....................................... 2
NUWIQ – antihemophilic factor (bdd-rfvi) for inj kit 2000 unit. ........................................ 26
NUWIQ – antihemophilic factor (bdd-rfvi) for inj 250 unit. .................................................. 26
NUWIQ – antihemophilic factor (bdd-rfvi) for inj kit 500 unit. ........................................... 26
NUWIQ – antihemophilic factor (bdd-rfvi) for inj 1000 unit. .............................................. 26
NUWIQ – antihemophilic factor (bdd-rfvi) for inj 1500 unit. ............................................. 26
NUWIQ – antihemophilic factor (bdd-rfvi) for inj 2000 unit. .............................................. 26
NUWIQ – antihemophilic factor (bdd-rfvi) for inj 3000 unit. .............................................. 26
NOXAFIL – posaconazole susp 40 mg/ml ................................................................. 27
OMNITROPE – somatropin inj 5 mg/1.5ml ................................................................. 27
OMNITROPE – somatropin inj 10 mg/2.5ml .............................................................. 27
OMNITROPE – somatropin inj 20 mg/5ml ............................................................... 27
ONDASETRON hcl tab 4 mg (Zofran)........................................ 27
ONDASETRON orally disintegrating tab 4 mg (Zofran odt)......................... 27
ONYLYZA – saxagliptin hcl tab 2.5 mg (base equiv) ........................................ 27
ONYLYZA – saxagliptin hcl tab 5 mg (base equiv) ........................................... 27
OPSUMIT – macitentan tab 10 mg ................................................................. 27
ORFADIN – nitisine cap 2 mg ................................................................. 27
ORFADIN – nitisine cap 5 mg ................................................................. 27
ORFADIN – nitisine cap 10 mg ............................................................... 27
ORFADIN – nitisine cap 20 mg ............................................................... 27
ORFADIN – nitisine susp 4 mg/ml .............................................................. 27
ORILISSA – elagolix sodium tab 150 mg (base equiv) ........................................ 27
ORILISSA – elagolix sodium tab 200 mg (base equiv) ........................................... 27
OTEZLA – apremilast tab 30 mg ............................................................... 27
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg .......... 27
oxcarbazepine tab 150 mg (Trileptal) .................................................... 27
oxybutynin chloride syrup 5 mg/5ml ....................................................... 27
oxycodone hcl tab 5 mg (Roxicodone) ................................................... 27
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oxycodone w/ acetaminophen tab 5-325 mg
(Percocet)....................................................... 20
OZEMPIC – semaglutide soin pen-inj 1 mg/dose (2
mg/1.5ml)......................................................... 7
OZEMPIC – semaglutide soin pen-inj 0.25 or 0.5 mg/dose
(2 mg/1.5ml)....................................................... 7
P
pantoprazole sodium ec tab 20 mg (base equiv)
(Protonix)............................................................ 15
pantoprazole sodium ec tab 40 mg (base equiv)
(Protonix)............................................................ 15
paroxetine hcl tab 10 mg (Paxil).............................. 17
paroxetine hcl tab 20 mg (Paxil).............................. 17
paroxetine hcl tab 30 mg (Paxil).............................. 17
paroxetine hcl tab 40 mg (Paxil).............................. 17
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml........ 1
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml..... 1
PEGASYS PROCLICK – peginterferon alfa-2a inj 180
mcg/0.5ml.......................................................... 2
peg 3350-kcl-na bicarb-nacl-na sulfate for soin 240 gm
(Colyte-flavor packs)........................................... 15
peg 3350-kcl-na bicarb-nacl-na sulfate for soin 236 gm
(Golytely)........................................................... 2
peg 3350-kcl-sod bicarb-nacl for soin 420 gm
(Nulytely/ flavor pack)......................................... 15
penicillin v potassium tab 250 mg.......................... 1
penicillin v potassium tab 500 mg.......................... 1
pentoxyfylline tab er 400 mg.................................. 27
perindopril erbumine tab 2 mg.............................. 9
phenobarbital tab 16.2 mg.................................... 18
phenobarbital tab 32.4 mg.................................... 18
pioglitazone hcl tab 15 mg (base equiv) (Actos)........ 7
pioglitazone hcl tab 30 mg (base equiv) (Actos)........ 7
pioglitazone hcl tab 45 mg (base equiv) (Actos)........ 7
PLEGRIDY – peginterferon beta-1a soin pen-injector 125
mcg/0.5ml.......................................................... 18
PLEGRIDY – peginterferon beta-1a soin prefilled syringe
125 mcg/0.5ml....................................................... 18
PLEGRIDY STARTER PACK – peginterferon beta-1a soin
pen-inj 63 & 94 mcg/0.5ml pack........................... 19
PLEGRIDY STARTER PACK – peginterferon beta-1a soin
pref syr 63 & 94 mcg/0.5ml pack........................... 19
polymyxin b-trimethoprim ophth soin 10000 unit/
ml-0.1% (Polymix)
potassium chloride microencapsulated crys er tab 10
meq................................................................. 23
potassium chloride microencapsulated crys er tab 20
meq................................................................. 23
potassium chloride tab er 10 meq (K-tab).................. 23
potassium chloride tab er 8 meq (600 mg)................ 23
pramipexole dihydrochloride tab 0.125 mg
(Mirapex).......................................................... 22
pramipexole dihydrochloride tab 0.25 mg
(Mirapex).......................................................... 22
pramipexole dihydrochloride tab 0.5 mg (Mirapex)...... 22
pramipexole dihydrochloride tab 0.75 mg
(Mirapex).......................................................... 22
pramipexole dihydrochloride tab 1 mg (Mirapex)...... 22
pramipexole dihydrochloride tab 1.5 mg (Mirapex)..... 22
pravastatin sodium tab 10 mg................................ 11
pravastatin sodium tab 20 mg (Pravachol)............... 11
pravastatin sodium tab 40 mg (Pravachol)............... 11
prazosin hcl cap 1 mg (Minipress)......................... 12
prazosin hcl cap 2 mg (Minipress)......................... 12
prednisolone sod phosphate oral soin 15 mg/5ml
(base equiv)..................................................... 5
prednisone tab 1 mg........................................... 5
prednisone tab 2.5 mg........................................ 5
prednisone tab 5 mg........................................... 5
prednisone tab 10 mg......................................... 5
prednisone tab 20 mg......................................... 5
PREMARIN – estrogens, conjugated tab 0.3 mg.......... 5
PREMARIN – estrogens, conjugated tab 0.45 mg........ 5
PREMARIN – estrogens, conjugated tab 0.625 mg....... 5
PREMARIN – estrogens, conjugated tab 0.9 mg.......... 5
PREMARIN – estrogens, conjugated tab 1.25 mg........ 5
PREMARIN – estrogens, conjugated tab 1.5 mg........ 5
PREMARIN – estrogens, conjugated tab 2 mg........... 5
PREMARIN – estrogens, conjugated tab 2.5 mg......... 5
PREMARIN – estrogens, conjugated tab 5 mg........... 5
PREMARIN – estrogens, conjugated tab 10 mg........... 5
PREMARIN – estrogens, conjugated tab 20 mg........... 5
PREMARIN – estrogens, conjugated tab 40 mg........... 5
PREMARIN – estrogens, conj est medroxyprogesterone
c acid 0.625 mg(14)........................................... 5
PREMPRO – conjugated estrogen-medroxyprogesterone
acetate tab 0.3-1.5 mg........................................ 5
PREMPRO – conjugated estrogen-medroxyprogesterone
acetate tab 0.45-1.5 mg................................. 5
PREMPRO – conjugated estrogen-medroxyprogesterone
acetate tab 0.625-2.5 mg................................. 5
PREMPRO – conjugated estrogen-medroxyprogesterone
acetate tab 0.625-5 mg................................. 5
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fumarate-fa tab 27-1 mg................................. 23
PREZISTA – darunavir ethanolate susp 100 mg/ml (base
equiv)......................................................... 2
PREZISTA – darunavir ethanolate tab 75 mg (base
equiv)......................................................... 2
PREZISTA – darunavir ethanolate tab 150 mg (base
equiv)......................................................... 2
PREZISTA – darunavir ethanolate tab 600 mg (base
equiv)......................................................... 2
PREZISTA – darunavir ethanolate tab 800 mg (base
equiv)......................................................... 2
PRIFITIN – rifapentine tab 150 mg......................... 1
PRIMAQUINE PHOSPHATE – primaquine phosphate tab
26.3 mg (15 mg base)....................................... 3
primidone tab 50 mg (Mysoline)......................... 22
PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act
(90mcg base equiv)........................................... 14
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)................................. 14
prochlorperazine maleate tab 5 mg (base equivalent)...................... 18
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PROCRIT – epoetin alfa inj 2000 unit/ml........................................ 27
PROCRIT – epoetin alfa inj 3000 unit/ml........................................ 27
PROCRIT – epoetin alfa inj 4000 unit/ml........................................ 27
PROCRIT – epoetin alfa inj 10000 unit/ml........................................ 27
PROCRIT – epoetin alfa inj 20000 unit/ml......................................... 27
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PROFILNINE – factor ix complex for inj 500 unit............................ 27
PROFILNINE – factor ix complex for inj 1000 unit............................ 27
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PROFILNINE SD – factor ix complex for inj 500 unit.......................... 27
PROFILNINE SD – factor ix complex for inj 1000 unit.......................... 27
PROFILNINE SD – factor ix complex for inj 1500 unit.......................... 27
promethazine dm syrup 6.25-15 mg/5ml................................. 13
promethazine hcl syrup 6.25 mg/5ml........................................ 13
promethazine hcl tab 12.5 mg.................................................. 13
promethazine hcl tab 25 mg.................................................. 13
promethazine hcl tab 50 mg.................................................. 13
promethazine w/ codeine syrup 6.25-10 mg/5ml.......................... 13
propranolol hcl ophth soln 0.5%........................................... 29
propranolol hcl tab 10 mg.................................................. 10
propranolol hcl tab 20 mg.................................................. 10
propranolol hcl tab 40 mg.................................................. 10
propranolol hcl tab 80 mg.................................................. 10
PULMOZYME – dornase alfa inhal soln 1 mg/ml............................. 15
Q
quetiapine fumarate tab 25 mg (Seroquel)................................. 18
quetiapine fumarate tab 50 mg (Seroquel)................................. 18
quetiapine fumarate tab 100 mg (Seroquel)................................. 18
quinapril hcl tab 5 mg (Accupril)........................................ 9
quinapril hcl tab 10 mg (Accupril)........................................ 9
quinapril hcl tab 20 mg (Accupril)........................................ 9
quinapril hcl tab 40 mg (Accupril)........................................ 9
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act........................................ 14
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act........................................ 14
R
ramipril cap 1.25 mg (Altace)............................................... 9
ramipril cap 2.5 mg (Altace)............................................... 9
ramipril cap 5 mg (Altace)............................................... 9
ramipril cap 10 mg (Altace)............................................... 9
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)............................ 15
ranitidine hcl tab 300 mg (Zantac)........................................ 15
RAPAMUNE – sirolimus oral soln 1 mg/ml.................................. 30
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml).................................................................. 19
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml).................................................................. 19
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)........................................... 19
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)........................................... 19
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml................. 19
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mg/0.5ml............................ 19
REBINYN – coagulation factor ix recombinant for inj 500 unit................................................................. 27
REBINYN – coagulation factor ix recombinant for inj 1000 unit................................................................. 27
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RECOMBINE – antihemophilic factor (recombinant) for inj 220-400 unit....................................................... 27
RECOMBINE – antihemophilic factor (recombinant) for inj 401-800 unit....................................................... 27
RECOMBINE – antihemophilic factor (recombinant) for inj 801-1240 unit..................................................... 27
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REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml.................................................. 11
REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.............. 11
REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml................................. 11
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml................................ 27
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml................................ 27
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml................................ 28
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml............................ 28
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml........................... 28
REVCovi – elapegademase-lvlr im soln 2.4 mg/1.5ml (12mu/ml)................................................................. 9
REVLIMID – lenalidomide cap 5 mg........................................... 30
REVLIMID – lenalidomide cap 10 mg......................................... 30
REVLIMID – lenalidomide cap 15 mg......................................... 30
REVLIMID – lenalidomide cap 20 mg......................................... 30
REVLIMID – lenalidomide cap 25 mg......................................... 30
REVLIMID – lenalidomide caps 2.5 mg...................................... 30
risperidone tab 0.25 mg (Risperdal)........................................ 18
risperidone tab 0.5 mg (Risperdal)........................................ 18
risperidone tab 1 mg (Risperdal)........................................ 18
risperidone tab 2 mg (Risperdal)........................................ 18
risperidone tab 3 mg (Risperdal)........................................ 18
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RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit...................................................28
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit..................................................28
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit..................................................28
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ropinirole hydrochloride tab 0.25 mg (Requip)………………………………………………………..22
ropinirole hydrochloride tab 0.5 mg (Requip)………………………………………………………..22
ropinirole hydrochloride tab 1 mg (Requip)…………………………………………………………22
ropinirole hydrochloride tab 2 mg (Requip)…………………………………………………………22
ropinirole hydrochloride tab 3 mg (Requip)…………………………………………………………22
ropinirole hydrochloride tab 4 mg (Requip)…………………………………………………………22
ropinirole hydrochloride tab 5 mg (Requip)…………………………………………………………22
RYDAPT – midostaurin cap 25 mg.................................4
SABRIL – vigabatrin tab 500 mg.........................................................22
selenium sulfide lotion 2.5%...............................................................30
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)..........................9
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)..........................9
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)..........................9
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv).................14
sertraline hcl tab 25 mg (Zoloft)..........................................................17
sertraline hcl tab 50 mg (Zoloft)..........................................................17
silver sulfadiazine cream 1% (Silvadene)...........................................29
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml........................................21
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml..........................................21
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SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml......................................21
simvastatin tab 5 mg (Zocor)..............................................................11
simvastatin tab 10 mg (Zocor)............................................................11
simvastatin tab 20 mg (Zocor)............................................................11
simvastatin tab 40 mg (Zocor)............................................................11
simvastatin tab 80 mg (Zocor)............................................................11
SOOLANTRA – ivermectin cream 1%..............................29
sotalol hcl tab 80 mg (Betapace).......................................................12
sotalol hcl tab 120 mg (Betapace)......................................................12
sotalol hcl tab 160 mg (Betapace)......................................................12
SOVALDI – sofosbuvir tab 400 mg......................................................2
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....14
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act..................14
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act..................15
spirinolactone tab 25 mg (Aldactone).................................12
spirinolactone tab 50 mg (Aldactone).................................12
STELARA – ustekinumab inj 45 mg/0.5ml.................................30
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml.................................30
STELARA – ustekinumab soln prefilled syringe 90 mg/ml.................................30
STIMATE – desmopressin acetate nasal soln 1.5 mg/ml.........................................................9
STILOTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act..........................15
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml.................................9
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml.................................9
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STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml.................................9
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)..............15
SULFADIAZINE – sulfadiazine tab 500 mg.................................3
sulfinpyrazone-phenylbutazone susp 200-40 mg/5ml.................................3
sulfinpyrazone-phenylbutazone susp 400-80 mg (Bactrim).................................3
sulfinpyrazone-phenylbutazone susp 800-160 mg (Bactrim ds).................................3
sumatriptan succinate tab 25 mg (Imitrex).................................21
sumatriptan succinate tab 50 mg (Imitrex).................................21
sumatriptan succinate tab 100 mg (Imitrex).................................21
SUTENT – sunitinib malate cap 12.5 mg (base equivalent).................................4
SUTENT – sunitinib malate cap 25 mg (base equivalent).................................4
SUTENT – sunitinib malate cap 37.5 mg (base equivalent).................................4
SUTENT – sunitinib malate cap 50 mg (base equivalent).................................4
SYLATRON – peginterferon alfa-2b for inj kit 200 mcg.................................4
SYLATRON – peginterferon alfa-2b for inj kit 300 mcg.................................4
SYLATRON – peginterferon alfa-2b for inj kit 600 mcg.................................4
SYMPLICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act..............15
SYMPLICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act..............15
SYMEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbkp.................................15
SYMFI – efavirenz-tenofovir-df tab 600-300-300 mg.................................2

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYMFI LO – efavirenz-lamivudine-tenofovir df tab</td>
<td>400-300-300 mg</td>
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<tr>
<td>TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)</td>
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<td>TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)</td>
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<tr>
<td>tamoxifen citrate tab 10 mg (base equivalent)</td>
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<td>tamoxifen citrate tab 20 mg (base equivalent)</td>
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<tr>
<td>tamsulosin hcl cap 0.4 mg (Flomax)</td>
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<tr>
<td>TARCEVA – erlotinib hcl tab 25 mg (base equivalent)</td>
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<tr>
<td>TARCEVA – erlotinib hcl tab 100 mg (base equivalent)</td>
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<td>TARCEVA – erlotinib hcl tab 25 mg (base equivalent)</td>
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</tr>
<tr>
<td>TASIGNA – nilotinib hcl cap 50 mg (base equivalent)</td>
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<td>TASIGNA – nilotinib hcl cap 150 mg (base equivalent)</td>
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<td>TAZORAC – tazarotene cream 0.05%</td>
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<td>TAZORAC – tazarotene gel 0.05%</td>
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<td>TAZORAC – tazarotene gel 0.1%</td>
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<tr>
<td>TECFIDERA – dimethyl fumarate capsule delayed release 120 mg</td>
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<td>TECFIDERA – dimethyl fumarate capsule delayed release 240 mg</td>
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<td>TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</td>
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<td>temazepam cap 15 mg (Restoril)</td>
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<td>temazepam cap 30 mg (Restoril)</td>
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<td>terazosin hcl cap 1 mg (base equivalent)</td>
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<td>terbinafine hcl tab 250 mg (Lamisil)</td>
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<td>TEST STRIPS – ASCENSIA BREEZE 2, CONTOUR, CONTOUR NEXT</td>
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<td>tetracaine hcl ophth soln 0.5%</td>
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<td>THALOMID – thalidomide cap 50 mg</td>
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<td>THALOMID – thalidomide cap 100 mg</td>
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<td>THALOMID – thalidomide cap 150 mg</td>
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<td>theophylline tab er 12hr 100 mg</td>
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<td>thyroid tab 30 mg (1/2 grain) (Armour thyroid)</td>
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<td>thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)</td>
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<td>thyroid tab 60 mg (1 grain) (Armour thyroid)</td>
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<td>timolol maleate ophth soln 0.25% (Timoptic)</td>
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<td>timolol maleate ophth soln 0.5% (Timoptic)</td>
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<td>TIVICAY – dolutegravir sodium tab 10 mg (base equiv)</td>
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<td>tizanidine hcl tab 2 mg (base equivalent)</td>
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<td>tizanidine hcl tab 4 mg (base equivalent)</td>
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<td>(Zanaflex)</td>
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<td>tobramycin ophth soln 0.3% (Tobrex)</td>
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<td>topiramate tab 25 mg (Topamax)</td>
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<td>topiramate tab 50 mg (Topamax)</td>
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<td>topiramate tab 200 mg (Topamax)</td>
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<tr>
<td>torsemide tab 5 mg (Demadex)</td>
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<td>torsemide tab 10 mg (Demadex)</td>
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<td>torsemide tab 20 mg (Demadex)</td>
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<td>TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml</td>
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<td>TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml</td>
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<td>TRACLEER – bosentan tab for oral susp 32 mg</td>
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<td>TRACLEER – bosentan tab 62.5 mg</td>
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<td>TRACLEER – bosentan tab 125 mg</td>
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<td>tramadol-acetaminophen tab 37.5-325 mg (Ultrace)</td>
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<td>trandolapril tab 1 mg (Mavik)</td>
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<td>trazodone hcl tab 50 mg.</td>
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<td>trazodone hcl tab 150 mg.</td>
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<td>TRELLEY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh</td>
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<td>TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml</td>
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<td>TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml</td>
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<td>TRESIBA – insulin degludec inj 100 unit/ml</td>
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<td>TRETEN – coagulation factor xiii a-subunit for inj</td>
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<td>2000-3125 unit</td>
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<td>triamcinolone acetonide cream 0.025%</td>
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<td>triamcinolone acetonide oint 0.025%</td>
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<td>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Dyazide)</td>
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<td>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Maxzide-25)</td>
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<td>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</td>
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<td>trihexyphenidyl hcl tab 2 mg.</td>
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<td>trihexyphenidyl hcl tab 5 mg.</td>
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<td>trimethoprim tab 100 mg.</td>
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<td>tropicamide ophth soln 1% (Mydriacyl)</td>
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<td>TRULICITY – dulaaglutide soln pen-injector 0.75 mg/0.5ml</td>
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<td>TRULICITY – dulaaglutide soln pen-injector 1.5 mg/0.5ml</td>
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</table>
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.................................2
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.................................2
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.................................2
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UPTRAVI – selexipag tab 200 mcg.................................................................13
UPTRAVI – selexipag tab 400 mcg.................................................................13
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UPTRAVI – selexipag tab 1000 mcg.................................................................13
UPTRAVI – selexipag tab 1200 mcg.................................................................13
UPTRAVI – selexipag tab 1400 mcg.................................................................13
UPTRAVI – selexipag tab 1600 mcg.................................................................13
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V
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)..........................................30
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)..................................................10
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)..................................................10
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)....................................................10
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg........4
VENCLEXTA – venetoclax tab 10 mg.................................................................4
VENCLEXTA – venetoclax tab 50 mg.................................................................4
VENCLEXTA – venetoclax tab 100 mg.................................................................4
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verapamil hcl tab er 180 mg (Calan sr)........................................................................11
verapamil hcl tab er 240 mg (Calan sr)........................................................................11
verapamil hcl tab 80 mg (Calan)..................................................................................11
verapamil hcl tab 120 mg (Calan)..................................................................................11
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VIBERZI – eluxadoline tab 100 mg..................................................................................16
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VIDEX – didanosine for soln 4 gm..................................................................................3
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VIREAD – tenofovir disoproxil fumarate tab 150 mg..........................................................3
VIREAD – tenofovir disoproxil fumarate tab 200 mg..........................................................3
VIREAD – tenofovir disoproxil fumarate tab 250 mg..........................................................3
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VONVENDI – von willebrand factor (recombinant) for inj 1300 unit......................................28
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VOTRIENT – pazopanib hcl tab 200 mg (base equiv).........................................................4

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warfarin sodium tab 3 mg (Coumadin)....................................................................28
warfarin sodium tab 4 mg (Coumadin)....................................................................28
warfarin sodium tab 5 mg (Coumadin)....................................................................28
warfarin sodium tab 6 mg (Coumadin)....................................................................28
warfarin sodium tab 7.5 mg (Coumadin)...................................................................28
warfarin sodium tab 10 mg (Coumadin)..................................................................28
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WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit.........................28

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XARELTO – rivaroxaban tab 2.5 mg........................................................................28
XARELTO – rivaroxaban tab 10 mg........................................................................28
XARELTO – rivaroxaban tab 15 mg........................................................................28
XARELTO – rivaroxaban tab 20 mg........................................................................28
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XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg..................................20
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg.....................................20
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg.....................................20
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg.....................................20
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500 unit................................................................. 28
XYNTHA – antihemophilic factor recombinant paf for inj kit
1000 unit............................................................ 28
XYNTHA – antihemophilic factor recombinant paf for inj kit
2000 unit............................................................ 28
XYNTHA SOLOFUSE – antihemophilic factor recombinant
paf for inj kit 250 unit...................................... 28
XYNTHA SOLOFUSE – antihemophilic factor recombinant
paf for inj kit 500 unit...................................... 28
XYNTHA SOLOFUSE – antihemophilic factor recombinant
paf for inj kit 1000 unit.............................. 28
XYNTHA SOLOFUSE – antihemophilic factor recombinant
paf for inj kit 2000 unit.............................. 28
XYNTHA SOLOFUSE – antihemophilic factor recombinant
paf for inj kit 3000 unit.............................. 28
Y
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Z
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mcg/0.8ml.......................................................... 28
ZELBORAF – vemurafenib tab 240 mg..................... 4
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ZENPEP – pancrelipase (lip-prot-amyl) dr cap
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ZENPEP – pancrelipase (lip-prot-amyl) dr cap
10000-32000-42000 unit.................................. 16
ZENPEP – pancrelipase (lip-prot-amyl) dr cap
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ZENPEP – pancrelipase (lip-prot-amyl) dr cap
20000-63000-84000 unit.................................. 16
ZENPEP – pancrelipase (lip-prot-amyl) dr cap
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40000-126000-168000 unit.............................. 16
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zonisamide cap 25 mg (Zonegran)......................... 22
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