State of New York
July 2024

FINANCIAL PROPOSAL

SECTION 6: FINANCIAL PROPOSAL

6.1 GENERAL

1. Purpose

The purpose of this section of the RFP is to set forth the duties and responsibilities required of the Offeror as regards to its cost quotes and to pose questions (i.e., the information and documentation required under the Confirmations and Required Submissions sections) concerning those duties and responsibilities. The Offeror's Financial Proposal must contain responses to all questions in the format requested, as well as the financial attachments required in Section 6.3, below. The Financial Proposal evaluation will analyze the relative impact of each Offeror's Financial Proposal on the Programs' claims costs and administration costs and net savings that will result for the Offeror's Pharma Revenue Guarantee. Each Offeror may submit ONLY ONE Financial Proposal. Each Financial Proposal will be evaluated with the following goal in mind: the lowest possible total combined Program cost over the term of the Agreements resulting from this RFP while being responsive to the requirements of the RFP.

Confirmed.

2. Informational Claim Data Files

To assist Offerors in the development of their Financial Proposal, the Procuring Agencies have produced informational claim data files containing claims paid for the period January 1, 2022, through December 31, 2023. The informational claim file data layouts for the DCS (Attachment 84, Layout Specifications for DCS Program Informational Claims Data File) and NYSIF (Attachment 85, Layout Specifications for NYSIF Program Informational Claims Data File) Programs can be obtained by prospective Offerors by following the instructions in Attachment 86, Informational Claims Files for DCS and NYSIF, which requires that Offerors have the latest version of the IBM Aspera Web Plugin (Aspera Connect) to use the application.

Confirmed.

6.2 EVALUATION PROCESS – GENERAL

1. **The evaluation of Financial Proposals will be conducted by applying each Offeror's cost quotes to normalized claim data. In particular, the evaluation will involve the following:**

   a. **Analysis of the impact of proposed Guaranteed Discounts and dispensing fees, and the Offeror's per final paid claim Pharma Revenue Guarantee on combined Program claim costs;**

      Confirmed.

   b. **Analysis of the impact of the Offeror's proposed Claims Administration Fees for administering the Programs; and**

      Confirmed.

   c. **(Exclusive to DCS) Analysis of the impact of the Offeror's proposed Vaccine Administration Fees.**

      Confirmed.

6.3 ANALYSIS OF FINANCIAL COMPONENTS

1. Financial Attachments to Complete

a. The Offeror must complete the following financial attachments in strict accordance with the directions set forth in this RFP and submit them as part of their Financial Proposal:

i. Attachment 83 - Proposed Claim Reimbursement Quote

ii. Attachment 88 - Retail and Mail Service Pharmacy Generic Drugs – MAC List Costs per GPI

iii. Attachment 89 - Specialty Pharmacy Program Dispensing Fees

iv. Attachment 90 - Pharma Revenue Guarantee Quote

v. Attachment 91 - Documentation to Support Pharma Revenue Guarantee Quote

vi. Attachment 92 - Claims Administration Fee(s) Quotes

vii. Attachment 93 - Vaccination Administration Fees

Confirmed. The locations of the above attachments are as follows:

- Attachment 83 - Section II, Tab 1
- Attachment 88 - Section II, Tab 2
- Attachment 89 - Section II, Tab 3
- Attachment 90 - Section II, Tab 4
- Attachment 91 - Section II, Tab 5
- Attachment 92 - Section II, Tab 6
- Attachment 93 - Section II, Tab 7

2. Financial Attachments – Informational

a. The following attachments are provided for informational purposes in order to assist Offerors in submitting their Financial Proposal:

i. Attachment 84 - Layout Specifications for DCS Program Informational Claims Data File

ii. Attachment 85 - Layout Specifications for NYSIF Program Informational Claims Data File

iii. Attachment 86 – Informational Claims File for DCS and NYSIF (The Informational Claims Files for DCS and NYSIF can be obtained by following the instructions included in Attachment 86 and requires that Offerors have the latest version of the IBM Aspera Web Plugin (Aspera Connect) to use the application)

iv. Attachment 87 - Designated Specialty Pharmacy Identifiers

v. Attachment 88 - Retail and Mail Service Pharmacy Generic Drugs – MAC List Costs per GPI

vi. Attachment 94 - DCS "Brands Classified as Generics"

Confirmed. Please note that Attachment 88 has been completed in accordance with the instructions and is provided in Section II, Tab 2.

6.4 CLAIM INGREDIENT COST – GENERAL

The Procuring Agencies require full transparency of claim ingredient costs in the Retail Pharmacy Network. The Offeror shall propose a Guaranteed Minimum Discount off of Aggregate AWP of all Brand Drugs dispensed through the Retail Pharmacy Network. The Offeror is required to propose a Guaranteed Minimum Discount off of Aggregate AWP of all Generic Drugs dispensed through the Retail Pharmacy Network and Mail Service Pharmacy Process. The Offeror shall propose a Guaranteed Discount off of AWP of Brand Drugs dispensed to Enrollees/Claimants through the Mail Service Pharmacy Process. The Offeror is required to propose a Guaranteed Minimum Discount off of Aggregate AWP of Specialty Drugs dispensed to Enrollees/Claimants through the Specialty Pharmacy Program. The Offeror must also propose a pricing methodology for Compound Drugs dispensed to Enrollees/Claimants that will be utilized for both Retail claims and Mail Service Pharmacy Process claims. The Offeror may exclude from all applicable retail pricing and dispensing fee guarantees specified in this Section, but not from Pharma Revenue Guarantees specified in Section 6.12: 100% Pharma Revenue Guarantee, any claims where the Contractor is required to comply with law or regulation which mandates that the claim is adjudicated according to a specific pricing methodology (e.g., National Average Drug Acquisition Cost) and/or with a specified dispensing fee, not contemplated under this RFP. This section sets forth the Program requirements related to those guarantees.

1. **Claim Ingredient Cost - General**

   a. **All proposed discounts, dispensing fees and prescribing fee(s), if applicable, for Brand and Generic Drugs must be guaranteed for the entire term of the Agreements without qualification or condition. In addition, the Selected Offeror's proposed Compound Drug pricing methodology must be guaranteed for the entire term of the Agreements without qualification or condition.**

      Confirmed.

   b. **All proposed discounts and dispensing fees for Specialty Drugs apply only to Enrollees/Claimants who participate in and have drugs dispensed through the Specialty Pharmacy Program and must be guaranteed for the entire term of the Agreements without qualification or condition.**

      Confirmed.

   c. **The Contractor shall utilize the Medi-Span field coded R028 entitled "AWP unit price" as the source of Average Wholesale Price (AWP) information for purposes of calculating Ingredient Cost.**

      Confirmed.

   d. **During the term of the Agreements, in the event the Medi-Span reporting service changes its methodology related to any of the information fields used in the Procuring Agencies' classification of Brand and Generic Drugs, or its methodology for coding drugs in connection with these information fields, the Contractor shall be obligated to inform the Procuring Agencies in writing of such changes within 30 Days of learning of such changes. Upon written notification, the Contractor and the Procuring Agencies will meet and agree in writing to any Brand and/or Generic Drug classification changes that may be necessary to enable each to maintain the same economic position and obligations as are set forth in the Agreements.**

      Confirmed.

e. If, during the term of the Agreements, industry events have caused the Contractor's source of AWP to become obsolete or no longer available, the Procuring Agencies and the Contractor shall agree on revised pricing terms. In no event shall the Programs' actual costs for drugs increase as the result of new pricing terms. The Contractor shall notify the Procuring Agencies in writing as soon as any information indicating a problem with the future use of the Contractor's AWP source is received. Within two weeks of the initial notification, and no less than 120 Days prior to the effective date of any revision, the Contractor shall submit a detailed written proposal to the Procuring Agencies for effectively revising pricing terms including but not limited to a file containing the Contractor's pricing for all drugs dispensed during the prior six months utilizing the current AWP source and the Contractor's revised pricing for such drugs using the proposed methodology. The Contractor's Proposal should ensure continued alignment of the Contractor's interests with those of the Programs. In no event can the Contractor's Proposal deviate from the Programs' Lesser of Logic.

Confirmed.

f. To protect Enrollees/Claimants from disruption due to reclassification of drugs, during the term of the Agreements, and to assure that Offeror's Proposals are evaluated consistently, drugs shall be classified for pricing purposes in accordance with current Program Brand /Generic Drug classifications and in accordance with the definitions in the Glossary of Defined Terms (Attachment 15) of this RFP.

Confirmed.

g. Offerors must use the Programs current Brand/Generic classification methodology, which is primarily based on a particular set of Medi- Span indicators.

The following methodologies shall be used by Offerors and will be used by the Procuring Agencies in their evaluation of Offerors' Proposals to determine the appropriate Brand/Generic Drug classification so as to comply with the contractual definitions set forth in the Glossary of Defined Terms (Attachment 15) of this RFP.

i) Classification Methodology General

1) Drugs shall be classified for pricing purposes during the term of the Agreements in accordance with the Programs' classification determinations based on the definitions contained in Attachment 15, Glossary of Defined Terms, of this RFP. No later than November 15th of each Plan Year, the Contractor shall submit for the Programs' written approval a file containing all NDCs dispensed through the Program during the prior year and the classification of each NDC derived from application of the Contractor's electronic classification process. To the extent the Contractor's electronic process results in classifications inconsistent with the Programs' determinations, the Contractor commits to modify its classification methodology to replicate the results of the Programs' determination, including the steps set forth in 6.4.1(g)(i)(2) below. The Programs' determination shall be final.

Confirmed.

2) To the extent the electronic process fails to comprehensively replicate drug classifications consistent with the definitions of Brand and Generic Drugs set forth in Attachment 15, Glossary of Defined Terms, of this RFP, the Contractor agrees to modify to the extent possible its electronic processing system before January 1, 2025, including setting appropriate Copayment levels as required, and to undertake all other necessary manual steps to ensure that the result of the prescription processing

process from a cost basis to both Enrollee and Plan is in accordance with the DCS determination of classification.

Confirmed.

3) **The Contractor shall conduct a year end reconciliation each Plan Year to ensure that the claim amount charged to the Plan is in accordance with the definition of Brand and Generic Drugs set forth in the Glossary of Defined Terms (Attachment 15) this RFP. The reconciliation will include claims paid during the Plan Year and is to be completed by February 15th of the following year. If DCS's review of the Contractor's reconciliation indicates an adjustment is required, then DCS reserves the right to make an adjustment to the Contractor's submitted reconciliation. The Contractor shall credit or debit the Plan as applicable no later than 30 Days following the date of reconciliation and reflect the result in the Annual Financial Statement.**

Confirmed.

ii) **Brand Name Drug Determination Methodology**

1) **A drug labeled with the identifier "M" or "O" in the Medi-Span Multi-Source code shall be processed as a Brand Drug unless the same drug is identified as "G" in the Medi-Span Brand- Name code.**

Confirmed.

2) **In addition to drugs identified as "M" or "O" in the Medi-Span Multi-Source code, a drug that is identified as "N" in the Medi- Span Multi-Source code shall be designated a Brand Drug if the drug is identified as "T" in the Medi-Span Brand- Name code.**

Confirmed.

iii) **Generic Drug Determination Methodology**

1) **A drug identified as "Y" in the Medi-Span Multi-Source code shall be designated as a Generic Drug.**

Confirmed.

2) **In addition to drugs identified as "Y" in the Medi-Span Multi- Source code, a drug identified as "N" in the Medi-Span Multi- Source Code shall be designated as a Generic Drug if the corresponding Medi-Span Brand-Name code for such drug is "B" or "G."**

Confirmed.

3) **In addition, a drug identified as "G" in the Medi-Span Brand- Name Code shall be designated as a Generic Drug, regardless of the identifier designated in the Medi-Span Multi- Source code.**

Confirmed.

4) **As stated in the Glossary of Defined Terms (Attachment 15), no drug approved through an FDA Generic Drug approval process, including any FDA approval process established for approving generic equivalents of biologic drugs, shall be processed as a Brand Drug regardless of the assigned Medi- Span indicators or the result of the**

Offeror/Contractor's proposed methodology for determining the appropriate classification of a drug. Furthermore, the DCS Program classifies a small list of drugs as Generic Drugs that are classified by Medi-Span as Brand Drugs (see Attachment 94, DCS Brands Classified as Generic Drugs). The drugs listed in Attachment 94, DCS "Brands Classified as Generics," must be classified as Generic Drugs during the term of the agreement with DCS, unless a change to the list is requested by DCS in writing.

Confirmed.

5) **Attachment 76 Current Brand-Generic Classification presents a listing of the NDC's dispensed to DCS Program Enrollees/Claimants in 2023 and the required brand name/generic drug classification assigned to each NDC.**

Confirmed.

iv) **Compound Drug Determination Methodology**

1) **A Compound Drug is a drug with two or more ingredients (solid, semi-solid or liquid), where the primary active ingredient is an FDA approved Covered Drug with a valid NDC requiring a Prescription for dispensing, combined together in a method specified in a Prescription issued by a medical professional. The end result of this combination must be a Prescription medication for a specific patient that is not otherwise commercially available in that form or dose/strength from a single manufacturer. The Prescription must identify the multiple ingredients in the Compound, including active ingredient(s), diluent(s), ratios or amounts of product, therapeutic use and directions for use. The act of compounding must be performed or supervised by a licensed Pharmacist. Any commercially available product with a unique assigned NDC requiring reconstitution or mixing according to the FDA approved package insert prior to dispensing will not be considered a Compound Prescription by the Programs.**

Confirmed.

h. **The Selected Offeror shall be required to submit a file containing the NDC's dispensed to Enrollees/Claimants in 2023 and the resulting brand/generic classification of each NDC derived from application of the Contractor's electronic classification process. If, at that time, the Procuring Agencies determine that the Selected Offeror's proposed classification methodology does not replicate the results of the Programs' methodology for determining the brand name/generic classification of drugs, the Selected Offeror must modify its classification methodology to replicate the results of the Programs' methodology, either automatically through the claims adjudication system or through an annual claims reconciliation process. The Procuring Agencies determination shall be final.**

Confirmed.

i. **The Programs' Lesser of Logic, as defined in the Glossary of Defined Terms (Attachment 15), shall apply to all claims processed under the Programs.**

Confirmed.

2. **Claim Ingredient Cost - General**

a. **Offerors must confirm their agreement to perform/fulfill and comply with the Duties and Responsibilities contained within Section 6.4.1 "Claim Ingredient Cost - General" above including, but not limited to:**

i. **The guarantee that all discounts, dispensing fees and prescribing fee(s), if applicable, shall remain in effect during the entire term of the Agreements, without qualification or condition;**

Confirmed.

ii. **Pricing for Specialty Drugs shall apply only to Enrollees/Claimants who participate in and fill a prescription through the Specialty Pharmacy Program. Specialty Drugs for all other Enrollees/Claimants and/or claims shall be priced using the Offeror's proposed pricing for retail and mail service drugs;**

Confirmed.

iii. **AWP will be determined by Medi-Span utilizing the field coded R028 entitled "AWP unit price;"**

Confirmed.

iv. **Confirmation that if the Procuring Agencies determine that industry events have caused the Contractor's proposed source of AWP to become inflated against new industry standards, obsolete, or unavailable, the Contractor agrees to negotiate revised pricing terms ensuring that the Programs' actual costs for drugs in no event increase as the result of new pricing terms, in accordance with Section 6.4.1(e) above;**

Confirmed.

v. **Drugs will be classified as brand name, generic, or compound consistent with Section 6.4.1(g) above;**

Confirmed.

vi. **Prescriptions shall be processed consistent with the Programs' classification of drugs on an NDC basis. Confirmation that, if selected, the Offeror agrees to submit a file containing the NDC's dispensed to Enrollees/Claimants in 2023 and the resulting brand/generic classification of each NDC utilizing the Offeror's proposed methodology for determining the brand name/generic classification of drugs. Confirmation that, if the Procuring Agencies determine that the Offeror's proposed classification methodology does not replicate the results of the Programs' methodology for determining the brand name/generic classification of drugs, the Offeror shall agree to modify its classification methodology to replicate the results of the Programs' methodology either automatically through the claims adjudication system or through an annual claims reconciliation process; and**

Confirmed.

vii. **Applying the Programs' Lesser of Logic to all claims.**

Confirmed.

3. **Required Submission – Claim Ingredient Cost - General**

a. **Confirm the Offeror's agreement to utilize the Medi-Span field coded R028 entitled "AWP unit price" as the source of AWP information for calculating Ingredient Cost.**

Confirmed.

6.5 MANDATORY GENERIC SUBSTITUTION AT RETAIL AND MAIL

Encouraging utilization of cost-effective clinically equivalent Generic Drugs is an integral component of the Programs' benefit design. To promote the use of Generic Drugs, the Programs have a mandatory generic substitution requirement that mandates that FDA approved A-rated Generic Drugs and authorized Generic Drugs be substituted for equivalent Brand Drugs or the Enrollee/Claimant pays the applicable Level 3 Drug Copayment plus an "Ancillary Charge." Under the NYSIF Program, there are no Copayments or Ancillary Charges collected from the Enrollee/Claimant. The Selected Offeror must apply this requirement on a consistent basis at the retail network pharmacies and through the Mail Service Pharmacy Process.

1. **Duties and Responsibilities: Mandatory Generic Substitution at Retail and Mail**

   To ensure strict adherence to the Programs' Mandatory Generic Substitution Requirement and protect the financial interests of the Programs, the Contractor shall be required to:

   a. **Apply mandatory generic substitution to all specific NDC's (active or inactive) of Brand Drugs for which there is an FDA- approved A-rated Generic Drug (including but not limited to, Generic Drugs rated AA, AB, AN, AO, AT, etc.) or an authorized Generic Drug as permissible by NYS law. Retail network pharmacies shall comply with all state laws related to mandatory generic substitution. The Programs' mandatory generic substitution provisions shall apply to any claim where the A-rated or authorized Generic Drug is required or permitted to be substituted under state law. Mandatory generic substitution provisions will not apply to B-rated or unrated Generic Drugs or in the unlikely event that state law prohibits dispensing of the A-rated or authorized Generic Drug.**

   b. **(Exclusive to DCS) Establish the Ancillary Charge by calculating the difference in the Discounted Ingredient Cost of the Brand Drug and the Discounted Ingredient Cost of the equivalent A-rated Generic Drug or authorized Generic Drug based on the Programs' MAC List price assigned when a Brand Drug for which an A-rated or authorized Generic Drug has been introduced in the market is dispensed to the Enrollee. In such cases, the Enrollee shall be responsible for paying the applicable Level 3 Drug Copayment plus Ancillary Charge not to exceed the cost of the drug to the DCS Program. The Ancillary Charge shall be assessed even in the event a doctor has specifically directed a Pharmacist to dispense the Brand Drug rather than the A- rated or authorized Generic Drug through DAW notation. The Ancillary Charge does not apply if a DAW Exception Request is approved by the Plan; however, the enrollee must pay the applicable non-preferred copayment.**

   c. **Monitor the pharmaceutical industry on behalf of the Procuring Agencies to identify Generic Drugs expected to enter the market. Prior to the actual introduction of the Generic Drug to market, the Contractor shall inform the Procuring Agencies of anticipated shipping dates of the first generic introduced into the market for one or more strengths of a particular Brand Drug.**

   d. **(Exclusive to DCS) Following the first shipment of a first NDC for a Generic Drug for one or more strengths of a particular Brand Drug (i.e., MAC Alerts are required for new NDCs of new GPIs and for new NDCs for GPIs already on the MAC List), the Contractor shall be required to:**

      i. **Inform the Department as soon as practicable but in no event later than fourteen (14) Days during normal Business Hours after the first date of shipment, (from manufacturer to wholesaler or retailer) of the financial impact of enforcing mandatory generic substitution via the "MAC Alert Notice" detailed in Sections 3 and 5 of this RFP under "Reporting Services;"**

ii. **For those drugs that will result in a lower net cost to the Programs by enforcing mandatory generic substitution, the Contractor shall provide the "MAC Alert Notice" as described in (a) above. The Contractor shall add the GPI to the Programs' MAC List (if the GPI is not on the Programs' MAC List already) and begin enforcement as soon as practicable but in no event later than fourteen (14) Days during normal Business Hours after the first date of shipment provided that the participating retail network pharmacies are able to obtain the Generic Drug;**

iii. **For those drugs that could potentially result in a higher net cost to the Programs by enforcing mandatory generic substitution, the Contractor shall provide the "MAC Alert Notice" as described in (a) above. The Contractor shall also notify the Department whether the drug should be included in the Brand for Generic strategy. The Department, in its sole discretion, may determine that enforcement is contrary to the best financial interests of the Programs and shall inform the Contractor whether Mandatory Substitution shall be applied. If the Contractor does not receive a formal response to the information provided via the "MAC Alert Notice," enforcement shall commence, and the GPI shall be added to the Programs' MAC List (if the GPI is not on the Programs' MAC List already) effective on the 21st Day after shipment of the first A-rated generic equivalent drug or authorized Generic Drug provided that the pharmacies are able to obtain the Generic Drug. In the event the Department decides to exercise its discretion not to enforce mandatory generic substitution, the Contractor shall apply MAC pricing to the Generic Drug when dispensed;**

iv. **To assist the Department in determining whether or not mandatory generic substitution should be enforced within 21 Days, the Contractor shall survey its Retail Pharmacy Network to identify the pharmacies that are unable to obtain the new Generic Drug within 21 Days. The Contractor shall submit this information to the Department and provide any additional information as required by the Department to reach a determination. The DCS, in its sole discretion, shall determine based on such evidence how the Programs' mandatory generic substitution provisions will be applied. The Programs will not consider, and the Contractor shall not act on availability information provided by third party sources, including but not limited to Medi-Span;**

v. **For preferred Brand Drugs for which an A-rated or authorized Generic Drug has been introduced into the market for one or more strengths of a Brand Drug, the status of the Brand Drug shall be changed from preferred to Non-Preferred status concurrent with the commencement of the enforcement of mandatory generic substitution. Enrollees prescribed strengths of the Preferred Brand Drug for which an A-rated or authorized Generic Drug has been introduced shall receive the Generic Drug and be charged the Level 1 Copayment. If the prescribing Physician requires that the Brand Drug be dispensed, the Enrollee will be charged the applicable Level 3 Drug Copayment and Ancillary Charge. Enrollees prescribed strengths of the preferred Brand Drug for which no A-rated or authorized Generic Drug has been introduced shall continue to receive the prescribed drug at the applicable Level 2 Copayment and mandatory generic substitution provisions shall not apply;**

vi. **For Non-Preferred Brand Drugs for which an A-rated or authorized Generic Drug has been introduced into the market for one or more strengths of a Brand Drug, the status of the Brand Drug shall remain Non-Preferred for all strengths. Concurrent with enforcement of mandatory generic substitution, Enrollees prescribed strengths of the Non-Preferred Brand Drug for which an A-rated or authorized Generic Drug has been introduced shall receive the Generic Drug and be charged the Level 1 Copayment. If the prescribing Physician requires that the Brand Drug be dispensed, the Enrollee will be charged the**

applicable Level 3 Drug Copayment and Ancillary Charge. Enrollees prescribed strengths of the Non-Preferred Brand Drug for which no A-rated or authorized Generic Drug has been introduced shall continue to receive the prescribed drug at the applicable Level 3 Drug Copayment and mandatory generic substitution provisions shall not apply; and

vii. The Contractor shall cause the dispensing Network Pharmacy to inform the Enrollee prior to dispensing the Brand Drug, that an Ancillary Charge would be applied in addition to the applicable Level 3 Drug Copayment. If the prescribing Physician requires the Brand Drug be dispensed, the Contractor shall cause the dispensing Network Pharmacy to collect the applicable Level 3 Drug Copayment plus the calculated Ancillary Charge. However, under no circumstances shall the Enrollee's total cost exceed what the actual cost of the Brand Drug would have been to the DCS Program after application of the Programs' Lesser of Logic provisions.

e. Charge the Programs based on the Programs' MAC List price assigned to the GPI of the dispensed Brand Drug plus the applicable dispensing fee plus the prescribing fee(s), if applicable, as set forth in this section of the RFP;

f. Receive written approval from the Procuring Agencies for any and all exceptions to the Programs' mandatory substitution provisions, beyond the approval of specific generic appeals or approval through the Medical Exception Program. Following commencement of mandatory generic substitution, the Contractor must receive Procuring Agencies' written approval prior to suspending enforcement of the Programs' mandatory generic substitution provisions;

g. Maintain an electronic claims processing system capable of obtaining information from Network Pharmacies to ensure consistent enforcement of the Programs' mandatory generic substitution provisions. In particular, the claims processing system must be capable of capturing information concerning the availability of the Generic Drug at the Network Pharmacy submitting the electronic claim. If a Generic Drug is available to be dispensed by the Network Pharmacy, the Programs' mandatory generic substitution rules shall be applied. If the Network Pharmacy does not have the A-rated or authorized Generic Drug in stock, mandatory generic substitution provisions will not apply and the Enrollee/Claimant shall receive the Brand Drug, be charged the applicable Generic Drug Copayment and the Plan charged based on Generic Drug pricing. Currently, the Programs reject, with appropriate messaging, claims for Brand Drugs subject to mandatory generic substitution that are submitted with a DAW 0-code and require resubmission of the claim (since a DAW 0- code provides no indication of Generic Drug availability in the Network Pharmacy). Similar rules can be applied to other DAW submission codes as necessary to ensure consistent, accurate application of the Programs' mandatory generic substitution requirements.

2. Confirmation - Mandatory Generic Substitution at Retail and Mail

a. Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities contained within this Section 6.5 "Mandatory Generic Substitution at Retail and Mail" section above.

Confirmed.

6.6 RETAIL PHARMACY NETWORK CLAIMS

a. The cost of all Covered Drugs dispensed at network pharmacies shall be charged to the Programs consistent with the requirements set forth in this RFP, including but not limited to the Lesser of Logic and Pass- through Pricing set forth in Section 6.4.1(i) and in the Glossary of Defined Terms (Attachment 15). Under no circumstances may the Enrollee be charged costs not specifically provided for under the Plan benefit design.

A. General Provisions

The following general provisions apply to all claims submitted by Retail Pharmacy Networks:

1. Duties and Responsibilities - Retail Pharmacy Network Claims - General

a. The Contractor shall ensure that the Network Pharmacy collects the appropriate Copayment (plus Ancillary Charge, if applicable) specified in Attachment 27 DCS/NYSIF Prescription Drug Program Copayment Matrix, from the Enrollee/Claimant and will charge the Programs the Discounted Ingredient Cost as determined through the application of the Lesser of Logic set forth in Section 6.4.1(i) and in the Glossary of Defined Terms (Attachment 15) plus the Contractor's applicable pharmacy contracted dispensing fee, plus the prescribing fee(s), if applicable, minus the applicable Copayment for all drugs dispensed through a Network Pharmacy.

b. (Exclusive to DCS) If the current Discounted Ingredient Cost plus the dispensing fee plus the prescribing fee(s), if applicable, or the submitted cost is less than the applicable Copayment, then the Contractor shall ensure that the Network Pharmacy charges the Enrollee the lesser amount.

c. The Contractor shall implement a control process at point of service intended to protect the Programs from any inflated AWP costs associated with "repackaged" drugs charged to the Programs.

2. Confirmation – Retail Pharmacy Network Claims - General

a. Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities in Section 6.6.A of this RFP, under subheading "General Provisions."

Confirmed.

3. Required Submission – Retail Pharmacy Network Claims - General

a. The Offeror is required to describe the process it proposes to utilize to ensure that the Programs' financial interests are protected from any inflated AWP costs associated with "repackaged" drugs charged to the Program.

We confirm that the Programs' financial interests are protected from any inflated AWP costs associated with "repackaged" drugs, as our standard practice is to exclude repackager NDCs from plan coverage. The Programs will not be charged based on an NDC assigned to repackaged drugs or based on package sizes prepared by special arrangement with the original manufacturer.

Generally, unit MAC prices are uniform across all package sizes and NDCs for each MAC product. Therefore, repackaging NDCs with manipulated AWP's would be subject to the same MAC pricing logic as any other NDC within the generic drug class. Our offer provides that the Programs will always benefit from the lowest of the discount price, the MAC price, or the U&C price.

B. Retail Pharmacy Network Brand Name Drug Pricing

1. Duties and Responsibilities – Brand Name Drug Pricing

a. **The Contractor shall charge the Program utilizing Pass-through Pricing for all Brand Name Drugs and Limited Distribution Drugs dispensed to Enrollees/Claimants through the Network Pharmacies. The Contractor's pharmacy contracted Guaranteed Minimum Discount off of Aggregate AWP, pharmacy contracted dispensing fee(s) and prescribing fee(s), if applicable, for Brand Drugs shall be applicable to the aggregate AWP for all Brand Drugs dispensed to Enrollees/Claimants from a Network Pharmacy;**

b. **Guarantee a Minimum Discount off of Aggregate AWP for all Brand Drugs dispensed at Retail Network Pharmacies as defined in the RFP. The Contractor shall guarantee the Programs that its management of Brand Drug costs dispensed by pharmacies shall result in each Program achieving the Contractor's Guaranteed Minimum Discounts during each Program Year as proposed by the Contractor in its Proposal.**

   The discounts achieved off of the aggregate AWP for all Brand Drugs as a result of Pass-through Pricing will be calculated utilizing the following formula: 1 minus (Sum of Ingredient Costs of dispensed Brand Drugs divided by sum of the AWP of dispensed Brand Drugs).

   The aggregate discount calculation will be based on Final Paid Claim Pharmacy Prescriptions filled with a Brand Drug including Empire Plan Medicare Rx claims. Claims submitted for secondary payer consideration, Compound Drug claims, powders, subrogation claims, long term care pharmacy claims, nursing home pharmacy claims, Veterans Affairs hospital pharmacy claims, NYSIF Program non- network claims and claims submitted by governmental entities must be excluded from the aggregate discount calculation. In addition, claims with a calculated AWP discount greater than 50% must be verified by the Offeror that the quantity and the validity of the calculated discount is correct, subject to the approval of the Procuring Agencies; and

c. **If the aggregate discounts obtained, as calculated utilizing the formula set forth in the prior paragraph, are less than the Guaranteed Minimum Discount off of Aggregate AWP proposed, the Contractor shall reimburse each Program, the difference between the Ingredient Cost each Program was charged utilizing Pass-through Pricing and the Ingredient Cost the Programs would have been charged if the Guaranteed Minimum Discount off of Aggregate AWP had been obtained. The Programs will be credited annually for this difference in Ingredient Cost. The Programs shall retain the benefit of any cost savings, in excess of the Contractor's Guaranteed Minimum Discounts off of Aggregate AWP for all Brand Drugs dispensed by pharmacies.**

   This calculation shall be performed for each Program Year based on claims paid for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on July 31st (Reconciliation Due Date). Contractor shall pay/credit each Program within 30 Days. If the Procuring Agencies' review of the Contractor's calculations indicates an adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor.

   The Programs shall retain the benefit of any cost savings, in excess of the Contractor's Guaranteed Minimum Discount off of Aggregate AWP set forth in duties and responsibilities of Section 6.6.B entitled "Retail Pharmacy Network Claims." Any shortfall in the Guaranteed

Minimum Discount set forth in Section 6.6.B. cannot be recovered by the Contractor in subsequent years.

2. Confirmation – Brand Name Drug Pricing

a. The Selected Offeror agrees to perform/fulfill and comply with the Duties and Responsibilities in Section 6.6.B of this RFP, under subheading "Retail Pharmacy Network Brand Name Drug Pricing."

Confirmed, with clarification that, to the extent applicable state law requires a specific adjudication methodology and/or rate, such claims will be excluded from the relevant financial guarantee calculation.

b. The Selected Offeror agrees that it has an obligation to maximize the discounts achieved on behalf of the Program for Brand Drugs dispensed by network pharmacies.

We agree and will fulfill this obligation by consistently monitoring the marketplace and, where appropriate and reasonable, attempting to negotiate more aggressive Network Pharmacy discount rates; and by coordinating with the Programs to make recommendations for adjustments and strategies to maximize network performance within the requirements of the Programs' plan designs and requirements.

3. Required Submission – Brand Name Drug Pricing

a. The Selected Offeror is required to provide its Guaranteed Minimum Discount in Attachment 83, Proposed Claim Reimbursement Quote, as a percent off of Aggregate AWP for all Brand Drugs dispensed at Retail Pharmacy Network Pharmacies in Attachment 83.

Confirmed. Please see Section II, Tab 1 for Attachment 83.

C. <u>Retail Pharmacy Network Generic Pricing</u>

1. Duties and Responsibilities – Retail Pharmacy Network Generic Pricing

a. The Contractor shall charge the Programs utilizing Pass-through Pricing for all Generic Drugs dispensed to Enrollees/Claimants through the Network Pharmacies.

b. To maximize savings for the Programs on Generic Drugs dispensed through a Network Pharmacy, the Contractor is required to:

i. Create and maintain a single, Program-specific Maximum Allowable Cost (MAC) List called the Programs' MAC List for Retail and Mail Service Pharmacies, setting the maximum price the Programs will be charged, and the amount the dispensing Network Pharmacy will be paid, for the Ingredient Cost for the drugs required to be included on the Programs' MAC List. The MAC price assigned shall not exceed the Discounted Ingredient Cost to the Programs achieved through Pharmacy submitted pricing or pricing achieved by using the Contractor's highest contracted Retail Pharmacy Brand Discount off of AWP applied to the AWP of the dispensed Generic Drug.

NOTE: Each Procuring Agency, respectively, reserve its rights for the Contractor to create and maintain a second MAC List should industry or programmatic events necessitate the use of a second list. The use of a second MAC List will be at the sole discretion and approval of each Procuring Agency, respectively. The Guaranteed Minimum Discount off of Aggregate AWP and the Guaranteed Maximum Dispensing Fee and Prescribing Fee guarantees for generic drugs will be subject to negotiation if a second MAC List is utilized. As MAC Lists are set by GPI, not NDC, but MAC Alerts are done at the NDC level,

DCS requires that the Offeror submit monthly adjudication reports and credit the applicable invoice for any NDC where the MAC price of the GPI is higher than the highest contracted Retail Pharmacy Brand Discount off of AWP of the Generic NDC.

ii. **Assign a MAC price to all NDCs of drugs included within a GPI, including NDCs of all Brand Drugs, containing an A-rated or authorized Generic Drug form of the original Brand Drug in the GPI. The Contractor shall add the GPI to the Programs' MAC List and set a MAC price for the GPI in accordance with Section 6.5.1. The provisions of these paragraphs require that MAC pricing be applied in no event later than 21 Days after the first shipment of a first NDC for a Generic Drug from the manufacturer to a wholesaler or retailer. All A-rated or authorized Generic Drugs shall be placed on the MAC List in all instances including, but not limited to circumstances in which the Department in its sole discretion decides not to enforce mandatory generic substitution of the Brand Drug in that GPI. There shall be one MAC price applicable to all NDCs included in the GPI on the Programs' MAC List. However, depending on particular market factors, it may be in the best interests of the Programs, and therefore appropriate, for more than one MAC price to be assigned within a GPI. Such situations would require that the Contractor provide any information the Procuring Agencies deem necessary to support such action and obtain prior written approval from the Procuring Agencies;**

iii. **Assign a MAC price to the NDCs of B-rated or unrated Generic Drugs included within a GPI that does not include an A-rated or authorized Generic Drug. The Offeror shall add the GPI to the Programs' MAC List and set a MAC price for the Generic Drug NDCs included in the GPI as soon as practicable, but in no event later than 21 Days after the first shipment of a first NDC for a Generic Drug from the manufacturer to a wholesaler or retailer concurrent with transmission of the MAC Alert notice. The Contractor shall not apply the MAC price to the NDC(s) for Brand Drugs dispensed in the GPI and shall not enforce the Programs' mandatory generic substitution provisions for Brand Drugs dispensed in this GPI. There shall be one MAC price applicable to all Generic Drug NDCs included in the GPI on the Programs' MAC List. However, depending on particular market factors, it may be in the best interests of the Programs, and therefore appropriate, for more than one MAC price to be assigned within a GPI. Such situations would require that the Contractor provide any information the Procuring Agencies deem necessary to support such action and obtain prior written approval from the Procuring Agencies;**

iv. **Charge the Programs for Generic Drugs not on the MAC list dispensed, utilizing Pass-through Pricing at the Contractor's pharmacy contracted Guaranteed Minimum Discount off of Aggregate AWP of the dispensed Generic Drug as proposed by the Contractor in its Proposal. The only Generic Drugs not on the MAC list will be Generic Drugs included in GPIs required to be on the Programs' MAC List, but which have not yet been assigned a MAC price within the required time frame;**

v. **The Contractor shall inform the Department of any market- based condition which makes the strict compliance with paragraphs (i)-(iv) above contrary to the financial interests of the Programs. The Contractor shall agree that, in cases where the Department, at its sole discretion, determines that the above requirements are contrary to the best financial interests of the Programs, the Department may waive such requirements;**

vi. **Monitor the Programs' MAC List pricing to ensure that NDCs contained in GPIs subject to MAC pricing are paying at the MAC price after application of the Programs' Lesser of Logic provisions. The Contractor shall notify the Programs of any GPIs subject to MAC pricing in which the majority of claims are processing at a basis other than the MAC price;**

vii. **Agree that there shall be no increases to Programs' MAC List prices where such adjustment is intended to limit the discount achieved on behalf of the Programs to the Guaranteed Minimum Discounts off of Aggregate AWP for all Generic Drugs dispensed by Network Pharmacies during the Plan Year as proposed in Attachment 83, Proposed Claim Reimbursement Quote;**

viii. **Provide to the Department full access to the Programs' MAC List used to price Generic Drugs dispensed by Network and Mail Service Pharmacies for the Programs. The Programs' MAC List provided in the Offeror's proposal as Attachment 88, Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI, must support the Contractor's Guaranteed Minimum Discounts off of Aggregate AWP for all Generic Drugs dispensed by Retail and Mail Service Pharmacies for the Program as proposed by the Contractor in its Proposal.**

(Note: The Selected Offeror must be prepared to provide valid documented market rationale to support their Programs MAC pricing should the Procuring Agencies request this information. In order to protect the Programs' financial interests from the date of the award until the termination date of the Agreements, the Selected Offeror must agree that any increases to the proposed Programs' MAC pricing must be justified to the Procuring Agencies with valid documented market rationale. Following selection, the Selected Offeror shall manage the content of the Programs' MAC List consistent with the requirements of the RFP. Prices for new GPIs added to the Programs' MAC List shall be equivalent to or below the Selected Offeror's most aggressive MAC price for that drug. To ensure compliance with these requirements, the Selected Offeror shall notify the Department monthly of all changes, additions, and deletions made to the Programs' MAC List in the format specified in Attachment 35, Cycle Claim Report, and the requirements specified in Sections 3.7 and 5.8, entitled "Reporting Services." Compliance with these requirements as noted herein shall be a condition of contract award. Should the Selected Offeror fail to comply with the requirements noted herein, the State reserves the right to deem the Selected Offeror non-responsive and withdraw said conditional award. Throughout the term of the Agreements, the Contractor shall commit to use its best efforts to maintain the aggregate effectiveness of the Programs' MAC List. The Contractor must ensure that MAC pricing is reduced to an appropriate level based on any change in market conditions such as increased competition within a GPI.

ix. **The Contractor shall strictly enforce all requirements of the Programs' mandatory generic substitution provision as detailed in the duties and responsibilities of Section 6.5 entitled "Mandatory Generic Substitution at Retail and Mail."**

x. **The Contractor must Guarantee a Minimum Discount off of Aggregate AWP for all Generic Drugs dispensed at Retail Pharmacies as defined in the RFP. The Contractor shall guarantee the Programs that its management of Generic Drug costs dispensed by pharmacies, including maintenance of the Programs' MAC List, and application of pricing provisions related to Generic Drugs that do not meet the requirements for inclusion on the Programs' MAC List, shall result in the Programs achieving the Contractor's overall Guaranteed Minimum Discounts during the Program Year as proposed in the Contractor's Proposal.**

The discount achieved off of Aggregate AWP for all Generic Drugs as a result of Pass-through Pricing will be calculated utilizing the following formula: 1 minus (Sum of Ingredient Costs of dispensed Generic Drugs at Retail Pharmacies divided by sum of the AWP of dispensed Generic Drugs).

The aggregate discount calculation will be based on Final Paid Claim Pharmacy Prescriptions filled with a Generic Drug including Empire Plan Medicare Rx claims. Claims submitted for secondary payer consideration, Compound Drug claims, powders, subrogation, long term care pharmacy claims, nursing home pharmacy claims, Veterans Affairs hospital pharmacy claims, NYSIF Program non- network claims and claims submitted by governmental entities must be excluded from the aggregate discount calculation. In addition, claims with a calculated AWP discount greater than 90% and a total AWP greater than $500 must be verified by the Offeror that the quantity and validity of the calculated discount is correct, subject to the approval of the Procuring Agencies. The setting of a Guaranteed Minimum Discount off of Aggregate AWP for all Generic Drugs dispensed at Retail Network Pharmacies shall in no way modify the Contractor's contractual obligation to maximize the Programs' aggregate discount above the Contractor's Guaranteed Minimum Discount off of Aggregate AWP; and

xi. If the overall aggregate discount obtained, as calculated utilizing the formula set forth in the prior paragraph, is less than the Contractor's Guaranteed Minimum Discounts, the Contractor shall reimburse the Programs the difference between the Ingredient Cost the Programs were charged utilizing Pass- through Pricing and the Ingredient Cost the Programs would have been charged if the Guaranteed Minimum Discount off of Aggregate AWP had been obtained. The Programs will be credited annually for this difference in Ingredient Cost. The Programs shall retain the benefit of any cost savings, in excess of the Contractor's Guaranteed Minimum Discounts off the aggregate AWP for all Generic Drugs dispensed by Retail and Mail Service Pharmacies.

These calculations shall be performed for each Program Year based on claims paid for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on or before July 31st (the "Reconciliation Due Date"). Contractor shall pay/credit each Program the applicable amount, if any, within 30 Days of the Reconciliation Due Date. If the Procuring Agencies' review of the Contractor's calculations indicates an adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor.

The Programs shall retain the benefit of any cost savings, in excess of the Contractor's Guaranteed Minimum Discount off the aggregate AWP set forth in duties and responsibilities of Section 6.6 entitled "Retail Pharmacy Network Claims." Any shortfall in the Guaranteed Minimum Discount set forth in Section 6.6. cannot be recovered by the Contractor in subsequent years. The Contractor is not allowed to apply any separate "offsets" to the cost savings that inure to the benefit of the Procuring Agencies under this subsection.

2. Confirmation – Retail Pharmacy Network Generic Pricing

a. Confirm the Offeror's agreement to perform/fulfill and comply with the duties and responsibilities listed in the Retail Pharmacy Network Generic Pricing in Sections 6.6.C. of this RFP, under subheading "Retail Pharmacy Network Generic Pricing."

Confirmed. There may be rare instances when pricing will be applied at the NDC level for specific dosage forms (e.g. creams, ointments, suspensions, etc.) or for "branded generics," particularly for NTI drugs, such as thyroid replacement medication. We will provide any information deemed necessary to support such action and obtain prior written approval from DCS.

To the extent applicable state law requires a specific adjudication methodology and/or rate, such claims will be excluded from the relevant financial guarantee calculation.

b. The Offeror agrees that it has an obligation to maximize the discount achieved on behalf of the Program for Generic Drugs dispensed by Retail and Mail Service pharmacies.

Confirmed. We will look for opportunities to maximize the discounts achieved on behalf of the Programs by continuously monitoring the marketplace and, where appropriate and reasonable, attempting to negotiate more aggressive Network Pharmacy discount rates and by coordinating with the Programs to make recommendations for adjustments and strategies to maximize network performance within the requirements of the Programs' plan designs and requirements.

c. The Offeror agrees that it will develop a Program's MAC List for Retail and Mail Service Pharmacies in order to maximize the discount achieved on behalf of the Programs for Generic Drugs.

Confirmed. For a copy of our proposed MAC list for the Programs, please see Attachment 88 in Section II, Tab 2.

3. Required Submission – Retail Pharmacy Network Generic Pricing

a. The Offeror is required to provide its Program's MAC list unit cost information in Attachment 88, Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI, in accordance with the instructions provided in the files.

Confirmed. Please see Section II, Tab 2 for Attachment 88.

b. The Offeror is required to provide its Guaranteed Minimum Discount as a percent off of Aggregate AWP for all Generic Drugs dispensed by Retail and Mail Service Pharmacies in Attachment 83, Proposed Claim Reimbursement Quote.

Confirmed. Please see Section II, Tab 1 for Attachment 83.

D. <u>Retail Pharmacy Network Compound Drug Pricing</u>

Compound Drugs must be classified as compounds consistent with the definition in the Glossary of Defined Terms (Attachment 15) of this RFP. Drugs assigned a unique NDC that require reconstitution and/or mixing prior to dispensing do not meet the Programs' definition of a Compound Drug and shall be processed in accordance with the requirements set forth in this RFP.

1. Duties and Responsibilities – Retail Pharmacy Network Compound Drug Pricing

The Contractor shall be required to:

a. Utilize its pricing methodology for Compound Drugs utilizing Pass- through Pricing, as proposed by the Contractor in its Proposal in Attachment 83, Proposed Claim Reimbursement Quote, for the entire term of the Agreements. (Note: If an Offeror has multiple methods of pricing, the Offeror may propose each pricing method in Attachment 83. for Procuring Agency consideration and selection.) The proposed pricing methodology(ies) for Compound Drugs must be the same for Retail and Mail Service Pharmacy Process claims.

b. (Exclusive to DCS) Charge Enrollees the applicable Level 2 Drug Copayment for all Compound Drugs. If the current Discounted Ingredient Cost or the submitted cost is less than the applicable Level 2 Drug Copayment, then the Offeror shall ensure that the Enrollee is charged the lesser amount.

c. Process Compound Drug claims in a manner that verifies the validity of the claim as a Compound Drug according to the Programs' definition of a Compound Drug and provides appropriate claim Level control procedures to protect the financial interests of the Programs.

d. Conduct due diligence as well as audit Network Pharmacies to ensure that drugs are being properly classified as Compound Drugs consistent with the Programs' definition of a Compound Drug and to ensure that compound claims are priced in accordance with the Contractor's pricing methodology for Compound Drugs, as proposed by the Contractor in its Proposal, selected by the Procuring Agencies.

2. Confirmation – Retail Pharmacy Network Compound Drug Pricing

a. The Selected Offeror agrees to perform/fulfill and comply with the Duties and Responsibilities in Section 6.6.D. of this RFP, under subheading "Retail Pharmacy Network Compound Drug Pricing."

Confirmed.

3. Required Submission – Retail Pharmacy Network Compound Drug Pricing

a. In Attachment 83, Proposed Claim Reimbursement Quote the Offeror is required to provide its pricing methodology utilizing Pass- through Pricing for Compound Drugs dispensed by Network Pharmacies; its dispensing fees; and if the Offeror is proposing the use of NCPDP transaction standards for Compound Drugs, a level of effort fee based on the claims level of effort code. The Offeror will notify DCS, in writing, a minimum of 30 Days in advance of any changes to the Contractor's book of business Level of Effort fees, and such revised fees will be charged consistent with the pricing provisions of the Agreement.

Confirmed. Please see Section II, Tab 1 for Attachment 83.

6.7 MAIL SERVICE PHARMACY PROCESS - CLAIMS

The current Programs include a Mail Service Pharmacy Process by which Enrollees/Claimants can obtain all Covered Drugs through the mail including any and all drugs that could be classified as Specialty Drugs for Enrollees/Claimants who do not participate in the Specialty Pharmacy Program. Enrollees are entitled to fill Prescriptions for up to a ninety (90) Day supply with refills up to one year at a cost savings to the Enrollee and the DCS Program.

A. <u>General Provisions - Claims</u>

The following provisions shall apply to all claims submitted through the Mail Service Pharmacy Process.

1. Duties and Responsibilities – Claims

The Contractor shall be required to:

a. **Consistently enforce and administer all provisions of the Program (including but not limited to mandatory generic substitution, drug utilization review, prior authorization, refill too-soon edits, etc.) to the claims dispensed through the Mail Service Pharmacy Process, consistent with the processing of claims through the Retail Pharmacy Network process;**

b. **Charge the Programs for those drugs dispensed to the Enrollee/Claimant in original manufacturer packaging, based on the Contractor's source of AWP as proposed by the Contractor in its Proposal for the 11-digit NDC of the package size dispensed through the Mail Service Pharmacy Process, subject to MAC pricing for Generic drugs. If the drug is not dispensed to the Enrollee/Claimant in original manufacturer packaging (i.e., dispensed from bulk), the Programs shall be charged based on the Contractor's source of AWP as proposed by the Contractor in its Proposal for the 11-digit NDC of the package size from which the drug was originally dispensed by the Mail Service Pharmacy Process Facility, subject to MAC pricing for Generic drugs. If the drug is dispensed from a bulk package size for which no AWP is reported in the Contractor's proposed AWP source as proposed by the Contractor in its Proposal, the Programs will be charged based on the reported AWP for the NDC of the largest package size contained in the Contractor's AWP source as proposed by the Contractor in its Proposal. The Programs shall not be charged based on an NDC assigned to repackaged drugs or based on package sizes prepared by special arrangement with the original manufacturer, unless such packaging offers a net savings to the Programs;**

c. **Charge the Programs based on the Contractor's pricing terms, dispensing fees (if any) and prescribing fee(s) (if applicable), applicable to Brand, Generic, and Compound Drug claims as set forth in Attachment 83, Proposed Claim Reimbursement Quote, of the Contractor's Proposal for all prescriptions submitted through the Mail Service Pharmacy Process. If multiple Compound Drug pricing methodologies were proposed by the Contractor in its Proposal, the Programs must be charged according to the methodology selected by the Procuring Agencies for Compound Drug claims. The Programs' Lesser of Logic shall be applied at all times during the Contract term;**

d. **(Exclusive to DCS) Ensure that the Mail Service Pharmacy Process Facilities collect the appropriate Copayment specified in Attachment 27, DCS/NYSIF Prescription Drug Program Copayment Matrix, from the Enrollee plus Ancillary Charge, if applicable, and charge the Programs the balance of the Discounted Ingredient Cost as determined through the application of the Lesser of Logic set forth in the Glossary of Defined Terms (Attachment 15) plus the Contractor's applicable proposed Guaranteed Dispensing Fee minus the applicable Copayment for all drugs dispensed through the Mail Service Pharmacy Process; and**

e. **(Exclusive to DCS) Inform the Enrollee prior to shipping if the total amount for a Prescription order submitted through the Mail Service Pharmacy Process exceeds $100 and Enrollee has payment information (e.g., credit card) on file or Enrollee's total balance is over $100 and Enrollee has no payment information (e.g., credit card) on file. The Mail Service Pharmacy Process Facility will not be required to inform Enrollees if there is a consistent history of the acceptance of shipments that exceed the maximum amount specified for the same medications. If the Brand Drug is dispensed, the Contractor shall cause the dispensing facility to collect the applicable Level 3 Drug Copayment plus the calculated Ancillary Charge, if any. Under no circumstances shall the Enrollee's total cost exceed what the actual cost of the Brand Drug would have been to the Program.**

f. **The Contractor is required to maximize savings to the Program through aggressive pricing and discounts, consistent with Lesser of Logic and the Contractor's Financial Proposal. The Contractor agrees that all records supporting Lesser of Logic are subject to audit by DCS and its consultants or other State auditors with authority under Section 8 and/or Appendices A, B & B-1 of this RFP.**

2. Confirmation – General Provisions - Claims

a. Confirm the Selected Offeror agrees to perform/fulfill and comply with the Duties and Responsibilities in Section 6.7 of this RFP, under subheading "General Provisions."

Confirmed.

B. <u>Mail Service Pharmacy Process - Brand Name Drug Pricing</u>

The Contractor must classify Brand Drugs in accordance with the definition in the Glossary of Defined Terms (Attachment 15) as well as the methodology outlined in Section 6.4.1(g) of the RFP entitled "Brand Drug Determination Methodology."

1. Duties and Responsibilities – Brand Name Drug Pricing

The Contractor shall be required to:

a. Utilize the Guaranteed Discount off of AWP as proposed by the Offeror in its Financial Proposal to determine the Ingredient Cost of the Prescription to charge the Programs. The Guaranteed Discount off of AWP shall be applicable to individual Brand Drug prescriptions dispensed to Enrollees/Claimants through the Mail Service Pharmacy Process.

b. Ensure that the Mail Service Pharmacy Process dispensing facility collects the appropriate Brand Drug Copayment (plus Ancillary Charge if applicable) from the Enrollee and charges the Programs the balance of the Discounted Ingredient Cost plus the Guaranteed Dispensing Fee, if any, for Brand Drugs dispensed through the Mail Service Pharmacy Process, as proposed by the Offeror in Attachment 83, Proposed Claim Reimbursement Quote. If the current Discounted Ingredient Cost plus the Guaranteed Dispensing Fee (if applicable) or the submitted cost is less than the applicable Level 2 or Level 3 Drug Copayment then the Contractor shall ensure that the Enrollee/Dependent is charged the lesser amount.

c. Guarantee a Discount off of AWP for Brand Drugs dispensed through the Mail Service Pharmacy as defined in the RFP. The Contractor shall guarantee the Programs that the Plan will achieve the Contractor's Guaranteed Discounts off of AWP during the Plan Year, as proposed by the Contractor in its Proposal.

d. The discount achieved off of AWP for Brand Drugs dispensed at Mail Service Pharmacies shall be billed to the Programs using Lesser of Logic, incorporating guaranteed contracted pricing; and

e. If the Guaranteed Discount off of AWP for Brand Drugs is less than the Guaranteed Minimum Discount off of AWP as proposed by the Offeror in its Financial Proposal, the Contractor shall reimburse the Programs the difference between the Ingredient Cost the Programs were charged and the Ingredient Cost the Programs would have been charged if the Guaranteed Minimum Discount off of AWP had been obtained. The Programs will be credited annually for this difference in Ingredient Cost. The Programs shall retain the benefit of any cost savings, in excess of the Contractor's proposed Guaranteed Minimum Discounts off of AWP for Brand Drugs dispensed by the Mail Service Pharmacy.

f. This calculation shall be performed by the Contractor for each Program Year based on claims paid for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The Contractor shall pay/credit each Program the applicable amount, if any,

within 30 Days of the Reconciliation Due Date. If the Procuring Agencies' review of the Contractor's calculations indicates an adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor.

g. In addition to performing this reconciliation, the Contractor shall provide reporting on the Actual Acquisition Cost, pursuant to the terms of this RFP and the resulting Contract, for Brand drugs dispensed through the Mail Service Pharmacy to the Procuring Agencies on July 31st. If Contractor identifies in writing the information requested as Contractors' Confidential or Proprietary information access to the information will be provided pursuant to Section 8.7, Contractor's Confidential Information.

2. Confirmation – Brand Name Drug Pricing

a. Confirm the Offeror's agreement to perform/fulfill and comply with the Duties and Responsibilities Section 6.7.B of this RFP, under subheading "Mail Service Pharmacy Process -- Brand Name Drug Pricing."

Confirmed. To the extent applicable state law requires a specific adjudication methodology and/or rate, such claims will be excluded from the relevant financial guarantee calculation.

3. Required Submission – Brand Name Drug Pricing

a. The Offeror is required to provide the Offeror's fixed contracted Guaranteed Discount off of AWP for Brand Drugs dispensed through the Mail Service Pharmacy Process on Attachment 83, Proposed Claim Reimbursement Quote. The Offeror shall assume in its pricing that the Procuring Agencies will not allow promotion of the Mail Service Pharmacy Process. However, the Procuring Agencies reserve the right during the term of the Agreements to allow promotion of the Mail Service Pharmacy Process provided such promotion is in the best financial interests of the State and complies with all applicable state laws and regulations.

Confirmed. Please see Section II, Tab 1 for Attachment 83.

C. <u>Mail Service Pharmacy Process – Generic Drug Pricing</u>

The Contractor shall classify Generic Drugs in accordance with the definition in the Glossary of Defined Terms (Attachment 15) as well as the methodology outlined in Section 6.4.1(g)(iii) of the RFP entitled "Generic Drug Determination Methodology."

1. Duties and Responsibilities – Generic Drug Pricing

The Contractor shall be required to:

a. Utilize the Programs' MAC list for Retail and Mail Service Pharmacies to determine the Ingredient Cost of each Prescription charged to the Programs. The Contractor's Programs' MAC list for Retail and Mail Service Pharmacies shall be applicable to the aggregate AWP for all Generic Drugs dispensed to Enrollees/Claimants through the Mail Service Pharmacy Process;

b. Ensure that the Mail Service Pharmacy Process dispensing facility collects the Level 1 Drug Copayment from the Enrollee and charges the Programs the balance of the Discounted Ingredient Cost plus the Contractor's Guaranteed Dispensing Fee for Generic Drugs dispensed through the Mail Service Pharmacy Process, if any, as proposed by the Contractor in its Proposal. If the current Discounted Ingredient Cost plus the dispensing fee (if

applicable) or the submitted cost is less than the applicable Level 1 Drug Copayment then the Contractor shall ensure that the Enrollee is charged the lesser amount;

c. The Contractor must Guarantee a Minimum Discount off of Aggregate AWP for all Generic Drugs dispensed through the Mail Service Pharmacy Process as defined in the RFP. The Contractor shall guarantee the Programs that its management of Generic Drug costs dispensed by the Mail Service Pharmacy, including maintenance of the Programs' MAC List for Retail and Mail Service Pharmacies, and application of pricing provisions related to Generic Drugs that do not meet the requirements for inclusion on the Programs' MAC List, shall result in the Programs achieving the Contractor's overall Guaranteed Minimum Discounts during the Program Year as proposed in the Contractor's Proposal.

d. The discount achieved off of Aggregate AWP for all Generic Drugs dispensed through the Mail Service Pharmacy Process as a result of Lesser of Logic will be calculated utilizing the following formula: 1 minus (Sum of Ingredient Costs of dispensed Generic Drugs at Mail Service Pharmacies divided by sum of the AWP of dispensed Generic Drugs). The aggregate discount calculation will be based on Final Paid Claim Pharmacy Prescriptions filled with a Generic Drug including Empire Plan Medicare Rx claims. Claims submitted for secondary payer consideration, Compound Drug claims, powders, subrogation, long term care pharmacy claims, nursing home pharmacy claims, Veterans Affairs hospital pharmacy claims, NYSIF Program non- network claims and claims submitted by governmental entities must be excluded from the aggregate discount calculation. In addition, claims with a calculated AWP discount greater than 90% and a total AWP greater than $500 must be verified by the Offeror that the quantity and validity of the calculated discount is correct, subject to the approval of the Procuring Agencies. The setting of a Guaranteed Minimum Discount off of Aggregate AWP for all Generic Drugs dispensed through the Mail Service Pharmacy Process shall in no way modify the Contractor's contractual obligation to maximize the Programs' aggregate discount above the Contractor's Guaranteed Minimum Discount off of Aggregate AWP; and

e. If the overall aggregate discounts obtained, as calculated utilizing the formula set forth in the prior paragraph, are less than the Guaranteed Minimum Discount off of Aggregate AWP as proposed by the Offeror in its Financial Proposal, the Contractor shall reimburse the Programs, the difference between the Ingredient Cost the Programs were charged utilizing Pass-through Pricing and the Ingredient Cost the Programs would have been charged if the Guaranteed Minimum Discount off of Aggregate AWP had been obtained. The Programs will be credited annually for this difference in Ingredient Cost. The Programs shall retain the benefit of any cost savings, in excess of the Contractor's proposed Guaranteed Minimum Discounts off of Aggregate AWP for all Generic Drugs dispensed by pharmacies.

f. This calculation shall be performed by the Contractor for each Program Year based on claims paid for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on July 31st. The Contractor shall pay/credit each Program the applicable amount, if any, within 30 Days of the Reconciliation Due Date. If the Procuring Agencies' review of the Contractor's calculations indicates an adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor

2. Confirmation – Generic Pricing

a. The Selected Offeror agrees to perform/fulfill and comply with the Duties and Responsibilities in Section 6.7.C of this RFP, under subheading "Mail Service Pharmacy Process - Generic Drug Pricing."

Confirmed. To the extent applicable state law requires a specific adjudication methodology and/or rate, such claims will be excluded from the relevant financial guarantee calculation.

3. Required Submission – Generic Pricing

a. The Offeror is required to provide its Guaranteed Minimum Discount as a percent off of Aggregate AWP for all Generic Drugs dispensed through the Mail Service Pharmacy Process on Attachment 83, Proposed Claim Reimbursement Quote.

Confirmed. Please see Section II, Tab 1 for Attachment 83.

b. The Offeror is required to provide a listing of the Offeror's proposed "house generics" to be dispensed through the Mail Service Pharmacy Process.

Confirmed. Please see Section II, Tab 8 for our proposed House Generics list.

D. <u>Mail Service Pharmacy Process – Compound Drug Pricing</u>

The Contractor must classify Compound Drugs in accordance with the definition in the Glossary of Defined Terms (Attachment 15) of this RFP. Drugs assigned a unique NDC that require reconstitution and/or mixing prior to dispensing do not meet the Programs' definition of a Compound Drug and shall be processed in accordance with the requirements set forth in the RFP.

1. Duties and Responsibilities – Compound Drug Pricing

The Contractor shall be required to:

a. Utilize its pricing methodology for Compound Drugs utilizing Pass- through Pricing, as proposed by the Contractor in Attachment 83, Proposed Claim Reimbursement Quote, of its Proposal, for the entire term of the Agreement. (Note: If an Offeror has multiple methods of pricing, the Offeror may propose each pricing method in Attachment 83 for Procuring Agency consideration and selection.) The Contractor's pricing methodology(ies) for Compound Drugs, as proposed by the Contractor in its Proposal, must be the same for retail and Mail Service Pharmacy Process claims;

b. Charge Enrollees the applicable Level 2 Drug Copayment for all Compound Drugs. If the current Discounted Ingredient Cost or the submitted cost is less than the applicable Level 2 Drug Copayment then the Contractor shall ensure that the Enrollee is charged the lesser amount;

c. Process Compound Drug claims in a manner that verifies the validity of the claim as a Compound Drug according to the Programs' definition and provides appropriate claim control mechanisms to protect the financial interests of the Programs; and

d. Conduct due diligence to ensure that drugs are being properly classified as Compound Drugs consistent with the Programs' definition of a Compound Drug and ensure that compound claims are priced in accordance with the Contractor's pricing methodology for

Compound Drug, as proposed by the Contractor in its Proposal, selected by the Procuring Agencies.

2. **Confirmation – Compound Drug Pricing**

   a. **The Selected Offeror agrees to perform/fulfill and comply with the Duties and Responsibilities in Section 6.7.D of this RFP, under subheading "Mail Service Pharmacy Process – Compound Drug Pricing."**

      Confirmed.

3. **Required Submission – Compound Drug Pricing**

   a. **In Attachment 83, Proposed Claim Reimbursement Quote, the Offeror is required to provide its pricing methodology utilizing Pass- through Pricing for Compound Drugs dispensed by Network Pharmacies; its dispensing fees; and if the Offeror is proposing the use of NCPDP transaction standards for Compound Drugs, a level of effort fee based on the claims level of effort code. The Offeror will notify DCS, in writing, a minimum of 30 Days in advance of any changes to the Contractor's book of business Level of Effort fees, and such revised fees will be charged consistent with the pricing provisions of the Agreement.**

      Confirmed. Please see Section II, Tab 1 for Attachment 83.

6.8 ENROLLEE SUBMITTED CLAIMS

The cost to the Program for Prescriptions for which Enrollees submit direct claims for reimbursement will be charged to the DCS Program at the actual amount reimbursed by the Contractor. For the DCS Programs, such reimbursement shall be based on the lesser of the submitted cost, minus the applicable Copayment; or the Discounted Ingredient Cost, plus the applicable (Brand Drug/Generic Drug) Guaranteed Maximum Dispensing Fee, plus the Guaranteed Maximum Prescribing Fee (if applicable), minus the applicable Copayment. In the case of an Enrollee who has dual Empire Plan coverage, the applicable Copayment will not be subtracted from the reimbursement for the secondary claim.

1. **Duties and Responsibilities – Enrollee Submitted Claims**

   The Contractor shall be required to utilize the following methodology to charge the Programs:

   a. **(Exclusive to DCS) Brand Drugs, including Specialty Drugs, must be charged to the Programs utilizing the Guaranteed Minimum Discount off of Aggregate AWP for Brand Drugs dispensed at the Retail Pharmacy Network plus Retail Brand Guaranteed Maximum Dispensing Fee for Brand Drugs, plus the Guaranteed Maximum Prescribing Fee (if applicable), minus the applicable Copayment;**

   b. **(Exclusive to DCS) Generic Drugs, including Specialty Drugs, must be charged to the Program utilizing the Contractor's assigned MAC price for the Retail and Mail Service Pharmacies, plus the applicable dispensing fee for Generic Drugs, plus the prescribing fee(s), if applicable, minus the applicable Copayment. Generic Drugs without a MAC price must be charged to the DCS Program using the Contractor's Guaranteed Minimum Discount off of Aggregate AWP for Brand Drugs, as proposed by the Contractor in its Proposal, off of AWP of the dispensed Generic Drug, plus the Guaranteed Maximum Dispensing Fee for Generic Drugs, minus the applicable Copayment;**

c. **(Exclusive to DCS) Compound Drugs must be charged to the DCS Program by applying the Contractor's pricing methodology for Compound Drugs as defined in Section 6.7.D of the RFP, under the subheading "Retail Pharmacy Compound Drug Pricing," as proposed by the Contractor in its Proposal, plus the Guaranteed Maximum Dispensing Fee for Compound Drugs minus the applicable Level 2 Drug Copayment;**

d. **(Exclusive to DCS) The Program's Lesser of Logic must be applied to all Enrollee Submitted Claims; and**

e. **(Exclusive to NYSIF) For the NYSIF Program, all Enrollee/Dependent Submitted Claims must be charged to the Program at the submitted cost, (i.e., Enrollees/Dependents must be reimbursed one hundred percent (100%) of their actual cost).**

2. **Confirmation – Enrollee Submitted Claims**

   a. **The Selected Offeror agrees to perform/fulfill and comply with the duties and responsibilities listed in the Enrollee Submitted Claims section above.**

      Confirmed.

6.9 NON-NETWORK PHARMACY SUBMITTED CLAIMS (EXCLUSIVE TO NYSIF)

The cost to the NYSIF Program for Prescriptions for which Non-Network Pharmacies submit direct claims for reimbursement will be charged to the NYSIF Program in accordance with New York State Worker's Compensation Board laws and regulations, specifically, Section 440 of Chapter V. of Title 12 NYCRR (New York Codes Rules and Regulations).

NYSIF operates a mandatory pharmacy network in accordance with the provisions of 12 NYCRR 440.

1. **Duties and Responsibilities – Non-Network Pharmacy Submitted Claims**

   The Contractor shall be required to utilize the following methodology to charge the Programs:

   a. **Brand Drugs, including Specialty Drugs, must be charged to the NYSIF Program at the New York State Workers' Compensation Board rates, currently a twelve percent (12%) discount off of AWP, plus a $4 Dispensing Fee; and**

   b. **Generic Drugs, including Specialty Drugs, must be charged to the NYSIF Program at the New York State Workers' Compensation Board rates, currently a twenty percent (20%) discount off of AWP, plus a $5 Dispensing Fee.**

   c. **NYSIF operates a mandatory pharmacy network in accordance with the provision of 12 NYCRR 440.**

2. **Confirmation – Non-Network Pharmacy Submitted Claims**

   a. **The Selected Offeror agrees to perform/fulfill and comply with the duties and responsibilities listed in the Non-Network Pharmacy Submitted Claims section above.**

      Confirmed.

6.10 DISPENSING FEE AND PRESCRIBING FEE

A Dispensing Fee is the amount of money, if any, paid to the pharmacies in compensation for the services rendered for filling a Prescription under the Agreements. The level of dispensing fees should encourage appropriate dispensing and compliance with the Programs' mandatory generic substitution requirements.

(Exclusive to DCS) A Prescribing Fee is the amount of money, if any, and subject to authorization under NYS law, paid to pharmacies in compensation for the services rendered in prescribing certain statutorily authorized (e.g., self- administered oral hormonal contraceptives) medications.

1. **Duties and Responsibilities – Dispensing Fees and Prescribing Fees**

   a. **Dispensing fees at Retail Network Pharmacies shall be subject to Pass-through Pricing, up to a Guaranteed Maximum Dispensing Fee applied to aggregate claims. Prescribing fee(s), if applicable, at Retail Network Pharmacies shall be subject to Pass-through Pricing, up to a Guaranteed Maximum Prescribing Fee applied to aggregate claims. Dispensing fees for claims filled at the Specialty Pharmacy(ies), may be variable commensurate with the level of clinical services offered through the Specialty Pharmacy Program and should be proposed under Attachment 89, Specialty Pharmacy Program Dispensing Fees. (Note: Offerors may propose a different Guaranteed Maximum Dispensing Fee at Retail Network Pharmacies for Brand Drugs vs. Generic Drugs. Offerors shall propose a single Guaranteed Dispensing Fee for the Mail Service Process – see Attachment 83, Proposed Claim Reimbursement Quote)**

   b. **The Contractor shall be required to guarantee its dispensing fee(s) and prescribing fee(s), if applicable, as proposed by the Contractor in its Proposal, for the entire term of the Agreements.**

   c. **No dispensing fee shall be charged to the Programs for any claim that is paid on the basis of the Pharmacy's Usual and Customary price.**

   d. **The Contractor must guarantee the overall maximum dispensing fee for Brand, Generic and Compound claims, respectively, dispensed at Retail Network Pharmacies, as proposed by the Contractor in its Proposal. The level of dispensing fees achieved as a result of Pass- through Pricing at Retail Pharmacies will be calculated utilizing the following formula: Total Retail Network Dispensing Fees paid by each Program on an annual basis divided by the number of Final Paid Claims at Retail Network Pharmacies for each of Generic, Brand, and Compound claims.**

   e. **If the overall aggregate dispensing fees paid, as calculated utilizing the formula set forth in the prior paragraph, are more than the Guaranteed Maximum Dispensing Fee proposed for each of Brand, Generic, and Compound claims at Retail Network Pharmacies, the Contractor shall reimburse each Program the difference between the Dispensing Fee the Programs were charged utilizing Pass-through Pricing and the Dispensing Fee the Programs would have been charged if the Guaranteed Maximum Dispensing Fee had been obtained.**

   f. **This calculation shall be performed for each Program Year based on claims for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on July 31st. The Contractor shall pay/credit each Program the applicable amount, if any, within 30 Days of the Reconciliation Due Date. If the Procuring Agencies' review of the Contractor's calculations indicates and adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due**

to the Programs or to the Contractor. The Programs shall retain the benefit of any cost savings in excess of the Guaranteed Maximum Dispensing Fees set forth in Section 6.10. Any shortfall in the Guaranteed Maximum Dispensing Fees set forth in Section 6.10 cannot be recovered by the Contractor in subsequent years.

g. (Exclusive to DCS) The Contractor must guarantee the overall maximum prescribing fee(s), (if applicable) for Brand and Generic claims, respectively, dispensed at Retail Network Pharmacies, as proposed by the Contractor in its Proposal. The level of prescribing fee(s), if applicable, achieved as a result of Pass-through Pricing at Retail Pharmacies will be calculated utilizing the following formula:

Total Retail Network Prescribing Fees (if applicable) paid by each Program on an annual basis divided by the number of Final Paid Claims at Retail Network Pharmacies for each of Generic, and Brand claims.

h. (Exclusive to DCS) If the overall aggregate prescribing fees, if applicable, paid, as calculated utilizing the formula set forth in the prior paragraph, are more than the Guaranteed Maximum Prescribing Fee proposed for each of Brand, and Generic claims at Retail Network Pharmacies, the Contractor shall reimburse the DCS Program the difference between the Prescribing Fee the DCS Program was charged utilizing Pass-through Pricing and the Prescribing Fee, if applicable, the DCS Program would have been charged if the Guaranteed Maximum Prescribing Fee had been obtained.

i. (Exclusive to DCS) This calculation shall be performed for each Program Year based on claims for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to DCS on July 31st. The Contractor shall pay/credit the DCS Program the applicable amount, if any, within 30 Days of the Reconciliation Due Date. If the DCS review of the Contractor's calculations indicates and adjustment to the calculation is required, then the Department reserves the right in its sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Program or to the Contractor. The Program shall retain the benefit of any cost savings in excess of the Guaranteed Maximum Prescribing Fees set forth in Section 6.10. Any shortfall in the Guaranteed Maximum Prescribing Fees set forth in Section 6.10 cannot be recovered by the Contractor in subsequent years.

2. Confirmation – Dispensing Fees and Prescribing Fees

a. The Selected Offeror agrees to perform/fulfill and comply with the duties and responsibilities listed in the Dispensing Fee and Prescribing Fee section above.

Confirmed. To the extent applicable state law requires a specific adjudication methodology and/or rate, such claims will be excluded from the relevant financial guarantee calculation.

With regard to prescribing fees, pharmacies have started to provide services with associated prescribing fees such as counseling, etc.; however, the only service currently subject to such fees would be the prescribing assessment, to determine if Paxlovid is appropriate for the patient. These claims are submitted as an "Emergency Use Prescribing Assessment" and is separate from the claim for the filling of the actual medication, Paxlovid.

Currently, these claims are submitted as a prescription as opposed to a service. Across the industry, pharmacies are still working to develop solutions and infrastructure to account for the appropriate billing framework for prescribing fees in such a manner. Should a solution be finalized and developed that would allow a pharmacy to submit a claim for a service as opposed to a prescription, we will work with you to align on how to cover those services, should you choose to do so.

3. **Required Submission – Dispensing Fees and Prescribing Fees**

   a. **The Offeror is required to provide the Offeror's proposed Guaranteed Maximum Dispensing Fees and Guaranteed Maximum Prescribing Fees, if applicable, for Retail Brand and Generic claims on Attachment 83, Proposed Claim Reimbursement Quote.**

      Confirmed. Please see Section II, Tab 1 for Attachment 83.

   b. **The Offeror is required to provide the Offeror's proposed fixed dispensing fees for mail order Brand and Generic claims on Attachment 83, Proposed Claim Reimbursement Quote.**

      Confirmed. Please see Section II, Tab 1 for Attachment 83.

   c. **The Offeror is required to complete Attachment 89, Specialty Pharmacy Program Dispensing Fees, listing the Offeror's proposed dispensing fees for each drug proposed to be included in the Offeror's Specialty Pharmacy Program.**

      Confirmed. Please see Section II, Tab 3 for Attachment 89.

6.11 SPECIALTY PHARMACY PROGRAM PRICING

All DCS Program Enrollee Groups and NYSIF Claimants participate in the Specialty Pharmacy Program, which provides an enhanced level of clinical management for Enrollees/Claimants taking Specialty Drugs. Under the current plan design, an Enrollee/Claimant is allowed to have a Grace Fill of certain Specialty Drugs dispensed from any Pharmacy. However, Specialty Drugs identified for short-term therapy for which a delay in starting therapy would not affect clinical outcomes are not eligible for this Grace Fill benefit and must be filled through the Designated Specialty Pharmacy. After the first Specialty Drug Prescription is filled through Retail or Mail Service Pharmacy, future fills are subject to a Hard Edit (DCS only), meaning that Enrollees are required to obtain the drug through the Specialty Pharmacy Process, subject to the mail service Copayment (DCS only) when dispensed by the Designated Specialty Pharmacy. This requirement does not apply to enrollees in the Empire Plan Medicare Rx program.

In addition to a Grace Fill at Retail, certain Specialty Drugs available through the Specialty Pharmacy Program as well as all Specialty Medications covered under the NYSIF Program are also available through the Retail Pharmacy Network, because of their clinical requirements and/or urgent dispensing timeframe or NYS laws and regulations. All drugs filled at a Retail Pharmacy Network are subject to the Retail Network Pharmacy Pass-through Pricing and Copayments (DCS only). For those drugs available only through the Specialty Pharmacy Program, the Offeror may propose dispensing fees on a drug by drug basis, commensurate with the clinical services provided for each (Attachment 89, Specialty Pharmacy Program Dispensing Fees). All drugs shall be classified as either Brand Name, Generic, or Compound for pricing purposes based on the classification methodologies set forth in Section 6.4.1(g) of this RFP. The Programs shall be entitled to all manufacturer revenue derived from Specialty Drugs.

Drugs which may be included in the Specialty Pharmacy Program, Specialty Drugs are:

a) "orphan drugs";

b) drugs requiring special handling, special administration and/or intensive patient monitoring/testing;

c) biotech drugs developed from human cell proteins and DNA, targeted to treat disease at the cellular level; or,

d) other drugs identified by the Program as used to treat patients with chronic or life-threatening diseases.

The DCS Program requires that medications dispensed under the Specialty Pharmacy Program meet the conditions above. Offerors should not include oral tablets of generic medications that historically been available through Retail Network Pharmacies. The Department reserves the right to remove medications from the Specialty Pharmacy Program Drug List at any time. Adding medications to the list and/or applying utilization management to medications may be made no more than quarterly, subject to review and approval by DCS and OER. Offerors should provide information listed in the "Specialty Drug Proposals" Report listed in Attachment 36, Program Reporting, when proposing changes to medications under the Specialty Pharmacy Program.

The Offeror must provide a Special Pharmacy Program where Enrollees/Claimants receive their Specialty Drugs through one or more designated pharmacies that offer enhanced clinical management. The process must provide extensive clinical support in the most cost-effective manner possible for the Program.

1. Duties and Responsibilities – Specialty Pharmacy Program Pricing

a. Consistently enforce and administer all provisions of the Program (including but not limited to mandatory generic substitution, drug utilization review, prior authorization, refill too-soon edits) to the claims dispensed through the Specialty Pharmacy Process, consistent with the processing of claims through the Retail and Mail Service Pharmacy Network processes.

b. Charge the Programs for those drugs dispensed to Enrollees/Claimants in original manufacturer packaging, based on the Contractor's source of AWP for the 11-digit NDC of the package size dispensed through the Specialty Pharmacy Process. If the drug is not dispensed to the Enrollee/Claimant in the original manufacturer packaging (i.e., dispensed in bulk), the Programs shall be charged based on the Contractor's source of AWP for the 11-digit NDC of the package size from which the drug was originally dispensed by the Designated Specialty Pharmacy. If the drug is dispensed from a bulk package size for which no AWP is reported in the Contractor's AWP source, the

Program shall be charged based on the reported AWP for the NDC of the largest package size contained in the Contractor's AWP source. The Programs shall not be charged based on an NDC assigned to repackaged drugs or based on package sizes prepared by special arrangement with the original manufacturer unless such packaging offers a net savings to the Programs.

c. Charge the Programs based on the Contractor's pricing terms and dispensing fees (if any) applicable to Brand and Generic, Specialty Drug claims as set forth in Attachment 83, Proposed Claim Reimbursement Quote and Attachment 89, Specialty Pharmacy Program Dispensing Fees, for all prescriptions submitted through the Specialty Pharmacy Program.

d. Ensure that the Designated Specialty Pharmacy(ies) collects the appropriate Copayment specified by the Department (plus Ancillary Charge, if applicable) from the Enrollee and will charge the Programs the balance of the Discounted Ingredient Cost plus the Offeror's applicable guaranteed dispensing fee set forth in Section 6.10. of the RFP, minus the applicable Copayment for all drugs dispensed through the Specialty Pharmacy Process.

e. **Classify Brand Drugs consistent with the definition in the Glossary of Defined Terms (Attachment 15) as well as the methodology outlined earlier within Section 6.4.1(g)(ii) of the RFP entitled "Brand Drug Determination Methodology."**

f. **Classify Generic Drugs consistent with the definition in the Glossary of Defined Terms (Attachment 15) as well as the methodology outlined earlier within Section 6.4.1(g)(iii) of the RFP entitled "Generic Drug Determination Methodology."**

g. **Propose a fixed contracted Guaranteed Discount off of Average Wholesale Price (AWP) that will be utilized to determine the Ingredient Cost of the Prescription to charge the Programs. The Offeror's Guaranteed Discount shall be applicable to the aggregate AWP of all Prescriptions for Brand Drugs and Generic Drugs dispensed to Enrollees/Claimants through the Specialty Pharmacy. The Contractor shall guarantee the Procuring Agencies that its management of drug costs dispensed through the Specialty Pharmacy Process shall result in the Programs achieving the Contractor's overall Guaranteed Minimum Discounts during each Program Year as proposed in the Offeror's Financial Proposal. The discounts achieved off of the aggregate AWP for all Brand Drugs and Generic Drugs dispensed to Enrollees/Claimants through the Specialty Pharmacy Process will be calculated utilizing the following formula: 1 minus (Sum of Ingredient Costs of Brand Drugs and Generic Drugs dispensed through the Specialty Pharmacy Process divided by sum of the AWP of Brand Drugs and Generic Drugs dispensed through the Specialty Pharmacy Process). The aggregate discount calculation will be based on Final Paid Claim Pharmacy Prescriptions filled through the Specialty Drug Process. Claims submitted for secondary payer consideration, Compound Drug claims, powders, and subrogation claims must be excluded from the aggregate discount calculation. In addition, claims with a calculated AWP discount greater than 50% must be verified by the Contractor that the quantity and the validity of the calculated discount is correct, subject to the approval of the Procuring Agencies.**

h. **If the overall aggregate discounts obtained, as calculated utilizing the formula set forth in the prior paragraph, are less than the Guaranteed Minimum Discount off of Aggregate AWP as proposed by the Offeror in its Financial Proposal, the Contractor shall reimburse the Programs, the difference between the Ingredient Cost the Programs were charged utilizing Lesser of Logic and the Ingredient Cost the Programs would have been charged if the Guaranteed Minimum Discount off of Aggregate AWP had been obtained. The Programs will be credited annually for this difference in Ingredient Cost. The Programs shall retain the benefit of any cost savings, in excess of the Contractor's proposed Guaranteed Minimum Discounts off of Aggregate AWP for all Brand Drugs and Generic Drugs dispensed to Enrollees/Claimants through the Specialty Pharmacy.**

i. **This calculation shall be performed by the Contractor for each Program Year based on claims paid for each incurred year. Specifically, the Contractor shall perform a reconciliation to include claims incurred in each Program Year and paid through June of the following Program Year. The reconciliation shall be submitted to the Procuring Agencies on July 31st. The Contractor shall pay/credit each Program the applicable amount, if any, within 30 Days of the Reconciliation Due Date. If the Procuring Agencies' review of the Contractor's calculations indicates an adjustment to the calculation is required, then the Procuring Agencies reserve the right in their sole discretion to make an adjustment to the Contractor's calculations and adjust the amount due to the Programs or to the Contractor**

j. **Act in the best financial interests of the Programs when dispensing Generic Drugs through the Specialty Pharmacy Process by avoiding the dispensing of NDC's with higher AWPs unless market conditions exist making dispensing the more cost effective NDC impractical or impossible.**

k. **The Contractor is required to maximize savings to the Program through aggressive pricing and discounts, consistent with Lesser of Logic and the Contractor's Financial Proposal. The Contractor agrees that all records supporting Lesser of Logic are subject to audit by DCS and its consultants or other State auditors with authority under Section 8, Additional Provisions and/or Appendices A, B & B-1 of this RFP.**

2. **Confirmation – Specialty Pharmacy Program Pricing**

   a. **The Selected Offeror confirms their understanding that the Department reserves the right to remove medications from the Specialty Pharmacy Program Drug List at any time.**

   b. **The Selected Offeror agrees to perform/fulfill and comply with to the Duties and Responsibilities – Section 6.11 of this RFP, under the subheading "Specialty Pharmacy Program Pricing."**

      Confirmed. To the extent applicable state law requires a specific adjudication methodology and/or rate, such claims will be excluded from the relevant financial guarantee calculation.

3. **Required Submission – Specialty Pharmacy Program Pricing**

   a. **The Offeror is required to provide the Offeror's Guaranteed Discount off of Aggregate Average Wholesale Price (AWP) for Brand Drugs and Generic Drugs dispensed under the Specialty Pharmacy Program as set forth in Attachment 83, Proposed Claim Reimbursement Quote, of the RFP.**

      Confirmed.

6.12 100% PHARMA REVENUE GUARANTEE

The Empire Plan is one of the largest health insurance plans in the country. The DCS Program has adopted a three-level drug benefit structure for Enrollees to enhance the ability of the DCS Program to obtain direct discounts from manufacturers. The Contractor is required to manage the Program's Drug List and to negotiate on the Programs' behalf, agreements with manufacturers for direct discounts off of the cost of drugs dispensed to Program Enrollees/Claimants. Manufacturer discounts related to Programs utilization can make a drug with a higher AWP competitive with clinically comparable drugs with lower AWPs. However, the Contractor's receipt of revenue related to the Programs' utilization can create a potential conflict of interest in the decision to classify a drug as Preferred, Non-Preferred or excluded.

Full transparency is critical to protecting the interests of the State, Participating Agencies and Enrollees/Claimants and ensuring alignment of the Programs' financial interests with those of the Contractor. This section details the Contractor's duties and responsibilities with regard to management of Pharma Revenue on the Programs' behalf.

Pharma Revenue is defined as set forth in the Glossary of Defined Terms (Attachment 15). Such revenues means any and all revenues generated from agreements between the pharmaceutical manufacturers and the Contractor and/or its Key Subcontractor or any Affiliate of the Contractor or its Key Subcontractor which relate to Program utilization and/or Pharmacy Benefit Management Services provided under the Agreements. Such revenues include, but are not limited to revenues described as: formulary rebates; market share rebates; administrative fees; AWP caps; inflation protection program; or by any other name including all other revenues collected by Contractor and/or its Key Subcontractor or Affiliate from pharmaceutical manufacturers and attributable to Program utilization. Contractor and/or its Key Subcontractor or Affiliate may not count Federal monies toward the Minimum Pharma Revenue Guarantee.

A Final Paid Claim is defined as set forth in the Glossary of Defined Terms (Attachment 15). A Final Paid Claim is a claim processed and paid by the Contractor for a Prescription drug or covered medication, OTC product or non- drug device, provided to an Enrollee/Claimant, including but not limited to, claims for Prescriptions filled at a Retail Pharmacy or through the Mail Service Pharmacy Process or the Specialty Pharmacy Process. A claim that is denied prior to processing is not considered a Final Paid Claim. In addition, a claim that is processed and paid but is subsequently voided, reversed, or otherwise adjusted is not a Final Paid Claim. Zero balance claims are considered Final Paid Claims. Consistent with the definition of a Final Paid Claim, the Pharma Revenue guarantee per Final Paid Claim quoted applies to rebate eligible and non-rebate eligible claims.

In Calendar Year 2023, there were approximately 17.2 million Final Paid Claims (Commercial + EGWP). This is a subset of the claims that Offerors will see on Attachment 86, Informational Claims Files, which will show Original or Replacement claims as well as Voided claims.

1. **Duties and Responsibilities – Pharma Revenue Guarantee**

   The Contractor agrees to and shall:

   a. **Negotiate Pharma Revenue agreements with manufacturers that maximize savings to the Programs, leveraging the significant enrollment of the Programs for each individual drug. The Contractor agrees that any Program specific Pharma Revenue agreement shall derive total Pharma Revenue that meets or exceeds the Pharma Revenue derived from any other Pharma Revenue agreements the Contractor uses to administer its Book of Business for each individual drug.**

   b. **Pay the Programs quarterly within 60 Days of the end of each quarter, the greater of 100% Pharma Revenue received or the minimum guaranteed amount attributable to the Programs' combined utilization.**

   c. **Calculate and distribute Pharma Revenue to the Programs in a fully transparent and verifiable process. The Contractor agrees that all direct and indirect revenue arrangements with manufacturers, suppliers, or other vendors shall be disclosed and the revenue generated related or attributable to the Programs' utilization shall be credited to the Programs. The Contractor acknowledges and agrees that the records, methods, and calculations utilized to total and distribute these amounts to the Programs are subject to audit by the State under the audit authority set forth in Section 8, Additional Provisions and Appendices A and B of the RFP thereto. In addition, the Contractor shall pursuant to the terms of this RFP and the resulting Contract provide all agreements as necessary for the Programs to evaluate Drug List decisions including direct access to any manufacturer contracts in unredacted form, under which the Programs is entitled to derive Pharma Revenue pursuant to the terms of the Agreements. If Contractor identifies in writing the information requested as Contractors' Confidential or Proprietary information access to the information will be provided pursuant to Section 8.7, Contractor's Confidential Information.**

   d. **Not enter into any agreement that has the effect of diverting, shortchanging, or trading off any form of Pharma Revenue that would otherwise be due the Programs for other consideration. There shall be no fees charged to the Programs or received from a manufacturer, separate from the Claims Administration Fees as described and authorized in the RFP, by the Contractor for rebate or other Pharma Revenue administration. The Contractor shall not divert, shortchange, or trade off Pharma Revenue that would otherwise inure to the Programs' financial benefit for Enrollee/Claimant drug utilization in return for**

reduced drug acquisition costs or other monetary or non- monetary consideration from manufacturers.

e. **Upon selection of the Selected Offeror and as a condition of contract award and throughout the term of the Agreements, the Selected Offeror/Contractor shall pursuant to the terms of this RFP and the resulting Contract provide, upon the request of the State, all information and documentation related to Pharma Revenue agreements, including but not limited to, full direct access by the Procuring Agencies staff or their agents to complete unredacted Pharma Revenue agreements pursuant to which the Programs derives Pharma Revenue. If Contractor identifies in writing the information requested as Contractors' Confidential or Proprietary information access to the information will be provided pursuant to Section 8.7 Contractor's Confidential Information.**

f. **Utilize manufacturer agreements for the Programs that meet or exceed the Contractor's best existing Pharma Revenue agreements for all individual drugs. If the Contractor's business model allows for more than one Pharma Revenue agreement with manufacturers, the Contractor agrees that in no instance will the Programs receive less Pharma Revenue in any therapeutic class than other clients of the Contractor with a comparable benefit design and consistent preferred drug designations in the class, provided the Programs' utilization of the drugs generating Pharma Revenue in the class is equal to or greater than those of other clients. The Contractor, as part of its Proposal, must propose a process satisfactory to the Procuring Agencies to confirm compliance with this provision and must implement and administer said satisfactory process under the Agreements. The Programs shall receive full pass-through of 100% of Pharma Revenue derived from any Pharma Revenue agreement with a pharmaceutical manufacturer. Where any Pharma Revenue contracts allow for higher Pharma Revenue for Mail Service Pharmacy or Specialty Pharmacy Program claims, the Programs will receive the full financial benefit of those higher rates receiving 100% of the Pharma Revenue derived from those agreements on mail order claims. If manufacturer agreements provide less Pharma Revenue for Mail Service Pharmacy or Specialty Pharmacy Program claims than retail claims for the same drug, the terms of the manufacturer agreement applicable to retail claims shall be applied to Program Mail Service Pharmacy and Specialty Pharmacy Program claims for purposes of calculating the amount of Pharma Revenue due the Programs.**

g. **The Contractor, as part of its Proposal, must propose a Minimum Pharma Revenue Guarantee Per Final Paid Claim that will be utilized by the Contractor in calculating the minimum annual amount due to the Programs for Pharma Revenue. The Minimum Pharma Revenue amount due the Programs on an annual basis will be calculated according to the formula: Contractor's Minimum Per Final Paid Claim Pharma Revenue Guarantee multiplied by the number of Final Paid Claims (as defined in the Glossary of Defined Terms (Attachment 15), which includes rebate- and non-rebate eligible claims but not Voided claims) incurred for the DCS Program and the NYSIF Program for the respective Program Year.**

h. **Ensure the Contractor's Minimum Pharma Revenue Guarantee Per Final Paid Claim is not contingent upon the Programs' participation in any of the Contractor's formulary management or intervention programs, including, but not limited to, step therapy and Brand for Generic (B4G) strategies. The Contractor's Minimum Pharma Revenue Guarantee Per Final Paid Claim is also not contingent on the Program's use of the Contractor's book of business or standard formulary offerings, or the timing of any patent expirations and/or introduction of generic equivalent drugs, including but not limited to early and/or at risk Generic Drug launches. Any B4G strategy proposed must be financially advantageous to the State. The Programs will review the guaranteed amount only in the event of legislative, regulatory, or judicial action excluding patent litigation not specific to the Contractor's business practices that serves to void existing Pharma Revenue agreements materially**

compromising the Contractor's ability to obtain contracted Pharma Revenue necessary to meet the Contractor's Minimum Pharma Revenue Guarantee Per Final Paid Claim. Further, any exclusions the Offeror is proposing as part of its Formulary must comply with the requirements of Section 3.14 and 5.15.

i. Calculate and perform an annual reconciliation of the Pharma Revenue credit to the Pharma Revenue earned. As part of this annual reconciliation the Contractor shall be required to:

i. Calculate the Pharma Revenue guarantee on all Final Paid Claims, incurred for the respective Program Year. The Pharma Revenue guarantee shall be on the aggregate level, not separated for each therapeutic class.

ii. Credit the Programs an amount calculated based on the following formula: if in any Program Year, the Pharma Revenue realized and credited to the Programs by the Contractor is less than the amount due the Programs as determined utilizing the minimum Pharma Revenue credit set forth above in (g) of this Section, the amount of the credit shall be equal to the difference between the reported Pharma Revenue credited to the Programs and the Contractor's Minimum Pharma Revenue Guarantee Per Final Paid Claim.

iii. Submit calculations and documentation supporting the amount of Pharma Revenue reported and credited to the Programs for the Procuring Agencies' review and written approval. The Contractor shall provide all information and documentation deemed necessary by the Procuring Agencies to verify the Programs were credited with all Pharma Revenue due it under the terms of the Agreements.

If at the close of any Plan Year, the Pharma Revenue credited to the Programs is greater than the higher of the amount derived through application of the Pharma Revenue guarantee formula or the actual Pharma Revenue realized by the Programs, upon notice and verification by the Procuring Agencies, the DCS Program and the NYSIF Program shall pay the Contractor the difference between the amount previously credited to each Program and the higher of the minimum Pharma Revenue guaranteed amount or actual Pharma Revenue realized during the Program Year.

iv. If at the close of any Program Year, the Pharma Revenue credited to the Programs is less than the actual Pharma Revenue realized by the Programs, the Contractor shall credit each Program the difference between what was previously credited and the full amount due to the Programs.

v. Include such reconciliations as part of the Contractor's annual financial summary report. The Procuring Agencies require the Contractor's Minimum Pharma Revenue Guarantee Per Final Claim Paid be credited to the claims experience on the annual financial reports regardless of the amount of Pharma Revenue that has been received by the Contractor.

2. Confirmation – Pharma Revenue Guarantee

a. The Selected Offeror agrees to the definitions and the Offeror's agreement to perform/fulfill and comply with the duties and responsibilities listed in the Pharma Revenue guarantee section above.

Confirmed.

3. Required Submission – Pharma Revenue Guarantee

a. **The Offeror is required to provide its proposed Minimum Pharma Revenue Guarantee Per Final Paid Claim in Attachment 90, Pharma Revenue Guarantee Quote. Offerors may provide a different Minimum Pharma Revenue Guarantee Per Final Paid Claims for each year of the Agreements. The minimum credit to the Programs for Pharma Revenue shall be the Offeror's Minimum Pharma Revenue Guarantee Per Final Paid Claim (as submitted on Attachment 90) times the number of Final Paid Claims paid for each Program for the respective Program Year as defined in the Glossary of Defined Terms (Attachment 15).**

   Confirmed. Please see Section II, Tab 4 for Attachment 90.

b. **The Offeror is required to provide adequate documentation as determined by the Procuring Agencies, to support the Offeror's offer relative to Pharma Revenue. Said documentation is to be provided as Attachment 91, Documentation to Support Pharma Revenue Guarantee Quote, of the Offeror's Proposal.**

   Confirmed. Please see Section II, Tab 5 for Attachment 91.

6.13 CLAIMS ADMINISTRATION FEES

The Claims Administration Fees are the fees quoted by the Contractor in its Proposal that the Contractor shall charge the Programs to cover all of the administrative services provided by the Contractor. Three separate Claims Administration Fees must be developed and quoted by Offerors for the Programs: 1) DCS Program Primary; 2) EGWP Medicare Primary; and 3) NYSIF Program. The DCS Program Primary Claims Administration Fee covers the Contractor's administration of The Empire Plan for non-Medicare-primary Enrollees, as well as the SEHP. The Contractor's EGWP Medicare Primary Claims Administration Fee covers the Contractor's administration of The Empire Plan for Medicare-primary Enrollees. The Contractor's NYSIF Program Claims Administration Fee covers the Contractor's administration of the NYSIF Program.

1. **Duties and Responsibilities – Claims Administration Fees**

   The Contractor shall be required to:

   a. **Be bound by its Claims Administration Fees, as proposed in the Contractor's Proposal for the entire term of the Agreements.**

   b. **Implement any changes necessary to accommodate Programs modifications resulting from collective bargaining, legislation or within the statutory discretion of the State within 60 Days of notice, or as soon as practicable.**

   c. **Agree not to request higher Claims Administration Fees, and the Procuring Agencies will not consider any increases to the Claims Administration Fees, that are not based on material changes to the Programs requiring the Contractor to incur additional costs. The determination of what constitutes a material change will be in the sole discretion of the Procuring Agencies. Implementation of an alternate formulary or multiple formularies shall not constitute a material change and the Contractor agrees to implement, if required, all alternative formularies at the Claims Administration Fees proposed.**

   d. **Manage all Programs Enrollees/Claimants based on the Contractor's associated Claims Administration Fees as proposed by the Contractor in its Proposal.**

   e. **Submit detailed documentation of additional administrative/clinical costs, over and above existing administrative/clinical costs, with any request for an increase in the Claims Administration Fee(s) resulting from a material change in the benefit structure of the**

Programs. The Procuring Agencies reserve the right to request, and the Contractor agrees to provide any additional information and documentation the Procuring Agencies deem necessary to verify that the request for an increase to a Claims Administration Fee(s) is warranted. The Procuring Agencies' decision to modify the Claims Administration Fees to the extent necessary to compensate the Contractor for documented additional costs incurred shall be at the sole discretion of the Procuring Agencies, subject to the approval of a formal amendment to the Agreement(s) by the New York State Attorney General and New York State Office of State Comptroller.

f. **Implement all benefit designs as required by the Department with or without final resolution of any request for a Claims Administration Fee(s) adjustment. Refusal to implement changes will constitute a material breach of the Agreement(s) and the Procuring Agencies will seek compensation for all damages resulting.**

g. **Agree that Claims Administration Fees shall be payable only for Final Paid Claims and that the Programs will not pay a Claims Administration Fee or other charge or fees for any claim that is denied prior to processing or any claim that is subsequently voided, reversed, or otherwise modified.**

2. **Confirmation – Claims Administration Fees**

   a. **The Selected Offeror agrees to perform/fulfill and comply with the duties and responsibilities listed in section 6.13.1 Claims Administration Fees above.**

      Confirmed.

3. **Required Submission – Claims Administration Fees**

   a. **The Offeror is required to provide the Offeror's Claims Administration Fees in Attachment 92, Claims Administration Fee(s) Quotes, on a fee per Final Paid Claim basis.**

      Confirmed. Please see Section II, Tab 6 for Attachment 92.

6.14 VACCINATION NETWORK PHARMACY PRICING (EXCLUSIVE TO DCS)

Empire Plan non Medicare-Primary enrollees can receive ACIP-recommended vaccinations with no Copayment when they are administered by a licensed pharmacist or, when authorized by applicable law or regulation, a pharmacy intern at vaccination network pharmacies. Offerors should quote the DCS program for the Administration Fees associated with the vaccination benefits in Attachment 93, Vaccination Administration Fees, as indicated below. Offeror's Discount Guarantees in Attachment 83, Proposed Claim Reimbursement Quote, should be inclusive of Vaccine Fees, Dispensing Fees and Prescribing Fees, if applicable. Offeror's Claims Administration Fees in Attachment 92, Claims Administration Fee(s) Quotes, should be inclusive of Vaccines.

1. **Duties and Responsibilities – Vaccination Network Pharmacy Pricing**

   The Offeror shall be required to quote the DCS Program, on a pass-through basis, as follows:

   a. **Seasonal Vaccines shall be charged an Administration Fee to the Program on a Pass-through basis, as proposed in Attachment 93, Vaccination Administration Fees;**

   b. **Non-Seasonal Vaccines shall be charged an Administration Fee to the Program on a Pass-through basis, as proposed in Attachment 93, Vaccination Administration Fees;**

c. **COVID-19 Vaccines and Boosters (vaccines and boosters for COVID- 19 are covered without Copayment) and, due to the changing nature of the vaccine coverage and financial information, are agreed to through an Enrollment Form, subject to approval by DCS.**

d. **The Offeror shall be bound by its Vaccination Administration Fee, as proposed in the Contractor's Proposal for the entire term of the Agreements; and**

e. **Shall implement any changes necessary to accommodate Programs modifications resulting from collective bargaining, legislation or within the statutory discretion of the State within 60 Days of notice, or as soon as practicable.**

2. **Confirmation – Vaccination Network Pharmacy Pricing**

   a. **The Selected Offeror agrees to perform/fulfill and comply with the Duties and Responsibilities Section 6.14 of this RFP, under subheading "Vaccination Network Pharmacy Pricing."**

      Confirmed.

3. **Required Submission – Vaccination Network Pharmacy Pricing**

   a. **The Offeror is required to complete Attachment 93, Vaccination Administration Fees, for all Seasonal and Non-Seasonal Vaccines dispensed at Network Participating Pharmacies.**

      Confirmed. Please see Section II, Tab 7 for Attachment 93.

6.15 PAYMENTS/(CREDITS) TO/FROM THE CONTRACTOR

This section presents details regarding the financial structure and timing of financial transactions related to the Agreements and the specific items Offerors must submit with their Financial Proposal and questions related to those requirements. The enrollment mix and benefit characteristics are presented in Attachments 23 and 24 (Enrollment by Plan, by Month and Enrollment by Plan, by Age, respectively), and Attachments 71 through 75 (2021-23 Incurred Claims; Selected Financial Data;2021-23 Incurred Claims by Month – Combined; 2021-23 Incurred Claims by Month – EGWP; and 2021-23 Incurred Claims by Month – Commercial, respectively) of this RFP; however, the Procuring Agencies cannot guarantee that, during the term of the Agreements, the same enrollment mix and benefit characteristics as those set forth in Attachment 23 and Attachments 71 through 75 of this RFP will exist.

1. **Duties and Responsibilities – Financial Structure and Timing of Financial Transactions**

   a. **Each Procuring Agency will separately reimburse the Contractor for claim payments and associated Claims Administration Fees no sooner than two (2) Business Days and no later than five (5) Business Days after receipt of an accurate invoice, following each claims processing cycle (weekly for the NYSIF Program and bi-weekly for the DCS Programs).The Contractor is required to submit a detailed claim file concurrent with each invoice (for the NYSIF Program) and within fifteen (15) Days after the end of each claims processing cycle (for the DCS Programs) to support the submitted invoices. The data file layout and file transmission protocol will be mutually agreed upon by the Selected Offeror and the Procuring Agencies during Implementation, in accordance with the Offeror's Proposal. Note: On an annual basis coinciding with the end of the State's fiscal year, the Statewide Financial System (SFS) will be shut down for approximately one to two weeks during which no payment transactions will be processed. The shutdown typically occurs between the last week of March and first week of April. The SFS may also be shut down for short periods during other times of the year for maintenance or upgrades or other reasons that are outside**

the control of the Department. Payments delayed as a result of the SFS shut down will be processed on the first Business Day after the SFS returns to operation.

b. Any credit amounts due from the Contractor to the Procuring Agencies for failure of the Contractor to meet the performance guarantees set forth in the Agreements shall be applied as a credit against the Claims Administration Fees charged separately to the Programs in the first invoice(s) processed after the performance guarantee has been calculated and agreed to by the Program(s).

c. Upon final audit determination by the Procuring Agencies, any audit liability amount assessed by the Procuring Agencies shall be paid/credited to the Programs within thirty (30) Days of the date of the Procuring Agencies' final determination.

d. (Exclusive to DCS) Coordination of Benefit recoveries collected by the Contractor shall be aggregated and paid/credited to the DCS Program within fifteen (15) Days after the end of the month.

e. Drug litigation recoveries and settlements shall be paid/credited to the Programs within fifteen (15) Days of receipt by the Contractor.

f. Sixty (60) Days after the end of the first quarter, the Contractor shall pay/credit the Program, the greater of (1) the actual Pharma Revenue received on behalf of the Programs or (2) the Minimum Pharma Revenue Guarantee Per Final Paid Claim, defined in 6.12 and in the Glossary of Defined Terms (Attachment 15), multiplied by the number of Final Paid Claims incurred for the first quarter.

i. For each subsequent quarter of the Program Year the calculations shall be performed on a cumulative Program Year-to-Date basis. The Contractor shall pay the greater cumulative amount less the amount previously paid for the Program Year.

ii. The Contractor shall perform a reconciliation by May 31st of each year and the incremental Pharma Revenue amount shall be paid/credited to the Programs within thirty (30) Days of May 31st.

iii. At the May 31st Pharma Revenue reconciliation, to the extent that any amount is owed by the Contractor, the Contractor shall pay/credit the Programs, within thirty (30) Days after the Final Pharma Revenue reconciliation for the amount owed.

g. The Agreement(s) is not subject to Article XI-A of NYS Finance Law. The Contractor agrees that Program Services provided under the Agreement(s) shall continue in full force and effect for a minimum of at least thirty (30) days beyond the payment due date as set forth in this Section 6. If after the thirty-fifth (35) calendar day after receipt of an accurate invoice and claims data file, as set forth in this Section 6, the Contractor has not yet received payment from the State for said invoice, the Contractor may proceed under the applicable Dispute Resolution provision in Appendix B, B-1 or B-2 and the Agreement(s) shall remain in full force and effect until such final decision is made, unless the Parties can come to a mutual agreement, in which case, the Agreement(s) shall also remain in full force and effect.

2. Confirmation – Financial Structure and Timing of Financial Transactions

The Selected Offeror agrees to perform/fulfill and comply with the Duties and Responsibilities listed in the Financial Structure and Timing of Financial Transactions section above.

Confirmed.

3. Required Submission – Financial Structure and Timing of Financial Transactions

a. Describe in detail the Contractor's proposed invoicing process, including the timing for invoice preparation and supporting detail claims files at the end of each cycle, required payment timeframes and whether this structure is in effect for any other self- funded customers.

Our invoices are separated by claims costs and administrative fees, and for the State of New York, invoices are reported at the carrier level (Commercial, EGWP Primary, EGWP Wrap, Foreign, and Paper Claims carriers). We also have the ability to break down the invoice further, at the group level, based on your specifications.

INVOICE PREPARATION

In compliance with the duties outlined above, Claim costs and Claims Administration Fees will be billed bi-weekly for DCS, and weekly for NYSIF. Invoices are prepared for delivery the second business day following the close of the processing period and are currently delivered to the Programs via email. Detailed claims files reporting supporting invoicing activities are provided in a separate email.

TERMS

Each invoice should be paid electronically, by wire, within five days of the invoice date for claims and within thirty days for administrative service fees.

For the EGWP plan, the Programs will pay for all claims and will receive the full value of the CMS direct subsidy, CMS low-income subsidy, and any CMS reinsurance received by SilverScript Insurance Company. The Programs will be responsible for the administrative fees, based on the services elected.

The proposed invoicing structure is currently in place for other self-funded customers. The invoicing structure currently in place for the Programs allows for twice monthly invoicing, thereby ensuring no billing period will span multiple months or multiple contract years. Several other self-funded customers use this structure as well.

ATTACHMENT 83

Department of Civil Service	**Proposed Claim Reimbursement Quote 1/1/25 12/31/29 RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"**

		Proposed Ingredient Cost Discount		**Proposed Dispensing Fee Per Claim**		**Proposed Prescribing Fee Per Claim**
Retail Pharmacy Network						
Brand Name Drugs (1)	Guaranteed Minimum Discount off of Aggrega e AWP:	[redacted]	Guaranteed Maximum Dispensing Fee:	[redacted]	Guaranteed Maximum Prescribing Fee (10):	[redacted]
Gener c Drugs (2)	Guaranteed Minimum Discount off of Aggrega e AWP:	[redacted]	Guaranteed Maximum Dispensing Fee:	[redacted]	Guaranteed Maximum Prescribing Fee (10):	[redacted]
Compound Drugs (3)			Guaranteed Maximum Dispensing Fee:	[redacted]		
Mail Service Pharmacy Process						
Brand Name Drugs ( )	Guaranteed Discount off of AWP:	[redacted]	Guaranteed D spensing Fee:	[redacted]		
Gener c Drugs (5)	Guaranteed Minimum Discount off of Aggrega e AWP:	Same as Reta l	Guaranteed D spensing Fee:	[redacted]		
Compound Drugs (6)			Guaranteed D spensing Fee:	[redacted]		
Specialty Pharmacy Program						
Spec alty Drugs (7)	Guaranteed Minimum Discount off of Aggrega e AWP:	[redacted]		Quote Guaranteed Dispensing Fees in Attachment 89		

C mp und Drug Pric ng Meth d l gy(ies) (8)

Proposed pricing methodology(ies)

The industry-wide NCPDP D.0 standard for multi-ingredient compounds is required for compound c aims, and we support this functiona ity. Th s func ional ty captures each ingredient used in the compounded prescription. In D.0 format, the pharmacist would submit the fo lowing e ements:

1. Compound indicator
2. The NDC, quantity, and submitted ingredient cost for each component in the recipe
3. Total quant ty and total Usual & Customary price
. Level of effort value.

The claims adjudica ion system w ll determine an a lowable ingredient cost for each covered NDC using esser of logic—comparing the AWP d scount, MAC (if applicable), and the subm tted ingred ent cost for each individual component in the recipe. These individual allowab e ingredient costs by NDC are then combined to create an Allowab e Final Ingredient Cost plus Dispensing Fee and Level of Effort (LOE) Fee to the pharmacy submitted Usual & Customary pr ce for determination of the overall final reimbursement.

For the EGWP plan, the claims adjudicat on system wi l determine whether the compound s considered to be a Med care Part D compound. A Medicare Part D compound must contain at least one ingredient that independently meets the definit on of a Medicare Part D drug and cannot contain a Med care Part B drug component. The system w ll then determine an allowab e ingred ent cost for each covered Medicare Part D NDC using lesser of ogic— comparing the AWP d scount, MAC (f applicable), and the subm tted ingred ent cost for each indiv dual component in the recipe. These indiv dual allowable ingredient costs by NDC are then combined to create an A lowable Final Ingredient Cost.

Add tional adjudication edits may apply based on plan design parameters (e.g., prior author zat on, managed drug limits) and CMS requirements for Part D plans (e.g., Part D excluded drugs, transition f lls).

At th s point, there is a final check to compare the Allowab e Final Ingredient Cost plus dispensing fee and Level of Effort Fee to the pharmacy submitted total Usual & Customary price for determination of the overall final charge.

Compound Drug Pric ng Level of Effort Fee if applicable (9)

Level of Effort Code	Description	Fee
11	Sing e Ingredient batched capsu e; any combination of commercially availab e products; or	[redacted]
12	Two or three ingred ent batched capsule; transdermal gel; or	
13	Four or more ingredient batched capsule; three or ess ingredient cream/ointment/gel; suppos tory; two or less ingred ent capsule; noncomplex suspens on; tablet tr turate; or	
1	Topical containing controlled ingredient; three or more ingred ent troche; four or more ingred ent capsule; complex suspens ons (e.g., ped atric); custom capsule (includes rapid d ssolution preparat ons); chemotherapy cream/ointment/gel; hormone therapy (capsules, troches, and suppositor es); or	
15	Sterile product	

Source of herapeutic Category

Provide the source of the therapeutic category classif cation system you use for preferred drug list deve opment.

Our source for Average Wholesale Price (AWP) data is Medi-Span. We load AWP updates to the system on a daily basis.

If d fferent, specify the source of the category classif cation system ut lized in negot ating pharma revenue agreements.

Not applicable.

(1) Brand Name Drugs dispensed in a Retail Network Pharmacy as well as Brand Name Vaccines dispensed and administered in a Vaccination Network Pharmacy shall be billed to the Programs using Lesser of Logic incorporating Pass-through Pricing

(2) Generic Drugs dispensed in a Retail Network Pharmacy as well as Generic Vaccines dispensed and administered in a Vaccination Network Pharmacy shall be billed to the Programs using Lesser of Logic incorporating the Programs MAC list for Retail and Mail Service Pharmacies and Pass-through Pricing contracted with the dispensing pharmacy. Enter the Offeror's Guaranteed Minimum Discount off of Aggregate AWP for Generic Drugs and Vaccines and the Guaranteed Maximum Dispensing Fee for Generic Drugs and Vaccines. The amounts quoted will be subject to an annual reconciliation to verify that the Guaranteed Minimum Discount and Guaranteed Maximum Dispensing Fee are achieved. The Guaranteed Minimum Discount reconciliation will be combined for Retail and Mail Service Pharmacy dispensed Generic Drugs.

(3) Compound Drugs dispensed in a Retail Network Pharmacy sha l be billed to the Programs-incorporating Pass-through Pricing contracted with the dispensing pharmacy. Enter the Offeror's Guaranteed Maximum Dispensing Fee for Compounds. The amount quoted will be subject to an annual reconciliation to verify that the Guaranteed Maximum Dispensing Fee is achieved. Compound Drug ingredient costs will be priced using the Offeror's proposed pricing methodology as set forth on this Attachment 83.

( ) Brand Name Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Discount off AWP for Brands and the Guaranteed Dispensing Fee for Brands.

(5) Generic Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic incorporating the Programs MAC List for Retail and Mail Service Pharmacies and guaranteed contracted pricing. The Offeror's Guaranteed Minimum Discount off of Aggregate AWP for Generic Drugs must be the same as the amount quoted for Retail Network Pharmacies (footnote 2). The Guaranteed Minimum Discount reconciliation will be combined for Retail and Mail Service Pharmacy dispensed Generic Drugs.

(6) Compound Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Dispensing Fee for Compounds. Compound Drug ingredient costs will be priced using the Offeror's proposed pricing methodology as set forth on this Attachment 83.

(7) Specialty Drugs dispensed through the Specialty Pharmacy Program shall be billed to the Program using Lesser of Logic incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Discount off AWP for Specialty Drugs dispensed through the Specialty Pharmacy Program. The Offeror may propose a guaranteed contracted dispensing fee on an NDC basis for each drug proposed to be included in the Specialty Pharmacy Program on Attachment 89.

(8) The Offeror must propose a pricing methodology(ies) utilizing Pass-through Pricing to be applied to Retail Pharmacy Network and Mail Service Pharmacy Process Compound Drug claims that meet the Programs' definition of a Compound Drug as defined in Attachment 15 *Glossary of defined Terms*. Offerors may propose multiple pricing methodologies uti izing Pass-through Pricing for the Procuring Agencies' review and selection.

(9) For Offerors proposing the use of NCPDP transaction standards for Compound Drugs enter the Offeror's Level of Effort Fee for each claim level of effort code listed.

(10) Guaranteed Maximum Prescribing Fee would only apply to certain medications (e.g. self-administered oral hormonal contraceptives per Ch. 128 Laws of 2023) where there is statutory authority for pharmacists licensed pharmacy technicians or those named in the law to prescribe select medications. The Department is aware of several bills in the 2024 NYS legislative session (including but not limited to: S5263; S5 04; S3297/A5995; A2732/S 855; A825) which - if signed into law - would give prescribing powers for certain medications or statutory authority to order tests to pharmacists and DCS would like to allow for the possibility of future laws giving this authority to pharmacists.

ATTACHMENT 88

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

Retail and Mail Service Pharmacy Generic Drugs - MAC List Costs per GPI - RFP entitled "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Attachment 88 Instructions: Submit in Excel format on a USB Storage Device.

1) For each GPI provide the proposed Empire Plan MAC List for Retail and Mail Service Pharmacy unit cost as of 5/1/2024 in the Retail and Mail Service Pharmacy MAC Unit Cost column. These figures should support the Offeror's proposed guaranteed minimum discounts off the aggregate AWP for all generic drugs dispensed by Retail and Mail Service Pharmacies for the Program.

2) For each GPI indicate with a "Y" (Yes) or "N" (no) whether the MAC price is applicable to all NDCs within the GPI, including any brand NDC in the GPI.

3) If any NDCs within a GPI are exempted from MAC pricing for reasons other than being B-rated or unrated, list the GPI, all excluded NDCs and drug names and the reason for the exclusion in a separate worksheet labeled "excluded NDCs"

4) For each GPI indicate with a "Y" (Yes) or "N" (No) whether a therapeutically equivalent generic (A-rated or Authorized) is available.

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
01100010102125	PENICILLIN G POTASSIUM FOR INJ 5000000 UNIT	N/A	N/A	Y
01100010102135	PENICILLIN G POTASSIUM FOR INJ 20000000 UNIT	[redacted]	Y	Y
01100010112070	PENICILLIN G POTASSIUM INJ 60000 UNIT/ML IN DEXTROSE	N/A	N/A	N
01100010202105	PENICILLIN G SODIUM FOR INJ 5000000 UNIT	N/A	N/A	N
01100030001820	PENICILLIN G PROCAINE INTRAMUSCULAR SUSP 600000 UNIT/ML	N/A	N/A	N
01100040100310	PENICILLIN V POTASSIUM TAB 250 MG	[redacted]	Y	Y
01100040100315	PENICILLIN V POTASSIUM TAB 500 MG		Y	Y
01100040102105	PENICILLIN V POTASSIUM FOR SOLN 125 MG/5ML		Y	N
01100040102110	PENICILLIN V POTASSIUM FOR SOLN 250 MG/5ML		Y	N
01200010100105	AMOXICILLIN (TRIHYDRATE) CAP 250 MG		Y	Y
01200010100110	AMOXICILLIN (TRIHYDRATE) CAP 500 MG		Y	Y
01200010100303	AMOXICILLIN (TRIHYDRATE) TAB 500 MG		Y	Y
01200010100315	AMOXICILLIN (TRIHYDRATE) TAB 875 MG		Y	Y
01200010100505	AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG		Y	N
01200010100510	AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG		Y	N
01200010101910	AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML		Y	Y
01200010101913	AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML		Y	Y
01200010101915	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML		Y	Y
01200010101924	AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML		Y	Y
01200010107520	AMOXICILLIN (TRIHYDRATE) TAB ER 24HR 775 MG	N/A	N/A	N
01200020200105	AMPICILLIN CAP 250 MG	N/A	N/A	N
01200020200110	AMPICILLIN CAP 500 MG	[redacted]	Y	N
01200020201910	AMPICILLIN FOR SUSP 125 MG/5ML	N/A	N/A	N
01200020201915	AMPICILLIN FOR SUSP 250 MG/5ML	N/A	N/A	N
01200020302115	AMPICILLIN SODIUM FOR INJ 500 MG	N/A	N/A	Y
01200020302120	AMPICILLIN SODIUM FOR INJ 1 GM	[redacted]	Y	Y
01200020302125	AMPICILLIN SODIUM FOR INJ 2 GM		Y	Y
01200020302127	AMPICILLIN SODIUM FOR IV SOLN 2 GM	N/A	N/A	Y
01200020302132	AMPICILLIN SODIUM FOR IV SOLN 10 GM	N/A	N/A	Y
01300020100110	DICLOXACILLIN SODIUM CAP 250 MG	[redacted]	Y	Y
01300020100115	DICLOXACILLIN SODIUM CAP 500 MG		Y	Y
01300040102115	NAFCILLIN SODIUM FOR INJ 2 GM		Y	Y
01300040102125	NAFCILLIN SODIUM FOR INJ 10 GM	N/A	N/A	N
01300040102127	NAFCILLIN SODIUM FOR IV SOLN 10 GM	N/A	N/A	Y
01300040112025	NAFCILLIN SODIUM IN DEXTROSE INJ 2 GM/100ML	N/A	N/A	N
01300050102115	OXACILLIN SODIUM FOR INJ 1 GM (BASE EQUIVALENT)	N/A	N/A	Y
01300050102120	OXACILLIN SODIUM FOR INJ 2 GM (BASE EQUIVALENT)	[redacted]	Y	Y
01300050102130	OXACILLIN SODIUM FOR INJ 10 GM (BASE EQUIVALENT)	N/A	N/A	N
01300050102131	OXACILLIN SODIUM FOR IV SOLN 10 GM (BASE EQUIVALENT)	[redacted]	Y	Y
01990002200310	AMOXICILLIN & K CLAVULANATE TAB 250-125 MG		Y	Y
01990002200320	AMOXICILLIN & K CLAVULANATE TAB 500-125 MG		Y	Y
01990002200340	AMOXICILLIN & K CLAVULANATE TAB 875-125 MG		Y	Y
01990002200515	AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG		Y	N
01990002200535	AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG		Y	N
01990002201915	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML		Y	Y
01990002201920	AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG/5ML		Y	Y
01990002201935	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML		Y	Y
01990002201960	AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML		Y	Y
01990002207420	AMOXICILLIN & K CLAVULANATE TAB ER 12HR 1000-62.5 MG		Y	N
01990002252110	AMPICILLIN & SULBACTAM SODIUM FOR INJ 1.5 (1-0.5) GM		Y	Y
01990002252112	AMPICILLIN & SULBACTAM SODIUM FOR IV SOLN 1.5 (1-0.5) GM	N/A	N/A	Y
01990002252120	AMPICILLIN & SULBACTAM SODIUM FOR INJ 3 (2-1) GM	[redacted]	Y	Y
01990002252122	AMPICILLIN & SULBACTAM SODIUM FOR IV SOLN 3 (2-1) GM	N/A	N/A	Y
01990002252150	AMPICILLIN & SULBACTAM SODIUM FOR INJ 15 (10-5) GM	N/A	N/A	N
01990002252152	AMPICILLIN & SULBACTAM SODIUM FOR IV SOLN 15 (10-5) GM	N/A	N/A	Y
01990002702120	PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 2.25 GM (2-0.25 GM)	[redacted]	Y	Y
01990002702130	PIPERACILLIN SOD-TAZOBACTAM NA FOR INJ 3.375 GM (3-0.375 GM)		Y	Y
01990002702140	PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 4.5 GM (4-0.5 GM)		Y	Y
01990002702150	PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 13.5 GM (12-1.5 GM)		Y	Y
01990002702170	PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 40.5 GM (36-4.5 GM)		Y	Y
02100010000105	CEFADROXIL CAP 500 MG		Y	Y
02100010000305	CEFADROXIL TAB 1 GM		Y	Y
02100010001910	CEFADROXIL FOR SUSP 250 MG/5ML		Y	Y
02100010001915	CEFADROXIL FOR SUSP 500 MG/5ML		Y	Y
02100015102110	CEFAZOLIN SODIUM FOR INJ 500 MG	N/A	N/A	Y
02100015102115	CEFAZOLIN SODIUM FOR INJ 1 GM	[redacted]	Y	Y

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02100015102117	CEFAZOLIN SODIUM FOR IV SOLN 1 GM	N/A	N/A	Y
02100015102118	CEFAZOLIN SODIUM FOR INJ 2 GM	[redacted]	Y	Y
02100015102125	CEFAZOLIN SODIUM FOR INJ 10 GM	[redacted]	Y	Y
02100015132030	CEFAZOLIN SODIUM-DEXTROSE IV SOLUTION 2 GM/100ML-4%	N/A	N/A	N
02100015132120	CEFAZOLIN SODIUM FOR IV SOLN 1 GM AND DEXTROSE 4% (50 ML)	[redacted]	Y	N
02100015132130	CEFAZOLIN SODIUM FOR IV SOLN 2 GM AND DEXTROSE 3% (50 ML)	N/A	N/A	N
02100020000105	CEPHALEXIN CAP 250 MG	[redacted]	Y	Y
02100020000110	CEPHALEXIN CAP 500 MG	[redacted]	Y	Y
02100020000120	CEPHALEXIN CAP 750 MG	[redacted]	Y	N
02100020000310	CEPHALEXIN TAB 250 MG	[redacted]	Y	N
02100020000315	CEPHALEXIN TAB 500 MG	[redacted]	Y	N
02100020001910	CEPHALEXIN FOR SUSP 125 MG/5ML	[redacted]	Y	Y
02100020001915	CEPHALEXIN FOR SUSP 250 MG/5ML	[redacted]	Y	Y
02200040000105	CEFACLOR CAP 250 MG	[redacted]	Y	Y
02200040000110	CEFACLOR CAP 500 MG	[redacted]	Y	Y
02200040001905	CEFACLOR FOR SUSP 125 MG/5ML	N/A	N/A	N
02200040001910	CEFACLOR FOR SUSP 250 MG/5ML	N/A	N/A	N
02200040001915	CEFACLOR FOR SUSP 375 MG/5ML	N/A	N/A	N
02200040107430	CEFACLOR MONOHYDRATE TAB ER 12HR 500 MG	[redacted]	Y	N
02200057102110	CEFOTETAN DISODIUM FOR INJ 1 GM	N/A	N/A	N
02200057102120	CEFOTETAN DISODIUM FOR INJ 2 GM	N/A	N/A	N
02200057102150	CEFOTETAN DISODIUM FOR INJ 10 GM	N/A	N/A	N
02200057122130	CEFOTETAN DISODIUM FOR IV SOLN 2 GM AND DEXTROSE 2.08% 50 ML	N/A	N/A	N
02200060102105	CEFOXITIN SODIUM FOR IV SOLN 1 GM	N/A	N/A	Y
02200060102110	CEFOXITIN SODIUM FOR IV SOLN 2 GM	N/A	N/A	Y
02200062000320	CEFPROZIL TAB 250 MG	[redacted]	Y	Y
02200062000330	CEFPROZIL TAB 500 MG	[redacted]	Y	Y
02200062001910	CEFPROZIL FOR SUSP 125 MG/5ML	[redacted]	Y	Y
02200062001920	CEFPROZIL FOR SUSP 250 MG/5ML	[redacted]	Y	Y
02200065050310	CEFUROXIME AXETIL TAB 250 MG	[redacted]	Y	Y
02200065050315	CEFUROXIME AXETIL TAB 500 MG	[redacted]	Y	Y
02200065102105	CEFUROXIME SODIUM FOR INJ 750 MG	N/A	N/A	Y
02200065102110	CEFUROXIME SODIUM FOR INJ 1.5 GM	N/A	N/A	N
02300040000120	CEFDINIR CAP 300 MG	[redacted]	Y	Y
02300040001920	CEFDINIR FOR SUSP 125 MG/5ML	[redacted]	Y	Y
02300040001930	CEFDINIR FOR SUSP 250 MG/5ML	[redacted]	Y	Y
02300045200320	CEFDITOREN PIVOXIL TAB 200 MG (BASE EQUIVALENT)	N/A	N/A	N
02300045200340	CEFDITOREN PIVOXIL TAB 400 MG (BASE EQUIVALENT)	N/A	N/A	N
02300060000120	CEFIXIME CAP 400 MG	[redacted]	Y	Y
02300060001910	CEFIXIME FOR SUSP 100 MG/5ML	[redacted]	Y	Y
02300060001920	CEFIXIME FOR SUSP 200 MG/5ML	[redacted]	Y	Y
02300065100320	CEFPODOXIME PROXETIL TAB 100 MG	[redacted]	Y	Y
02300065100330	CEFPODOXIME PROXETIL TAB 200 MG	[redacted]	Y	Y
02300065101920	CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML	N/A	N/A	N
02300065101930	CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML	[redacted]	Y	N
02300075102103	CEFOTAXIME SODIUM FOR INJ 500 MG	N/A	N/A	N
02300075102105	CEFOTAXIME SODIUM FOR INJ 1 GM	N/A	N/A	N
02300075102110	CEFOTAXIME SODIUM FOR INJ 2 GM	N/A	N/A	N
02300080002110	CEFTAZIDIME FOR INJ 1 GM	[redacted]	Y	Y
02300080002115	CEFTAZIDIME FOR INJ 2 GM	N/A	N/A	N
02300080002117	CEFTAZIDIME FOR IV SOLN 2 GM	[redacted]	Y	Y
02300080002120	CEFTAZIDIME FOR INJ 6 GM	[redacted]	Y	Y
02300080002122	CEFTAZIDIME FOR IV SOLN 6 GM	N/A	N/A	Y
02300083000120	CEFTIBUTEN CAP 400 MG	N/A	N/A	N
02300083001940	CEFTIBUTEN FOR SUSP 180 MG/5ML	N/A	N/A	N
02300090102105	CEFTRIAXONE SODIUM FOR INJ 250 MG	[redacted]	Y	Y
02300090102110	CEFTRIAXONE SODIUM FOR INJ 500 MG	[redacted]	Y	Y
02300090102115	CEFTRIAXONE SODIUM FOR INJ 1 GM	[redacted]	Y	Y
02300090102117	CEFTRIAXONE SODIUM FOR IV SOLN 1 GM	[redacted]	Y	Y
02300090102120	CEFTRIAXONE SODIUM FOR INJ 2 GM	[redacted]	Y	Y
02300090102122	CEFTRIAXONE SODIUM FOR IV SOLN 2 GM	[redacted]	Y	Y
02300090102125	CEFTRIAXONE SODIUM FOR INJ 10 GM	[redacted]	Y	Y
02300090112015	CEFTRIAXONE SODIUM IN DEXTROSE INJ 20 MG/ML	[redacted]	Y	N
02300090112020	CEFTRIAXONE SODIUM IN DEXTROSE INJ 40 MG/ML	N/A	N/A	N
02300090132120	CEFTRIAXONE SODIUM FOR IV SOLN 1 GM AND DEXTROSE 3.74% 50 ML	[redacted]	Y	N
02300090132130	CEFTRIAXONE SODIUM FOR IV SOLN 2 GM AND DEXTROSE 2.22% 50 ML	[redacted]	Y	N
02400040102022	CEFEPIME HCL IV SOLN 1 GM/50ML	[redacted]	Y	N
02400040102024	CEFEPIME HCL IV SOLN 2 GM/100ML	N/A	N/A	N
02400040102110	CEFEPIME HCL FOR INJ 1 GM	[redacted]	Y	Y
02400040102120	CEFEPIME HCL FOR INJ 2 GM	N/A	N/A	N
02400040102122	CEFEPIME HCL FOR IV SOLN 2 GM	[redacted]	Y	Y
02400040122110	CEFEPIME HCL FOR IV SOLN 1 GM AND DEXTROSE 5% (50 ML)	N/A	N/A	N
02400040122120	CEFEPIME HCL FOR IV SOLN 2 GM AND DEXTROSE 5% (50 ML)	N/A	N/A	N
03100005000305	ERYTHROMYCIN TAB 250 MG	[redacted]	Y	Y
03100005000310	ERYTHROMYCIN TAB 500 MG	[redacted]	Y	Y
03100005000605	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	[redacted]	Y	Y
03100005000610	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	[redacted]	Y	Y
03100005000615	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	[redacted]	Y	Y
03100005006720	ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG	[redacted]	Y	Y
03100010100305	ERYTHROMYCIN STEARATE TAB 250 MG	N/A	N/A	N
03100010100310	ERYTHROMYCIN STEARATE TAB 500 MG	N/A	N/A	N
03100030300305	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	[redacted]	Y	N
03100030301910	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	[redacted]	Y	Y
03100030301915	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML	[redacted]	Y	Y
03100050502105	ERYTHROMYCIN LACTOBIONATE FOR INJ 500 MG	N/A	N/A	Y
03400010000320	AZITHROMYCIN TAB 250 MG	[redacted]	Y	Y
03400010000334	AZITHROMYCIN TAB 500 MG	[redacted]	Y	Y

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03400010000340	AZITHROMYCIN TAB 600 MG	[redacted]	Y	Y
03400010001920	AZITHROMYCIN FOR SUSP 100 MG/5ML	[redacted]	Y	Y
03400010001930	AZITHROMYCIN FOR SUSP 200 MG/5ML	[redacted]	Y	Y
03400010002120	AZITHROMYCIN IV FOR SOLN 500 MG	[redacted]	Y	Y
03400010003020	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	[redacted]	Y	N
03500010000310	CLARITHROMYCIN TAB 250 MG	[redacted]	Y	Y
03500010000320	CLARITHROMYCIN TAB 500 MG	[redacted]	Y	Y
03500010001910	CLARITHROMYCIN FOR SUSP 125 MG/5ML	[redacted]	Y	N
03500010001920	CLARITHROMYCIN FOR SUSP 250 MG/5ML	[redacted]	Y	N
03500010007520	CLARITHROMYCIN TAB ER 24HR 500 MG	[redacted]	Y	Y
04000010100305	DEMECLOCYCLINE HCL TAB 150 MG	[redacted]	Y	Y
04000010100310	DEMECLOCYCLINE HCL TAB 300 MG	[redacted]	Y	Y
04000020000105	DOXYCYCLINE MONOHYDRATE CAP 50 MG	[redacted]	Y	Y
04000020000107	DOXYCYCLINE MONOHYDRATE CAP 75 MG	[redacted]	Y	Y
04000020000110	DOXYCYCLINE MONOHYDRATE CAP 100 MG	[redacted]	Y	Y
04000020000115	DOXYCYCLINE MONOHYDRATE CAP 150 MG	N/A	N/A	Y
04000020000305	DOXYCYCLINE MONOHYDRATE TAB 50 MG	[redacted]	Y	Y
04000020000307	DOXYCYCLINE MONOHYDRATE TAB 75 MG	[redacted]	Y	Y
04000020000310	DOXYCYCLINE MONOHYDRATE TAB 100 MG	[redacted]	Y	Y
04000020000315	DOXYCYCLINE MONOHYDRATE TAB 150 MG	[redacted]	Y	Y
04000020001905	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	[redacted]	Y	Y
04000020100105	DOXYCYCLINE HYCLATE CAP 50 MG	[redacted]	Y	Y
04000020100110	DOXYCYCLINE HYCLATE CAP 100 MG	[redacted]	Y	Y
04000020100302	DOXYCYCLINE HYCLATE TAB 20 MG	[redacted]	Y	Y
04000020100305	DOXYCYCLINE HYCLATE TAB 50 MG	[redacted]	Y	Y
04000020100307	DOXYCYCLINE HYCLATE TAB 75 MG	[redacted]	Y	Y
04000020100310	DOXYCYCLINE HYCLATE TAB 100 MG	[redacted]	Y	Y
04000020100315	DOXYCYCLINE HYCLATE TAB 150 MG	[redacted]	Y	Y
04000020100610	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 50 MG	[redacted]	Y	Y
04000020100620	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 75 MG	N/A	N/A	Y
04000020100624	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 80 MG	[redacted]	Y	N
04000020100630	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 100 MG	N/A	N/A	Y
04000020100640	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 150 MG	[redacted]	Y	Y
04000020100650	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 200 MG	[redacted]	Y	Y
04000020102105	DOXYCYCLINE HYCLATE FOR INJ 100 MG	[redacted]	Y	Y
04000040100105	MINOCYCLINE HCL CAP 50 MG	[redacted]	Y	Y
04000040100107	MINOCYCLINE HCL CAP 75 MG	[redacted]	Y	Y
04000040100110	MINOCYCLINE HCL CAP 100 MG	[redacted]	Y	Y
04000040100305	MINOCYCLINE HCL TAB 50 MG	[redacted]	Y	Y
04000040100307	MINOCYCLINE HCL TAB 75 MG	[redacted]	Y	Y
04000040100310	MINOCYCLINE HCL TAB 100 MG	[redacted]	Y	Y
04000040107010	MINOCYCLINE HCL CAP ER 24HR 45 MG (BASE EQUIVALENT)	[redacted]	Y	N
04000040107030	MINOCYCLINE HCL CAP ER 24HR 90 MG (BASE EQUIVALENT)	[redacted]	Y	N
04000040107050	MINOCYCLINE HCL CAP ER 24HR 135 MG (BASE EQUIVALENT)	[redacted]	Y	N
04000040107520	MINOCYCLINE HCL TAB ER 24HR 45 MG	N/A	N/A	Y
04000040107522	MINOCYCLINE HCL TAB ER 24HR 55 MG	[redacted]	Y	Y
04000040107525	MINOCYCLINE HCL TAB ER 24HR 65 MG	N/A	N/A	Y
04000040107528	MINOCYCLINE HCL TAB ER 24HR 80 MG	N/A	N/A	Y
04000040107530	MINOCYCLINE HCL TAB ER 24HR 90 MG	[redacted]	Y	Y
04000040107533	MINOCYCLINE HCL TAB ER 24HR 105 MG	N/A	N/A	Y
04000040107535	MINOCYCLINE HCL TAB ER 24HR 115 MG	[redacted]	Y	Y
04000040107540	MINOCYCLINE HCL TAB ER 24HR 135 MG	[redacted]	Y	Y
04000040107560	MINOCYCLINE HCL TAB ER 24HR BIPHASIC RELEASE 105 MG	N/A	N/A	N/A
04000040107570	MINOCYCLINE HCL TAB ER 24HR BIPHASIC RELEASE 135 MG	N/A	N/A	N/A
04000060100105	TETRACYCLINE HCL CAP 250 MG	[redacted]	Y	Y
04000060100110	TETRACYCLINE HCL CAP 500 MG	[redacted]	Y	Y
04350070002120	TIGECYCLINE FOR IV SOLN 50 MG	[redacted]	Y	Y
05000020001920	CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML (5%) (5 GM/100ML)	N/A	N/A	N
05000020001930	CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML (10%) (10 GM/100ML)	N/A	N/A	N
05000020002024	CIPROFLOXACIN IV SOLN 200 MG/20ML (1%)	N/A	N/A	N
05000020057520	CIPROFLOXACIN-CIPROFLOXACIN HCL TAB ER 24HR 500 MG (BASE EQ)	N/A	N/A	N
05000020057540	CIPROFLOXACIN-CIPROFLOXACIN HCL TAB ER 24HR 1000 MG(BASE EQ)	N/A	N/A	N
05000020100305	CIPROFLOXACIN HCL TAB 100 MG (BASE EQUIV)	N/A	N/A	Y
05000020100310	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	[redacted]	Y	Y
05000020100315	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	[redacted]	Y	Y
05000020100320	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)	[redacted]	Y	Y
05000020112024	CIPROFLOXACIN 200 MG/100ML IN D5W	[redacted]	Y	Y
05000020112028	CIPROFLOXACIN 400 MG/200ML IN D5W	[redacted]	Y	Y
05000034000320	LEVOFLOXACIN TAB 250 MG	[redacted]	Y	Y
05000034000330	LEVOFLOXACIN TAB 500 MG	[redacted]	Y	Y
05000034000340	LEVOFLOXACIN TAB 750 MG	[redacted]	Y	Y
05000034002020	LEVOFLOXACIN IV SOLN 25 MG/ML	N/A	N/A	Y
05000034002050	LEVOFLOXACIN ORAL SOLN 25 MG/ML	[redacted]	Y	Y
05000034112024	LEVOFLOXACIN IN D5W IV SOLN 250 MG/50ML	[redacted]	Y	Y
05000034112028	LEVOFLOXACIN IN D5W IV SOLN 500 MG/100ML	[redacted]	Y	Y
05000034112032	LEVOFLOXACIN IN D5W IV SOLN 750 MG/150ML	[redacted]	Y	Y
05000037100320	MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	[redacted]	Y	Y
05000037102020	MOXIFLOXACIN HCL IV SOLUTION 400 MG/250ML (BASE EQUIV)	N/A	N/A	N
05000037122020	MOXIFLOXACIN HCL 400 MG/250ML IN SODIUM CHLORIDE 0.8% INJ	N/A	N/A	N
05000050000330	OFLOXACIN TAB 300 MG	N/A	N/A	Y
05000050000340	OFLOXACIN TAB 400 MG	[redacted]	Y	Y
07000010102011	AMIKACIN SULFATE INJ 500 MG/2ML (250 MG/ML)	[redacted]	Y	Y
07000010102013	AMIKACIN SULFATE INJ 1 GM/4ML (250 MG/ML)	[redacted]	Y	Y
07000020102035	GENTAMICIN SULFATE INJ 10 MG/ML	[redacted]	Y	Y
07000020102037	GENTAMICIN SULFATE IV SOLN 10 MG/ML	N/A	N/A	N
07000020102045	GENTAMICIN SULFATE INJ 40 MG/ML	[redacted]	Y	Y
07000020112008	GENTAMICIN IN SALINE INJ 0.8 MG/ML	N/A	N/A	N

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07000020112015	GENTAMICIN IN SALINE INJ 1 MG/ML	[redacted]	Y	Y
07000020112025	GENTAMICIN IN SALINE INJ 1.2 MG/ML	N/A	N/A	Y
07000020112045	GENTAMICIN IN SALINE INJ 1.6 MG/ML	[redacted]	Y	Y
07000020112065	GENTAMICIN IN SALINE INJ 2 MG/ML	N/A	N/A	N
07000040100305	NEOMYCIN SULFATE TAB 500 MG	[redacted]	Y	Y
07000055100110	PAROMOMYCIN SULFATE CAP 250 MG	N/A	N/A	N
07000060102105	STREPTOMYCIN SULFATE FOR INJ 1 GM	N/A	N/A	N
07000070002520	TOBRAMYCIN NEBU SOLN 300 MG/5ML	[redacted]	Y	Y
07000070002530	TOBRAMYCIN NEBU SOLN 300 MG/4ML	[redacted]	Y	Y
07000070102034	TOBRAMYCIN SULFATE INJ 80 MG/2ML (40 MG/ML) (BASE EQUIV)	[redacted]	Y	Y
07000070102038	TOBRAMYCIN SULFATE INJ 1.2 GM/30ML (40 MG/ML) (BASE EQUIV)	[redacted]	Y	Y
07000070102039	TOBRAMYCIN SULFATE INJ 2 GM/50ML (40 MG/ML) (BASE EQUIV)	N/A	N/A	Y
07000070102105	TOBRAMYCIN SULFATE FOR INJ 1.2 GM	N/A	N/A	Y
08000020000305	SULFADIAZINE TAB 500 MG	N/A	N/A	N
09000040100305	ETHAMBUTOL HCL TAB 100 MG	[redacted]	Y	Y
09000040100310	ETHAMBUTOL HCL TAB 400 MG	[redacted]	Y	Y
09000060000305	ISONIAZID TAB 100 MG	[redacted]	Y	Y
09000060000310	ISONIAZID TAB 300 MG	[redacted]	Y	Y
09000060001210	ISONIAZID SYRUP 50 MG/5ML	N/A	N/A	N
09000070000310	PYRAZINAMIDE TAB 500 MG	[redacted]	Y	Y
09000075000120	RIFABUTIN CAP 150 MG	[redacted]	Y	Y
09000080000105	RIFAMPIN CAP 150 MG	[redacted]	Y	Y
09000080000110	RIFAMPIN CAP 300 MG	[redacted]	Y	Y
11000010002105	AMPHOTERICIN B FOR IV SOLN 50 MG	N/A	N/A	N
11000010401920	AMPHOTERICIN B LIPOSOME IV FOR SUSP 50 MG	N/A	N/A	Y
11000020000105	FLUCYTOSINE CAP 250 MG	[redacted]	Y	Y
11000020000110	FLUCYTOSINE CAP 500 MG	[redacted]	Y	Y
11000030100315	GRISEOFULVIN MICROSIZE TAB 500 MG	[redacted]	Y	Y
11000030101805	GRISEOFULVIN MICROSIZE SUSP 125 MG/5ML	[redacted]	Y	Y
11000030200305	GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG	[redacted]	Y	Y
11000030200315	GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG	[redacted]	Y	Y
11000060000305	NYSTATIN TAB 500000 UNIT	[redacted]	Y	Y
11000060002900	NYSTATIN ORAL POWDER	N/A	N/A	N
11000080100310	TERBINAFINE HCL TAB 250 MG	[redacted]	Y	Y
11404040000310	KETOCONAZOLE TAB 200 MG	[redacted]	Y	Y
11407015000310	FLUCONAZOLE TAB 50 MG	[redacted]	Y	Y
11407015000320	FLUCONAZOLE TAB 100 MG	[redacted]	Y	Y
11407015000325	FLUCONAZOLE TAB 150 MG	[redacted]	Y	Y
11407015000330	FLUCONAZOLE TAB 200 MG	[redacted]	Y	Y
11407015001910	FLUCONAZOLE FOR SUSP 10 MG/ML	[redacted]	Y	Y
11407015001940	FLUCONAZOLE FOR SUSP 40 MG/ML	[redacted]	Y	Y
11407015012005	FLUCONAZOLE IN NACL 0.9% INJ 100 MG/50ML	N/A	N/A	N
11407015012010	FLUCONAZOLE IN NACL 0.9% INJ 200 MG/100ML	[redacted]	Y	Y
11407015012020	FLUCONAZOLE IN NACL 0.9% INJ 400 MG/200ML	[redacted]	Y	Y
11407015022010	FLUCONAZOLE IN DEXTROSE INJ 200 MG/100ML	N/A	N/A	N
11407035000120	ITRACONAZOLE CAP 100 MG	[redacted]	Y	Y
11407035002020	ITRACONAZOLE ORAL SOLN 10 MG/ML	[redacted]	Y	Y
11407060000620	POSACONAZOLE TAB DELAYED RELEASE 100 MG	[redacted]	Y	Y
11407060001820	POSACONAZOLE SUSP 40 MG/ML	[redacted]	Y	Y
11407060002020	POSACONAZOLE IV SOLN 300 MG/16.7ML (18 MG/ML)	N/A	N/A	N/A
11407080000320	VORICONAZOLE TAB 50 MG	[redacted]	Y	Y
11407080000340	VORICONAZOLE TAB 200 MG	[redacted]	Y	Y
11407080001920	VORICONAZOLE FOR SUSP 40 MG/ML	[redacted]	Y	Y
11407080002120	VORICONAZOLE FOR INJ 200 MG	N/A	N/A	Y
11500025102120	CASPOFUNGIN ACETATE FOR IV SOLN 50 MG	N/A	N/A	Y
11500050102120	MICAFUNGIN SODIUM FOR IV SOLN 50 MG	N/A	N/A	Y
11500050102130	MICAFUNGIN SODIUM FOR IV SOLN 100 MG	[redacted]	Y	Y
12102060000320	MARAVIROC TAB 150 MG	[redacted]	Y	Y
12102060000330	MARAVIROC TAB 300 MG	[redacted]	Y	Y
12104515200130	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	N/A	N/A	Y
12104515200140	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	[redacted]	Y	Y
12104515200150	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	[redacted]	Y	Y
12104520000325	DARUNAVIR TAB 600 MG	[redacted]	Y	Y
12104520000350	DARUNAVIR TAB 800 MG	[redacted]	Y	Y
12104525100330	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	[redacted]	Y	Y
12104560000320	RITONAVIR TAB 100 MG	[redacted]	Y	Y
12105005100320	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	[redacted]	Y	Y
12105005102020	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	N/A	N/A	Y
12105015006528	DIDANOSINE DELAYED RELEASE CAPSULE 200 MG	N/A	N/A	N
12105015006535	DIDANOSINE DELAYED RELEASE CAPSULE 250 MG	N/A	N/A	N
12105015006550	DIDANOSINE DELAYED RELEASE CAPSULE 400 MG	N/A	N/A	N
12106030000120	EMTRICITABINE CAPS 200 MG	[redacted]	Y	Y
12106060000320	LAMIVUDINE TAB 150 MG	[redacted]	Y	Y
12106060000330	LAMIVUDINE TAB 300 MG	[redacted]	Y	Y
12106060002020	LAMIVUDINE ORAL SOLN 10 MG/ML	N/A	N/A	Y
12108070000115	STAVUDINE CAP 15 MG	N/A	N/A	N
12108070000120	STAVUDINE CAP 20 MG	N/A	N/A	N
12108070000130	STAVUDINE CAP 30 MG	N/A	N/A	N
12108070000140	STAVUDINE CAP 40 MG	N/A	N/A	N
12108085000110	ZIDOVUDINE CAP 100 MG	N/A	N/A	Y
12108085000330	ZIDOVUDINE TAB 300 MG	[redacted]	Y	Y
12108085001210	ZIDOVUDINE SYRUP 10 MG/ML	N/A	N/A	Y
12108570100320	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	[redacted]	Y	Y
12109030000110	EFAVIRENZ CAP 50 MG	N/A	N/A	N
12109030000140	EFAVIRENZ CAP 200 MG	N/A	N/A	N
12109030000330	EFAVIRENZ TAB 600 MG	[redacted]	Y	Y
12109035000320	ETRAVIRINE TAB 100 MG	[redacted]	Y	Y

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12109035000340	ETRAVIRINE TAB 200 MG	[redacted]	Y	Y
12109050000320	NEVIRAPINE TAB 200 MG	[redacted]	Y	Y
12109050001820	NEVIRAPINE SUSP 50 MG/5ML	[redacted]	Y	Y
12109050007510	NEVIRAPINE TAB ER 24HR 100 MG	N/A	N/A	N
12109050007520	NEVIRAPINE TAB ER 24HR 400 MG	[redacted]	Y	Y
12109902200340	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	[redacted]	Y	Y
12109902300308	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	[redacted]	Y	Y
12109902300312	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	N/A	N/A	Y
12109902300316	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	N/A	N/A	Y
12109902300320	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	[redacted]	Y	Y
12109902500320	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	[redacted]	Y	Y
12109902550310	LOPINAVIR-RITONAVIR TAB 100-25 MG	N/A	N/A	Y
12109902550320	LOPINAVIR-RITONAVIR TAB 200-50 MG	[redacted]	Y	Y
12109902552020	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	N/A	N/A	Y
12109903200320	ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TAB 300-150-300 MG	N/A	N/A	N
12109903300320	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	[redacted]	Y	Y
12109903330330	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	N/A	N/A	Y
12109903330340	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	[redacted]	Y	Y
12200010002020	CIDOFOVIR IV INJ 75 MG/ML	[redacted]	Y	Y
12200020102030	FOSCARNET SODIUM INJ 6000 MG/250ML (24 MG/ML)	N/A	N/A	Y
12200030102110	GANCICLOVIR SODIUM FOR INJ 500 MG	[redacted]	Y	Y
12200066100320	VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT)	[redacted]	Y	Y
12200066102120	VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV)	[redacted]	Y	Y
12352015100320	ADEFOVIR DIPIVOXIL TAB 10 MG	[redacted]	Y	Y
12352030000320	ENTECAVIR TAB 0.5 MG	[redacted]	Y	Y
12352030000330	ENTECAVIR TAB 1 MG	[redacted]	Y	Y
12352050000315	LAMIVUDINE TAB 100 MG (HBV)	[redacted]	Y	Y
12353070000120	RIBAVIRIN CAP 200 MG	N/A	N/A	Y
12353070000320	RIBAVIRIN TAB 200 MG	[redacted]	Y	Y
12353070000340	RIBAVIRIN TAB 400 MG	N/A	N/A	N
12353070000360	RIBAVIRIN TAB 600 MG	N/A	N/A	N
12353070006320	RIBAVIRIN TAB 400 MG & RIBAVIRIN TAB 600 MG DOSE PACK	N/A	N/A	N
1235307000B718	RIBAVIRIN TAB THERAPY PACK 400 MG (800 MG DAILY DOSE)	N/A	N/A	N
1235307000B720	RIBAVIRIN TAB PACK 400 MG & 600 MG (1000 MG DAILY DOSE)	N/A	N/A	N
1235307000B725	RIBAVIRIN TAB THERAPY PACK 600 MG (1200 MG DAILY DOSE)	N/A	N/A	N
12359902400320	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	N/A	N/A	N
12359902650330	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	N/A	N/A	N
12405010000110	ACYCLOVIR CAP 200 MG	[redacted]	Y	Y
12405010000320	ACYCLOVIR TAB 400 MG	[redacted]	Y	Y
12405010000330	ACYCLOVIR TAB 800 MG	[redacted]	Y	Y
12405010001810	ACYCLOVIR SUSP 200 MG/5ML	[redacted]	Y	Y
12405010102030	ACYCLOVIR SODIUM IV SOLN 50 MG/ML	[redacted]	Y	Y
12405085100310	VALACYCLOVIR HCL TAB 500 MG	[redacted]	Y	Y
12405085100320	VALACYCLOVIR HCL TAB 1 GM	[redacted]	Y	Y
12408040000305	FAMCICLOVIR TAB 125 MG	[redacted]	Y	Y
12408040000310	FAMCICLOVIR TAB 250 MG	[redacted]	Y	Y
12408040000320	FAMCICLOVIR TAB 500 MG	[redacted]	Y	Y
12500070100320	RIMANTADINE HYDROCHLORIDE TAB 100 MG	N/A	N/A	Y
12504060200110	OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	[redacted]	Y	Y
12504060200115	OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	[redacted]	Y	Y
12504060200120	OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	[redacted]	Y	Y
12504060201910	OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)	[redacted]	Y	Y
13000010200305	CHLOROQUINE PHOSPHATE TAB 250 MG	[redacted]	Y	Y
13000010200310	CHLOROQUINE PHOSPHATE TAB 500 MG	[redacted]	Y	Y
13000020100303	HYDROXYCHLOROQUINE SULFATE TAB 100 MG	[redacted]	Y	Y
13000020100305	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	[redacted]	Y	Y
13000020100308	HYDROXYCHLOROQUINE SULFATE TAB 300 MG	[redacted]	Y	Y
13000020100310	HYDROXYCHLOROQUINE SULFATE TAB 400 MG	[redacted]	Y	Y
13000025100310	MEFLOQUINE HCL TAB 250 MG	[redacted]	Y	Y
13000030100310	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	[redacted]	Y	Y
13000040000310	PYRIMETHAMINE TAB 25 MG	[redacted]	Y	Y
13000060100119	QUININE SULFATE CAP 324 MG	[redacted]	Y	Y
13990002050310	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	[redacted]	Y	Y
13990002050320	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	[redacted]	Y	Y
15000002000320	ALBENDAZOLE TAB 200 MG	[redacted]	Y	Y
15000007000310	IVERMECTIN TAB 3 MG	[redacted]	Y	Y
15000010000505	MEBENDAZOLE CHEW TAB 100 MG	[redacted]	Y	N
15000050000305	PRAZIQUANTEL TAB 600 MG	[redacted]	Y	Y
16000010002110	BACITRACIN INTRAMUSCULAR FOR SOLN 50000 UNIT	N/A	N/A	N
16000015002105	COLISTIMETHATE SODIUM FOR INJ 150 MG	N/A	N/A	N
16000035000107	METRONIDAZOLE CAP 375 MG	[redacted]	Y	Y
16000035000305	METRONIDAZOLE TAB 250 MG	[redacted]	Y	Y
16000035000310	METRONIDAZOLE TAB 500 MG	[redacted]	Y	Y
16000035002030	METRONIDAZOLE IV SOLN 500 MG/100ML	[redacted]	Y	Y
16000035112020	METRONIDAZOLE IN NACL 0.79% IV SOLN 500 MG/100ML	N/A	N/A	N
16000045002170	PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG	N/A	N/A	Y
16000053000310	TINIDAZOLE TAB 250 MG	[redacted]	Y	Y
16000053000320	TINIDAZOLE TAB 500 MG	[redacted]	Y	Y
16000055000305	TRIMETHOPRIM TAB 100 MG	[redacted]	Y	Y
16000060100110	VANCOMYCIN HCL CAP 125 MG	N/A	N/A	N
16000060100120	VANCOMYCIN HCL CAP 250 MG	N/A	N/A	N
16000060102105	VANCOMYCIN HCL FOR INJ 500 MG	N/A	N/A	N
16000060102107	VANCOMYCIN HCL FOR INJ 750 MG	N/A	N/A	N
16000060102108	VANCOMYCIN HCL FOR INJ 1000 MG	N/A	N/A	N
16000060102109	VANCOMYCIN HCL FOR INJ 5000 MG	N/A	N/A	N
16000060102120	VANCOMYCIN HCL FOR INJ 10 GM	N/A	N/A	N
16000060112020	VANCOMYCIN HCL IN DEXTROSE 5% INJ 500 MG/100ML	N/A	N/A	N

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16000060112030	VANCOMYCIN HCL IN DEXTROSE 5% INJ 750 MG/150ML	N/A	N/A	N
16000060112040	VANCOMYCIN HCL IN DEXTROSE 5% INJ 1 GM/200ML	N/A	N/A	N
16000060152020	VANCOMYCIN HCL IN SODIUM CHLORIDE 0.9% IV SOLN 500 MG/100ML	N/A	N/A	N
16000060152030	VANCOMYCIN HCL IN SODIUM CHLORIDE 0.9% IV SOLN 750 MG/150ML	N/A	N/A	N
16000060152040	VANCOMYCIN HCL IN SODIUM CHLORIDE 0.9% IV SOLN 1 GM/200ML	N/A	N/A	N
16100004202132	COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY)	[redacted]	Y	Y
16100010102105	POLYMYXIN B SULFATE FOR INJ 500000 UNIT	N/A	N/A	Y
16140010002120	AZTREONAM FOR INJ 1 GM	N/A	N/A	Y
16140010002130	AZTREONAM FOR INJ 2 GM	[redacted]	Y	Y
16150020002110	DORIPENEM FOR IV INFUSION 250 MG	N/A	N/A	N
16150020002120	DORIPENEM FOR IV INFUSION 500 MG	N/A	N/A	N
16150030102130	ERTAPENEM SODIUM FOR INJ 1 GM (BASE EQUIVALENT)	[redacted]	Y	Y
16150050002120	MEROPENEM IV FOR SOLN 500 MG	[redacted]	Y	Y
16150050002140	MEROPENEM IV FOR SOLN 1 GM	[redacted]	Y	Y
16159902402110	IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 250 MG	N/A	N/A	N
16159902402120	IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG	[redacted]	Y	Y
16200010202160	CHLORAMPHENICOL SODIUM SUCCINATE FOR IV INJ 1 GM	N/A	N/A	N
16220010102005	LINCOMYCIN HCL INJ 300 MG/ML	N/A	N/A	Y
16220020100105	CLINDAMYCIN HCL CAP 75 MG	[redacted]	Y	Y
16220020100110	CLINDAMYCIN HCL CAP 150 MG	[redacted]	Y	Y
16220020100120	CLINDAMYCIN HCL CAP 300 MG	[redacted]	Y	Y
16220020222120	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	[redacted]	Y	Y
16220020302031	CLINDAMYCIN PHOSPHATE INJ 300 MG/2ML	N/A	N/A	Y
16220020302032	CLINDAMYCIN PHOSPHATE INJ 600 MG/4ML	N/A	N/A	Y
16220020302033	CLINDAMYCIN PHOSPHATE INJ 900 MG/6ML	N/A	N/A	Y
16220020302034	CLINDAMYCIN PHOSPHATE INJ 9 GM/60ML	N/A	N/A	Y
16220020302036	CLINDAMYCIN PHOSPHATE IV SOLN 300 MG/2ML	N/A	N/A	N
16220020302037	CLINDAMYCIN PHOSPHATE IV SOLN 600 MG/4ML	N/A	N/A	N
16220020302038	CLINDAMYCIN PHOSPHATE IV SOLN 900 MG/6ML	N/A	N/A	N
16220020312030	CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 600 MG/50ML	N/A	N/A	Y
16220020322010	CLINDAMYCIN PHOSPHATE IN NACL 0.9% IV SOLN 300 MG/50ML	N/A	N/A	N
16230040000330	LINEZOLID TAB 600 MG	[redacted]	Y	Y
16230040001920	LINEZOLID FOR SUSP 100 MG/5ML	[redacted]	Y	Y
16230040002040	LINEZOLID IV SOLN 600 MG/300ML (2 MG/ML)	[redacted]	Y	Y
16230040102040	LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%	N/A	N/A	N
16270030002130	DAPTOMYCIN FOR IV SOLN 350 MG	[redacted]	Y	Y
16270030002140	DAPTOMYCIN FOR IV SOLN 500 MG	[redacted]	Y	Y
16280080100110	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	[redacted]	Y	Y
16280080100120	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	[redacted]	Y	Y
16280080102058	VANCOMYCIN HCL IV SOLN 1000 MG/200ML (BASE EQUIVALENT)	N/A	N/A	N
16280080102110	VANCOMYCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT)	[redacted]	Y	Y
16280080102120	VANCOMYCIN HCL FOR IV SOLN 1 GM (BASE EQUIVALENT)	[redacted]	Y	Y
16280080102121	VANCOMYCIN HCL FOR IV SOLN 1.25 GM (BASE EQUIVALENT)	N/A	N/A	N/A
16280080102122	VANCOMYCIN HCL FOR IV SOLN 1.5 GM (BASE EQUIVALENT)	[redacted]	Y	Y
16280080102125	VANCOMYCIN HCL FOR IV SOLN 5 GM (BASE EQUIVALENT)	[redacted]	Y	Y
16280080102130	VANCOMYCIN HCL FOR IV SOLN 10 GM (BASE EQUIVALENT)	[redacted]	Y	Y
16280080102160	VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT)	[redacted]	Y	Y
16280080102170	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	[redacted]	Y	Y
16300010000310	DAPSONE TAB 25 MG	[redacted]	Y	Y
16300010000320	DAPSONE TAB 100 MG	[redacted]	Y	Y
16400020001820	ATOVAQUONE SUSP 750 MG/5ML	[redacted]	Y	Y
16400060000330	NITAZOXANIDE TAB 500 MG	[redacted]	Y	Y
16800015203020	FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)	[redacted]	Y	Y
16800020100310	METHENAMINE MANDELATE TAB 0.5 GM	[redacted]	Y	N
16800020100320	METHENAMINE MANDELATE TAB 1 GM	[redacted]	Y	N
16800020200305	METHENAMINE HIPPURATE TAB 1 GM	[redacted]	Y	Y
16800050001810	NITROFURANTOIN SUSP 25 MG/5ML	[redacted]	Y	Y
16800050100110	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	[redacted]	Y	Y
16800050100115	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	[redacted]	Y	Y
16800050100120	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	[redacted]	Y	Y
16800050150120	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	[redacted]	Y	Y
16990002101910	ERYTHROMYCIN-SULFISOXAZOLE FOR SUSP 200-600 MG/5ML	N/A	N/A	N
16990002300310	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	[redacted]	Y	Y
16990002300320	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	[redacted]	Y	Y
16990002301810	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	[redacted]	Y	Y
16990002302010	SULFAMETHOXAZOLE-TRIMETHOPRIM IV SOLN 400-80 MG/5ML	[redacted]	Y	Y
16992004200140	METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS CAP 120 MG	N/A	N/A	N
16992004200325	METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG	[redacted]	Y	N
16992005150325	METHENAMINE-HYOSC-METH BLUE-BENZ ACID-PHENYL SAL TAB 81.6MG	N/A	N/A	N
16992005200128	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL CAP 118 MG	[redacted]	Y	N
16992005200130	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL CAP 120 MG	[redacted]	Y	N
16992005200320	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG	[redacted]	Y	N
16992005200322	METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG	[redacted]	Y	N
16992005200330	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 120 MG	N/A	N/A	N
18990002101810	DIPHTHERIA-TETANUS TOX ADSORBED (DT) IM INJ 25-5 UNIT/0.5ML	N/A	N/A	N
18990002201805	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML	N/A	N/A	N
19100010002000	HEPATITIS B IMMUNE GLOBULIN (HUMAN) IM INJ SOLN	N/A	N/A	N
19100010002022	HEPATITIS B IMMUNE GLOBULIN (HUMAN) IM SOLN 220 UNIT/ML	N/A	N/A	N
19100010002026	HEPATITIS B IMMUNE GLOBULIN (HUMAN) IM SOLN 312 UNIT/ML	N/A	N/A	N
1910001000E510	HEPATITIS B IMMUN GLOB (HUMAN) IM SOLN PREF SYR 110 UT/0.5ML	N/A	N/A	N
1910001000E525	HEPATITIS B IMMUN GLOB (HUMAN) IM SOLN PREF SYR 220 UNIT/ML	N/A	N/A	N
21100009102110	BENDAMUSTINE HCL FOR IV SOLN 25 MG	N/A	N/A	Y
21100009102120	BENDAMUSTINE HCL FOR IV SOLN 100 MG	N/A	N/A	Y
21100010002020	BUSULFAN INJ 6 MG/ML	N/A	N/A	Y
21100015002030	CARBOPLATIN IV SOLN 50 MG/5ML	[redacted]	Y	Y
21100015002035	CARBOPLATIN IV SOLN 150 MG/15ML	[redacted]	Y	Y
21100015002040	CARBOPLATIN IV SOLN 450 MG/45ML	N/A	N/A	Y

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21100015002045	CARBOPLATIN IV SOLN 600 MG/60ML	[redacted]	Y	Y
21100015002060	CARBOPLATIN IV SOLN 1000 MG/100ML	N/A	N/A	N
21100015002120	CARBOPLATIN IV FOR INJ 150 MG	N/A	N/A	N
21100020002020	CISPLATIN INJ 50 MG/50ML (1 MG/ML)	N/A	N/A	Y
21100020002025	CISPLATIN INJ 100 MG/100ML (1 MG/ML)	N/A	N/A	Y
21100020002030	CISPLATIN INJ 200 MG/200ML (1 MG/ML)	N/A	N/A	Y
21100028002025	OXALIPLATIN IV SOLN 50 MG/10ML	N/A	N/A	Y
21100028002030	OXALIPLATIN IV SOLN 100 MG/20ML	[redacted]	Y	Y
21100028002035	OXALIPLATIN IV SOLN 200 MG/40ML	N/A	N/A	N
21100028002120	OXALIPLATIN FOR IV INJ 50 MG	N/A	N/A	Y
21100028002130	OXALIPLATIN FOR IV INJ 100 MG	N/A	N/A	Y
21100040002150	THIOTEPA FOR INJ 100 MG	N/A	N/A	Y
21101020000105	CYCLOPHOSPHAMIDE CAP 25 MG	[redacted]	Y	Y
21101020000110	CYCLOPHOSPHAMIDE CAP 50 MG	[redacted]	Y	Y
21101020000305	CYCLOPHOSPHAMIDE TAB 25 MG	N/A	N/A	N
21101020000310	CYCLOPHOSPHAMIDE TAB 50 MG	N/A	N/A	N
21101020002120	CYCLOPHOSPHAMIDE FOR INJ 500 MG	[redacted]	Y	Y
21101020002125	CYCLOPHOSPHAMIDE FOR INJ 1 GM	[redacted]	Y	Y
21101020002130	CYCLOPHOSPHAMIDE FOR INJ 2 GM	N/A	N/A	Y
21101025002025	IFOSFAMIDE IV INJ 1 GM/20ML (50 MG/ML)	N/A	N/A	Y
21101025002030	IFOSFAMIDE IV INJ 3 GM/60ML (50 MG/ML)	N/A	N/A	Y
21101040000305	MELPHALAN TAB 2 MG	N/A	N/A	N
21101040102110	MELPHALAN HCL FOR INJ 50 MG (BASE EQUIV)	N/A	N/A	Y
21102010002105	CARMUSTINE FOR INJ 100 MG	N/A	N/A	Y
21102020000110	LOMUSTINE CAP 10 MG	N/A	N/A	N
21102020000115	LOMUSTINE CAP 40 MG	N/A	N/A	N
21102020000120	LOMUSTINE CAP 100 MG	N/A	N/A	N
21104070000110	TEMOZOLOMIDE CAP 5 MG	[redacted]	Y	Y
21104070000120	TEMOZOLOMIDE CAP 20 MG	[redacted]	Y	Y
21104070000140	TEMOZOLOMIDE CAP 100 MG	[redacted]	Y	Y
21104070000143	TEMOZOLOMIDE CAP 140 MG	[redacted]	Y	Y
21104070000147	TEMOZOLOMIDE CAP 180 MG	[redacted]	Y	Y
21104070000150	TEMOZOLOMIDE CAP 250 MG	[redacted]	Y	Y
21200010102105	BLEOMYCIN SULFATE FOR INJ 15 UNIT	[redacted]	Y	Y
21200010102115	BLEOMYCIN SULFATE FOR INJ 30 UNIT	N/A	N/A	Y
21200020002105	DACTINOMYCIN FOR INJ 0.5 MG	N/A	N/A	Y
21200040102010	DOXORUBICIN HCL INJ 2 MG/ML	[redacted]	Y	Y
21200040102105	DOXORUBICIN HCL FOR INJ 10 MG	N/A	N/A	N
21200040102115	DOXORUBICIN HCL FOR INJ 50 MG	N/A	N/A	Y
21200040402210	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	[redacted]	Y	Y
21200042102030	EPIRUBICIN HCL IV SOLN 50 MG/25ML (2 MG/ML)	N/A	N/A	N
21200050002105	MITOMYCIN FOR IV SOLN 5 MG	N/A	N/A	Y
21200050002110	MITOMYCIN FOR IV SOLN 20 MG	N/A	N/A	Y
21200050002120	MITOMYCIN FOR IV SOLN 40 MG	N/A	N/A	Y
21200080002020	VALRUBICIN SOLN FOR INTRAVESICAL INSTILLATION 40 MG/ML	N/A	N/A	Y
21300003001920	AZACITIDINE FOR INJ 100 MG	[redacted]	Y	Y
21300005000320	CAPECITABINE TAB 150 MG	[redacted]	Y	Y
21300005000350	CAPECITABINE TAB 500 MG	[redacted]	Y	Y
21300007002015	CLADRIBINE IV SOLN 10 MG/10ML (1 MG/ML)	N/A	N/A	Y
21300008002020	CLOFARABINE IV SOLN 1 MG/ML	N/A	N/A	Y
21300010002011	CYTARABINE INJ PF 20 MG/ML	[redacted]	Y	Y
21300010002040	CYTARABINE INJ PF 100 MG/ML	N/A	N/A	Y
21300010002105	CYTARABINE FOR INJ 100 MG	N/A	N/A	N
21300010002115	CYTARABINE FOR INJ 1 GM	N/A	N/A	N
21300015002120	DECITABINE FOR INJ 50 MG	[redacted]	Y	Y
21300020002105	FLOXURIDINE FOR INJ 0.5 GM	N/A	N/A	N
21300025102020	FLUDARABINE PHOSPHATE INJ 25 MG/ML	N/A	N/A	Y
21300025102120	FLUDARABINE PHOSPHATE FOR INJ 50 MG	N/A	N/A	Y
21300030002020	FLUOROURACIL INJ 500 MG/10ML (50 MG/ML)	[redacted]	Y	Y
21300030002025	FLUOROURACIL IV SOLN 1 GM/20ML (50 MG/ML)	N/A	N/A	Y
21300030002030	FLUOROURACIL IV SOLN 2.5 GM/50ML (50 MG/ML)	[redacted]	Y	Y
21300030002035	FLUOROURACIL IV SOLN 5 GM/100ML (50 MG/ML)	[redacted]	Y	Y
21300034102020	GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	N/A	N/A	Y
21300034102040	GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	N/A	N/A	Y
21300034102060	GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	N/A	N/A	Y
21300034102110	GEMCITABINE HCL FOR INJ 200 MG	N/A	N/A	Y
21300034102140	GEMCITABINE HCL FOR INJ 1 GM	[redacted]	Y	Y
21300034102160	GEMCITABINE HCL FOR INJ 2 GM	N/A	N/A	Y
21300040000305	MERCAPTOPURINE TAB 50 MG	[redacted]	Y	Y
21300050100310	METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	[redacted]	Y	Y
21300050102030	METHOTREXATE SODIUM INJ 25 MG/ML	N/A	N/A	N
21300050102031	METHOTREXATE SODIUM INJ PF 25 MG/ML	N/A	N/A	N
21300050102062	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	[redacted]	Y	Y
21300050102063	METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML)	[redacted]	Y	Y
21300050102065	METHOTREXATE SODIUM INJ PF 100 MG/4ML (25 MG/ML)	N/A	N/A	N
21300050102067	METHOTREXATE SODIUM INJ PF 200 MG/8ML (25 MG/ML)	N/A	N/A	N
21300050102068	METHOTREXATE SODIUM INJ 250 MG/10ML (25 MG/ML)	[redacted]	Y	N
21300050102069	METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML)	[redacted]	Y	Y
21300050102075	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	N/A	N/A	Y
21300050102150	METHOTREXATE SODIUM FOR INJ 1 GM	N/A	N/A	Y
21300052002020	NELARABINE IV SOLN 5 MG/ML	N/A	N/A	Y
21300053102110	PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)	[redacted]	Y	Y
21300053102120	PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)	N/A	N/A	Y
21300053102125	PEMETREXED DISODIUM FOR IV SOLN 750 MG (BASE EQUIV)	N/A	N/A	Y
21300053102140	PEMETREXED DISODIUM FOR IV SOLN 1000 MG (BASE EQUIV)	N/A	N/A	Y
21300054002020	PRALATREXATE IV INJ 20 MG/ML	N/A	N/A	N
21300054002025	PRALATREXATE IV INJ 40 MG/2ML	N/A	N/A	N

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21360025100320	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	N/A	N/A	Y
21360025100330	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21360025100360	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21360030000320	GEFITINIB TAB 250 MG	N/A	N/A	N/A
21402420000320	BICALUTAMIDE TAB 50 MG	[redacted]	Y	Y
21402440000110	FLUTAMIDE CAP 125 MG	N/A	N/A	N
21402460000330	NILUTAMIDE TAB 150 MG	[redacted]	Y	Y
21402680100310	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21402680100320	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21402685100320	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21402810000310	ANASTROZOLE TAB 1 MG	[redacted]	Y	Y
21402835000320	EXEMESTANE TAB 25 MG	[redacted]	Y	Y
21402860000320	LETROZOLE TAB 2.5 MG	[redacted]	Y	Y
21403530002024	FULVESTRANT INJ 250 MG/5ML	N/A	N/A	N
2140353000E530	FULVESTRANT INJ SOLN PREF SYR 250 MG/5ML	[redacted]	Y	Y
21404007202020	HYDROXYPROGESTERONE CAPROATE IM IN OIL 1.25 GM/5ML	N/A	N/A	N
21404020100305	MEGESTROL ACETATE TAB 20 MG	[redacted]	Y	Y
21404020100310	MEGESTROL ACETATE TAB 40 MG	[redacted]	Y	Y
21404020101810	MEGESTROL ACETATE SUSP 40 MG/ML	[redacted]	Y	Y
21405010106407	LEUPROLIDE ACETATE INJ KIT 5 MG/ML	[redacted]	Y	Y
21406010200320	ABIRATERONE ACETATE TAB 250 MG	[redacted]	Y	Y
21406010200330	ABIRATERONE ACETATE TAB 500 MG	[redacted]	Y	Y
21500005001310	DOCETAXEL FOR INJ CONC 20 MG/ML	N/A	N/A	Y
21500005001315	DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML)	[redacted]	Y	Y
21500005002030	DOCETAXEL SOLN FOR IV INFUSION 20 MG/2ML	N/A	N/A	Y
21500005002040	DOCETAXEL SOLN FOR IV INFUSION 80 MG/8ML	N/A	N/A	Y
21500005002050	DOCETAXEL SOLN FOR IV INFUSION 160 MG/16ML	N/A	N/A	Y
21500005002070	DOCETAXEL (NON-ALCOHOL FORMULA) IV SOLN 20 MG/ML	N/A	N/A	N
21500010000120	ETOPOSIDE CAP 50 MG	[redacted]	Y	N
21500010002020	ETOPOSIDE INJ 20 MG/ML	N/A	N/A	N
21500010002025	ETOPOSIDE INJ 100 MG/5ML (20 MG/ML)	N/A	N/A	Y
21500012001325	PACLITAXEL IV CONC 30 MG/5ML (6 MG/ML)	N/A	N/A	Y
21500012001334	PACLITAXEL IV CONC 100 MG/16.67ML (6 MG/ML)	N/A	N/A	N
21500012001335	PACLITAXEL IV CONC 100 MG/16.7ML (6 MG/ML)	[redacted]	Y	Y
21500012001340	PACLITAXEL IV CONC 150 MG/25ML (6 MG/ML)	N/A	N/A	Y
21500012001350	PACLITAXEL IV CONC 300 MG/50ML (6 MG/ML)	[redacted]	Y	Y
21500012201920	PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG	N/A	N/A	N
21500020102005	VINCRISTINE SULFATE IV SOLN 1 MG/ML	[redacted]	Y	N
21500030102020	VINBLASTINE SULFATE INJ 1 MG/ML	[redacted]	Y	N
21500050802020	VINORELBINE TARTRATE INJ 10 MG/ML (BASE EQUIV)	N/A	N/A	Y
21500050802025	VINORELBINE TARTRATE INJ 50 MG/5ML (10 MG/ML) (BASE EQUIV)	N/A	N/A	Y
21531560002120	ROMIDEPSIN FOR IV INJ 10 MG	N/A	N/A	Y
21531835100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21531835100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21532530000310	EVEROLIMUS TAB 2.5 MG	[redacted]	Y	Y
21532530000320	EVEROLIMUS TAB 5 MG	[redacted]	Y	Y
21532530000325	EVEROLIMUS TAB 7.5 MG	[redacted]	Y	Y
21532530000330	EVEROLIMUS TAB 10 MG	[redacted]	Y	Y
21532530007310	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	N/A	N/A	Y
21532530007320	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	N/A	N/A	Y
21532530007340	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	N/A	N/A	Y
21532570002020	TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML	N/A	N/A	Y
21533026100320	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	[redacted]	Y	Y
21533042100320	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	[redacted]	Y	Y
21533060400320	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21533070300120	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21533070300130	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21533070300135	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21533070300140	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	[redacted]	Y	Y
21536015002120	BORTEZOMIB FOR INJ 3.5 MG	[redacted]	Y	Y
21550040102025	IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML)	N/A	N/A	Y
21550040102030	IRINOTECAN HCL INJ 100 MG/5ML (20 MG/ML)	[redacted]	Y	Y
21550040102035	IRINOTECAN HCL INJ 300 MG/15ML (20 MG/ML)	N/A	N/A	Y
21550080102120	TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV)	N/A	N/A	Y
21700008102020	ARSENIC TRIOXIDE IV SOLN 10 MG/10ML (1 MG/ML)	N/A	N/A	Y
21700020002105	DACARBAZINE FOR INJ 100 MG	N/A	N/A	N
21700020002110	DACARBAZINE FOR INJ 200 MG	[redacted]	Y	Y
21700030000105	HYDROXYUREA CAP 500 MG	[redacted]	Y	Y
21708080000110	TRETINOIN CAP 10 MG	[redacted]	Y	Y
21708220000120	BEXAROTENE CAP 75 MG	[redacted]	Y	Y
21754040002140	DEXRAZOXANE FOR INJ 500 MG	N/A	N/A	N
21754040102140	DEXRAZOXANE HCL FOR INJ 500 MG (BASE EQUIVALENT)	N/A	N/A	Y
21755040100310	LEUCOVORIN CALCIUM TAB 5 MG	[redacted]	Y	Y
21755040100325	LEUCOVORIN CALCIUM TAB 10 MG	[redacted]	Y	Y
21755040100335	LEUCOVORIN CALCIUM TAB 15 MG	[redacted]	Y	Y
21755040100345	LEUCOVORIN CALCIUM TAB 25 MG	[redacted]	Y	Y
21755040102030	LEUCOVORIN CALCIUM INJ 10 MG/ML	N/A	N/A	N
21755040102056	LEUCOVORIN CALCIUM INJ 500 MG/50ML (10 MG/ML)	N/A	N/A	N
21755040102120	LEUCOVORIN CALCIUM FOR INJ 50 MG	N/A	N/A	Y
21755040102130	LEUCOVORIN CALCIUM FOR INJ 100 MG	[redacted]	Y	Y
21755040102150	LEUCOVORIN CALCIUM FOR INJ 200 MG	[redacted]	Y	Y
21755040102160	LEUCOVORIN CALCIUM FOR INJ 350 MG	N/A	N/A	Y
21755040102170	LEUCOVORIN CALCIUM FOR INJ 500 MG	N/A	N/A	Y
21755050102020	LEVOLEUCOVORIN CALCIUM INJ 175 MG/17.5ML (BASE EQUIV)	N/A	N/A	N
21755050102021	LEVOLEUCOVORIN CALCIUM IV SOLN PF 175 MG/17.5ML (BASE EQUIV)	N/A	N/A	Y
21755050102120	LEVOLEUCOVORIN CALCIUM FOR IV INJ 50 MG (BASE EQUIV)	N/A	N/A	Y
21758050002010	MESNA INJ 100 MG/ML	N/A	N/A	Y

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22100012006720	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	[redacted]	Y	Y
22100012007530	BUDESONIDE TAB ER 24HR 9 MG	[redacted]	Y	Y
22100015100310	CORTISONE ACETATE TAB 25 MG	N/A	N/A	N
22100020000315	DEXAMETHASONE TAB 0.5 MG	[redacted]	Y	N
22100020000320	DEXAMETHASONE TAB 0.75 MG	[redacted]	Y	N
22100020000325	DEXAMETHASONE TAB 1 MG	[redacted]	Y	N
22100020000330	DEXAMETHASONE TAB 1.5 MG	[redacted]	Y	Y
22100020000335	DEXAMETHASONE TAB 2 MG	[redacted]	Y	Y
22100020000340	DEXAMETHASONE TAB 4 MG	[redacted]	Y	Y
22100020000345	DEXAMETHASONE TAB 6 MG	[redacted]	Y	Y
22100020001005	DEXAMETHASONE ELIXIR 0.5 MG/5ML	[redacted]	Y	Y
22100020002005	DEXAMETHASONE SOLN 0.5 MG/5ML	[redacted]	Y	N
22100020006420	DEXAMETHASONE TAB 1.5 MG TAPER PACK	N/A	N/A	N
2210002000B720	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	[redacted]	Y	Y
2210002000B725	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (35)	N/A	N/A	Y
2210002000B730	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (51)	N/A	N/A	Y
22100020202005	DEXAMETHASONE SODIUM PHOSPHATE INJ 4 MG/ML	[redacted]	Y	Y
22100020202010	DEXAMETHASONE SODIUM PHOSPHATE INJ 10 MG/ML	[redacted]	Y	Y
22100020202011	DEXAMETHASONE SOD PHOSPHATE PRESERVATIVE FREE INJ 10 MG/ML	[redacted]	Y	Y
22100020202040	DEXAMETHASONE SODIUM PHOSPHATE INJ 20 MG/5ML	[redacted]	Y	Y
22100020202045	DEXAMETHASONE SODIUM PHOSPHATE INJ 120 MG/30ML	[redacted]	Y	Y
22100020202060	DEXAMETHASONE SODIUM PHOSPHATE INJ 100 MG/10ML	[redacted]	Y	Y
22100025000303	HYDROCORTISONE TAB 5 MG	[redacted]	Y	Y
22100025000305	HYDROCORTISONE TAB 10 MG	[redacted]	Y	Y
22100025000310	HYDROCORTISONE TAB 20 MG	[redacted]	Y	Y
22100030000310	METHYLPREDNISOLONE TAB 4 MG	[redacted]	Y	Y
22100030000315	METHYLPREDNISOLONE TAB 8 MG	[redacted]	Y	Y
22100030000320	METHYLPREDNISOLONE TAB 16 MG	[redacted]	Y	Y
22100030000330	METHYLPREDNISOLONE TAB 32 MG	[redacted]	Y	Y
2210003000B705	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	[redacted]	Y	Y
22100030101810	METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML	[redacted]	Y	Y
22100030101815	METHYLPREDNISOLONE ACETATE INJ SUSP 80 MG/ML	[redacted]	Y	Y
22100030202105	METHYLPREDNISOLONE SOD SUCC FOR INJ 40 MG (BASE EQUIV)	[redacted]	Y	Y
22100030202106	METHYLPREDNISOLONE SOD SUCC FOR INJ PF 40 MG (BASE EQUIV)	N/A	N/A	N/A
22100030202110	METHYLPREDNISOLONE SOD SUCC FOR INJ 125 MG (BASE EQUIV)	[redacted]	Y	Y
22100030202111	METHYLPREDNISOLONE SOD SUCC FOR INJ PF 125 MG (BASE EQUIV)	N/A	N/A	N/A
22100030202115	METHYLPREDNISOLONE SOD SUCC FOR INJ 500 MG (BASE EQUIV)	[redacted]	Y	Y
22100030202116	METHYLPREDNISOLONE SOD SUCC FOR INJ PF 500 MG (BASE EQUIV)	N/A	N/A	N/A
22100030202120	METHYLPREDNISOLONE SOD SUCC FOR INJ 1000 MG (BASE EQUIV)	[redacted]	Y	Y
22100030202121	METHYLPREDNISOLONE SOD SUCC FOR INJ PF 1000 MG (BASE EQUIV)	N/A	N/A	N/A
22100040000305	PREDNISOLONE TAB 5 MG	N/A	N/A	Y
22100040001203	PREDNISOLONE SYRUP 5 MG/5ML	N/A	N/A	N
22100040001205	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	N/A	N/A	N
22100040002020	PREDNISOLONE SOLN 15 MG/5ML	[redacted]	Y	Y
22100040202020	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV)	[redacted]	Y	Y
22100040202025	PREDNISOLONE SODIUM PHOSPHATE ORAL SOLN 25 MG/5ML (BASE EQ)	[redacted]	Y	Y
22100040202040	PREDNISOLONE SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE)	[redacted]	Y	Y
22100040202050	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5ML (BASE EQUIV)	[redacted]	Y	Y
22100040202060	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 20 MG/5ML (BASE EQUIV)	[redacted]	Y	Y
22100040207215	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	[redacted]	Y	N
22100040207220	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	[redacted]	Y	N
22100040207240	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	[redacted]	Y	N
22100045000305	PREDNISONE TAB 1 MG	[redacted]	Y	Y
22100045000310	PREDNISONE TAB 2.5 MG	[redacted]	Y	Y
22100045000315	PREDNISONE TAB 5 MG	[redacted]	Y	Y
22100045000320	PREDNISONE TAB 10 MG	[redacted]	Y	Y
22100045000325	PREDNISONE TAB 20 MG	[redacted]	Y	Y
22100045000335	PREDNISONE TAB 50 MG	[redacted]	Y	Y
22100045002005	PREDNISONE ORAL SOLN 5 MG/5ML	[redacted]	Y	N
22100045006405	PREDNISONE TAB 5 MG DOSE PACK	N/A	N/A	N
22100045006410	PREDNISONE TAB 10 MG DOSE PACK	N/A	N/A	N
2210004500B705	PREDNISONE TAB THERAPY PACK 5 MG (21)	[redacted]	Y	Y
2210004500B710	PREDNISONE TAB THERAPY PACK 5 MG (48)	[redacted]	Y	Y
2210004500B720	PREDNISONE TAB THERAPY PACK 10 MG (21)	[redacted]	Y	Y
2210004500B725	PREDNISONE TAB THERAPY PACK 10 MG (48)	[redacted]	Y	Y
22100050101810	TRIAMCINOLONE ACETONIDE INJ SUSP 40 MG/ML	[redacted]	Y	Y
22109902101810	BETAMETHASONE SOD PHOSPHATE & ACETATE INJ SUSP 6 (3-3) MG/ML	[redacted]	Y	Y
22200030100305	FLUDROCORTISONE ACETATE TAB 0.1 MG	[redacted]	Y	Y
23100005000105	DANAZOL CAP 50 MG	[redacted]	Y	Y
23100005000110	DANAZOL CAP 100 MG	[redacted]	Y	Y
23100005000115	DANAZOL CAP 200 MG	[redacted]	Y	Y
23100020000105	METHYLTESTOSTERONE CAP 10 MG	[redacted]	Y	Y
23100020000310	METHYLTESTOSTERONE ORAL TAB 10 MG	N/A	N/A	N
23100030002020	TESTOSTERONE TD SOLN 30 MG/ACT	[redacted]	Y	Y
23100030004025	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	[redacted]	Y	Y
23100030004030	TESTOSTERONE TD GEL 50 MG/5GM (1%)	[redacted]	Y	Y
23100030004040	TESTOSTERONE TD GEL 12.5 MG/ACT (1%)	[redacted]	Y	N
23100030004044	TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)	[redacted]	Y	Y
23100030004047	TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)	[redacted]	Y	Y
23100030004050	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	[redacted]	Y	Y
23100030004070	TESTOSTERONE TD GEL 10MG/ACT (2%)	[redacted]	Y	Y
23100030102010	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	[redacted]	Y	Y
23100030102015	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	[redacted]	Y	Y
23100030102070	TESTOSTERONE CYP IM OR SUBCUTANEOUS INJ IN OIL 200 MG/ML	N/A	N/A	N
23100030202010	TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML	[redacted]	Y	Y
23200040000305	OXANDROLONE TAB 2.5 MG	N/A	N/A	N
23200040000320	OXANDROLONE TAB 10 MG	N/A	N/A	N

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24000035000303	ESTRADIOL TAB 0.5 MG	[redacted]	Y	Y
24000035000305	ESTRADIOL TAB 1 MG	[redacted]	Y	Y
24000035000310	ESTRADIOL TAB 2 MG	[redacted]	Y	Y
24000035004035	ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	[redacted]	Y	Y
24000035004040	ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)	[redacted]	Y	Y
24000035004042	ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)	[redacted]	Y	Y
24000035004045	ESTRADIOL TD GEL 1 MG/GM (0.1%)	[redacted]	Y	Y
24000035004050	ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)	[redacted]	Y	Y
24000035008705	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	[redacted]	Y	Y
24000035008710	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	[redacted]	Y	Y
24000035008720	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	[redacted]	Y	Y
24000035008730	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	[redacted]	Y	Y
24000035008750	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	[redacted]	Y	Y
24000035008810	ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR	[redacted]	Y	Y
24000035008815	ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)	[redacted]	Y	Y
24000035008820	ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR	[redacted]	Y	Y
24000035008824	ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR	[redacted]	Y	Y
24000035008830	ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR	[redacted]	Y	Y
24000035008840	ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR	[redacted]	Y	Y
24000035201705	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	[redacted]	Y	Y
24000035201710	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	[redacted]	Y	Y
24000035201715	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	[redacted]	Y	Y
24000055000305	ESTROPIPATE TAB 0.75 MG	N/A	N/A	N
24000055000310	ESTROPIPATE TAB 1.5 MG	N/A	N/A	N
24000055000315	ESTROPIPATE TAB 3 MG	N/A	N/A	N
24991002300305	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	[redacted]	Y	N
24991002300310	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	[redacted]	Y	N
24993002120305	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	[redacted]	Y	Y
24993002120310	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	[redacted]	Y	Y
24993002250305	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	[redacted]	Y	Y
24993002250310	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	[redacted]	Y	Y
25100010000305	NORETHINDRONE TAB 0.35 MG	[redacted]	Y	Y
25150035101820	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	[redacted]	Y	Y
2515003510E620	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	[redacted]	Y	Y
25400040000320	LEVONORGESTREL TAB 0.75 MG	N/A	N/A	N
25400040000340	LEVONORGESTREL TAB 1.5 MG	[redacted]	Y	N
25960002508820	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	[redacted]	Y	Y
25970002309020	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR	[redacted]	Y	Y
25990002100320	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	[redacted]	Y	Y
25990002150316	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	[redacted]	Y	Y
25990002150320	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	[redacted]	Y	Y
25990002200310	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	[redacted]	Y	Y
25990002200320	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	[redacted]	Y	Y
25990002400305	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	[redacted]	Y	Y
25990002400310	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	[redacted]	Y	Y
25990002400505	LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG	N/A	N/A	N
25990002500305	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	[redacted]	Y	Y
25990002500310	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	[redacted]	Y	Y
25990002500320	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	[redacted]	Y	Y
25990002600310	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	[redacted]	Y	Y
25990002600320	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	[redacted]	Y	Y
25990002700310	NORETHINDRONE & MESTRANOL TAB 1 MG-50 MCG	N/A	N/A	N
25990002900310	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	[redacted]	Y	Y
25990002900320	NORGESTREL & ETHINYL ESTRADIOL TAB 0.5 MG-50 MCG	N/A	N/A	N
25990002950310	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	[redacted]	Y	Y
25990003200320	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG	[redacted]	Y	Y
25990003200330	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	[redacted]	Y	Y
25990003350320	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	[redacted]	Y	Y
25990003600520	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	[redacted]	Y	Y
25990003600540	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	[redacted]	Y	Y
25990003610112	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	[redacted]	Y	Y
25990003610310	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	[redacted]	Y	Y
25990003610312	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	[redacted]	Y	Y
25990003610320	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	[redacted]	Y	Y
25990003610512	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	[redacted]	Y	Y
25991002050320	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	[redacted]	Y	Y
25992002030320	DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	[redacted]	Y	Y
25992002100310	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	[redacted]	Y	Y
25992002200310	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	[redacted]	Y	Y
25992002200330	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	[redacted]	Y	Y
25992002300310	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	[redacted]	Y	Y
25992002300320	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	[redacted]	Y	Y
25992003300340	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	[redacted]	Y	Y
25993002300315	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	[redacted]	Y	Y
25993002300320	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	[redacted]	Y	Y
25993002300330	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	[redacted]	Y	Y
25993002300350	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	[redacted]	Y	Y
25994002350320	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	[redacted]	Y	Y
26000010101710	HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML	N/A	N/A	N
26000020200305	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	[redacted]	Y	Y
26000020200310	MEDROXYPROGESTERONE ACETATE TAB 5 MG	[redacted]	Y	Y
26000020200315	MEDROXYPROGESTERONE ACETATE TAB 10 MG	[redacted]	Y	Y
26000023201840	MEGESTROL ACETATE SUSP 625 MG/5ML	[redacted]	Y	Y
26000030100305	NORETHINDRONE ACETATE TAB 5 MG	[redacted]	Y	Y
26000040000120	PROGESTERONE CAP 100 MG	[redacted]	Y	Y
26000040000140	PROGESTERONE CAP 200 MG	[redacted]	Y	Y
26000040001705	PROGESTERONE IM IN OIL 50 MG/ML	[redacted]	Y	Y

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27200020000305	CHLORPROPAMIDE TAB 100 MG	N/A	N/A	N
27200020000310	CHLORPROPAMIDE TAB 250 MG	N/A	N/A	N
27200027000310	GLIMEPIRIDE TAB 1 MG	[redacted]	Y	Y
27200027000320	GLIMEPIRIDE TAB 2 MG		Y	Y
27200027000340	GLIMEPIRIDE TAB 4 MG		Y	Y
27200030000303	GLIPIZIDE TAB 2.5 MG		Y	N
27200030000305	GLIPIZIDE TAB 5 MG		Y	Y
27200030000310	GLIPIZIDE TAB 10 MG		Y	Y
27200030007505	GLIPIZIDE TAB ER 24HR 2.5 MG		Y	Y
27200030007510	GLIPIZIDE TAB ER 24HR 5 MG		Y	Y
27200030007520	GLIPIZIDE TAB ER 24HR 10 MG		Y	Y
27200040000305	GLYBURIDE TAB 1.25 MG		Y	Y
27200040000310	GLYBURIDE TAB 2.5 MG		Y	Y
27200040000315	GLYBURIDE TAB 5 MG		Y	Y
27200040100310	GLYBURIDE MICRONIZED TAB 1.5 MG		Y	Y
27200040100320	GLYBURIDE MICRONIZED TAB 3 MG		Y	Y
27200040100340	GLYBURIDE MICRONIZED TAB 6 MG		Y	Y
27200050000310	TOLAZAMIDE TAB 250 MG	N/A	N/A	N
27200060000310	TOLBUTAMIDE TAB 500 MG	N/A	N/A	N
27250050000320	METFORMIN HCL TAB 500 MG	[redacted]	Y	Y
27250050000330	METFORMIN HCL TAB 625 MG		Y	N
27250050000340	METFORMIN HCL TAB 850 MG		Y	Y
27250050000350	METFORMIN HCL TAB 1000 MG		Y	Y
27250050002020	METFORMIN HCL ORAL SOLN 500 MG/5ML		Y	Y
27250050007520	METFORMIN HCL TAB ER 24HR 500 MG		Y	Y
27250050007530	METFORMIN HCL TAB ER 24HR 750 MG		Y	Y
27250050007560	METFORMIN HCL TAB ER 24HR OSMOTIC 500 MG		Y	Y
27250050007570	METFORMIN HCL TAB ER 24HR OSMOTIC 1000 MG		Y	Y
27250050007580	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 500 MG		Y	Y
27250050007590	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 1000 MG		Y	Y
27280040000320	NATEGLINIDE TAB 60 MG		Y	Y
27280040000330	NATEGLINIDE TAB 120 MG		Y	Y
27280060000310	REPAGLINIDE TAB 0.5 MG		Y	Y
27280060000320	REPAGLINIDE TAB 1 MG		Y	Y
27280060000330	REPAGLINIDE TAB 2 MG		Y	Y
27300010106410	GLUCAGON (RDNA) FOR INJ KIT 1 MG		Y	Y
27300020001810	DIAZOXIDE SUSP 50 MG/ML		Y	Y
27300030004020	GLUCOSE GEL 40%	N/A	N/A	N
27500010000310	ACARBOSE TAB 25 MG	[redacted]	Y	Y
27500010000320	ACARBOSE TAB 50 MG		Y	Y
27500010000340	ACARBOSE TAB 100 MG		Y	Y
27500050000310	MIGLITOL TAB 25 MG		Y	Y
27500050000320	MIGLITOL TAB 50 MG		Y	Y
27500050000340	MIGLITOL TAB 100 MG		Y	Y
27550010100310	ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)		Y	N
27550010100320	ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)		Y	N
27550010100330	ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)		Y	N
27550065100320	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)		Y	Y
27550065100330	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)		Y	Y
27607050100320	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)		Y	Y
27607050100330	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)		Y	Y
27607050100340	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)		Y	Y
27700040200310	DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT)		Y	N
27700040200320	DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT)		Y	N
27992502100320	ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG		Y	N
27992502100330	ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG		Y	N
27992502607520	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG		Y	Y
27992502607530	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG	N/A	N/A	N/A
27992502607540	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	[redacted]	Y	Y
27994002100320	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG	N/A	N/A	N
27994002100325	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	N/A	N/A	N
27994002100330	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-45 MG	N/A	N/A	N
27994002100340	ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	[redacted]	Y	N
27994002100345	ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG		Y	N
27994002100350	ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG		Y	N
27995002700320	REPAGLINIDE-METFORMIN HCL TAB 1-500 MG	N/A	N/A	N
27995002700330	REPAGLINIDE-METFORMIN HCL TAB 2-500 MG	N/A	N/A	N
27996002307515	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG	[redacted]	Y	N
27996002307525	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG		Y	N
27997002350320	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG		Y	Y
27997002350325	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG		Y	Y
27997002350340	GLIPIZIDE-METFORMIN HCL TAB 5-500 MG		Y	Y
27997002400310	GLYBURIDE-METFORMIN TAB 1.25-250 MG		Y	Y
27997002400320	GLYBURIDE-METFORMIN TAB 2.5-500 MG		Y	Y
27997002400330	GLYBURIDE-METFORMIN TAB 5-500 MG		Y	Y
27997802400320	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG		Y	Y
27997802400340	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG		Y	Y
27998002400320	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG		Y	Y
27998002400340	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG		Y	Y
28100010100105	LEVOTHYROXINE SODIUM CAP 13 MCG		Y	N
28100010100110	LEVOTHYROXINE SODIUM CAP 25 MCG		Y	N
28100010100115	LEVOTHYROXINE SODIUM CAP 50 MCG		Y	N
28100010100120	LEVOTHYROXINE SODIUM CAP 75 MCG		Y	N
28100010100125	LEVOTHYROXINE SODIUM CAP 88 MCG		Y	N
28100010100130	LEVOTHYROXINE SODIUM CAP 100 MCG		Y	N
28100010100135	LEVOTHYROXINE SODIUM CAP 112 MCG		Y	Y
28100010100140	LEVOTHYROXINE SODIUM CAP 125 MCG		Y	N

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28100010100145	LEVOTHYROXINE SODIUM CAP 137 MCG	[redacted]	Y	N
28100010100150	LEVOTHYROXINE SODIUM CAP 150 MCG	[redacted]	Y	N
28100010100155	LEVOTHYROXINE SODIUM CAP 175 MCG	[redacted]	Y	N
28100010100160	LEVOTHYROXINE SODIUM CAP 200 MCG	[redacted]	Y	N
28100010100305	LEVOTHYROXINE SODIUM TAB 25 MCG	[redacted]	Y	Y
28100010100310	LEVOTHYROXINE SODIUM TAB 50 MCG	[redacted]	Y	Y
28100010100315	LEVOTHYROXINE SODIUM TAB 75 MCG	[redacted]	Y	Y
28100010100317	LEVOTHYROXINE SODIUM TAB 88 MCG	[redacted]	Y	Y
28100010100320	LEVOTHYROXINE SODIUM TAB 100 MCG	[redacted]	Y	Y
28100010100322	LEVOTHYROXINE SODIUM TAB 112 MCG	[redacted]	Y	Y
28100010100325	LEVOTHYROXINE SODIUM TAB 125 MCG	[redacted]	Y	Y
28100010100327	LEVOTHYROXINE SODIUM TAB 137 MCG	[redacted]	Y	Y
28100010100330	LEVOTHYROXINE SODIUM TAB 150 MCG	[redacted]	Y	Y
28100010100335	LEVOTHYROXINE SODIUM TAB 175 MCG	[redacted]	Y	Y
28100010100340	LEVOTHYROXINE SODIUM TAB 200 MCG	[redacted]	Y	Y
28100010100345	LEVOTHYROXINE SODIUM TAB 300 MCG	[redacted]	Y	Y
28100010102103	LEVOTHYROXINE SODIUM FOR IV INJ 100 MCG	N/A	N/A	Y
28100010102105	LEVOTHYROXINE SODIUM FOR INJ 200 MCG	N/A	N/A	N
28100010102107	LEVOTHYROXINE SODIUM FOR IV INJ 200 MCG	N/A	N/A	Y
28100010102112	LEVOTHYROXINE SODIUM FOR IV INJ 500 MCG	[redacted]	Y	Y
28100020100305	LIOTHYRONINE SODIUM TAB 5 MCG	[redacted]	Y	Y
28100020100310	LIOTHYRONINE SODIUM TAB 25 MCG	[redacted]	Y	Y
28100020100315	LIOTHYRONINE SODIUM TAB 50 MCG	[redacted]	Y	Y
28100050000305	THYROID TAB 15 MG (1/4 GRAIN)	N/A	N/A	N
28100050000310	THYROID TAB 30 MG (1/2 GRAIN)	N/A	N/A	N
28100050000313	THYROID TAB 32.5 MG	N/A	N/A	N
28100050000315	THYROID TAB 60 MG (1 GRAIN)	N/A	N/A	N
28100050000318	THYROID TAB 65 MG	N/A	N/A	N
28100050000320	THYROID TAB 90 MG (1 1/2 GRAIN)	N/A	N/A	N
28100050000325	THYROID TAB 120 MG (2 GRAIN)	N/A	N/A	N
28100050000328	THYROID TAB 130 MG	N/A	N/A	N
28100050000333	THYROID TAB 195 MG	N/A	N/A	N
28300010000305	METHIMAZOLE TAB 5 MG	[redacted]	Y	Y
28300010000310	METHIMAZOLE TAB 10 MG	[redacted]	Y	Y
28300020000310	PROPYLTHIOURACIL TAB 50 MG	[redacted]	Y	Y
29000020100305	METHYLERGONOVINE MALEATE TAB 0.2 MG	[redacted]	Y	Y
29000020102005	METHYLERGONOVINE MALEATE INJ 0.2 MG/ML	N/A	N/A	Y
29000030002005	OXYTOCIN INJ 10 UNIT/ML	N/A	N/A	Y
29201010102020	CARBOPROST TROMETHAMINE IM SOLN 250 MCG/ML	N/A	N/A	Y
30042010100305	ALENDRONATE SODIUM TAB 5 MG	N/A	N/A	Y
30042010100310	ALENDRONATE SODIUM TAB 10 MG	[redacted]	Y	Y
30042010100335	ALENDRONATE SODIUM TAB 35 MG	[redacted]	Y	Y
30042010100340	ALENDRONATE SODIUM TAB 40 MG	N/A	N/A	N
30042010100370	ALENDRONATE SODIUM TAB 70 MG	[redacted]	Y	Y
30042010102020	ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML	[redacted]	Y	Y
30042040100305	ETIDRONATE DISODIUM TAB 200 MG	N/A	N/A	N
30042040100310	ETIDRONATE DISODIUM TAB 400 MG	N/A	N/A	N
30042048100360	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)	[redacted]	Y	Y
30042048102030	IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BASE EQUIVALENT)	[redacted]	Y	Y
30042060102006	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	N/A	N/A	Y
30042060102012	PAMIDRONATE DISODIUM IV SOLN 9 MG/ML	N/A	N/A	Y
30042060102120	PAMIDRONATE DISODIUM FOR INJ 30 MG	N/A	N/A	N
30042060102140	PAMIDRONATE DISODIUM FOR INJ 90 MG	N/A	N/A	N
30042065100305	RISEDRONATE SODIUM TAB 5 MG	[redacted]	Y	Y
30042065100320	RISEDRONATE SODIUM TAB 30 MG	N/A	N/A	Y
30042065100330	RISEDRONATE SODIUM TAB 35 MG	[redacted]	Y	Y
30042065100380	RISEDRONATE SODIUM TAB 150 MG	[redacted]	Y	Y
30042065100635	RISEDRONATE SODIUM TAB DELAYED RELEASE 35 MG	[redacted]	Y	Y
30042090001320	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION 4 MG/5ML	[redacted]	Y	Y
30042090002016	ZOLEDRONIC ACID IV SOLN 4 MG/100ML	N/A	N/A	N
30042090002020	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	[redacted]	Y	Y
30043020002020	CALCITONIN (SALMON) INJ 200 UNIT/ML	N/A	N/A	Y
30043020002080	CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT	[redacted]	Y	N
3004407000D220	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 600 MCG/2.4ML	[redacted]	Y	Y
30053060100320	RALOXIFENE HCL TAB 60 MG	[redacted]	Y	Y
30062020002140	CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	[redacted]	Y	N
30066030100305	CLOMIPHENE CITRATE TAB 50 MG	[redacted]	Y	N
30090025106420	CETRORELIX ACETATE FOR INJ KIT 0.25 MG	[redacted]	Y	N
30090040102020	GANIRELIX ACETATE INJ 250 MCG/0.5ML	N/A	N/A	N
3009004010E520	GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	[redacted]	Y	Y
30170070102005	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	[redacted]	Y	Y
30170070102010	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	[redacted]	Y	Y
30170070102015	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	[redacted]	Y	Y
30170070102020	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	N/A	N/A	Y
30170070102030	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	N/A	N/A	Y
3017007010E505	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	N/A	N/A	Y
3017007010E510	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	[redacted]	Y	Y
3017007010E520	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	N/A	N/A	Y
30201010100310	DESMOPRESSIN ACETATE TAB 0.1 MG	[redacted]	Y	Y
30201010100320	DESMOPRESSIN ACETATE TAB 0.2 MG	[redacted]	Y	Y
30201010102030	DESMOPRESSIN ACETATE INJ 4 MCG/ML	[redacted]	Y	Y
30201010102031	DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML	N/A	N/A	Y
30201010112010	DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	N/A	N/A	N
30201010122010	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED)	[redacted]	Y	Y
30201010132010	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%	[redacted]	Y	Y
30201030002010	VASOPRESSIN INJ 20 UNIT/ML	N/A	N/A	N
30201030002015	VASOPRESSIN IV SOLN 20 UNIT/ML (FOR IV INFUSION)	N/A	N/A	Y

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30402020000320	CABERGOLINE TAB 0.5 MG	[redacted]	Y	Y
30454060000320	TOLVAPTAN TAB 15 MG		Y	Y
30454060000330	TOLVAPTAN TAB 30 MG		Y	Y
30502060000320	MIFEPRISTONE TAB 200 MG		Y	Y
30903045100330	LEVOCARNITINE TAB 330 MG		Y	Y
30903045102010	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)		Y	Y
30903045102060	LEVOCARNITINE INJ 200 MG/ML		Y	Y
30904045000110	NITISINONE CAP 2 MG	N/A	N/A	Y
30904045000120	NITISINONE CAP 5 MG	N/A	N/A	Y
30904045000130	NITISINONE CAP 10 MG	N/A	N/A	Y
30904045000140	NITISINONE CAP 20 MG	N/A	N/A	N/A
30904520002920	BETAINE POWDER FOR ORAL SOLUTION	N/A	N/A	Y
30905030000105	CALCITRIOL CAP 0.25 MCG	[redacted]	Y	Y
30905030000110	CALCITRIOL CAP 0.5 MCG		Y	Y
30905030002005	CALCITRIOL INJ 1 MCG/ML	N/A	N/A	N/A
30905030002050	CALCITRIOL ORAL SOLN 1 MCG/ML	[redacted]	Y	Y
30905040000105	DOXERCALCIFEROL CAP 0.5 MCG		Y	Y
30905040000110	DOXERCALCIFEROL CAP 1 MCG		Y	Y
30905040000120	DOXERCALCIFEROL CAP 2.5 MCG	N/A	N/A	Y
30905070000110	PARICALCITOL CAP 1 MCG	[redacted]	Y	Y
30905070000120	PARICALCITOL CAP 2 MCG		Y	Y
30905070000140	PARICALCITOL CAP 4 MCG		N/A	Y
30905070002010	PARICALCITOL IV SOLN 2 MCG/ML	N/A	N/A	Y
30905070002020	PARICALCITOL IV SOLN 5 MCG/ML	N/A	N/A	Y
30905225100320	CINACALCET HCL TAB 30 MG (BASE EQUIV)	[redacted]	Y	Y
30905225100330	CINACALCET HCL TAB 60 MG (BASE EQUIV)		Y	Y
30905225100340	CINACALCET HCL TAB 90 MG (BASE EQUIV)		Y	Y
30908050102060	SODIUM BENZOATE & SODIUM PHENYLACETATE IV SOLN 10-10%	N/A	N/A	Y
30908060000320	SODIUM PHENYLBUTYRATE TAB 500 MG	N/A	N/A	Y
30908060002950	SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL	N/A	N/A	Y
30908230000320	CARGLUMIC ACID TAB 200 MG	N/A	N/A	N
30908230007320	CARGLUMIC ACID SOLUBLE TAB 200 MG	[redacted]	Y	Y
30908565100320	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	N/A	N/A	Y
30908565103020	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	N/A	N/A	Y
30908565103040	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	[redacted]	Y	Y
30908565107320	SAPROPTERIN DIHYDROCHLORIDE SOLUBLE TAB 100 MG	N/A	N/A	N
31100030102020	MILRINONE LACTATE IV SOLN 1 MG/ML (BASE EQUIVALENT)	N/A	N/A	N
31200010000303	DIGOXIN TAB 62.5 MCG (0.0625 MG)	[redacted]	Y	Y
31200010000305	DIGOXIN TAB 125 MCG (0.125 MG)		Y	Y
31200010000310	DIGOXIN TAB 250 MCG (0.25 MG)		Y	Y
31200010002040	DIGOXIN ORAL SOLN 0.05 MG/ML		Y	Y
31350015102005	DOBUTAMINE HCL INJ 12.5 MG/ML		Y	Y
31350015112010	DOBUTAMINE INJ 1 MG/ML IN D5W	N/A	N/A	N
31350015112040	DOBUTAMINE INJ 4 MG/ML IN D5W	N/A	N/A	N
31350020102010	DOPAMINE HCL INJ 40 MG/ML	N/A	N/A	Y
31350020112020	DOPAMINE INJ 1.6 MG/ML IN D5W	N/A	N/A	N
31350020112030	DOPAMINE INJ 3.2 MG/ML IN D5W	N/A	N/A	N
31350050102030	MILRINONE LACTATE IV SOLN 10 MG/10ML (BASE EQUIVALENT)	N/A	N/A	Y
31350050102040	MILRINONE LACTATE IV SOLN 20 MG/20ML (BASE EQUIVALENT)	[redacted]	Y	Y
31350050102050	MILRINONE LACTATE IV SOLN 50 MG/50ML (BASE EQUIVALENT)		Y	Y
31350050112040	MILRINONE LACTATE IN DEXTROSE 5% IV SOLN 20 MG/100ML	N/A	N/A	Y
31350050112060	MILRINONE LACTATE IN DEXTROSE 5% IV SOLN 40 MG/200ML	N/A	N/A	Y
32100020000305	ISOSORBIDE DINITRATE TAB 5 MG	[redacted]	Y	Y
32100020000310	ISOSORBIDE DINITRATE TAB 10 MG		Y	Y
32100020000315	ISOSORBIDE DINITRATE TAB 20 MG		Y	Y
32100020000320	ISOSORBIDE DINITRATE TAB 30 MG		Y	Y
32100020000325	ISOSORBIDE DINITRATE TAB 40 MG	N/A	N/A	Y
32100020000405	ISOSORBIDE DINITRATE TAB ER 40 MG	N/A	N/A	N
32100020000710	ISOSORBIDE DINITRATE SL TAB 5 MG	N/A	N/A	N
32100025000310	ISOSORBIDE MONONITRATE TAB 10 MG	[redacted]	Y	Y
32100025000320	ISOSORBIDE MONONITRATE TAB 20 MG		Y	Y
32100025007520	ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG		Y	Y
32100025007530	ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG		Y	Y
32100025007540	ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG		Y	Y
32100030000205	NITROGLYCERIN CAP ER 2.5 MG		Y	N
32100030000215	NITROGLYCERIN CAP ER 6.5 MG		Y	N
32100030000220	NITROGLYCERIN CAP ER 9 MG	N/A	N/A	N
32100030000710	NITROGLYCERIN SL TAB 0.3 MG	[redacted]	Y	Y
32100030000715	NITROGLYCERIN SL TAB 0.4 MG		Y	Y
32100030000720	NITROGLYCERIN SL TAB 0.6 MG		Y	Y
32100030002060	NITROGLYCERIN TL SOLN 0.4 MG/SPRAY (400 MCG/SPRAY)		Y	Y
32100030003460	NITROGLYCERIN LINGUAL AEROSOL 400 MCG/SPRAY	N/A	N/A	N
32100030008510	NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR	[redacted]	Y	Y
32100030008520	NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR		Y	Y
32100030008540	NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR		Y	Y
32100030008550	NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR		Y	Y
32200040007420	RANOLAZINE TAB ER 12HR 500 MG		Y	Y
32200040007430	RANOLAZINE TAB ER 12HR 1000 MG		Y	Y
33100010000303	NADOLOL TAB 20 MG		Y	Y
33100010000305	NADOLOL TAB 40 MG		Y	Y
33100010000310	NADOLOL TAB 80 MG		Y	Y
33100010000320	NADOLOL TAB 160 MG	N/A	N/A	N
33100030000305	PINDOLOL TAB 5 MG	[redacted]	Y	Y
33100030000310	PINDOLOL TAB 10 MG		Y	Y
33100040100305	PROPRANOLOL HCL TAB 10 MG		Y	Y
33100040100310	PROPRANOLOL HCL TAB 20 MG		Y	Y
33100040100315	PROPRANOLOL HCL TAB 40 MG		Y	Y

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33100040100320	PROPRANOLOL HCL TAB 60 MG	[redacted]	Y	Y
33100040100325	PROPRANOLOL HCL TAB 80 MG	[redacted]	Y	Y
33100040102050	PROPRANOLOL HCL ORAL SOLN 20 MG/5ML	[redacted]	Y	N
33100040102060	PROPRANOLOL HCL ORAL SOLN 40 MG/5ML	[redacted]	Y	N
33100040107025	PROPRANOLOL HCL CAP ER 24HR 60 MG	[redacted]	Y	Y
33100040107030	PROPRANOLOL HCL CAP ER 24HR 80 MG	[redacted]	Y	Y
33100040107035	PROPRANOLOL HCL CAP ER 24HR 120 MG	[redacted]	Y	Y
33100040107040	PROPRANOLOL HCL CAP ER 24HR 160 MG	[redacted]	Y	Y
33100045100310	SOTALOL HCL TAB 80 MG	[redacted]	Y	Y
33100045100315	SOTALOL HCL TAB 120 MG	[redacted]	Y	Y
33100045100320	SOTALOL HCL TAB 160 MG	[redacted]	Y	Y
33100045100330	SOTALOL HCL TAB 240 MG	[redacted]	Y	Y
33100045120310	SOTALOL HCL (AFIB/AFL) TAB 80 MG	[redacted]	Y	Y
33100045120315	SOTALOL HCL (AFIB/AFL) TAB 120 MG	[redacted]	Y	Y
33100045120320	SOTALOL HCL (AFIB/AFL) TAB 160 MG	[redacted]	Y	Y
33100050100305	TIMOLOL MALEATE TAB 5 MG	[redacted]	Y	Y
33100050100310	TIMOLOL MALEATE TAB 10 MG	[redacted]	Y	Y
33100050100315	TIMOLOL MALEATE TAB 20 MG	N/A	N/A	Y
33200010100105	ACEBUTOLOL HCL CAP 200 MG	[redacted]	Y	Y
33200010100110	ACEBUTOLOL HCL CAP 400 MG	[redacted]	Y	Y
33200020000303	ATENOLOL TAB 25 MG	[redacted]	Y	Y
33200020000305	ATENOLOL TAB 50 MG	[redacted]	Y	Y
33200020000310	ATENOLOL TAB 100 MG	[redacted]	Y	Y
33200021100310	BETAXOLOL HCL TAB 10 MG	[redacted]	Y	Y
33200021100320	BETAXOLOL HCL TAB 20 MG	[redacted]	Y	Y
33200022100310	BISOPROLOL FUMARATE TAB 5 MG	[redacted]	Y	Y
33200022100320	BISOPROLOL FUMARATE TAB 10 MG	[redacted]	Y	Y
33200025112020	ESMOLOL HCL-SODIUM CHLORIDE IV SOLN 2500 MG/250ML	N/A	N/A	Y
33200025112030	ESMOLOL HCL-SODIUM CHLORIDE IV SOLN 2000 MG/100ML	N/A	N/A	Y
33200030057510	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)	[redacted]	Y	Y
33200030057520	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)	[redacted]	Y	Y
33200030057530	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)	[redacted]	Y	Y
33200030057540	METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV)	[redacted]	Y	Y
33200030100305	METOPROLOL TARTRATE TAB 25 MG	[redacted]	Y	Y
33200030100307	METOPROLOL TARTRATE TAB 37.5 MG	[redacted]	Y	Y
33200030100310	METOPROLOL TARTRATE TAB 50 MG	[redacted]	Y	Y
33200030100312	METOPROLOL TARTRATE TAB 75 MG	[redacted]	Y	Y
33200030100315	METOPROLOL TARTRATE TAB 100 MG	[redacted]	Y	Y
33200030102005	METOPROLOL TARTRATE IV SOLN 5 MG/5ML	N/A	N/A	Y
3320003010E220	METOPROLOL TARTRATE IV SOLN CART INJ 5 MG/5ML (1 MG/ML)	N/A	N/A	N
33200040100310	NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
33200040100320	NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
33200040100330	NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT)	[redacted]	Y	Y
33200040100340	NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT)	[redacted]	Y	Y
33300007000305	CARVEDILOL TAB 3.125 MG	[redacted]	Y	Y
33300007000310	CARVEDILOL TAB 6.25 MG	[redacted]	Y	Y
33300007000320	CARVEDILOL TAB 12.5 MG	[redacted]	Y	Y
33300007000330	CARVEDILOL TAB 25 MG	[redacted]	Y	Y
33300007207010	CARVEDILOL PHOSPHATE CAP ER 24HR 10 MG	[redacted]	Y	Y
33300007207020	CARVEDILOL PHOSPHATE CAP ER 24HR 20 MG	[redacted]	Y	Y
33300007207030	CARVEDILOL PHOSPHATE CAP ER 24HR 40 MG	[redacted]	Y	Y
33300007207050	CARVEDILOL PHOSPHATE CAP ER 24HR 80 MG	[redacted]	Y	Y
33300010100305	LABETALOL HCL TAB 100 MG	[redacted]	Y	Y
33300010100310	LABETALOL HCL TAB 200 MG	[redacted]	Y	Y
33300010100315	LABETALOL HCL TAB 300 MG	[redacted]	Y	Y
33300010102005	LABETALOL HCL IV SOLN 5 MG/ML	N/A	N/A	Y
34000003100320	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
34000003100330	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
34000003100340	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	[redacted]	Y	Y
34000010100305	DILTIAZEM HCL TAB 30 MG	[redacted]	Y	Y
34000010100310	DILTIAZEM HCL TAB 60 MG	[redacted]	Y	Y
34000010100315	DILTIAZEM HCL TAB 90 MG	[redacted]	Y	Y
34000010100320	DILTIAZEM HCL TAB 120 MG	[redacted]	Y	Y
34000010106910	DILTIAZEM HCL CAP ER 12HR 60 MG	[redacted]	Y	Y
34000010106915	DILTIAZEM HCL CAP ER 12HR 90 MG	[redacted]	Y	Y
34000010106920	DILTIAZEM HCL CAP ER 12HR 120 MG	[redacted]	Y	Y
34000010107020	DILTIAZEM HCL CAP ER 24HR 120 MG	[redacted]	Y	Y
34000010107030	DILTIAZEM HCL CAP ER 24HR 180 MG	[redacted]	Y	Y
34000010107040	DILTIAZEM HCL CAP ER 24HR 240 MG	[redacted]	Y	Y
34000010107525	DILTIAZEM HCL TAB ER 24HR 120 MG	[redacted]	Y	Y
34000010107530	DILTIAZEM HCL TAB ER 24HR 180 MG	[redacted]	Y	Y
34000010107540	DILTIAZEM HCL TAB ER 24HR 240 MG	[redacted]	Y	Y
34000010107550	DILTIAZEM HCL TAB ER 24HR 300 MG	[redacted]	Y	Y
34000010107560	DILTIAZEM HCL TAB ER 24HR 360 MG	[redacted]	Y	Y
34000010107570	DILTIAZEM HCL TAB ER 24HR 420 MG	[redacted]	Y	Y
34000010117020	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	[redacted]	Y	Y
34000010117030	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	[redacted]	Y	Y
34000010117040	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	[redacted]	Y	Y
34000010117050	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	[redacted]	Y	Y
34000010117060	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	[redacted]	Y	Y
34000010117070	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	[redacted]	Y	Y
34000010127020	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	[redacted]	Y	Y
34000010127030	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	[redacted]	Y	Y
34000010127040	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	[redacted]	Y	Y
34000010127050	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	[redacted]	Y	Y
34000010127060	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	[redacted]	Y	Y
34000010127520	DILTIAZEM HCL COATED BEADS TAB ER 24HR 120 MG	N/A	N/A	N/A

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34000010127530	DILTIAZEM HCL COATED BEADS TAB ER 24HR 180 MG	N/A	N/A	N
34000010127540	DILTIAZEM HCL COATED BEADS TAB ER 24HR 240 MG	N/A	N/A	N
34000010127550	DILTIAZEM HCL COATED BEADS TAB ER 24HR 300 MG	N/A	N/A	N
34000010127560	DILTIAZEM HCL COATED BEADS TAB ER 24HR 360 MG	N/A	N/A	N
34000010127570	DILTIAZEM HCL COATED BEADS TAB ER 24HR 420 MG	N/A	N/A	N
34000013007505	FELODIPINE TAB ER 24HR 2.5 MG	[redacted]	Y	Y
34000013007510	FELODIPINE TAB ER 24HR 5 MG	[redacted]	Y	Y
34000013007520	FELODIPINE TAB ER 24HR 10 MG	[redacted]	Y	Y
34000015000110	ISRADIPINE CAP 2.5 MG	[redacted]	Y	Y
34000015000120	ISRADIPINE CAP 5 MG	[redacted]	Y	Y
34000018100120	NICARDIPINE HCL CAP 20 MG	[redacted]	Y	Y
34000018100125	NICARDIPINE HCL CAP 30 MG	[redacted]	Y	Y
34000020000105	NIFEDIPINE CAP 10 MG	[redacted]	Y	Y
34000020000110	NIFEDIPINE CAP 20 MG	[redacted]	Y	Y
34000020007530	NIFEDIPINE TAB ER 24HR 30 MG	[redacted]	Y	Y
34000020007540	NIFEDIPINE TAB ER 24HR 60 MG	[redacted]	Y	Y
34000020007550	NIFEDIPINE TAB ER 24HR 90 MG	[redacted]	Y	Y
34000020007570	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	[redacted]	Y	Y
34000020007575	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG	[redacted]	Y	Y
34000020007580	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG	[redacted]	Y	Y
34000022000120	NIMODIPINE CAP 30 MG	[redacted]	Y	Y
34000024007508	NISOLDIPINE TAB ER 24HR 8.5 MG	[redacted]	Y	Y
34000024007517	NISOLDIPINE TAB ER 24HR 17 MG	[redacted]	Y	Y
34000024007520	NISOLDIPINE TAB ER 24HR 20 MG	[redacted]	Y	N
34000024007526	NISOLDIPINE TAB ER 24HR 25.5 MG	[redacted]	Y	N
34000024007530	NISOLDIPINE TAB ER 24HR 30 MG	[redacted]	Y	N
34000024007535	NISOLDIPINE TAB ER 24HR 34 MG	[redacted]	Y	Y
34000024007540	NISOLDIPINE TAB ER 24HR 40 MG	[redacted]	Y	N
34000030100303	VERAPAMIL HCL TAB 40 MG	[redacted]	Y	Y
34000030100305	VERAPAMIL HCL TAB 80 MG	[redacted]	Y	Y
34000030100310	VERAPAMIL HCL TAB 120 MG	[redacted]	Y	Y
34000030100410	VERAPAMIL HCL TAB ER 120 MG	[redacted]	Y	Y
34000030100415	VERAPAMIL HCL TAB ER 180 MG	[redacted]	Y	Y
34000030100420	VERAPAMIL HCL TAB ER 240 MG	[redacted]	Y	Y
34000030102005	VERAPAMIL HCL IV SOLN 2.5 MG/ML	N/A	N/A	Y
34000030107015	VERAPAMIL HCL CAP ER 24HR 100 MG	[redacted]	Y	N
34000030107020	VERAPAMIL HCL CAP ER 24HR 120 MG	[redacted]	Y	Y
34000030107025	VERAPAMIL HCL CAP ER 24HR 180 MG	[redacted]	Y	Y
34000030107030	VERAPAMIL HCL CAP ER 24HR 200 MG	[redacted]	Y	N
34000030107035	VERAPAMIL HCL CAP ER 24HR 240 MG	[redacted]	Y	Y
34000030107040	VERAPAMIL HCL CAP ER 24HR 300 MG	[redacted]	Y	N
34000030107045	VERAPAMIL HCL CAP ER 24HR 360 MG	[redacted]	Y	N
34000067280320	LEVAMLODIPINE MALEATE TAB 2.5 MG	N/A	N/A	N
34000067280330	LEVAMLODIPINE MALEATE TAB 5 MG	N/A	N/A	N
35100010100105	DISOPYRAMIDE PHOSPHATE CAP 100 MG	[redacted]	Y	Y
35100010100110	DISOPYRAMIDE PHOSPHATE CAP 150 MG	[redacted]	Y	Y
35100010106915	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG	N/A	N/A	N
35100030100403	QUINIDINE GLUCONATE TAB ER 324 MG	[redacted]	Y	Y
35100030300310	QUINIDINE SULFATE TAB 200 MG	[redacted]	Y	N
35100030300315	QUINIDINE SULFATE TAB 300 MG	[redacted]	Y	N
35100030300405	QUINIDINE SULFATE TAB ER 300 MG	N/A	N/A	N
35200020102020	LIDOCAINE HCL IV INJ 10 MG/ML	N/A	N/A	N
35200020102030	LIDOCAINE HCL IV INJ 20 MG/ML	N/A	N/A	N
35200020102034	LIDOCAINE HCL (CARDIAC) IV SOLN 100 MG/5ML (2%)	N/A	N/A	N
35200020102035	LIDOCAINE HCL (CARDIAC) IV PF SOLN 100 MG/5ML (2%)	N/A	N/A	N
3520002010E520	LIDOCAINE HCL (CARDIAC) IV SOLN PREF SYR 50 MG/5ML (1%)	N/A	N/A	Y
3520002010E522	LIDOCAINE HCL (CARDIAC) IV PF SOLN PREF SYR 50 MG/5ML(1%)	N/A	N/A	Y
3520002010E530	LIDOCAINE HCL (CARDIAC) IV SOLN PREF SYR 100 MG/5ML (2%)	N/A	N/A	Y
3520002010E532	LIDOCAINE HCL(CARDIAC) IV PF SOLN PREF SYR 100 MG/5ML (2%)	N/A	N/A	Y
35200025100105	MEXILETINE HCL CAP 150 MG	[redacted]	Y	Y
35200025100110	MEXILETINE HCL CAP 200 MG	[redacted]	Y	Y
35200025100115	MEXILETINE HCL CAP 250 MG	[redacted]	Y	Y
35300010100303	FLECAINIDE ACETATE TAB 50 MG	[redacted]	Y	Y
35300010100305	FLECAINIDE ACETATE TAB 100 MG	[redacted]	Y	Y
35300010100310	FLECAINIDE ACETATE TAB 150 MG	[redacted]	Y	Y
35300050000320	PROPAFENONE HCL TAB 150 MG	[redacted]	Y	Y
35300050000325	PROPAFENONE HCL TAB 225 MG	[redacted]	Y	Y
35300050000330	PROPAFENONE HCL TAB 300 MG	[redacted]	Y	Y
35300050006920	PROPAFENONE HCL CAP ER 12HR 225 MG	[redacted]	Y	Y
35300050006930	PROPAFENONE HCL CAP ER 12HR 325 MG	[redacted]	Y	Y
35300050006940	PROPAFENONE HCL CAP ER 12HR 425 MG	[redacted]	Y	Y
35400005000303	AMIODARONE HCL TAB 100 MG	[redacted]	Y	Y
35400005000305	AMIODARONE HCL TAB 200 MG	[redacted]	Y	Y
35400005000320	AMIODARONE HCL TAB 400 MG	[redacted]	Y	Y
35400025000110	DOFETILIDE CAP 125 MCG (0.125 MG)	[redacted]	Y	Y
35400025000120	DOFETILIDE CAP 250 MCG (0.25 MG)	[redacted]	Y	Y
35400025000130	DOFETILIDE CAP 500 MCG (0.5 MG)	[redacted]	Y	Y
36100005100310	BENAZEPRIL HCL TAB 5 MG	[redacted]	Y	Y
36100005100320	BENAZEPRIL HCL TAB 10 MG	[redacted]	Y	Y
36100005100330	BENAZEPRIL HCL TAB 20 MG	[redacted]	Y	Y
36100005100340	BENAZEPRIL HCL TAB 40 MG	[redacted]	Y	Y
36100010000305	CAPTOPRIL TAB 12.5 MG	[redacted]	Y	Y
36100010000310	CAPTOPRIL TAB 25 MG	[redacted]	Y	Y
36100010000315	CAPTOPRIL TAB 50 MG	[redacted]	Y	Y
36100010000320	CAPTOPRIL TAB 100 MG	[redacted]	Y	Y
36100020100303	ENALAPRIL MALEATE TAB 2.5 MG	[redacted]	Y	Y
36100020100305	ENALAPRIL MALEATE TAB 5 MG	[redacted]	Y	Y

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36100020100310	ENALAPRIL MALEATE TAB 10 MG	[redacted]	Y	Y
36100020100315	ENALAPRIL MALEATE TAB 20 MG	[redacted]	Y	Y
36100020102020	ENALAPRIL MALEATE ORAL SOLN 1 MG/ML	[redacted]	Y	Y
36100027100310	FOSINOPRIL SODIUM TAB 10 MG	[redacted]	Y	Y
36100027100320	FOSINOPRIL SODIUM TAB 20 MG	[redacted]	Y	Y
36100027100340	FOSINOPRIL SODIUM TAB 40 MG	[redacted]	Y	Y
36100030000303	LISINOPRIL TAB 2.5 MG	[redacted]	Y	Y
36100030000305	LISINOPRIL TAB 5 MG	[redacted]	Y	Y
36100030000310	LISINOPRIL TAB 10 MG	[redacted]	Y	Y
36100030000315	LISINOPRIL TAB 20 MG	[redacted]	Y	Y
36100030000324	LISINOPRIL TAB 30 MG	[redacted]	Y	Y
36100030000330	LISINOPRIL TAB 40 MG	[redacted]	Y	Y
36100033100310	MOEXIPRIL HCL TAB 7.5 MG	[redacted]	Y	Y
36100033100320	MOEXIPRIL HCL TAB 15 MG	[redacted]	Y	Y
36100035100310	PERINDOPRIL ERBUMINE TAB 2 MG	[redacted]	Y	Y
36100035100320	PERINDOPRIL ERBUMINE TAB 4 MG	[redacted]	Y	Y
36100035100330	PERINDOPRIL ERBUMINE TAB 8 MG	[redacted]	Y	N
36100040100305	QUINAPRIL HCL TAB 5 MG	N/A	N/A	Y
36100040100310	QUINAPRIL HCL TAB 10 MG	N/A	N/A	Y
36100040100320	QUINAPRIL HCL TAB 20 MG	N/A	N/A	Y
36100040100340	QUINAPRIL HCL TAB 40 MG	N/A	N/A	Y
36100050000110	RAMIPRIL CAP 1.25 MG	[redacted]	Y	Y
36100050000120	RAMIPRIL CAP 2.5 MG	[redacted]	Y	Y
36100050000130	RAMIPRIL CAP 5 MG	[redacted]	Y	Y
36100050000140	RAMIPRIL CAP 10 MG	[redacted]	Y	Y
36100060000310	TRANDOLAPRIL TAB 1 MG	[redacted]	Y	Y
36100060000320	TRANDOLAPRIL TAB 2 MG	[redacted]	Y	Y
36100060000340	TRANDOLAPRIL TAB 4 MG	[redacted]	Y	Y
36150020100310	CANDESARTAN CILEXETIL TAB 4 MG	[redacted]	Y	Y
36150020100320	CANDESARTAN CILEXETIL TAB 8 MG	[redacted]	Y	Y
36150020100330	CANDESARTAN CILEXETIL TAB 16 MG	[redacted]	Y	Y
36150020100340	CANDESARTAN CILEXETIL TAB 32 MG	[redacted]	Y	Y
36150024200330	EPROSARTAN MESYLATE TAB 600 MG	N/A	N/A	N
36150030000310	IRBESARTAN TAB 75 MG	[redacted]	Y	Y
36150030000320	IRBESARTAN TAB 150 MG	[redacted]	Y	Y
36150030000340	IRBESARTAN TAB 300 MG	[redacted]	Y	Y
36150040200320	LOSARTAN POTASSIUM TAB 25 MG	[redacted]	Y	Y
36150040200330	LOSARTAN POTASSIUM TAB 50 MG	[redacted]	Y	Y
36150040200340	LOSARTAN POTASSIUM TAB 100 MG	[redacted]	Y	Y
36150055200320	OLMESARTAN MEDOXOMIL TAB 5 MG	[redacted]	Y	Y
36150055200340	OLMESARTAN MEDOXOMIL TAB 20 MG	[redacted]	Y	Y
36150055200360	OLMESARTAN MEDOXOMIL TAB 40 MG	[redacted]	Y	Y
36150070000310	TELMISARTAN TAB 20 MG	[redacted]	Y	Y
36150070000320	TELMISARTAN TAB 40 MG	[redacted]	Y	Y
36150070000340	TELMISARTAN TAB 80 MG	[redacted]	Y	Y
36150080000310	VALSARTAN TAB 40 MG	[redacted]	Y	Y
36150080000320	VALSARTAN TAB 80 MG	[redacted]	Y	Y
36150080000330	VALSARTAN TAB 160 MG	[redacted]	Y	Y
36150080000340	VALSARTAN TAB 320 MG	[redacted]	Y	Y
36150080002025	VALSARTAN ORAL SOLN 4 MG/ML	N/A	N/A	N/A
36170010100320	ALISKIREN FUMARATE TAB 150 MG (BASE EQUIVALENT)	[redacted]	Y	Y
36170010100340	ALISKIREN FUMARATE TAB 300 MG (BASE EQUIVALENT)	[redacted]	Y	Y
36201010008810	CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	[redacted]	Y	Y
36201010008820	CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	[redacted]	Y	Y
36201010008830	CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	[redacted]	Y	Y
36201010100305	CLONIDINE HCL TAB 0.1 MG	[redacted]	Y	Y
36201010100310	CLONIDINE HCL TAB 0.2 MG	[redacted]	Y	Y
36201010100315	CLONIDINE HCL TAB 0.3 MG	[redacted]	Y	Y
36201010107510	CLONIDINE HCL TAB SR 24HR 0.17 MG (BASE EQUIVALENT)	[redacted]	Y	N
36201010108810	CLONIDINE HCL TD PATCH WEEKLY 0.1 MG/24HR	N/A	N/A	N
36201010108820	CLONIDINE HCL TD PATCH WEEKLY 0.2 MG/24HR	N/A	N/A	N
36201010108830	CLONIDINE HCL TD PATCH WEEKLY 0.3 MG/24HR	N/A	N/A	N
36201020100305	GUANABENZ ACETATE TAB 4 MG	N/A	N/A	N
36201020100310	GUANABENZ ACETATE TAB 8 MG	N/A	N/A	N
36201025100320	GUANFACINE HCL TAB 1 MG	[redacted]	Y	Y
36201025100330	GUANFACINE HCL TAB 2 MG	[redacted]	Y	Y
36201030000310	METHYLDOPA TAB 250 MG	[redacted]	Y	N
36201030000315	METHYLDOPA TAB 500 MG	[redacted]	Y	N
36201030102005	METHYLDOPATE HCL INJ 250 MG/5ML	N/A	N/A	N
36202005100310	DOXAZOSIN MESYLATE TAB 1 MG	[redacted]	Y	Y
36202005100320	DOXAZOSIN MESYLATE TAB 2 MG	[redacted]	Y	Y
36202005100330	DOXAZOSIN MESYLATE TAB 4 MG	[redacted]	Y	Y
36202005100340	DOXAZOSIN MESYLATE TAB 8 MG	[redacted]	Y	Y
36202030100105	PRAZOSIN HCL CAP 1 MG	[redacted]	Y	Y
36202030100110	PRAZOSIN HCL CAP 2 MG	[redacted]	Y	Y
36202030100115	PRAZOSIN HCL CAP 5 MG	[redacted]	Y	Y
36202040100105	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)	[redacted]	Y	Y
36202040100110	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)	[redacted]	Y	Y
36202040100115	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
36202040100120	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)	[redacted]	Y	Y
36203040000305	RESERPINE TAB 0.1 MG	N/A	N/A	N
36203040000310	RESERPINE TAB 0.25 MG	N/A	N/A	N
36250030000320	EPLERENONE TAB 25 MG	[redacted]	Y	Y
36250030000330	EPLERENONE TAB 50 MG	[redacted]	Y	Y
36300010100105	PHENOXYBENZAMINE HCL CAP 10 MG	[redacted]	Y	Y
36300020102105	PHENTOLAMINE MESYLATE FOR INJ 5 MG	N/A	N/A	Y
36300025000110	METYROSINE CAP 250 MG	N/A	N/A	Y

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
36400010100305	HYDRALAZINE HCL TAB 10 MG	[redacted]	Y	Y
36400010100310	HYDRALAZINE HCL TAB 25 MG	[redacted]	Y	Y
36400010100315	HYDRALAZINE HCL TAB 50 MG	[redacted]	Y	Y
36400010100320	HYDRALAZINE HCL TAB 100 MG	[redacted]	Y	Y
36400010102005	HYDRALAZINE HCL INJ 20 MG/ML	N/A	N/A	Y
36400020000305	MINOXIDIL TAB 2.5 MG	[redacted]	Y	Y
36400020000310	MINOXIDIL TAB 10 MG	[redacted]	Y	Y
36991502200120	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG	[redacted]	Y	Y
36991502200130	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG	[redacted]	Y	Y
36991502200140	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG	[redacted]	Y	Y
36991502200145	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG	[redacted]	Y	Y
36991502200150	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG	[redacted]	Y	Y
36991502200160	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG	[redacted]	Y	Y
36991502700420	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 1-240 MG	[redacted]	Y	N
36991502700432	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-180 MG	[redacted]	Y	N
36991502700436	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG	[redacted]	Y	N
36991502700452	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 4-240 MG	[redacted]	Y	N
36991802150310	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	[redacted]	Y	Y
36991802150320	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	[redacted]	Y	Y
36991802150330	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	[redacted]	Y	Y
36991802150340	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	[redacted]	Y	Y
36991802250310	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG	[redacted]	Y	N
36991802250320	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG	N/A	N/A	N
36991802250330	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG	N/A	N/A	N
36991802250340	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	N/A	N/A	N
36991802350305	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG	[redacted]	Y	Y
36991802350310	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG	[redacted]	Y	Y
36991802400310	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	[redacted]	Y	Y
36991802400320	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	[redacted]	Y	Y
36991802550305	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	[redacted]	Y	Y
36991802550310	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	[redacted]	Y	Y
36991802550320	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	[redacted]	Y	Y
36991802600310	MOEXIPRIL-HYDROCHLOROTHIAZIDE TAB 7.5-12.5 MG	N/A	N/A	N
36991802600316	MOEXIPRIL-HYDROCHLOROTHIAZIDE TAB 15-12.5 MG	N/A	N/A	N
36991802600320	MOEXIPRIL-HYDROCHLOROTHIAZIDE TAB 15-25 MG	N/A	N/A	N
36991802650320	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	N/A	N/A	N
36991802650330	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	[redacted]	Y	Y
36991802650335	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG	N/A	N/A	Y
36992002100310	ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	[redacted]	Y	Y
36992002100320	ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	[redacted]	Y	Y
36992002130310	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	[redacted]	Y	Y
36992002130320	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	[redacted]	Y	Y
36992002130330	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	[redacted]	Y	Y
36992002200310	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	[redacted]	Y	Y
36992002200320	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG	[redacted]	Y	Y
36992002200325	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG	N/A	N/A	Y
36992002207520	METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 25-12.5 MG	N/A	N/A	N
36992002207540	METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 100-12.5 MG	N/A	N/A	N
36992002300310	NADOLOL & BENDROFLUMETHIAZIDE TAB 40-5 MG	N/A	N/A	N
36992002300320	NADOLOL & BENDROFLUMETHIAZIDE TAB 80-5 MG	N/A	N/A	N
36992002400310	PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB 40-25 MG	N/A	N/A	N
36992002400320	PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB 80-25 MG	N/A	N/A	N
36993002050310	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG	[redacted]	Y	Y
36993002050320	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG	[redacted]	Y	Y
36993002050330	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG	[redacted]	Y	Y
36993002050340	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG	[redacted]	Y	Y
36993002100310	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	[redacted]	Y	Y
36993002100320	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	[redacted]	Y	Y
36993002100330	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	[redacted]	Y	Y
36993002100340	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	[redacted]	Y	Y
36993002700320	TELMISARTAN-AMLODIPINE TAB 40-5 MG	[redacted]	Y	Y
36993002700330	TELMISARTAN-AMLODIPINE TAB 40-10 MG	[redacted]	Y	Y
36993002700340	TELMISARTAN-AMLODIPINE TAB 80-5 MG	[redacted]	Y	Y
36993002700350	TELMISARTAN-AMLODIPINE TAB 80-10 MG	[redacted]	Y	Y
36994002200320	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	[redacted]	Y	Y
36994002200340	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	[redacted]	Y	Y
36994002200350	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG	[redacted]	Y	Y
36994002300320	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	[redacted]	Y	Y
36994002300340	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	[redacted]	Y	Y
36994002450320	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG	[redacted]	Y	Y
36994002450325	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	[redacted]	Y	Y
36994002450340	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	[redacted]	Y	Y
36994002500320	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	[redacted]	Y	Y
36994002500340	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	[redacted]	Y	Y
36994002500345	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	[redacted]	Y	Y
36994002600320	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	[redacted]	Y	Y
36994002600340	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	[redacted]	Y	Y
36994002600345	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	[redacted]	Y	Y
36994002700320	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	[redacted]	Y	Y
36994002700340	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	[redacted]	Y	Y
36994002700350	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	[redacted]	Y	Y
36994002700360	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	[redacted]	Y	Y
36994002700370	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	[redacted]	Y	Y
36994503200320	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-12.5 MG	[redacted]	Y	Y
36994503200325	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-25 MG	[redacted]	Y	Y
36994503200330	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-12.5 MG	[redacted]	Y	Y
36994503200335	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-25 MG	[redacted]	Y	Y

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
36994503200340	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-320-25 MG	[redacted]	Y	Y
36994503450310	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 20-5-12.5 MG	[redacted]	Y	Y
36994503450320	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-12.5 MG	[redacted]	Y	Y
36994503450330	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-25 MG	[redacted]	Y	Y
36994503450340	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-12.5 MG	[redacted]	Y	Y
36994503450350	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-25 MG	[redacted]	Y	Y
36995002200310	CLONIDINE & CHLORTHALIDONE TAB 0.1-15 MG	N/A	N/A	N
36995002200320	CLONIDINE & CHLORTHALIDONE TAB 0.2-15 MG	N/A	N/A	N
36995002700310	METHYLDOPA & HYDROCHLOROTHIAZIDE TAB 250-15 MG	N/A	N/A	N
36995002700320	METHYLDOPA & HYDROCHLOROTHIAZIDE TAB 250-25 MG	N/A	N/A	N
37100010000305	ACETAZOLAMIDE TAB 125 MG	[redacted]	Y	Y
37100010000310	ACETAZOLAMIDE TAB 250 MG	[redacted]	Y	Y
37100010006920	ACETAZOLAMIDE CAP ER 12HR 500 MG	[redacted]	Y	Y
37100020000305	DICHLORPHENAMIDE TAB 50 MG	N/A	N/A	N/A
37100030000303	METHAZOLAMIDE TAB 25 MG	[redacted]	Y	Y
37100030000305	METHAZOLAMIDE TAB 50 MG	[redacted]	Y	Y
37200010000305	BUMETANIDE TAB 0.5 MG	[redacted]	Y	Y
37200010000310	BUMETANIDE TAB 1 MG	[redacted]	Y	Y
37200010000315	BUMETANIDE TAB 2 MG	[redacted]	Y	Y
37200010002005	BUMETANIDE INJ 0.25 MG/ML	[redacted]	Y	Y
37200020000305	ETHACRYNIC ACID TAB 25 MG	[redacted]	Y	Y
37200020102105	ETHACRYNATE SODIUM FOR INJ 50 MG	N/A	N/A	Y
37200030000305	FUROSEMIDE TAB 20 MG	[redacted]	Y	Y
37200030000310	FUROSEMIDE TAB 40 MG	[redacted]	Y	Y
37200030000315	FUROSEMIDE TAB 80 MG	[redacted]	Y	Y
37200030002005	FUROSEMIDE INJ 10 MG/ML	[redacted]	Y	Y
37200030002045	FUROSEMIDE ORAL SOLN 8 MG/ML	[redacted]	Y	N
37200030002050	FUROSEMIDE ORAL SOLN 10 MG/ML	[redacted]	Y	Y
37200080000310	TORSEMIDE TAB 5 MG	[redacted]	Y	Y
37200080000320	TORSEMIDE TAB 10 MG	[redacted]	Y	Y
37200080000330	TORSEMIDE TAB 20 MG	[redacted]	Y	Y
37200080000350	TORSEMIDE TAB 100 MG	[redacted]	Y	Y
37400030002025	MANNITOL IV SOLN 25%	N/A	N/A	Y
37500010100305	AMILORIDE HCL TAB 5 MG	[redacted]	Y	Y
37500020000305	SPIRONOLACTONE TAB 25 MG	[redacted]	Y	Y
37500020000310	SPIRONOLACTONE TAB 50 MG	[redacted]	Y	Y
37500020000315	SPIRONOLACTONE TAB 100 MG	[redacted]	Y	Y
37500020001820	SPIRONOLACTONE SUSP 25 MG/5ML	[redacted]	Y	Y
37500030000105	TRIAMTERENE CAP 50 MG	[redacted]	Y	Y
37500030000110	TRIAMTERENE CAP 100 MG	[redacted]	Y	Y
37600020000305	CHLOROTHIAZIDE TAB 250 MG	N/A	N/A	N
37600020000310	CHLOROTHIAZIDE TAB 500 MG	N/A	N/A	N
37600025000305	CHLORTHALIDONE TAB 25 MG	[redacted]	Y	Y
37600025000310	CHLORTHALIDONE TAB 50 MG	[redacted]	Y	Y
37600040000110	HYDROCHLOROTHIAZIDE CAP 12.5 MG	[redacted]	Y	Y
37600040000303	HYDROCHLOROTHIAZIDE TAB 12.5 MG	[redacted]	Y	Y
37600040000305	HYDROCHLOROTHIAZIDE TAB 25 MG	[redacted]	Y	Y
37600040000310	HYDROCHLOROTHIAZIDE TAB 50 MG	[redacted]	Y	Y
37600050000303	INDAPAMIDE TAB 1.25 MG	[redacted]	Y	Y
37600050000305	INDAPAMIDE TAB 2.5 MG	[redacted]	Y	Y
37600055000310	METHYCLOTHIAZIDE TAB 5 MG	N/A	N/A	N
37600060000305	METOLAZONE TAB 2.5 MG	[redacted]	Y	Y
37600060000310	METOLAZONE TAB 5 MG	[redacted]	Y	Y
37600060000315	METOLAZONE TAB 10 MG	[redacted]	Y	Y
37990002100310	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	[redacted]	Y	Y
37990002200310	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	[redacted]	Y	Y
37990002300105	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG	[redacted]	Y	Y
37990002300110	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 50-25 MG	N/A	N/A	N
37990002300315	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG	[redacted]	Y	Y
37990002300330	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG	[redacted]	Y	Y
38000032002040	EPINEPHRINE INJ 1 MG/ML	N/A	N/A	N
38000032002042	EPINEPHRINE PF INJ 1 MG/ML	[redacted]	Y	N
38000032002050	EPINEPHRINE INJ 30 MG/30ML	N/A	N/A	N
3800003200E520	EPINEPHRINE SOLN PREFILLED SYRINGE 1 MG/10ML (0.1 MG/ML)	N/A	N/A	N
3800003200E522	EPINEPHRINE PF SOLN PREFILLED SYRINGE 1 MG/10ML (0.1 MG/ML)	N/A	N/A	N
38000083100320	MIDODRINE HCL TAB 2.5 MG	[redacted]	Y	Y
38000083100330	MIDODRINE HCL TAB 5 MG	[redacted]	Y	Y
38000083100340	MIDODRINE HCL TAB 10 MG	[redacted]	Y	Y
38700030000130	DROXIDOPA CAP 100 MG	[redacted]	Y	Y
38700030000140	DROXIDOPA CAP 200 MG	[redacted]	Y	Y
38700030000150	DROXIDOPA CAP 300 MG	[redacted]	Y	Y
38900040002030	EPINEPHRINE INJ 1 MG/ML (1:1000)	[redacted]	Y	Y
38900040002060	EPINEPHRINE INJ 30 MG/30ML (1 MG/ML) (1:1000)	N/A	N/A	Y
38900040006255		N/A	N/A	N/A
3890004000D520	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	[redacted]	Y	Y
3890004000D530	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	[redacted]	Y	N
3890004000D540	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	[redacted]	Y	Y
39100010002905	CHOLESTYRAMINE POWDER 4 GM/DOSE	[redacted]	Y	Y
39100010003005	CHOLESTYRAMINE POWDER PACKETS 4 GM	[redacted]	Y	Y
39100010102905	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	[redacted]	Y	Y
39100010103005	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	[redacted]	Y	Y
39100016100330	COLESEVELAM HCL TAB 625 MG	[redacted]	Y	Y
39100016103040	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	[redacted]	Y	Y
39100020100320	COLESTIPOL HCL TAB 1 GM	[redacted]	Y	Y
39100020102705	COLESTIPOL HCL GRANULES 5 GM	[redacted]	Y	Y
39100020103010	COLESTIPOL HCL GRANULE PACKETS 5 GM	[redacted]	Y	Y
39200006006520	CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV)	[redacted]	Y	Y

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39200006006540	CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV)	[redacted]	Y	Y
39200024000320	FENOFIBRIC ACID TAB 35 MG	N/A	N/A	N
39200024000340	FENOFIBRIC ACID TAB 105 MG	N/A	N/A	N
39200025000110	FENOFIBRATE CAP 50 MG	[redacted]	Y	N
39200025000124	FENOFIBRATE CAP 150 MG	[redacted]	Y	N
39200025000308	FENOFIBRATE TAB 40 MG	[redacted]	Y	Y
39200025000310	FENOFIBRATE TAB 48 MG	[redacted]	Y	Y
39200025000312	FENOFIBRATE TAB 54 MG	[redacted]	Y	Y
39200025000322	FENOFIBRATE TAB 120 MG	[redacted]	Y	Y
39200025000323	FENOFIBRATE TAB 145 MG	[redacted]	Y	Y
39200025000325	FENOFIBRATE TAB 160 MG	[redacted]	Y	Y
39200025100103	FENOFIBRATE MICRONIZED CAP 30 MG	N/A	N/A	N
39200025100104	FENOFIBRATE MICRONIZED CAP 43 MG	[redacted]	Y	Y
39200025100107	FENOFIBRATE MICRONIZED CAP 67 MG	[redacted]	Y	Y
39200025100111	FENOFIBRATE MICRONIZED CAP 90 MG	N/A	N/A	N
39200025100114	FENOFIBRATE MICRONIZED CAP 130 MG	[redacted]	Y	Y
39200025100115	FENOFIBRATE MICRONIZED CAP 134 MG	[redacted]	Y	Y
39200025100130	FENOFIBRATE MICRONIZED CAP 200 MG	[redacted]	Y	Y
39200030000310	GEMFIBROZIL TAB 600 MG	[redacted]	Y	Y
39300030000320	EZETIMIBE TAB 10 MG	[redacted]	Y	Y
39400010100310	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	[redacted]	Y	Y
39400010100320	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	[redacted]	Y	Y
39400010100330	ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	[redacted]	Y	Y
39400010100350	ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	[redacted]	Y	Y
39400030100120	FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT)	[redacted]	Y	Y
39400030100140	FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)	[redacted]	Y	Y
39400030107530	FLUVASTATIN SODIUM TAB ER 24 HR 80 MG (BASE EQUIVALENT)	[redacted]	Y	Y
39400050000305	LOVASTATIN TAB 10 MG	[redacted]	Y	Y
39400050000310	LOVASTATIN TAB 20 MG	[redacted]	Y	Y
39400050000320	LOVASTATIN TAB 40 MG	[redacted]	Y	Y
39400058100321	PITAVASTATIN CALCIUM TAB 1 MG	[redacted]	Y	Y
39400058100331	PITAVASTATIN CALCIUM TAB 2 MG	[redacted]	Y	Y
39400058100341	PITAVASTATIN CALCIUM TAB 4 MG	[redacted]	Y	Y
39400060100305	ROSUVASTATIN CALCIUM TAB 5 MG	[redacted]	Y	Y
39400060100310	ROSUVASTATIN CALCIUM TAB 10 MG	[redacted]	Y	Y
39400060100320	ROSUVASTATIN CALCIUM TAB 20 MG	[redacted]	Y	Y
39400060100340	ROSUVASTATIN CALCIUM TAB 40 MG	[redacted]	Y	Y
39400065100320	PRAVASTATIN SODIUM TAB 10 MG	[redacted]	Y	Y
39400065100330	PRAVASTATIN SODIUM TAB 20 MG	[redacted]	Y	Y
39400065100340	PRAVASTATIN SODIUM TAB 40 MG	[redacted]	Y	Y
39400065100360	PRAVASTATIN SODIUM TAB 80 MG	[redacted]	Y	Y
39400075000310	SIMVASTATIN TAB 5 MG	[redacted]	Y	Y
39400075000320	SIMVASTATIN TAB 10 MG	[redacted]	Y	Y
39400075000330	SIMVASTATIN TAB 20 MG	[redacted]	Y	Y
39400075000340	SIMVASTATIN TAB 40 MG	[redacted]	Y	Y
39400075000360	SIMVASTATIN TAB 80 MG	[redacted]	Y	Y
39450050000350	NIACIN (ANTIHYPERLIPIDEMIC) TAB 500 MG	N/A	N/A	N
39450050000450	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	[redacted]	Y	Y
39450050000460	NIACIN TAB ER 750 MG (ANTIHYPERLIPIDEMIC)	[redacted]	Y	Y
39450050000470	NIACIN TAB ER 1000 MG (ANTIHYPERLIPIDEMIC)	[redacted]	Y	Y
39500035100110	ICOSAPENT ETHYL CAP 0.5 GM	[redacted]	Y	Y
39500035100120	ICOSAPENT ETHYL CAP 1 GM	[redacted]	Y	Y
39500045200130	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	[redacted]	Y	Y
39994002300320	EZETIMIBE-SIMVASTATIN TAB 10-10 MG	[redacted]	Y	Y
39994002300330	EZETIMIBE-SIMVASTATIN TAB 10-20 MG	[redacted]	Y	Y
39994002300340	EZETIMIBE-SIMVASTATIN TAB 10-40 MG	[redacted]	Y	Y
39994002300350	EZETIMIBE-SIMVASTATIN TAB 10-80 MG	[redacted]	Y	Y
40100030100305	ISOXSUPRINE HCL TAB 10 MG	N/A	N/A	N
40100030100310	ISOXSUPRINE HCL TAB 20 MG	N/A	N/A	N
40100060102005	PAPAVERINE HCL INJ 30 MG/ML	[redacted]	Y	N
40143060100320	SILDENAFIL CITRATE TAB 20 MG	[redacted]	Y	Y
40143060101920	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	[redacted]	Y	Y
40143060102020	SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (BASE EQUIVALENT)	N/A	N/A	Y
40143080000320	TADALAFIL TAB 20 MG (PAH)	[redacted]	Y	Y
40160007000310	AMBRISENTAN TAB 5 MG	[redacted]	Y	Y
40160007000320	AMBRISENTAN TAB 10 MG	[redacted]	Y	Y
40160015000320	BOSENTAN TAB 62.5 MG	N/A	N/A	Y
40160015000330	BOSENTAN TAB 125 MG	N/A	N/A	Y
40170040102110	EPOPROSTENOL SODIUM FOR INJ 0.5 MG	N/A	N/A	Y
40170040102130	EPOPROSTENOL SODIUM FOR INJ 1.5 MG	N/A	N/A	Y
40170080002050	TREPROSTINIL INJ SOLN 20 MG/20ML (1 MG/ML)	N/A	N/A	Y
40170080002060	TREPROSTINIL INJ SOLN 50 MG/20ML (2.5 MG/ML)	N/A	N/A	Y
40170080002070	TREPROSTINIL INJ SOLN 100 MG/20ML (5 MG/ML)	N/A	N/A	Y
40170080002080	TREPROSTINIL INJ SOLN 200 MG/20ML (10 MG/ML)	N/A	N/A	Y
40170080102010	TREPROSTINIL SODIUM INJ 1 MG/ML (BASE EQUIV)	N/A	N/A	N
40170080102020	TREPROSTINIL SODIUM INJ 2.5 MG/ML (BASE EQUIV)	N/A	N/A	N
40170080102030	TREPROSTINIL SODIUM INJ 5 MG/ML (BASE EQUIV)	N/A	N/A	N
40170080102040	TREPROSTINIL SODIUM INJ 10 MG/ML (BASE EQUIV)	N/A	N/A	N
40304070100310	SILDENAFIL CITRATE TAB 25 MG	[redacted]	Y	Y
40304070100320	SILDENAFIL CITRATE TAB 50 MG	[redacted]	Y	Y
40304070100330	SILDENAFIL CITRATE TAB 100 MG	[redacted]	Y	Y
40304080000302	TADALAFIL TAB 2.5 MG	[redacted]	Y	Y
40304080000305	TADALAFIL TAB 5 MG	[redacted]	Y	Y
40304080000310	TADALAFIL TAB 10 MG	[redacted]	Y	Y
40304080000320	TADALAFIL TAB 20 MG	[redacted]	Y	Y
40304090100310	VARDENAFIL HCL TAB 2.5 MG	[redacted]	Y	Y
40304090100320	VARDENAFIL HCL TAB 5 MG	[redacted]	Y	Y

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40304090100330	VARDENAFIL HCL TAB 10 MG	[redacted]	Y	Y
40304090100340	VARDENAFIL HCL TAB 20 MG	[redacted]	Y	Y
40304090107230	VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	[redacted]	Y	Y
40992502150305	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 2.5-10 MG	N/A	N/A	Y
40992502150310	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 2.5-20 MG	N/A	N/A	Y
40992502150315	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 2.5-40 MG	N/A	N/A	Y
40992502150320	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-10 MG	N/A	N/A	Y
40992502150325	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-20 MG	N/A	N/A	Y
40992502150330	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-40 MG	N/A	N/A	Y
40992502150335	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-80 MG	N/A	N/A	Y
40992502150350	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-10 MG	[redacted]	Y	Y
40992502150355	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-20 MG	N/A	N/A	Y
40992502150360	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-40 MG	[redacted]	Y	Y
40992502150365	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-80 MG	[redacted]	Y	Y
40995002400320	ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG	[redacted]	Y	Y
41100010157420	BROMPHENIRAMINE MALEATE TAB SR 12HR 6 MG	N/A	N/A	N
41100010400520	BROMPHENIRAMINE TANNATE CHEW TAB 12 MG	N/A	N/A	N
41100030151205	DEXCHLORPHENIRAMINE MALEATE SYRUP 2 MG/5ML	N/A	N/A	N
41100030152015	DEXCHLORPHENIRAMINE MALEATE ORAL SOLN 2 MG/5ML	N/A	N/A	Y
41200010150320	CARBINOXAMINE MALEATE TAB 4 MG	[redacted]	Y	Y
41200010150325	CARBINOXAMINE MALEATE TAB 6 MG	N/A	N/A	N
41200010152030	CARBINOXAMINE MALEATE SOLN 4 MG/5ML	[redacted]	Y	N
41200020400310	CLEMASTINE FUMARATE TAB 2.68 MG	[redacted]	Y	N
41200020401205	CLEMASTINE FUMARATE SYRUP 0.67 MG/5ML (0.5 MG/5ML BASE EQ)	[redacted]	Y	Y
41200030100105	DIPHENHYDRAMINE HCL CAP 25 MG	N/A	N/A	N
41200030100110	DIPHENHYDRAMINE HCL CAP 50 MG	N/A	N/A	N
41200030100920	DIPHENHYDRAMINE HCL LIQUID 12.5 MG/5ML	N/A	N/A	N
41200030101010	DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML	[redacted]	Y	N
41200030102010	DIPHENHYDRAMINE HCL INJ 50 MG/ML	[redacted]	Y	Y
41400020100305	PROMETHAZINE HCL TAB 12.5 MG	[redacted]	Y	Y
41400020100310	PROMETHAZINE HCL TAB 25 MG	[redacted]	Y	Y
41400020100315	PROMETHAZINE HCL TAB 50 MG	[redacted]	Y	Y
41400020101210	PROMETHAZINE HCL SYRUP 6.25 MG/5ML	[redacted]	Y	Y
41400020102005	PROMETHAZINE HCL INJ 25 MG/ML	[redacted]	Y	Y
41400020102010	PROMETHAZINE HCL INJ 50 MG/ML	N/A	N/A	Y
41400020105205	PROMETHAZINE HCL SUPPOS 12.5 MG	[redacted]	Y	Y
41400020105210	PROMETHAZINE HCL SUPPOS 25 MG	[redacted]	Y	Y
41400020105215	PROMETHAZINE HCL SUPPOS 50 MG	[redacted]	Y	N
41500020100305	CYPROHEPTADINE HCL TAB 4 MG	[redacted]	Y	Y
41500020101210	CYPROHEPTADINE HCL SYRUP 2 MG/5ML	[redacted]	Y	Y
41550020100320	CETIRIZINE HCL TAB 10 MG	N/A	N/A	N
41550020102010	CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML)	[redacted]	Y	Y
41550021000320	DESLORATADINE TAB 5 MG	[redacted]	Y	Y
41550021007210	DESLORATADINE TAB ORALLY DISINTEGRATING 2.5 MG	[redacted]	Y	N
41550021007220	DESLORATADINE TAB ORALLY DISINTEGRATING 5 MG	[redacted]	Y	N
41550024100310	FEXOFENADINE HCL TAB 30 MG	N/A	N/A	N
41550024100320	FEXOFENADINE HCL TAB 60 MG	[redacted]	Y	N
41550024100350	FEXOFENADINE HCL TAB 180 MG	N/A	N/A	N
41550027100320	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	[redacted]	Y	Y
41550027102020	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML)	[redacted]	Y	Y
41550030000320	LORATADINE TAB 10 MG	N/A	N/A	N
42101020107405	PSEUDOEPHEDRINE HCL TAB ER 12HR 120 MG	N/A	N/A	N
42102020102005	EPINEPHRINE HCL NASAL SOLN 0.1%	N/A	N/A	N/A
42200015001810	BUDESONIDE NASAL SUSP 32 MCG/ACT	N/A	N/A	N
42200030002005	FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	[redacted]	Y	Y
42200032301810	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	[redacted]	Y	Y
42200045101820	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	[redacted]	Y	Y
42200060103210	TRIAMCINOLONE ACETONIDE NASAL AEROSOL SUSPENSION 55 MCG/ACT	N/A	N/A	N
42300040102010	IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY)	[redacted]	Y	Y
42300040102020	IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY)	[redacted]	Y	Y
42401015102020	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY)	[redacted]	Y	Y
42401015102030	AZELASTINE HCL NASAL SPRAY 0.15% (205.5 MCG/SPRAY)	[redacted]	Y	Y
42401060102020	OLOPATADINE HCL NASAL SOLN 0.6%	[redacted]	Y	Y
42500005009400	ALCOHOL NASAL SWABS	N/A	N/A	N
42995502151820	AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT	[redacted]	Y	Y
43101010000310	HYDROCODONE W/ HOMATROPINE TAB 5-1.5 MG	N/A	N/A	N
43101010001210	HYDROCODONE W/ HOMATROPINE SYRUP 5-1.5 MG/5ML	N/A	N/A	N
43101010100310	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	[redacted]	Y	Y
43101010102010	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	[redacted]	Y	Y
43102010000105	BENZONATATE CAP 100 MG	[redacted]	Y	Y
43102010000107	BENZONATATE CAP 150 MG	[redacted]	Y	Y
43102010000110	BENZONATATE CAP 200 MG	[redacted]	Y	Y
43200010000320	GUAIFENESIN TAB 200 MG	N/A	N/A	N
43200010000340	GUAIFENESIN TAB 400 MG	N/A	N/A	N
43200010000910	GUAIFENESIN LIQUID 100 MG/5ML	N/A	N/A	N
43200010007420	GUAIFENESIN TAB ER 12HR 600 MG	N/A	N/A	N
43202010002060	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	[redacted]	Y	N
43300010002003	ACETYLCYSTEINE INHAL SOLN 10%	[redacted]	Y	Y
43300010002005	ACETYLCYSTEINE INHAL SOLN 20%	[redacted]	Y	Y
43400010002520	SODIUM CHLORIDE SOLN NEBU 0.9%	[redacted]	Y	N
43400010002530	SODIUM CHLORIDE SOLN NEBU 3%	[redacted]	Y	N
43400010002535	SODIUM CHLORIDE SOLN NEBU 7%	[redacted]	Y	N
43400010002540	SODIUM CHLORIDE SOLN NEBU 10%	N/A	N/A	N
43993002201005	BROMPHENIRAMINE & PHENYLEPHRINE ELIXIR 1-2.5 MG/5ML	N/A	N/A	N
43993002241235	BROMPHENIRAMINE & PSEUDOEPHEDRINE SYRUP 4-45 MG/5ML	N/A	N/A	N
43993002247420	BROMPHENIRAMINE & PSEUDOEPHEDRINE TAB SR 12HR 6-45 MG	N/A	N/A	N
43993002300315	CHLORPHENIRAMINE & PHENYLEPHRINE TAB 4-10 MG	N/A	N/A	N

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43993002300420	CHLORPHENIRAMINE & PHENYLEPHRINE TAB CR 8-20 MG	N/A	N/A	N
43993002300960	CHLORPHENIRAMINE & PHENYLEPHRINE LIQUID 1-3.5 MG/ML	N/A	N/A	N
43993002301215	CHLORPHENIRAMINE & PHENYLEPHRINE SYRUP 4-12.5 MG/5ML	N/A	N/A	N
43993002360325	CHLORPHEN TAN & PHENYLEPH TAN TAB 9-25 MG	N/A	N/A	N
43993002361830	CHLORPHENIRAMINE TAN-PHENYLEPHRINE TAN SUSP 4.5-5 MG/5ML	N/A	N/A	N
43993002547420	DEXBROMPHENIRAMINE & PSEUDOEPHEDRINE TAB ER 12HR 6-120 MG	N/A	N/A	N
43993002687420	FEXOFENADINE-PSEUDOEPHEDRINE TAB ER 12HR 60-120 MG	N/A	N/A	N
43993002687520	FEXOFENADINE-PSEUDOEPHEDRINE TAB ER 24HR 180-240 MG	N/A	N/A	N
43993002701210	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	[redacted]	Y	Y
43993003240930	CHLORPHEN-PYRILAMINE & PE LIQD 2-12.5-7.5 MG/5ML	N/A	N/A	N
43993503181210	CHLORPHEN-PE-METHSCOPOLAMINE SYRUP 2-10-0.625 MG/5ML	N/A	N/A	N
43993503181220	CHLORPHENIRAMINE-PE-METHSCOPOLAMINE SYRUP 2-10-1.25 MG/5ML	N/A	N/A	N
43995202320920	CHLORPHENIRAMINE W/ CODEINE LIQUID 2-10 MG/5ML	N/A	N/A	N
43995202341210	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	[redacted]	Y	Y
4399520236G110	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	[redacted]	Y	N
43995303101210	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML	[redacted]	Y	Y
43995303131220	PHENYLEPHRINE-CHLORPHEN-DIHYDROCODEINE SYRUP 7.5-2-3 MG/5ML	N/A	N/A	N
43995303190922	PSEUDOEPHEDRINE-BROMPHEN-CODEINE LIQ 10-1.33-6.33 MG/5ML	N/A	N/A	N
43995303542030	PSEUDOEPH-CHLORPHEN W/ HYDROCODONE SOLN 60-4-5 MG/5ML	N/A	N/A	N
43995303551220	PSEUDOEPHED-CHLORPHEN-DIHYDROCODEINE SYRUP 15-2-7.5 MG/5ML	N/A	N/A	N
43995702301210	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	[redacted]	Y	Y
43995803120919	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 10-2-15 MG/5ML	N/A	N/A	N
43995803120960	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 3.5-1-3 MG/ML	N/A	N/A	N
43995803121215	PHENYLEPHRINE-CHLORPHEN-DM SYRUP 6-2-15 MG/5ML	N/A	N/A	N
43995803121250	PHENYLEPHRINE-CHLORPHEN-DM SYRUP 12.5-4-15 MG/5ML	N/A	N/A	N
43995803127420	PHENYLEPHRINE-CHLORPHEN-DM TAB SR 12HR 20-8-30 MG	N/A	N/A	N
43995803321210	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	[redacted]	Y	Y
43995803321230	PSEUDOEPHED-BROMPHEN-DM SYRUP 45-4-15 MG/5ML	N/A	N/A	N
43995803321240	PSEUDOEPHED-BROMPHEN-DM SYRUP 60-4-30 MG/5ML	N/A	N/A	N
43996202100320	PHENYLEPHRINE-GUAIFENESIN TAB 10-400 MG	N/A	N/A	N
43996202100925	PHENYLEPHRINE-GUAIFENESIN LIQD 7.5-100 MG/5ML (1.5-20 MG/ML)	N/A	N/A	N
43996202300320	PSEUDOEPHEDRINE-GUAIFENESIN TAB 60-400 MG	N/A	N/A	N
43997002070920	CARBETAPENTANE-GUAIFENESIN LIQUID 20-100 MG/5ML	N/A	N/A	N
43997002280950	GUAIFENESIN-CODEINE LIQUID 300-10 MG/5ML	N/A	N/A	N
43997002282017	GUAIFENESIN-CODEINE SOLN 100-6.3 MG/5ML	N/A	N/A	N
43997002282020	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	[redacted]	Y	N
43997002520910	DEXTROMETHORPHAN-GUAIFENESIN LIQUID 10-100 MG/5ML	N/A	N/A	N
43997002521220	DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100 MG/5ML	N/A	N/A	N/A
43997002522060	DEXTROMETHORPHAN-GUAIFENESIN SOLUTION 25-225 MG/5ML	N/A	N/A	N
43997002527475	DEXTROMETHORPHAN-GUAIFENESIN TAB ER 12HR 60-1200 MG	N/A	N/A	N
43997303302010	PSEUDOEPHEDRINE W/ COD-GG SOLN 30-10-100 MG/5ML	N/A	N/A	N
43997503100920	BROMPHENIRAMINE W/ DM-GG LIQUID 2-15-200 MG/5ML	N/A	N/A	N
43998004171220	PHENYLEPH-BROMPHEN-DM-GUAIFENESIN SYRUP 5-2-5-50 MG/5ML	N/A	N/A	N
44100030102020	IPRATROPIUM BROMIDE INHAL SOLN 0.02%	[redacted]	Y	Y
44100080100120	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	[redacted]	Y	Y
44150010102505	CROMOLYN SODIUM SOLN NEBU 20 MG/2ML	[redacted]	Y	Y
44201010100305	ALBUTEROL SULFATE TAB 2 MG	[redacted]	Y	Y
44201010100310	ALBUTEROL SULFATE TAB 4 MG	[redacted]	Y	Y
44201010101205	ALBUTEROL SULFATE SYRUP 2 MG/5ML	[redacted]	Y	Y
44201010102515	ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML)	[redacted]	Y	Y
44201010102520	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	[redacted]	Y	Y
44201010102555	ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	[redacted]	Y	Y
44201010102560	ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	[redacted]	Y	Y
44201010103410	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	[redacted]	Y	Y
44201010107410	ALBUTEROL SULFATE TAB ER 12HR 4 MG	N/A	N/A	N
44201010107420	ALBUTEROL SULFATE TAB ER 12HR 8 MG	N/A	N/A	N
44201012102520	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	[redacted]	Y	Y
44201027102520	FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML	[redacted]	Y	Y
44201040102005	ISOPROTERENOL HCL INJ 0.2 MG/ML	N/A	N/A	Y
44201045102510	LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV)	[redacted]	Y	Y
44201045102520	LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	[redacted]	Y	Y
44201045102530	LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	[redacted]	Y	Y
44201045102560	LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV)	[redacted]	Y	Y
44201045503220	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	[redacted]	Y	N
44201050200305	METAPROTERENOL SULFATE TAB 10 MG	N/A	N/A	N
44201050200310	METAPROTERENOL SULFATE TAB 20 MG	N/A	N/A	N
44201050201205	METAPROTERENOL SULFATE SYRUP 10 MG/5ML	N/A	N/A	N
44201060200305	TERBUTALINE SULFATE TAB 2.5 MG	[redacted]	Y	Y
44201060200310	TERBUTALINE SULFATE TAB 5 MG	[redacted]	Y	Y
44201060202005	TERBUTALINE SULFATE INJ 1 MG/ML	N/A	N/A	Y
44202020202005	EPINEPHRINE HCL INJ 0.1 MG/ML	N/A	N/A	N
44202020202010	EPINEPHRINE HCL INJ 1 MG/ML	N/A	N/A	N
4420202020E510	EPINEPHRINE HCL SOLN PREFILLED SYRINGE 0.1 MG/ML	N/A	N/A	N
44209902012015	IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML	[redacted]	Y	Y
44209902413220	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	[redacted]	Y	Y
44209902413240	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	[redacted]	Y	Y
44209902703250	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT	[redacted]	Y	N
44209902703260	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT	[redacted]	Y	N
44209902703270	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT	[redacted]	Y	N
44209902708010	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	[redacted]	Y	N
44209902708015	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT	[redacted]	Y	N
44209902708020	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	[redacted]	Y	Y
44209902708025	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT	[redacted]	Y	N
44209902708030	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	[redacted]	Y	Y
44209902708040	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	[redacted]	Y	Y
44209902758020	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT	[redacted]	Y	N
44209902758030	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT	[redacted]	Y	N

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44300010000305	AMINOPHYLLINE TAB 100 MG	N/A	N/A	N
44300010000310	AMINOPHYLLINE TAB 200 MG	N/A	N/A	N
44300040001010	THEOPHYLLINE ELIXIR 80 MG/15ML	N/A	N/A	Y
44300040002010	THEOPHYLLINE SOLN 80 MG/15ML	[redacted]	Y	Y
44300040007420	THEOPHYLLINE TAB ER 12HR 100 MG	N/A	N/A	N
44300040007430	THEOPHYLLINE TAB ER 12HR 200 MG	[redacted]	Y	N
44300040007440	THEOPHYLLINE TAB ER 12HR 300 MG	[redacted]	Y	Y
44300040007455	THEOPHYLLINE TAB ER 12HR 450 MG	[redacted]	Y	Y
44300040007540	THEOPHYLLINE TAB ER 24HR 400 MG	[redacted]	Y	Y
44300040007560	THEOPHYLLINE TAB ER 24HR 600 MG	[redacted]	Y	Y
44400015001830	BUDESONIDE INHALATION SUSP 0.25 MG/2ML	[redacted]	Y	Y
44400015001840	BUDESONIDE INHALATION SUSP 0.5 MG/2ML	[redacted]	Y	Y
44400015001850	BUDESONIDE INHALATION SUSP 1 MG/2ML	[redacted]	Y	Y
44400033208010	FLUTICASONE PROPIONATE AER POW BA 50 MCG/BLISTER	[redacted]	Y	N
44400033208020	FLUTICASONE PROPIONATE AER POW BA 100 MCG/BLISTER	[redacted]	Y	N
44400033208030	FLUTICASONE PROPIONATE AER POW BA 250 MCG/BLISTER	[redacted]	Y	N
44400033223220	FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	[redacted]	Y	N
44400033223223		N/A	N/A	N/A
44400033223230	FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	[redacted]	Y	N
44400033223233		N/A	N/A	N/A
44400033223240	FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT (250/VALVE)	[redacted]	Y	N
44400033223243		N/A	N/A	N/A
44450065000310	ROFLUMILAST TAB 250 MCG	[redacted]	Y	Y
44450065000320	ROFLUMILAST TAB 500 MCG	[redacted]	Y	Y
44504085007420	ZILEUTON TAB ER 12HR 600 MG	[redacted]	Y	Y
44505050100330	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	[redacted]	Y	Y
44505050100516	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	[redacted]	Y	Y
44505050100520	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	[redacted]	Y	Y
44505050103020	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	[redacted]	Y	Y
44505080000310	ZAFIRLUKAST TAB 10 MG	[redacted]	Y	Y
44505080000320	ZAFIRLUKAST TAB 20 MG	[redacted]	Y	Y
44991002200315	DYPHYLLINE-GUAIFENESIN TAB 200-200 MG	N/A	N/A	N
44991002200920	DYPHYLLINE-GUAIFENESIN LIQD 100-100 MG/5ML	N/A	N/A	N
44991002201010	DYPHYLLINE-GUAIFENESIN ELIXIR 100-100 MG/15ML	N/A	N/A	N
45550060000120	PIRFENIDONE CAP 267 MG	[redacted]	Y	Y
45550060000325	PIRFENIDONE TAB 267 MG	[redacted]	Y	Y
45550060000333	PIRFENIDONE TAB 534 MG	N/A	N/A	Y
45550060000345	PIRFENIDONE TAB 801 MG	[redacted]	Y	Y
46200010000610	BISACODYL TAB DELAYED RELEASE 5 MG	N/A	N/A	N
46300020100310	CALCIUM POLYCARBOPHIL TAB 625 MG	N/A	N/A	N
46500010300110	DOCUSATE SODIUM CAP 100 MG	N/A	N/A	N
46500010305110	DOCUSATE SODIUM ENEMA 283 MG/5ML	N/A	N/A	N
46600020002010	LACTULOSE SOLUTION 10 GM/15ML	[redacted]	Y	Y
46600033002910	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	[redacted]	Y	N
46600033003020	POLYETHYLENE GLYCOL 3350 ORAL PACKET	N/A	N/A	N
46992003602020	SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	[redacted]	Y	Y
46992004302120	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	[redacted]	Y	Y
46992005206420	BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT	N/A	N/A	N
46992005302130	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	[redacted]	Y	Y
46992005302140	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	[redacted]	Y	Y
46992006302120	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	[redacted]	Y	Y
47100010100310	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG	[redacted]	Y	Y
47100010100910	DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5ML	[redacted]	Y	N
47100020100105	LOPERAMIDE HCL CAP 2 MG	[redacted]	Y	Y
47100030201505	OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)	[redacted]	Y	N
47100040001510	PAREGORIC TINCTURE 2 MG/5ML (MORPHINE EQUIVALENT)	N/A	N/A	N
47300020000100	LACTOBACILLUS CAP	N/A	N/A	N
48300010001815	CALCIUM CARBONATE (ANTACID) SUSP 1250 MG/5ML	N/A	N/A	N
49101010102010	ATROPINE SULFATE INJ 0.1 MG/ML	N/A	N/A	N
49101010102020	ATROPINE SULFATE INJ 0.4 MG/ML	N/A	N/A	N
49101010102021	ATROPINE SULFATE INJ PF 0.4 MG/ML	N/A	N/A	N/A
49101010102022	ATROPINE SULFATE IV SOLN 0.4 MG/ML	N/A	N/A	Y
49101010102028	ATROPINE SULFATE INJ 0.8 MG/ML	N/A	N/A	N
49101010102030	ATROPINE SULFATE INJ 1 MG/ML	N/A	N/A	N
49101010102031	ATROPINE SULFATE INJ PF 1 MG/ML	N/A	N/A	N/A
49101010102032	ATROPINE SULFATE IV SOLN 1 MG/ML	N/A	N/A	Y
49101010102050	ATROPINE SULFATE PRESERVATIVE FREE (PF) INJ 0.4 MG/0.5ML	N/A	N/A	N
49101010102070	ATROPINE SULFATE INJ 8 MG/20ML (0.4 MG/ML)	[redacted]	Y	Y
4910101010E505	ATROPINE SULFATE SOLN PREFILL SYR 0.5 MG/5ML (0.1 MG/ML)	N/A	N/A	Y
4910101010E506		N/A	N/A	N/A
4910101010E510	ATROPINE SULFATE SOLN PREFILL SYR 1 MG/10ML (0.1 MG/ML)	N/A	N/A	Y
49101030100310	HYOSCYAMINE SULFATE TAB 0.125 MG	[redacted]	Y	N
49101030100710	HYOSCYAMINE SULFATE SL TAB 0.125 MG	[redacted]	Y	N
49101030101055	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	[redacted]	Y	N
49101030102010	HYOSCYAMINE SULFATE INJ 0.5 MG/ML	N/A	N/A	N
49101030102050	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	[redacted]	Y	N
49101030106920	HYOSCYAMINE SULFATE CAP SR 12HR 0.375 MG	N/A	N/A	N
49101030107220	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	[redacted]	Y	N
49101030107420	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	[redacted]	Y	N
49102030000310	GLYCOPYRROLATE TAB 1 MG	[redacted]	Y	Y
49102030000315	GLYCOPYRROLATE TAB 2 MG	[redacted]	Y	Y
49102030002010	GLYCOPYRROLATE INJ 0.2 MG/ML	N/A	N/A	Y
49102030002012	GLYCOPYRROLATE INJ 0.4 MG/2ML (0.2 MG/ML)	N/A	N/A	Y
49102030002013	GLYCOPYRROLATE INJ 1 MG/5ML (0.2 MG/ML)	N/A	N/A	Y
49102030002014	GLYCOPYRROLATE INJ 4 MG/20ML (0.2 MG/ML)	N/A	N/A	Y
49102030002060	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	[redacted]	Y	Y
4910203000E504	GLYCOPYRROLATE INJ PF SOLN PREFILLED SYRINGE 0.2 MG/ML	N/A	N/A	N/A

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4910203000E508	GLYCOPYRROLATE INJ PF SOLN PREF SYR 0.4 MG/2ML (0.2 MG/ML)	N/A	N/A	N/A
49102060100305	METHSCOPOLAMINE BROMIDE TAB 2.5 MG	[redacted]	Y	Y
49102060100320	METHSCOPOLAMINE BROMIDE TAB 5 MG	[redacted]	Y	Y
49102070100310	PROPANTHELINE BROMIDE TAB 15 MG	N/A	N/A	N
49103010100105	DICYCLOMINE HCL CAP 10 MG	[redacted]	Y	Y
49103010100305	DICYCLOMINE HCL TAB 20 MG	[redacted]	Y	Y
49103010102005	DICYCLOMINE HCL INJ 10 MG/ML	N/A	N/A	Y
49103010102050	DICYCLOMINE HCL ORAL SOLN 10 MG/5ML	[redacted]	Y	Y
49109902155210	BELLADONNA ALKALOIDS & OPIUM SUPPOS 16.2-30 MG	N/A	N/A	N
49109902155220	BELLADONNA ALKALOIDS & OPIUM SUPPOS 16.2-60 MG	N/A	N/A	N
49109902250312	BELLADONNA ALKALOIDS-PHENOBARBITAL TAB 16.2 MG	N/A	N/A	N
49109902251010	BELLADONNA ALKALOIDS-PHENOBARBITAL ELIXIR 16.2 MG/5ML	N/A	N/A	N
49109902450110	CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE CAP 5-2.5 MG	[redacted]	Y	Y
49109902690120	HYOSCYAMINE-PHENYLTOLOXAMINE CAP 0.0625-15 MG	N/A	N/A	N
49109904050320	PB-HYOSCY-ATROP-SCOPOL TAB 16.2-0.1037-0.0194-0.0065 MG	[redacted]	Y	N
49109904051030	PB-HYOSCY-ATROP-SCOPOL ELIX 16.2-0.1037-0.0194-0.0065 MG/5ML	[redacted]	Y	N
49200010000305	CIMETIDINE TAB 200 MG	[redacted]	Y	Y
49200010000310	CIMETIDINE TAB 300 MG	[redacted]	Y	Y
49200010000315	CIMETIDINE TAB 400 MG	[redacted]	Y	Y
49200010000320	CIMETIDINE TAB 800 MG	[redacted]	Y	Y
49200010102050	CIMETIDINE HCL SOLN 300 MG/5ML	N/A	N/A	N
49200020100105	RANITIDINE HCL CAP 150 MG	N/A	N/A	N
49200020100110	RANITIDINE HCL CAP 300 MG	N/A	N/A	N
49200020100305	RANITIDINE HCL TAB 150 MG	N/A	N/A	N
49200020100310	RANITIDINE HCL TAB 300 MG	N/A	N/A	N
49200020101210	RANITIDINE HCL SYRUP 15 MG/ML (75 MG/5ML)	N/A	N/A	N
49200020102006	RANITIDINE HCL INJ 50 MG/2ML (25 MG/ML)	N/A	N/A	N
49200020102007	RANITIDINE HCL INJ 150 MG/6ML (25 MG/ML)	N/A	N/A	N
49200030000320	FAMOTIDINE TAB 20 MG	[redacted]	Y	Y
49200030000340	FAMOTIDINE TAB 40 MG	[redacted]	Y	Y
49200030001920	FAMOTIDINE FOR SUSP 40 MG/5ML	[redacted]	Y	Y
49200030002010	FAMOTIDINE INJ 10 MG/ML	N/A	N/A	N
49200030002015	FAMOTIDINE INJ 20 MG/2ML	N/A	N/A	N
49200030002017	FAMOTIDINE PRESERVATIVE FREE INJ 20 MG/2ML	[redacted]	Y	Y
49200030002020	FAMOTIDINE INJ 40 MG/4ML	[redacted]	Y	Y
49200030002030	FAMOTIDINE INJ 200 MG/20ML	[redacted]	Y	Y
49200030002040	FAMOTIDINE INJ 500 MG/50ML	N/A	N/A	N
49200030112020	FAMOTIDINE IN NACL 0.9% IV SOLN 20 MG/50ML	N/A	N/A	N
49200040000110	NIZATIDINE CAP 150 MG	[redacted]	Y	Y
49200040000120	NIZATIDINE CAP 300 MG	[redacted]	Y	Y
49200040002050	NIZATIDINE ORAL SOLN 15 MG/ML	N/A	N/A	N
49250030000310	MISOPROSTOL TAB 100 MCG	[redacted]	Y	Y
49250030000320	MISOPROSTOL TAB 200 MCG	[redacted]	Y	Y
49270020006520	DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG	[redacted]	Y	Y
49270020006530	DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG	[redacted]	Y	Y
49270025103010	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	[redacted]	Y	Y
49270025103020	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG	[redacted]	Y	Y
49270025103040	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	[redacted]	Y	Y
49270025106520	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)	[redacted]	Y	Y
49270025106540	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)	[redacted]	Y	Y
49270025202120	ESOMEPRAZOLE SODIUM FOR INTRAVENOUS SOLN 20 MG (BASE EQUIV)	N/A	N/A	N
49270025202140	ESOMEPRAZOLE SODIUM FOR INTRAVENOUS SOLN 40 MG (BASE EQUIV)	N/A	N/A	Y
49270025306525	ESOMEPRAZOLE STRONTIUM CAP DELAYED RELEASE 24.65 MG	N/A	N/A	N
49270025306550	ESOMEPRAZOLE STRONTIUM CAP DELAYED RELEASE 49.3 MG	N/A	N/A	N
49270040006510	LANSOPRAZOLE CAP DELAYED RELEASE 15 MG	[redacted]	Y	Y
49270040006520	LANSOPRAZOLE CAP DELAYED RELEASE 30 MG	[redacted]	Y	Y
49270040007215	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	N/A	N/A	N
49270040007230	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	N/A	N/A	N
4927004000H315	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	[redacted]	Y	Y
4927004000H330	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	[redacted]	Y	Y
49270060000620	OMEPRAZOLE DELAYED RELEASE TAB 20 MG	[redacted]	Y	N
49270060006510	OMEPRAZOLE CAP DELAYED RELEASE 10 MG	[redacted]	Y	Y
49270060006520	OMEPRAZOLE CAP DELAYED RELEASE 20 MG	[redacted]	Y	Y
49270060006530	OMEPRAZOLE CAP DELAYED RELEASE 40 MG	[redacted]	Y	Y
49270070100610	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	[redacted]	Y	Y
49270070100620	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	[redacted]	Y	Y
49270070102120	PANTOPRAZOLE SODIUM FOR IV SOLN 40 MG (BASE EQUIV)	[redacted]	Y	Y
49270070103020	PANTOPRAZOLE SODIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	[redacted]	Y	Y
49270076100620	RABEPRAZOLE SODIUM EC TAB 20 MG	[redacted]	Y	Y
49300010000305	SUCRALFATE TAB 1 GM	[redacted]	Y	Y
49300010001820	SUCRALFATE SUSP 1 GM/10ML	[redacted]	Y	Y
49992003150120	BISMUTH SUBCIT-METRONIDAZOLE-TETRACYCLINE CAP 140-125-125 MG	[redacted]	Y	Y
4999300320B120	AMOXICIL CAP &CLARITHRO TAB &LANSOPRAZ CAP DR 500 &500 &30MG	[redacted]	Y	Y
49996002600120	OMEPRAZOLE-SODIUM BICARBONATE CAP 20-1100 MG	[redacted]	Y	Y
49996002600140	OMEPRAZOLE-SODIUM BICARBONATE CAP 40-1100 MG	[redacted]	Y	Y
49996002603020	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 20-1680 MG	[redacted]	Y	Y
49996002603040	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 40-1680 MG	[redacted]	Y	Y
50200050000305	MECLIZINE HCL TAB 12.5 MG	[redacted]	Y	Y
50200050000310	MECLIZINE HCL TAB 25 MG	[redacted]	Y	Y
50200050000315	MECLIZINE HCL TAB 50 MG	[redacted]	Y	Y
50200060008610	SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS	[redacted]	Y	Y
50200070100120	TRIMETHOBENZAMIDE HCL CAP 300 MG	[redacted]	Y	Y
50200070102005	TRIMETHOBENZAMIDE HCL INJ 100 MG/ML	N/A	N/A	N
50250035100310	GRANISETRON HCL TAB 1 MG	[redacted]	Y	Y
50250035102010	GRANISETRON HCL INJ 1 MG/ML	[redacted]	Y	Y
50250035102015	GRANISETRON HCL INJ 4 MG/4ML (1 MG/ML)	N/A	N/A	Y
50250065007220	ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	[redacted]	Y	Y

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50250065007240	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	[redacted]	Y	Y
50250065050310	ONDANSETRON HCL TAB 4 MG	[redacted]	Y	Y
50250065050320	ONDANSETRON HCL TAB 8 MG	[redacted]	Y	Y
50250065050340	ONDANSETRON HCL TAB 24 MG	N/A	N/A	Y
50250065052024	ONDANSETRON HCL INJ 4 MG/2ML (2 MG/ML)	[redacted]	Y	Y
50250065052030	ONDANSETRON HCL INJ 40 MG/20ML (2 MG/ML)	[redacted]	Y	Y
50250065052070	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	[redacted]	Y	Y
5025006505E520	ONDANSETRON HCL INJ SOLN PREF SYR 4 MG/2ML	N/A	N/A	Y
50250070102020	PALONOSETRON HCL IV SOLN 0.25 MG/5ML (BASE EQUIVALENT)	[redacted]	Y	Y
5025007010E520	PALONOSETRON HCL IV SOLN PREF SYR 0.25 MG/5ML (BASE EQUIV)	N/A	N/A	Y
50280020000110	APREPITANT CAPSULE 40 MG	[redacted]	Y	Y
50280020000120	APREPITANT CAPSULE 80 MG	[redacted]	Y	Y
50280020000130	APREPITANT CAPSULE 125 MG	[redacted]	Y	Y
50280020006320	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	[redacted]	Y	Y
50280035102130	FOSAPREPITANT DIMEGLUMINE FOR IV INFUSION 150 MG (BASE EQ)	[redacted]	Y	Y
50300030000110	DRONABINOL CAP 2.5 MG	[redacted]	Y	Y
50300030000115	DRONABINOL CAP 5 MG	[redacted]	Y	Y
50300030000120	DRONABINOL CAP 10 MG	[redacted]	Y	Y
50309902100620	DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG	[redacted]	Y	Y
51200024006715	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-27000 UNIT	N/A	N/A	N
52100040000120	URSODIOL CAP 300 MG	[redacted]	Y	Y
52100040000325	URSODIOL TAB 250 MG	[redacted]	Y	Y
52100040000350	URSODIOL TAB 500 MG	[redacted]	Y	Y
52160015101320	CROMOLYN SODIUM ORAL CONC 100 MG/5ML	[redacted]	Y	Y
52300020100303	METOCLOPRAMIDE HCL TAB 5 MG	[redacted]	Y	Y
52300020100305	METOCLOPRAMIDE HCL TAB 10 MG	[redacted]	Y	Y
52300020102005	METOCLOPRAMIDE HCL INJ 5 MG/ML (BASE EQUIVALENT)	[redacted]	Y	Y
52300020102013	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	[redacted]	Y	Y
52300020107210	METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TAB 5 MG (BASE EQ)	N/A	N/A	N
52300020107220	METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TAB 10 MG (BASE EQ)	N/A	N/A	N
52400020002010	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	[redacted]	Y	Y
52450045000110	LUBIPROSTONE CAP 8 MCG	[redacted]	Y	Y
52450045000120	LUBIPROSTONE CAP 24 MCG	[redacted]	Y	Y
52500020100120	BALSALAZIDE DISODIUM CAP 750 MG	[redacted]	Y	Y
52500030000220	MESALAMINE CAP ER 500 MG	[redacted]	Y	N
52500030000650	MESALAMINE TAB DELAYED RELEASE 800 MG	[redacted]	Y	N
52500030000670	MESALAMINE TAB DELAYED RELEASE 1.2 GM	[redacted]	Y	Y
52500030005105	MESALAMINE ENEMA 4 GM	[redacted]	Y	Y
52500030005240	MESALAMINE SUPPOS 1000 MG	[redacted]	Y	Y
52500030006530	MESALAMINE CAP DR 400 MG	[redacted]	Y	Y
52500030007020	MESALAMINE CAP ER 24HR 0.375 GM	[redacted]	Y	Y
52500030206420	MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT	[redacted]	Y	Y
52500060000310	SULFASALAZINE TAB 500 MG	[redacted]	Y	Y
52500060000610	SULFASALAZINE TAB DELAYED RELEASE 500 MG	[redacted]	Y	Y
52554015100310	ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	[redacted]	Y	Y
52554015100320	ALOSETRON HCL TAB 1 MG (BASE EQUIV)	[redacted]	Y	Y
52580010000120	ALVIMOPAN CAP 12 MG	N/A	N/A	Y
52800020100120	CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA)	[redacted]	Y	Y
52800020100320	CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG	[redacted]	Y	Y
52800045200540	LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL)	[redacted]	Y	Y
52800045200550	LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL)	[redacted]	Y	Y
52800045200560	LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL)	[redacted]	Y	Y
52800070050340	SEVELAMER CARBONATE TAB 800 MG	[redacted]	Y	Y
52800070053020	SEVELAMER CARBONATE PACKET 0.8 GM	[redacted]	Y	Y
52800070053040	SEVELAMER CARBONATE PACKET 2.4 GM	[redacted]	Y	Y
52800070100340	SEVELAMER HCL TAB 800 MG	[redacted]	Y	Y
54000040000305		N/A	N/A	N/A
54100010207520	DARIFENACIN HYDROBROMIDE TAB ER 24HR 7.5 MG (BASE EQUIV)	[redacted]	Y	Y
54100010207530	DARIFENACIN HYDROBROMIDE TAB ER 24HR 15 MG (BASE EQUIV)	[redacted]	Y	Y
54100020207520	FESOTERODINE FUMARATE TAB ER 24HR 4 MG	[redacted]	Y	Y
54100020207530	FESOTERODINE FUMARATE TAB ER 24HR 8 MG	[redacted]	Y	Y
54100045200310	OXYBUTYNIN CHLORIDE TAB 2.5 MG	[redacted]	Y	N
54100045200330	OXYBUTYNIN CHLORIDE TAB 5 MG	[redacted]	Y	Y
54100045201220	OXYBUTYNIN CHLORIDE SYRUP 5 MG/5ML	N/A	N/A	N
54100045202010	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML	[redacted]	Y	Y
54100045207520	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	[redacted]	Y	Y
54100045207530	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	[redacted]	Y	Y
54100045207540	OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG	[redacted]	Y	Y
54100055200320	SOLIFENACIN SUCCINATE TAB 5 MG	[redacted]	Y	Y
54100055200330	SOLIFENACIN SUCCINATE TAB 10 MG	[redacted]	Y	Y
54100060200320	TOLTERODINE TARTRATE TAB 1 MG	[redacted]	Y	Y
54100060200330	TOLTERODINE TARTRATE TAB 2 MG	[redacted]	Y	Y
54100060207020	TOLTERODINE TARTRATE CAP ER 24HR 2 MG	[redacted]	Y	Y
54100060207030	TOLTERODINE TARTRATE CAP ER 24HR 4 MG	[redacted]	Y	Y
54100065200320	TROSPIUM CHLORIDE TAB 20 MG	[redacted]	Y	Y
54100065207020	TROSPIUM CHLORIDE CAP ER 24HR 60 MG	[redacted]	Y	Y
54300010100310	BETHANECHOL CHLORIDE TAB 5 MG	[redacted]	Y	Y
54300010100320	BETHANECHOL CHLORIDE TAB 10 MG	[redacted]	Y	Y
54300010100330	BETHANECHOL CHLORIDE TAB 25 MG	[redacted]	Y	Y
54300010100340	BETHANECHOL CHLORIDE TAB 50 MG	[redacted]	Y	Y
54400025100310	FLAVOXATE HCL TAB 100 MG	[redacted]	Y	Y
55100018103720	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	[redacted]	Y	Y
55100035004020	METRONIDAZOLE VAGINAL GEL 0.75%	[redacted]	Y	Y
55104050105210	MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG	[redacted]	Y	Y
55104050106410	MICONAZOLE NITRATE VAGINAL SUPP 200 MG & 2% CREAM 9 GM KIT	N/A	N/A	N
55104070003710	TERCONAZOLE VAGINAL CREAM 0.4%	[redacted]	Y	Y
55104070003720	TERCONAZOLE VAGINAL CREAM 0.8%	[redacted]	Y	N

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55104070005210	TERCONAZOLE VAGINAL SUPPOS 80 MG	[redacted]	Y	Y
55300010004040	NONOXYNOL-9 GEL 4%	N/A	N/A	N
55350020000310	ESTRADIOL VAGINAL TAB 10 MCG	[redacted]	Y	Y
55350020003705	ESTRADIOL VAGINAL CREAM 0.1 MG/GM	[redacted]	Y	Y
55409902204020	ACETIC ACID-OXYQUINOLINE VAGINAL GEL 0.9-0.025%	N/A	N/A	N
56202010200420	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	[redacted]	Y	Y
56202010200440	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	[redacted]	Y	Y
56202010200460	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	[redacted]	Y	Y
56202020002010	SODIUM CITRATE & CITRIC ACID SOLN 500-334 MG/5ML	[redacted]	Y	N
56202022002025	POTASSIUM CITRATE & CITRIC ACID SOLN 1100-334 MG/5ML	[redacted]	Y	N
56202022003010	POTASSIUM CITRATE & CITRIC ACID POWDER PACK 3300-1002 MG	N/A	N/A	N
56202030101220	POT & SOD CITRATES W/ CIT AC SYRUP 550-500-334 MG/5ML	N/A	N/A	N
56202030102020	POT & SOD CITRATES W/ CIT AC SOLN 550-500-334 MG/5ML	[redacted]	Y	N
56300010100305	PHENAZOPYRIDINE HCL TAB 100 MG	[redacted]	Y	N
56300010100310	PHENAZOPYRIDINE HCL TAB 200 MG	[redacted]	Y	N
56600050000310	TIOPRONIN TAB 100 MG	[redacted]	Y	Y
56700040002005	ACETIC ACID IRRIGATION SOLN 0.25%	[redacted]	Y	Y
56700060002010	SODIUM CHLORIDE IRRIGATION SOLN 0.9%	[redacted]	Y	Y
56701002102000	NEOMYCIN-POLYMYXIN B GU IRRIGATION SOLN	[redacted]	N/A	Y
56851020000120	DUTASTERIDE CAP 0.5 MG	[redacted]	Y	Y
56851030000320	FINASTERIDE TAB 5 MG	[redacted]	Y	Y
56852010107530	ALFUZOSIN HCL TAB ER 24HR 10 MG	[redacted]	Y	Y
56852060000120	SILODOSIN CAP 4 MG	[redacted]	Y	Y
56852060000140	SILODOSIN CAP 8 MG	[redacted]	Y	Y
56852070100110	TAMSULOSIN HCL CAP 0.4 MG	[redacted]	Y	Y
56859902250120	DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG	[redacted]	Y	Y
57100010000305	ALPRAZOLAM TAB 0.25 MG	[redacted]	Y	Y
57100010000310	ALPRAZOLAM TAB 0.5 MG	[redacted]	Y	Y
57100010000315	ALPRAZOLAM TAB 1 MG	[redacted]	Y	Y
57100010000320	ALPRAZOLAM TAB 2 MG	[redacted]	Y	Y
57100010007205	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	[redacted]	Y	Y
57100010007210	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	[redacted]	Y	Y
57100010007215	ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	[redacted]	Y	Y
57100010007220	ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	[redacted]	Y	Y
57100010007505	ALPRAZOLAM TAB ER 24HR 0.5 MG	[redacted]	Y	Y
57100010007510	ALPRAZOLAM TAB ER 24HR 1 MG	[redacted]	Y	Y
57100010007520	ALPRAZOLAM TAB ER 24HR 2 MG	[redacted]	Y	Y
57100010007530	ALPRAZOLAM TAB ER 24HR 3 MG	[redacted]	Y	Y
57100020100105	CHLORDIAZEPOXIDE HCL CAP 5 MG	[redacted]	Y	Y
57100020100110	CHLORDIAZEPOXIDE HCL CAP 10 MG	[redacted]	Y	Y
57100020100115	CHLORDIAZEPOXIDE HCL CAP 25 MG	[redacted]	Y	Y
57100030100305	CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	[redacted]	Y	Y
57100030100310	CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	[redacted]	Y	Y
57100030100320	CLORAZEPATE DIPOTASSIUM TAB 15 MG	[redacted]	Y	Y
57100040000305	DIAZEPAM TAB 2 MG	[redacted]	Y	Y
57100040000310	DIAZEPAM TAB 5 MG	[redacted]	Y	Y
57100040000315	DIAZEPAM TAB 10 MG	[redacted]	Y	Y
57100040001310	DIAZEPAM CONC 5 MG/ML	[redacted]	Y	Y
57100040002001	DIAZEPAM ORAL SOLN 1 MG/ML	[redacted]	Y	Y
57100040002010	DIAZEPAM INJ 5 MG/ML	[redacted]	Y	Y
57100060000305	LORAZEPAM TAB 0.5 MG	[redacted]	Y	Y
57100060000310	LORAZEPAM TAB 1 MG	[redacted]	Y	Y
57100060000315	LORAZEPAM TAB 2 MG	[redacted]	Y	Y
57100060001320	LORAZEPAM CONC 2 MG/ML	[redacted]	Y	Y
57100060002005	LORAZEPAM INJ 2 MG/ML	[redacted]	Y	Y
57100060002010	LORAZEPAM INJ 4 MG/ML	N/A	N/A	Y
57100070000105	OXAZEPAM CAP 10 MG	[redacted]	Y	Y
57100070000110	OXAZEPAM CAP 15 MG	[redacted]	Y	Y
57100070000115	OXAZEPAM CAP 30 MG	[redacted]	Y	Y
57200005100310	BUSPIRONE HCL TAB 5 MG	[redacted]	Y	Y
57200005100315	BUSPIRONE HCL TAB 7.5 MG	[redacted]	Y	Y
57200005100320	BUSPIRONE HCL TAB 10 MG	[redacted]	Y	Y
57200005100330	BUSPIRONE HCL TAB 15 MG	[redacted]	Y	Y
57200005100340	BUSPIRONE HCL TAB 30 MG	[redacted]	Y	Y
57200040100305	HYDROXYZINE HCL TAB 10 MG	[redacted]	Y	Y
57200040100310	HYDROXYZINE HCL TAB 25 MG	[redacted]	Y	Y
57200040100315	HYDROXYZINE HCL TAB 50 MG	[redacted]	Y	Y
57200040101210	HYDROXYZINE HCL SYRUP 10 MG/5ML	[redacted]	Y	Y
57200040102005	HYDROXYZINE HCL IM SOLN 25 MG/ML	N/A	N/A	N
57200040102010	HYDROXYZINE HCL IM SOLN 50 MG/ML	N/A	N/A	N
57200040200105	HYDROXYZINE PAMOATE CAP 25 MG	[redacted]	Y	Y
57200040200110	HYDROXYZINE PAMOATE CAP 50 MG	[redacted]	Y	Y
57200040200115	HYDROXYZINE PAMOATE CAP 100 MG	[redacted]	Y	N
57200050000305	MEPROBAMATE TAB 200 MG	[redacted]	Y	Y
57200050000310	MEPROBAMATE TAB 400 MG	[redacted]	Y	Y
58030050000308	MIRTAZAPINE TAB 7.5 MG	[redacted]	Y	Y
58030050000315	MIRTAZAPINE TAB 15 MG	[redacted]	Y	Y
58030050000330	MIRTAZAPINE TAB 30 MG	[redacted]	Y	Y
58030050000345	MIRTAZAPINE TAB 45 MG	[redacted]	Y	Y
58030050007215	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	[redacted]	Y	Y
58030050007230	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	[redacted]	Y	Y
58030050007245	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	[redacted]	Y	Y
58100020100305	PHENELZINE SULFATE TAB 15 MG	[redacted]	Y	Y
58100030100305	TRANYLCYPROMINE SULFATE TAB 10 MG	[redacted]	Y	Y
58120050100305	NEFAZODONE HCL TAB 50 MG	[redacted]	Y	N
58120050100310	NEFAZODONE HCL TAB 100 MG	[redacted]	Y	N
58120050100320	NEFAZODONE HCL TAB 150 MG	[redacted]	Y	N

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58120050100330	NEFAZODONE HCL TAB 200 MG	[redacted]	Y	N
58120050100340	NEFAZODONE HCL TAB 250 MG	[redacted]	Y	N
58120080100305	TRAZODONE HCL TAB 50 MG	[redacted]	Y	Y
58120080100310	TRAZODONE HCL TAB 100 MG	[redacted]	Y	Y
58120080100315	TRAZODONE HCL TAB 150 MG	[redacted]	Y	Y
58120080100325	TRAZODONE HCL TAB 300 MG	[redacted]	Y	Y
58120088100310	VILAZODONE HCL TAB 10 MG	[redacted]	Y	Y
58120088100320	VILAZODONE HCL TAB 20 MG	[redacted]	Y	Y
58120088100340	VILAZODONE HCL TAB 40 MG	[redacted]	Y	Y
58160020100310	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	[redacted]	Y	Y
58160020100320	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	[redacted]	Y	Y
58160020100340	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	[redacted]	Y	Y
58160020102020	CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML	[redacted]	Y	Y
58160034100310	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	[redacted]	Y	Y
58160034100320	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	[redacted]	Y	Y
58160034100330	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	[redacted]	Y	Y
58160034102020	ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)	[redacted]	Y	Y
58160040000110	FLUOXETINE HCL CAP 10 MG	[redacted]	Y	Y
58160040000120	FLUOXETINE HCL CAP 20 MG	[redacted]	Y	Y
58160040000140	FLUOXETINE HCL CAP 40 MG	[redacted]	Y	Y
58160040000310	FLUOXETINE HCL TAB 10 MG	[redacted]	Y	Y
58160040000320	FLUOXETINE HCL TAB 20 MG	[redacted]	Y	Y
58160040000360	FLUOXETINE HCL TAB 60 MG	[redacted]	Y	Y
58160040002020	FLUOXETINE HCL SOLUTION 20 MG/5ML	[redacted]	Y	Y
58160040006530	FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	[redacted]	Y	N
58160045100310	FLUVOXAMINE MALEATE TAB 25 MG	[redacted]	Y	Y
58160045100320	FLUVOXAMINE MALEATE TAB 50 MG	[redacted]	Y	Y
58160045100330	FLUVOXAMINE MALEATE TAB 100 MG	[redacted]	Y	Y
58160045107020	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG	[redacted]	Y	Y
58160045107030	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG	[redacted]	Y	Y
58160060000310	PAROXETINE HCL TAB 10 MG	[redacted]	Y	Y
58160060000320	PAROXETINE HCL TAB 20 MG	[redacted]	Y	Y
58160060000330	PAROXETINE HCL TAB 30 MG	[redacted]	Y	Y
58160060000340	PAROXETINE HCL TAB 40 MG	[redacted]	Y	Y
58160060001820	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	[redacted]	Y	Y
58160060007520	PAROXETINE HCL TAB ER 24HR 12.5 MG	[redacted]	Y	Y
58160060007530	PAROXETINE HCL TAB ER 24HR 25 MG	[redacted]	Y	Y
58160060007540	PAROXETINE HCL TAB ER 24HR 37.5 MG	[redacted]	Y	Y
58160070100305	SERTRALINE HCL TAB 25 MG	[redacted]	Y	Y
58160070100310	SERTRALINE HCL TAB 50 MG	[redacted]	Y	Y
58160070100320	SERTRALINE HCL TAB 100 MG	[redacted]	Y	Y
58160070101320	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	[redacted]	Y	Y
58180020007520	DESVENLAFAXINE TAB ER 24HR 50 MG	[redacted]	Y	N
58180020007540	DESVENLAFAXINE TAB ER 24HR 100 MG	[redacted]	Y	N
58180020207510	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	[redacted]	Y	Y
58180020207520	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	[redacted]	Y	Y
58180020207540	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	[redacted]	Y	Y
58180025106720	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	[redacted]	Y	Y
58180025106730	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	[redacted]	Y	Y
58180025106740	DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)	[redacted]	Y	Y
58180025106750	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	[redacted]	Y	Y
58180090100320	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090100340	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090100350	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090100360	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090100370	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090107020	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090107030	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090107050	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090107510	VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090107520	VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090107530	VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58180090107540	VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT)	[redacted]	Y	Y
58200010100305	AMITRIPTYLINE HCL TAB 10 MG	[redacted]	Y	Y
58200010100310	AMITRIPTYLINE HCL TAB 25 MG	[redacted]	Y	Y
58200010100315	AMITRIPTYLINE HCL TAB 50 MG	[redacted]	Y	Y
58200010100320	AMITRIPTYLINE HCL TAB 75 MG	[redacted]	Y	Y
58200010100325	AMITRIPTYLINE HCL TAB 100 MG	[redacted]	Y	Y
58200010100330	AMITRIPTYLINE HCL TAB 150 MG	[redacted]	Y	Y
58200020000305	AMOXAPINE TAB 25 MG	N/A	N/A	N
58200020000310	AMOXAPINE TAB 50 MG	[redacted]	Y	N
58200020000315	AMOXAPINE TAB 100 MG	N/A	N/A	N
58200020000320	AMOXAPINE TAB 150 MG	N/A	N/A	N
58200025100120	CLOMIPRAMINE HCL CAP 25 MG	[redacted]	Y	Y
58200025100130	CLOMIPRAMINE HCL CAP 50 MG	[redacted]	Y	Y
58200025100140	CLOMIPRAMINE HCL CAP 75 MG	[redacted]	Y	Y
58200030100305	DESIPRAMINE HCL TAB 10 MG	[redacted]	Y	Y
58200030100310	DESIPRAMINE HCL TAB 25 MG	[redacted]	Y	Y
58200030100315	DESIPRAMINE HCL TAB 50 MG	[redacted]	Y	Y
58200030100320	DESIPRAMINE HCL TAB 75 MG	[redacted]	Y	Y
58200030100325	DESIPRAMINE HCL TAB 100 MG	[redacted]	Y	Y
58200030100330	DESIPRAMINE HCL TAB 150 MG	[redacted]	Y	Y
58200040100105	DOXEPIN HCL CAP 10 MG	[redacted]	Y	Y
58200040100110	DOXEPIN HCL CAP 25 MG	[redacted]	Y	Y
58200040100115	DOXEPIN HCL CAP 50 MG	[redacted]	Y	Y
58200040100120	DOXEPIN HCL CAP 75 MG	[redacted]	Y	Y
58200040100125	DOXEPIN HCL CAP 100 MG	[redacted]	Y	Y

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58200040100130	DOXEPIN HCL CAP 150 MG	[redacted]	Y	Y
58200040101305	DOXEPIN HCL CONC 10 MG/ML	[redacted]	Y	Y
58200050100305	IMIPRAMINE HCL TAB 10 MG	[redacted]	Y	Y
58200050100310	IMIPRAMINE HCL TAB 25 MG	[redacted]	Y	Y
58200050100315	IMIPRAMINE HCL TAB 50 MG	[redacted]	Y	Y
58200050200105	IMIPRAMINE PAMOATE CAP 75 MG	[redacted]	Y	Y
58200050200110	IMIPRAMINE PAMOATE CAP 100 MG	[redacted]	Y	Y
58200050200115	IMIPRAMINE PAMOATE CAP 125 MG	N/A	N/A	Y
58200050200120	IMIPRAMINE PAMOATE CAP 150 MG	[redacted]	Y	Y
58200060100105	NORTRIPTYLINE HCL CAP 10 MG	[redacted]	Y	Y
58200060100110	NORTRIPTYLINE HCL CAP 25 MG	[redacted]	Y	Y
58200060100115	NORTRIPTYLINE HCL CAP 50 MG	[redacted]	Y	Y
58200060100120	NORTRIPTYLINE HCL CAP 75 MG	[redacted]	Y	Y
58200060102005	NORTRIPTYLINE HCL SOLN 10 MG/5ML	[redacted]	Y	Y
58200070100305	PROTRIPTYLINE HCL TAB 5 MG	[redacted]	Y	Y
58200070100310	PROTRIPTYLINE HCL TAB 10 MG	[redacted]	Y	Y
58200080100105	TRIMIPRAMINE MALEATE CAP 25 MG	[redacted]	Y	Y
58200080100110	TRIMIPRAMINE MALEATE CAP 50 MG	[redacted]	Y	Y
58200080100115	TRIMIPRAMINE MALEATE CAP 100 MG	[redacted]	Y	Y
58300010100305	MAPROTILINE HCL TAB 25 MG	N/A	N/A	N
58300010100310	MAPROTILINE HCL TAB 50 MG	N/A	N/A	N
58300010100315	MAPROTILINE HCL TAB 75 MG	N/A	N/A	N
58300040100305	BUPROPION HCL TAB 75 MG	[redacted]	Y	Y
58300040100310	BUPROPION HCL TAB 100 MG	[redacted]	Y	Y
58300040107420	BUPROPION HCL TAB ER 12HR 100 MG	[redacted]	Y	Y
58300040107430	BUPROPION HCL TAB ER 12HR 150 MG	[redacted]	Y	Y
58300040107440	BUPROPION HCL TAB ER 12HR 200 MG	[redacted]	Y	Y
58300040107520	BUPROPION HCL TAB ER 24HR 150 MG	[redacted]	Y	Y
58300040107530	BUPROPION HCL TAB ER 24HR 300 MG	[redacted]	Y	Y
58300040107545	BUPROPION HCL TAB ER 24HR 450 MG	[redacted]	Y	N
59070050007505	PALIPERIDONE TAB ER 24HR 1.5 MG	[redacted]	Y	Y
59070050007510	PALIPERIDONE TAB ER 24HR 3 MG	[redacted]	Y	Y
59070050007520	PALIPERIDONE TAB ER 24HR 6 MG	[redacted]	Y	Y
59070050007530	PALIPERIDONE TAB ER 24HR 9 MG	[redacted]	Y	Y
59070070000303	RISPERIDONE TAB 0.25 MG	[redacted]	Y	Y
59070070000306	RISPERIDONE TAB 0.5 MG	[redacted]	Y	Y
59070070000310	RISPERIDONE TAB 1 MG	[redacted]	Y	Y
59070070000320	RISPERIDONE TAB 2 MG	[redacted]	Y	Y
59070070000330	RISPERIDONE TAB 3 MG	[redacted]	Y	Y
59070070000340	RISPERIDONE TAB 4 MG	[redacted]	Y	Y
59070070002010	RISPERIDONE SOLN 1 MG/ML	[redacted]	Y	Y
59070070007210	RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	[redacted]	Y	N
59070070007220	RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	[redacted]	Y	Y
59070070007230	RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	[redacted]	Y	Y
59070070007240	RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	[redacted]	Y	Y
59070070007250	RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	[redacted]	Y	Y
59070070007260	RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	[redacted]	Y	Y
5907007010G210	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 12.5 MG	[redacted]	Y	Y
5907007010G220	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 25 MG	[redacted]	Y	Y
5907007010G230	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 37.5 MG	[redacted]	Y	Y
5907007010G240	RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 50 MG	[redacted]	Y	Y
59100010100305	HALOPERIDOL TAB 0.5 MG	[redacted]	Y	Y
59100010100310	HALOPERIDOL TAB 1 MG	[redacted]	Y	Y
59100010100315	HALOPERIDOL TAB 2 MG	[redacted]	Y	Y
59100010100320	HALOPERIDOL TAB 5 MG	[redacted]	Y	Y
59100010100325	HALOPERIDOL TAB 10 MG	[redacted]	Y	Y
59100010100330	HALOPERIDOL TAB 20 MG	[redacted]	Y	Y
59100010201305	HALOPERIDOL LACTATE ORAL CONC 2 MG/ML	[redacted]	Y	Y
59100010202005	HALOPERIDOL LACTATE INJ 5 MG/ML	[redacted]	Y	Y
59100010302010	HALOPERIDOL DECANOATE IM SOLN 50 MG/ML	[redacted]	Y	Y
59100010302020	HALOPERIDOL DECANOATE IM SOLN 100 MG/ML	[redacted]	Y	Y
59152020000320	CLOZAPINE TAB 25 MG	[redacted]	Y	Y
59152020000325	CLOZAPINE TAB 50 MG	[redacted]	Y	Y
59152020000330	CLOZAPINE TAB 100 MG	[redacted]	Y	Y
59152020000340	CLOZAPINE TAB 200 MG	[redacted]	Y	Y
59152020007210	CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	[redacted]	Y	N
59152020007220	CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	[redacted]	Y	Y
59152020007230	CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	[redacted]	Y	Y
59152020007240	CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	[redacted]	Y	Y
59152020007250	CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	[redacted]	Y	Y
59153070100310	QUETIAPINE FUMARATE TAB 25 MG	[redacted]	Y	Y
59153070100314	QUETIAPINE FUMARATE TAB 50 MG	[redacted]	Y	Y
59153070100320	QUETIAPINE FUMARATE TAB 100 MG	[redacted]	Y	Y
59153070100325	QUETIAPINE FUMARATE TAB 150 MG	[redacted]	Y	Y
59153070100330	QUETIAPINE FUMARATE TAB 200 MG	[redacted]	Y	Y
59153070100340	QUETIAPINE FUMARATE TAB 300 MG	[redacted]	Y	Y
59153070100350	QUETIAPINE FUMARATE TAB 400 MG	[redacted]	Y	Y
59153070107505	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	[redacted]	Y	Y
59153070107515	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	[redacted]	Y	Y
59153070107520	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	[redacted]	Y	Y
59153070107530	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	[redacted]	Y	Y
59153070107540	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	[redacted]	Y	Y
59154020200105	LOXAPINE SUCCINATE CAP 5 MG	[redacted]	Y	Y
59154020200110	LOXAPINE SUCCINATE CAP 10 MG	[redacted]	Y	Y
59154020200115	LOXAPINE SUCCINATE CAP 25 MG	[redacted]	Y	Y
59154020200120	LOXAPINE SUCCINATE CAP 50 MG	[redacted]	Y	Y
59155015100710	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	[redacted]	Y	Y

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59155015100720	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	[redacted]	Y	Y
59155015100730	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	[redacted]	Y	Y
59157060000305	OLANZAPINE TAB 2.5 MG	[redacted]	Y	Y
59157060000310	OLANZAPINE TAB 5 MG	[redacted]	Y	Y
59157060000315	OLANZAPINE TAB 7.5 MG	[redacted]	Y	Y
59157060000320	OLANZAPINE TAB 10 MG	[redacted]	Y	Y
59157060000330	OLANZAPINE TAB 15 MG	[redacted]	Y	Y
59157060000340	OLANZAPINE TAB 20 MG	[redacted]	Y	Y
59157060002120	OLANZAPINE FOR IM INJ 10 MG	[redacted]	Y	Y
59157060007210	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	[redacted]	Y	Y
59157060007220	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	[redacted]	Y	Y
59157060007230	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	[redacted]	Y	Y
59157060007240	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	[redacted]	Y	Y
59160050100305	MOLINDONE HCL TAB 5 MG	N/A	N/A	N
59160050100310	MOLINDONE HCL TAB 10 MG	N/A	N/A	N
59160050100315	MOLINDONE HCL TAB 25 MG	N/A	N/A	N
59200015100305	CHLORPROMAZINE HCL TAB 10 MG	[redacted]	Y	Y
59200015100310	CHLORPROMAZINE HCL TAB 25 MG	[redacted]	Y	Y
59200015100315	CHLORPROMAZINE HCL TAB 50 MG	[redacted]	Y	Y
59200015100320	CHLORPROMAZINE HCL TAB 100 MG	[redacted]	Y	Y
59200015100325	CHLORPROMAZINE HCL TAB 200 MG	[redacted]	Y	Y
59200015101305	CHLORPROMAZINE HCL CONC 30 MG/ML	N/A	N/A	N/A
59200015101310	CHLORPROMAZINE HCL CONC 100 MG/ML	N/A	N/A	N/A
59200015102005	CHLORPROMAZINE HCL INJ 25 MG/ML	N/A	N/A	Y
59200015102015	CHLORPROMAZINE HCL INJ 50 MG/2ML	N/A	N/A	Y
59200025100305	FLUPHENAZINE HCL TAB 1 MG	[redacted]	Y	Y
59200025100310	FLUPHENAZINE HCL TAB 2.5 MG	[redacted]	Y	Y
59200025100315	FLUPHENAZINE HCL TAB 5 MG	[redacted]	Y	Y
59200025100320	FLUPHENAZINE HCL TAB 10 MG	[redacted]	Y	Y
59200025101005	FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML	[redacted]	Y	N
59200025101320	FLUPHENAZINE HCL ORAL CONC 5 MG/ML	[redacted]	Y	N
59200025102005	FLUPHENAZINE HCL INJ 2.5 MG/ML	N/A	N/A	N
59200025302005	FLUPHENAZINE DECANOATE INJ 25 MG/ML	[redacted]	Y	Y
59200045000305	PERPHENAZINE TAB 2 MG	[redacted]	Y	Y
59200045000310	PERPHENAZINE TAB 4 MG	[redacted]	Y	Y
59200045000315	PERPHENAZINE TAB 8 MG	[redacted]	Y	Y
59200045000320	PERPHENAZINE TAB 16 MG	[redacted]	Y	Y
59200055005215	PROCHLORPERAZINE SUPPOS 25 MG	[redacted]	Y	Y
59200055100305	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
59200055100310	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	[redacted]	Y	Y
59200055202005	PROCHLORPERAZINE EDISYLATE INJ 5 MG/ML	N/A	N/A	N
59200055202010	PROCHLORPERAZINE EDISYLATE INJ 10 MG/2ML	[redacted]	Y	Y
59200055202020	PROCHLORPERAZINE EDISYLATE INJ 50 MG/10ML	N/A	N/A	N
59200080100305	THIORIDAZINE HCL TAB 10 MG	[redacted]	Y	N
59200080100315	THIORIDAZINE HCL TAB 25 MG	[redacted]	Y	N
59200080100320	THIORIDAZINE HCL TAB 50 MG	[redacted]	Y	N
59200080100325	THIORIDAZINE HCL TAB 100 MG	N/A	N/A	N
59200085100305	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT)	[redacted]	Y	Y
59200085100310	TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT)	[redacted]	Y	Y
59200085100315	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
59200085100320	TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT)	[redacted]	Y	Y
59250015000305	ARIPIPRAZOLE TAB 2 MG	[redacted]	Y	Y
59250015000310	ARIPIPRAZOLE TAB 5 MG	[redacted]	Y	Y
59250015000320	ARIPIPRAZOLE TAB 10 MG	[redacted]	Y	Y
59250015000330	ARIPIPRAZOLE TAB 15 MG	[redacted]	Y	Y
59250015000340	ARIPIPRAZOLE TAB 20 MG	[redacted]	Y	Y
59250015000350	ARIPIPRAZOLE TAB 30 MG	[redacted]	Y	Y
59250015002020	ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML	[redacted]	Y	Y
59250015007220	ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 10 MG	[redacted]	Y	Y
59250015007230	ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 15 MG	[redacted]	Y	Y
59300020100105	THIOTHIXENE CAP 1 MG	[redacted]	Y	Y
59300020100110	THIOTHIXENE CAP 2 MG	[redacted]	Y	Y
59300020100115	THIOTHIXENE CAP 5 MG	[redacted]	Y	Y
59300020100120	THIOTHIXENE CAP 10 MG	[redacted]	Y	Y
59400023100310	LURASIDONE HCL TAB 20 MG	[redacted]	Y	Y
59400023100320	LURASIDONE HCL TAB 40 MG	[redacted]	Y	Y
59400023100330	LURASIDONE HCL TAB 60 MG	[redacted]	Y	Y
59400023100340	LURASIDONE HCL TAB 80 MG	[redacted]	Y	Y
59400023100350	LURASIDONE HCL TAB 120 MG	[redacted]	Y	Y
59400085100120	ZIPRASIDONE HCL CAP 20 MG	[redacted]	Y	Y
59400085100130	ZIPRASIDONE HCL CAP 40 MG	[redacted]	Y	Y
59400085100140	ZIPRASIDONE HCL CAP 60 MG	[redacted]	Y	Y
59400085100150	ZIPRASIDONE HCL CAP 80 MG	[redacted]	Y	Y
59400085202120	ZIPRASIDONE MESYLATE FOR INJ 20 MG (BASE EQUIVALENT)	[redacted]	Y	Y
59500010002010	LITHIUM ORAL SOLUTION 8 MEQ/5ML	[redacted]	Y	N
59500010100103	LITHIUM CARBONATE CAP 150 MG	[redacted]	Y	Y
59500010100105	LITHIUM CARBONATE CAP 300 MG	[redacted]	Y	Y
59500010100110	LITHIUM CARBONATE CAP 600 MG	[redacted]	Y	Y
59500010100305	LITHIUM CARBONATE TAB 300 MG	[redacted]	Y	Y
59500010100405	LITHIUM CARBONATE TAB ER 300 MG	[redacted]	Y	Y
59500010100410	LITHIUM CARBONATE TAB ER 450 MG	[redacted]	Y	Y
59500010202010	LITHIUM CITRATE ORAL SOLN 8 MEQ/5ML	N/A	N/A	N
60100060000305	PHENOBARBITAL TAB 15 MG	[redacted]	Y	N
60100060000308	PHENOBARBITAL TAB 16.2 MG	[redacted]	Y	N
60100060000315	PHENOBARBITAL TAB 30 MG	[redacted]	Y	N
60100060000317	PHENOBARBITAL TAB 32.4 MG	[redacted]	Y	N
60100060000320	PHENOBARBITAL TAB 60 MG	[redacted]	Y	N

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60100060000322	PHENOBARBITAL TAB 64.8 MG	[redacted]	Y	N
60100060000324	PHENOBARBITAL TAB 97.2 MG	[redacted]	Y	N
60100060000325	PHENOBARBITAL TAB 100 MG	[redacted]	Y	N
60100060001010	PHENOBARBITAL ELIXIR 20 MG/5ML	[redacted]	Y	N
60200020001210	CHLORAL HYDRATE SYRUP 500 MG/5ML	N/A	N/A	N
60201005000310	ESTAZOLAM TAB 1 MG	[redacted]	Y	Y
60201005000320	ESTAZOLAM TAB 2 MG	[redacted]	Y	Y
60201010100105	FLURAZEPAM HCL CAP 15 MG	[redacted]	Y	Y
60201010100110	FLURAZEPAM HCL CAP 30 MG	[redacted]	Y	Y
60201025042004	MIDAZOLAM 50 MG/50ML-SODIUM CHLORIDE 0.9% IV SOLN	N/A	N/A	N/A
60201025042008	MIDAZOLAM 100 MG/100ML-SODIUM CHLORIDE 0.9% IV SOLN	N/A	N/A	N/A
60201025101220	MIDAZOLAM HCL SYRUP 2 MG/ML (BASE EQUIVALENT)	[redacted]	Y	Y
60201025102002	MIDAZOLAM HCL INJ 2 MG/2ML (BASE EQUIVALENT)	[redacted]	Y	Y
60201025102005	MIDAZOLAM HCL INJ 5 MG/ML (BASE EQUIVALENT)	N/A	N/A	Y
60201025102006	MIDAZOLAM HCL INJ PF 5 MG/ML (BASE EQUIVALENT)	[redacted]	Y	Y
60201025102008	MIDAZOLAM HCL INJ PF 2 MG/2ML (BASE EQUIVALENT)	N/A	N/A	Y
60201025102010	MIDAZOLAM HCL INJ 10 MG/2ML (BASE EQUIVALENT)	[redacted]	Y	Y
60201025102011	MIDAZOLAM HCL INJ PF 10 MG/2ML (BASE EQUIVALENT)	[redacted]	Y	Y
60201025102025	MIDAZOLAM HCL INJ 25 MG/5ML (BASE EQUIVALENT)	[redacted]	Y	Y
60201025102050	MIDAZOLAM HCL INJ 50 MG/10ML (BASE EQUIVALENT)	[redacted]	Y	Y
60201028000310	QUAZEPAM TAB 15 MG	N/A	N/A	N
60201030000103	TEMAZEPAM CAP 7.5 MG	[redacted]	Y	Y
60201030000105	TEMAZEPAM CAP 15 MG	[redacted]	Y	Y
60201030000108	TEMAZEPAM CAP 22.5 MG	[redacted]	Y	Y
60201030000110	TEMAZEPAM CAP 30 MG	[redacted]	Y	Y
60201040000305	TRIAZOLAM TAB 0.125 MG	[redacted]	Y	Y
60201040000310	TRIAZOLAM TAB 0.25 MG	[redacted]	Y	Y
60204035000320	ESZOPICLONE TAB 1 MG	[redacted]	Y	Y
60204035000330	ESZOPICLONE TAB 2 MG	[redacted]	Y	Y
60204035000340	ESZOPICLONE TAB 3 MG	[redacted]	Y	Y
60204070000120	ZALEPLON CAP 5 MG	[redacted]	Y	Y
60204070000130	ZALEPLON CAP 10 MG	[redacted]	Y	Y
60204080100310	ZOLPIDEM TARTRATE TAB 5 MG	[redacted]	Y	Y
60204080100315	ZOLPIDEM TARTRATE TAB 10 MG	[redacted]	Y	Y
60204080100410	ZOLPIDEM TARTRATE TAB ER 6.25 MG	[redacted]	Y	Y
60204080100420	ZOLPIDEM TARTRATE TAB ER 12.5 MG	[redacted]	Y	Y
60204080100708	ZOLPIDEM TARTRATE SL TAB 1.75 MG	[redacted]	Y	Y
60204080100715	ZOLPIDEM TARTRATE SL TAB 3.5 MG	[redacted]	Y	Y
60206030202010	DEXMEDETOMIDINE HCL IN NACL 0.9% IV SOLN 80 MCG/20ML	N/A	N/A	Y
60206030202020	DEXMEDETOMIDINE HCL IN NACL 0.9% IV SOLN 200 MCG/50ML	N/A	N/A	Y
60206030202040	DEXMEDETOMIDINE HCL IN NACL 0.9% IV SOLN 400 MCG/100ML	N/A	N/A	Y
60250060000320	RAMELTEON TAB 8 MG	[redacted]	Y	Y
60250070000130	TASIMELTEON CAPSULE 20 MG	[redacted]	Y	Y
60300020100105	DIPHENHYDRAMINE HCL (SLEEP) CAP 25 MG	N/A	N/A	N
60300020100110	DIPHENHYDRAMINE HCL (SLEEP) CAP 50 MG	N/A	N/A	N
60400030100320	DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)	[redacted]	Y	Y
60400030100330	DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)	[redacted]	Y	Y
61100010000G110	AMPHETAMINE EXTENDED RELEASE SUSP 1.25 MG/ML	N/A	N/A	N
61100010100310	AMPHETAMINE SULFATE TAB 5 MG	[redacted]	Y	Y
61100010100320	AMPHETAMINE SULFATE TAB 10 MG	[redacted]	Y	Y
61100020100305	DEXTROAMPHETAMINE SULFATE TAB 5 MG	[redacted]	Y	Y
61100020100308	DEXTROAMPHETAMINE SULFATE TAB 7.5 MG	N/A	N/A	Y
61100020100310	DEXTROAMPHETAMINE SULFATE TAB 10 MG	[redacted]	Y	Y
61100020100330	DEXTROAMPHETAMINE SULFATE TAB 20 MG	[redacted]	Y	Y
61100020100350	DEXTROAMPHETAMINE SULFATE TAB 30 MG	[redacted]	Y	Y
61100020102020	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	[redacted]	Y	Y
61100020107005	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG	[redacted]	Y	Y
61100020107010	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	[redacted]	Y	Y
61100020107015	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	[redacted]	Y	Y
61100025100110	LISDEXAMFETAMINE DIMESYLATE CAP 10 MG	[redacted]	Y	Y
61100025100120	LISDEXAMFETAMINE DIMESYLATE CAP 20 MG	[redacted]	Y	Y
61100025100130	LISDEXAMFETAMINE DIMESYLATE CAP 30 MG	[redacted]	Y	Y
61100025100140	LISDEXAMFETAMINE DIMESYLATE CAP 40 MG	[redacted]	Y	Y
61100025100150	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	[redacted]	Y	Y
61100025100160	LISDEXAMFETAMINE DIMESYLATE CAP 60 MG	[redacted]	Y	Y
61100025100170	LISDEXAMFETAMINE DIMESYLATE CAP 70 MG	[redacted]	Y	Y
61100025100510	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG	[redacted]	Y	Y
61100025100520	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG	[redacted]	Y	Y
61100025100530	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG	[redacted]	Y	Y
61100025100540	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG	[redacted]	Y	Y
61100025100550	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG	[redacted]	Y	Y
61100025100560	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG	[redacted]	Y	Y
61100030100305	METHAMPHETAMINE HCL TAB 5 MG	N/A	N/A	Y
61109902100305	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	[redacted]	Y	Y
61109902100307	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	[redacted]	Y	Y
61109902100310	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	[redacted]	Y	Y
61109902100312	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	[redacted]	Y	Y
61109902100315	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	[redacted]	Y	Y
61109902100320	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	[redacted]	Y	Y
61109902100330	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	[redacted]	Y	Y
61109902107005	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	[redacted]	Y	Y
61109902107010	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	[redacted]	Y	Y
61109902107015	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	[redacted]	Y	Y
61109902107020	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	[redacted]	Y	Y
61109902107025	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	[redacted]	Y	Y
61109902107030	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	[redacted]	Y	Y
61109902107060	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG	[redacted]	Y	Y

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61109902107065	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG	[redacted]	Y	Y
61109902107070	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG	[redacted]	Y	Y
61109902107075	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	[redacted]	Y	Y
61200010100305	BENZPHETAMINE HCL TAB 25 MG	N/A	N/A	N
61200010100310	BENZPHETAMINE HCL TAB 50 MG	N/A	N/A	Y
61200020100305	DIETHYLPROPION HCL TAB 25 MG	[redacted]	Y	Y
61200020107510	DIETHYLPROPION HCL TAB ER 24HR 75 MG	[redacted]	Y	N
61200050100305	PHENDIMETRAZINE TARTRATE TAB 35 MG	[redacted]	Y	Y
61200050107010	PHENDIMETRAZINE TARTRATE CAP ER 24HR 105 MG	N/A	N/A	N
61200070100110	PHENTERMINE HCL CAP 15 MG	[redacted]	Y	Y
61200070100115	PHENTERMINE HCL CAP 30 MG	[redacted]	Y	Y
61200070100120	PHENTERMINE HCL CAP 37.5 MG	[redacted]	Y	Y
61200070100310	PHENTERMINE HCL TAB 37.5 MG	[redacted]	Y	Y
61253560000120	ORLISTAT CAP 120 MG	[redacted]	Y	N
61300010102020	CAFFEINE CITRATE INJ 60 MG/3ML (10 MG/ML BASE EQUIV)	N/A	N/A	Y
61300010102060	CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)	N/A	N/A	Y
61353020107420	CLONIDINE HCL TAB ER 12HR 0.1 MG	[redacted]	Y	Y
61353030107520	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	[redacted]	Y	Y
61353030107530	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	[redacted]	Y	Y
61353030107540	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	[redacted]	Y	Y
61353030107550	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	[redacted]	Y	Y
61354015100110	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	[redacted]	Y	Y
61354015100118	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	[redacted]	Y	Y
61354015100125	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	[redacted]	Y	Y
61354015100140	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	[redacted]	Y	Y
61354015100160	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	[redacted]	Y	Y
61354015100170	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	[redacted]	Y	Y
61354015100180	ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	[redacted]	Y	Y
61400010000310	ARMODAFINIL TAB 50 MG	[redacted]	Y	Y
61400010000330	ARMODAFINIL TAB 150 MG	[redacted]	Y	Y
61400010000335	ARMODAFINIL TAB 200 MG	[redacted]	Y	Y
61400010000340	ARMODAFINIL TAB 250 MG	[redacted]	Y	Y
61400016100320	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	[redacted]	Y	Y
61400016100330	DEXMETHYLPHENIDATE HCL TAB 5 MG	[redacted]	Y	Y
61400016100340	DEXMETHYLPHENIDATE HCL TAB 10 MG	[redacted]	Y	Y
61400016107020	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	[redacted]	Y	Y
61400016107030	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	[redacted]	Y	Y
61400016107035	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	[redacted]	Y	Y
61400016107040	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	[redacted]	Y	Y
61400016107045	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	[redacted]	Y	Y
61400016107050	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	[redacted]	Y	Y
61400016107055	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	[redacted]	Y	Y
61400016107060	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	[redacted]	Y	Y
61400020005910	METHYLPHENIDATE TD PATCH 10 MG/9HR	[redacted]	Y	Y
61400020005915	METHYLPHENIDATE TD PATCH 15 MG/9HR	[redacted]	Y	Y
61400020005920	METHYLPHENIDATE TD PATCH 20 MG/9HR	[redacted]	Y	Y
61400020005930	METHYLPHENIDATE TD PATCH 30 MG/9HR	[redacted]	Y	Y
61400020100210	METHYLPHENIDATE HCL CAP ER 10 MG (CD)	[redacted]	Y	Y
61400020100220	METHYLPHENIDATE HCL CAP ER 20 MG (CD)	[redacted]	Y	Y
61400020100230	METHYLPHENIDATE HCL CAP ER 30 MG (CD)	[redacted]	Y	Y
61400020100240	METHYLPHENIDATE HCL CAP ER 40 MG (CD)	[redacted]	Y	Y
61400020100250	METHYLPHENIDATE HCL CAP ER 50 MG (CD)	[redacted]	Y	Y
61400020100260	METHYLPHENIDATE HCL CAP ER 60 MG (CD)	[redacted]	Y	Y
61400020100305	METHYLPHENIDATE HCL TAB 5 MG	[redacted]	Y	Y
61400020100310	METHYLPHENIDATE HCL TAB 10 MG	[redacted]	Y	Y
61400020100315	METHYLPHENIDATE HCL TAB 20 MG	[redacted]	Y	Y
61400020100403	METHYLPHENIDATE HCL TAB ER 10 MG	[redacted]	Y	Y
61400020100405	METHYLPHENIDATE HCL TAB ER 20 MG	[redacted]	Y	Y
61400020100460	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	[redacted]	Y	Y
61400020100465	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	[redacted]	Y	Y
61400020100470	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	[redacted]	Y	Y
61400020100480	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	[redacted]	Y	Y
61400020100490	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 MG	[redacted]	Y	N
61400020100510	METHYLPHENIDATE HCL CHEW TAB 2.5 MG	[redacted]	Y	Y
61400020100520	METHYLPHENIDATE HCL CHEW TAB 5 MG	[redacted]	Y	Y
61400020100530	METHYLPHENIDATE HCL CHEW TAB 10 MG	[redacted]	Y	Y
61400020102020	METHYLPHENIDATE HCL SOLN 5 MG/5ML	[redacted]	Y	Y
61400020102030	METHYLPHENIDATE HCL SOLN 10 MG/5ML	[redacted]	Y	Y
61400020107010	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	[redacted]	Y	Y
61400020107020	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	[redacted]	Y	Y
61400020107030	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	[redacted]	Y	Y
61400020107040	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	[redacted]	Y	Y
61400020107048	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA)	[redacted]	Y	Y
61400020107055	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)	[redacted]	Y	Y
61400020107060	METHYLPHENIDATE HCL CAP ER 24HR 15 MG (XR)	[redacted]	Y	Y
61400020107065	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (XR)	[redacted]	Y	Y
61400020107070	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (XR)	[redacted]	Y	Y
61400020107075	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (XR)	[redacted]	Y	Y
61400020107080	METHYLPHENIDATE HCL CAP ER 24HR 50 MG (XR)	[redacted]	Y	Y
61400020107085	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (XR)	[redacted]	Y	Y
61400020107518	METHYLPHENIDATE HCL TAB ER 24HR 18 MG	[redacted]	Y	N
61400020107527	METHYLPHENIDATE HCL TAB ER 24HR 27 MG	[redacted]	Y	N
61400020107536	METHYLPHENIDATE HCL TAB ER 24HR 36 MG	[redacted]	Y	N
61400020107554	METHYLPHENIDATE HCL TAB ER 24HR 54 MG	[redacted]	Y	N
61400024000310	MODAFINIL TAB 100 MG	[redacted]	Y	Y
61400024000320	MODAFINIL TAB 200 MG	[redacted]	Y	Y
62000010000310	ERGOLOID MESYLATES TAB 1 MG	N/A	N/A	N

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62000030000303	PIMOZIDE TAB 1 MG	[redacted]	Y	N
62000030000305	PIMOZIDE TAB 2 MG	[redacted]	Y	N
62051025100310	DONEPEZIL HYDROCHLORIDE TAB 5 MG	[redacted]	Y	Y
62051025100320	DONEPEZIL HYDROCHLORIDE TAB 10 MG	[redacted]	Y	Y
62051025100330	DONEPEZIL HYDROCHLORIDE TAB 23 MG	[redacted]	Y	Y
62051025107210	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	[redacted]	Y	Y
62051025107220	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	[redacted]	Y	Y
62051030100320	GALANTAMINE HYDROBROMIDE TAB 4 MG	[redacted]	Y	Y
62051030100330	GALANTAMINE HYDROBROMIDE TAB 8 MG	[redacted]	Y	Y
62051030100340	GALANTAMINE HYDROBROMIDE TAB 12 MG	[redacted]	Y	Y
62051030102020	GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG/ML	N/A	N/A	N
62051030107020	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	[redacted]	Y	Y
62051030107030	GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG	[redacted]	Y	Y
62051030107040	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	[redacted]	Y	Y
62051040008520	RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	[redacted]	Y	Y
62051040008530	RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	[redacted]	Y	Y
62051040008540	RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	[redacted]	Y	Y
62051040200110	RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
62051040200120	RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)	[redacted]	Y	Y
62051040200130	RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
62051040200140	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)	[redacted]	Y	Y
62053550100320	MEMANTINE HCL TAB 5 MG	[redacted]	Y	Y
62053550100330	MEMANTINE HCL TAB 10 MG	[redacted]	Y	Y
62053550100350	MEMANTINE HCL TAB 5 MG (28) & 10 MG (21) TITRATION PAK	[redacted]	Y	Y
62053550102020	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	[redacted]	Y	Y
62053550107020	MEMANTINE HCL CAP ER 24HR 7 MG	[redacted]	Y	Y
62053550107030	MEMANTINE HCL CAP ER 24HR 14 MG	[redacted]	Y	Y
62053550107040	MEMANTINE HCL CAP ER 24HR 21 MG	[redacted]	Y	Y
62053550107050	MEMANTINE HCL CAP ER 24HR 28 MG	[redacted]	Y	Y
62100002107430	BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG	[redacted]	Y	Y
62100005008520	NICOTINE TD PATCH 24HR 7 MG/24HR	[redacted]	Y	N
62100005008530	NICOTINE TD PATCH 24HR 14 MG/24HR	[redacted]	Y	N
62100005008540	NICOTINE TD PATCH 24HR 21 MG/24HR	[redacted]	Y	N
62100010002810	NICOTINE POLACRILEX GUM 2 MG	[redacted]	Y	N
62100010002820	NICOTINE POLACRILEX GUM 4 MG	[redacted]	Y	N
62100010004710	NICOTINE POLACRILEX LOZENGE 2 MG	[redacted]	Y	N
62100010004720	NICOTINE POLACRILEX LOZENGE 4 MG	[redacted]	Y	N
62100080200320	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	[redacted]	Y	Y
62100080200330	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	[redacted]	Y	Y
62100080206320	VARENICLINE TARTRATE TAB 0.5 MG X 11 & TAB 1 MG X 42 PACK	N/A	N/A	N
6210008020B720	VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK	[redacted]	Y	N
62206040000110	FLUOXETINE HCL (PMDD) CAP 10 MG	N/A	N/A	N
62206040000120	FLUOXETINE HCL (PMDD) CAP 20 MG	N/A	N/A	N
62206040000310	FLUOXETINE HCL (PMDD) TAB 10 MG	[redacted]	Y	Y
62206040000320	FLUOXETINE HCL (PMDD) TAB 20 MG	N/A	N/A	Y
62226060300110	PAROXETINE MESYLATE CAP 7.5 MG (BASE EQUIV)	[redacted]	Y	Y
62380070000310	TETRABENAZINE TAB 12.5 MG	[redacted]	Y	Y
62380070000320	TETRABENAZINE TAB 25 MG	[redacted]	Y	Y
6240003010E520	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	[redacted]	Y	Y
6240003010E540	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	[redacted]	Y	Y
62404070000320	TERIFLUNOMIDE TAB 7 MG	[redacted]	Y	Y
62404070000330	TERIFLUNOMIDE TAB 14 MG	[redacted]	Y	Y
62405525006520	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	N/A	N/A	Y
62405525006540	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	[redacted]	Y	Y
6240552500B320	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	N/A	N/A	N/A
62406030007420	DALFAMPRIDINE TAB ER 12HR 10 MG	[redacted]	Y	Y
62407025100120	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	[redacted]	Y	Y
62540060007520	PREGABALIN TAB ER 24HR 82.5 MG	[redacted]	Y	Y
62540060007530	PREGABALIN TAB ER 24HR 165 MG	[redacted]	Y	Y
62540060007540	PREGABALIN TAB ER 24HR 330 MG	[redacted]	Y	Y
62802010200620	ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG	[redacted]	Y	Y
62802040000325	DISULFIRAM TAB 250 MG	[redacted]	Y	Y
62802040000350	DISULFIRAM TAB 500 MG	[redacted]	Y	Y
62992002200310	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG	[redacted]	Y	Y
62992002200320	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 10-25 MG	[redacted]	Y	Y
62994002600310	PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG	[redacted]	Y	N
62994002600315	PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG	[redacted]	Y	N
62994002600320	PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG	N/A	N/A	N
62994002600325	PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG	N/A	N/A	N
62994002600330	PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG	N/A	N/A	N
62995002500110	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	[redacted]	Y	Y
62995002500120	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	[redacted]	Y	Y
62995002500125	OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG	[redacted]	Y	Y
62995002500140	OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG	[redacted]	Y	Y
62995002500145	OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG	[redacted]	Y	Y
64100010000315	ASPIRIN TAB 325 MG	N/A	N/A	N
64100010000510	ASPIRIN CHEW TAB 81 MG	[redacted]	Y	N
64100010000601	ASPIRIN TAB DELAYED RELEASE 81 MG	[redacted]	Y	N
64100010000605	ASPIRIN TAB DELAYED RELEASE 325 MG	N/A	N/A	N
64100050000310	DIFLUNISAL TAB 500 MG	[redacted]	Y	Y
64100075000305	SALSALATE TAB 500 MG	[redacted]	Y	N
64100075000310	SALSALATE TAB 750 MG	[redacted]	Y	N
64109902200305	CHOLINE & MAGNESIUM SALICYLATES TAB 500 MG	N/A	N/A	N
64109902200310	CHOLINE & MAGNESIUM SALICYLATES TAB 750 MG	N/A	N/A	N
64109902200315	CHOLINE & MAGNESIUM SALICYLATES TAB 1000 MG	N/A	N/A	N
64109902200910	CHOLINE & MAGNESIUM SALICYLATES LIQ 500 MG/5ML	N/A	N/A	N
64200010000420	ACETAMINOPHEN TAB ER 650 MG	N/A	N/A	N

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64200010000912	ACETAMINOPHEN LIQUID 160 MG/5ML	N/A	N/A	N
64200010002010	ACETAMINOPHEN SOLN 160 MG/5ML	N/A	N/A	N
64200010002070	ACETAMINOPHEN IV SOLN 10 MG/ML	[redacted]	Y	Y
64990003130120	ACETAMINOPHEN-SALICYLAMIDE-PHENYLTOLOXAMINE CAP 300-200-20MG	N/A	N/A	N
64991002120105	BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG	[redacted]	Y	Y
64991002120304	BUTALBITAL-ACETAMINOPHEN TAB 25-325 MG	N/A	N/A	N
64991002120308	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG	[redacted]	Y	Y
64991002120310	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	[redacted]	Y	Y
64991002120320	BUTALBITAL-ACETAMINOPHEN TAB 50-650 MG	N/A	N/A	N
64991002300315	PHENYLTOLOXAMINE-ACETAMINOPHEN TAB 30-500 MG	N/A	N/A	N
64991002300320	PHENYLTOLOXAMINE-ACETAMINOPHEN TAB 50-500 MG	N/A	N/A	N
64991002300335	PHENYLTOLOXAMINE-ACETAMINOPHEN TAB 60-650 MG	N/A	N/A	N
64991002300430	PHENYLTOLOXAMINE-ACETAMINOPHEN TAB ER 66-600 MG	N/A	N/A	N
64991003100108	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	[redacted]	Y	Y
64991003100110	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	[redacted]	Y	Y
64991003100120	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-500-40 MG	N/A	N/A	N
64991003100310	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	[redacted]	Y	Y
64991003100320	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-500-40 MG	N/A	N/A	N
64991003102020	BUTALBITAL-ACETAMINOPHEN-CAFFEINE SOLN 50-325-40 MG/15ML	N/A	N/A	N
64991003300120	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	[redacted]	Y	Y
64991003300320	BUTALBITAL-ASPIRIN-CAFFEINE TAB 50-325-40 MG	N/A	N/A	N
65100020102900	CODEINE PHOSPHATE POWDER	N/A	N/A	N
65100020200305	CODEINE SULFATE TAB 15 MG	N/A	N/A	N
65100020200310	CODEINE SULFATE TAB 30 MG	[redacted]	Y	Y
65100020200315	CODEINE SULFATE TAB 60 MG	N/A	N/A	N
65100025008610	FENTANYL TD PATCH 72HR 12 MCG/HR	[redacted]	Y	Y
65100025008620	FENTANYL TD PATCH 72HR 25 MCG/HR	[redacted]	Y	Y
65100025008626	FENTANYL TD PATCH 72HR 37.5 MCG/HR	[redacted]	Y	Y
65100025008630	FENTANYL TD PATCH 72HR 50 MCG/HR	[redacted]	Y	Y
65100025008635	FENTANYL TD PATCH 72HR 62.5 MCG/HR	[redacted]	Y	Y
65100025008640	FENTANYL TD PATCH 72HR 75 MCG/HR	[redacted]	Y	Y
65100025008645	FENTANYL TD PATCH 72HR 87.5 MCG/HR	[redacted]	Y	Y
65100025008650	FENTANYL TD PATCH 72HR 100 MCG/HR	[redacted]	Y	Y
65100025100310	FENTANYL CITRATE BUCCAL TAB 100 MCG (BASE EQUIV)	N/A	N/A	N
65100025100320	FENTANYL CITRATE BUCCAL TAB 200 MCG (BASE EQUIV)	N/A	N/A	N
65100025100330	FENTANYL CITRATE BUCCAL TAB 400 MCG (BASE EQUIV)	N/A	N/A	N
65100025100340	FENTANYL CITRATE BUCCAL TAB 600 MCG (BASE EQUIV)	N/A	N/A	N
65100025100350	FENTANYL CITRATE BUCCAL TAB 800 MCG (BASE EQUIV)	N/A	N/A	N
65100025102005	FENTANYL CITRATE INJ 0.05 MG/ML	N/A	N/A	N
65100025102007	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 50 MCG/ML	N/A	N/A	Y
65100025102012	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 100 MCG/2ML	[redacted]	Y	Y
65100025102022	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 250 MCG/5ML	N/A	N/A	Y
65100025102032	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 500 MCG/10ML	N/A	N/A	Y
65100025102037	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 1000 MCG/20ML	N/A	N/A	Y
65100025102042	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 2500 MCG/50ML	N/A	N/A	Y
65100025108450	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	N/A	N/A	Y
65100025108455	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	N/A	N/A	Y
65100025108460	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	N/A	N/A	Y
65100025108465	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	[redacted]	Y	Y
65100025108475	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	[redacted]	Y	Y
65100025108485	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	[redacted]	Y	Y
6510002510E215	FENTANYL CITRATE PF SOLN CARTRIDGE 100 MCG/2ML	N/A	N/A	N
6510002510E514	FENTANYL CITRATE SOLN PREFILLED SYRINGE 100 MCG/2ML	N/A	N/A	N/A
65100030106910	HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	[redacted]	Y	N
65100030106915	HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	[redacted]	Y	N
65100030106920	HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	[redacted]	Y	N
65100030106930	HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	[redacted]	Y	N
65100030106940	HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	[redacted]	Y	N
65100030106950	HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	N/A	N/A	N
6510003010A810	HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG	N/A	N/A	Y
6510003010A820	HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG	[redacted]	Y	Y
6510003010A830	HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG	[redacted]	Y	Y
6510003010A840	HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG	N/A	N/A	Y
6510003010A850	HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG	N/A	N/A	Y
6510003010A860	HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG	N/A	N/A	Y
6510003010A870	HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG	N/A	N/A	Y
65100035100310	HYDROMORPHONE HCL TAB 2 MG	[redacted]	Y	Y
65100035100320	HYDROMORPHONE HCL TAB 4 MG	[redacted]	Y	Y
65100035100330	HYDROMORPHONE HCL TAB 8 MG	[redacted]	Y	Y
65100035100920	HYDROMORPHONE HCL LIQD 1 MG/ML	[redacted]	Y	Y
65100035102005	HYDROMORPHONE HCL INJ 1 MG/ML	N/A	N/A	Y
65100035102007	HYDROMORPHONE HCL PRESERVATIVE FREE (PF) INJ 1 MG/ML	N/A	N/A	N
65100035102010	HYDROMORPHONE HCL INJ 2 MG/ML	[redacted]	Y	Y
65100035102020	HYDROMORPHONE HCL INJ 4 MG/ML	N/A	N/A	N
65100035102025	HYDROMORPHONE HCL INJ 10 MG/ML	N/A	N/A	N
65100035102027	HYDROMORPHONE HCL PRESERVATIVE FREE (PF) INJ 10 MG/ML	N/A	N/A	Y
65100035102900	HYDROMORPHONE HCL POWDER	N/A	N/A	N
65100035105205	HYDROMORPHONE HCL SUPPOS 3 MG	N/A	N/A	N
65100035107521	HYDROMORPHONE HCL TAB ER 24HR 8 MG	[redacted]	Y	Y
65100035107531	HYDROMORPHONE HCL TAB ER 24HR 12 MG	[redacted]	Y	Y
65100035107541	HYDROMORPHONE HCL TAB ER 24HR 16 MG	[redacted]	Y	Y
65100035107556	HYDROMORPHONE HCL TAB ER 24HR 32 MG	[redacted]	Y	Y
65100040100305	LEVORPHANOL TARTRATE TAB 2 MG	[redacted]	Y	Y
65100040100310	LEVORPHANOL TARTRATE TAB 3 MG	N/A	N/A	Y
65100045100305	MEPERIDINE HCL TAB 50 MG	[redacted]	Y	N
65100045100310	MEPERIDINE HCL TAB 100 MG	N/A	N/A	N
65100045102015	MEPERIDINE HCL INJ 50 MG/ML	N/A	N/A	Y

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65100045102030	MEPERIDINE HCL INJ 100 MG/ML	[redacted]	Y	Y
65100045102060	MEPERIDINE HCL ORAL SOLN 50 MG/5ML	N/A	N/A	N
65100050100305	METHADONE HCL TAB 5 MG	[redacted]	Y	Y
65100050100310	METHADONE HCL TAB 10 MG	[redacted]	Y	Y
65100050101310	METHADONE HCL CONC 10 MG/ML	[redacted]	Y	Y
65100050102010	METHADONE HCL SOLN 5 MG/5ML	[redacted]	Y	Y
65100050102015	METHADONE HCL SOLN 10 MG/5ML	[redacted]	Y	Y
65100050107320	METHADONE HCL TAB FOR ORAL SUSP 40 MG	N/A	N/A	Y
65100055100310	MORPHINE SULFATE TAB 15 MG	[redacted]	Y	Y
65100055100315	MORPHINE SULFATE TAB 30 MG	[redacted]	Y	Y
65100055100415	MORPHINE SULFATE TAB ER 15 MG	[redacted]	Y	Y
65100055100432	MORPHINE SULFATE TAB ER 30 MG	[redacted]	Y	Y
65100055100445	MORPHINE SULFATE TAB ER 60 MG	[redacted]	Y	Y
65100055100460	MORPHINE SULFATE TAB ER 100 MG	[redacted]	Y	Y
65100055100480	MORPHINE SULFATE TAB ER 200 MG	[redacted]	Y	Y
65100055102005	MORPHINE SULFATE INJ 2 MG/ML	N/A	N/A	N
65100055102009	MORPHINE SULFATE IV SOLN 4 MG/ML	N/A	N/A	Y
65100055102014	MORPHINE SULFATE IV SOLN 8 MG/ML	N/A	N/A	Y
65100055102015	MORPHINE SULFATE INJ 5 MG/ML	N/A	N/A	N
65100055102030	MORPHINE SULFATE INJ 10 MG/ML	N/A	N/A	N
65100055102032	MORPHINE SULFATE IV SOLN 10 MG/ML	N/A	N/A	Y
65100055102040	MORPHINE SULFATE INJ 15 MG/ML	N/A	N/A	N
65100055102044	MORPHINE SULFATE IV SOLN 25 MG/ML	N/A	N/A	N
65100055102049	MORPHINE SULFATE IV SOLN 50 MG/ML	N/A	N/A	N
65100055102054	MORPHINE SULFATE INJ PF 1 MG/ML	N/A	N/A	Y
65100055102057	MORPHINE SULFATE IV SOLN PF 2 MG/ML	N/A	N/A	N
65100055102058	MORPHINE SULFATE IV SOLN PF 4 MG/ML	N/A	N/A	N
65100055102059	MORPHINE SULFATE IV SOLN PF 8 MG/ML	N/A	N/A	N
65100055102060	MORPHINE SULFATE IV SOLN PF 10 MG/ML	N/A	N/A	N
65100055102065	MORPHINE SULFATE ORAL SOLN 10 MG/5ML	[redacted]	Y	Y
65100055102070	MORPHINE SULFATE ORAL SOLN 20 MG/5ML	[redacted]	Y	Y
65100055102090	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	[redacted]	Y	Y
65100055105205	MORPHINE SULFATE SUPPOS 5 MG	N/A	N/A	N
65100055105210	MORPHINE SULFATE SUPPOS 10 MG	N/A	N/A	N
65100055105215	MORPHINE SULFATE SUPPOS 20 MG	N/A	N/A	N
65100055105220	MORPHINE SULFATE SUPPOS 30 MG	N/A	N/A	N
65100055107010	MORPHINE SULFATE CAP ER 24HR 10 MG	[redacted]	Y	N
65100055107020	MORPHINE SULFATE CAP ER 24HR 20 MG	[redacted]	Y	N
65100055107030	MORPHINE SULFATE CAP ER 24HR 30 MG	[redacted]	Y	N
65100055107035	MORPHINE SULFATE CAP ER 24HR 40 MG	N/A	N/A	N
65100055107040	MORPHINE SULFATE CAP ER 24HR 50 MG	[redacted]	Y	N
65100055107045	MORPHINE SULFATE CAP ER 24HR 60 MG	[redacted]	Y	N
65100055107050	MORPHINE SULFATE CAP ER 24HR 80 MG	[redacted]	Y	N
65100055107060	MORPHINE SULFATE CAP ER 24HR 100 MG	[redacted]	Y	N
65100055207020	MORPHINE SULFATE BEADS CAP ER 24HR 30 MG	[redacted]	Y	N
65100055207025	MORPHINE SULFATE BEADS CAP ER 24HR 45 MG	[redacted]	Y	N
65100055207030	MORPHINE SULFATE BEADS CAP ER 24HR 60 MG	[redacted]	Y	N
65100055207035	MORPHINE SULFATE BEADS CAP ER 24HR 75 MG	N/A	N/A	N
65100055207040	MORPHINE SULFATE BEADS CAP ER 24HR 90 MG	[redacted]	Y	N
65100055207050	MORPHINE SULFATE BEADS CAP ER 24HR 120 MG	N/A	N/A	N
65100055302020	MORPHINE SULF FOR MICROINFUSION PF INJ 200 MG/20ML (10MG/ML)	[redacted]	Y	Y
65100055302040	MORPHINE SULF FOR MICROINFUSION PF INJ 500 MG/20ML (25MG/ML)	N/A	N/A	Y
65100075100110	OXYCODONE HCL CAP 5 MG	[redacted]	Y	Y
65100075100310	OXYCODONE HCL TAB 5 MG	[redacted]	Y	Y
65100075100320	OXYCODONE HCL TAB 10 MG	[redacted]	Y	Y
65100075100325	OXYCODONE HCL TAB 15 MG	[redacted]	Y	Y
65100075100330	OXYCODONE HCL TAB 20 MG	[redacted]	Y	Y
65100075100340	OXYCODONE HCL TAB 30 MG	[redacted]	Y	Y
65100075101320	OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	[redacted]	Y	Y
65100075102005	OXYCODONE HCL SOLN 5 MG/5ML	[redacted]	Y	Y
65100075107410	OXYCODONE HCL TAB SR 12HR 10 MG	[redacted]	N/A	N
65100075107420	OXYCODONE HCL TAB SR 12HR 20 MG	N/A	N/A	N
65100075107440	OXYCODONE HCL TAB SR 12HR 40 MG	N/A	N/A	N
65100075107480	OXYCODONE HCL TAB SR 12HR 80 MG	N/A	N/A	N
6510007510A710	OXYCODONE HCL TAB ER 12HR DETER 10 MG	[redacted]	Y	N
6510007510A715	OXYCODONE HCL TAB ER 12HR DETER 15 MG	N/A	N/A	N
6510007510A720	OXYCODONE HCL TAB ER 12HR DETER 20 MG	[redacted]	Y	N
6510007510A730	OXYCODONE HCL TAB ER 12HR DETER 30 MG	N/A	N/A	N
6510007510A740	OXYCODONE HCL TAB ER 12HR DETER 40 MG	N/A	N/A	N
6510007510A760	OXYCODONE HCL TAB ER 12HR DETER 60 MG	N/A	N/A	N
6510007510A780	OXYCODONE HCL TAB ER 12HR DETER 80 MG	[redacted]	Y	N
65100080100305	OXYMORPHONE HCL TAB 5 MG	N/A	N/A	Y
65100080100310	OXYMORPHONE HCL TAB 10 MG	[redacted]	Y	Y
65100080107405	OXYMORPHONE HCL TAB ER 12HR 5 MG	[redacted]	Y	N
65100080107407	OXYMORPHONE HCL TAB ER 12HR 7.5 MG	[redacted]	Y	N
65100080107410	OXYMORPHONE HCL TAB ER 12HR 10 MG	[redacted]	Y	N
65100080107415	OXYMORPHONE HCL TAB ER 12HR 15 MG	[redacted]	Y	N
65100080107420	OXYMORPHONE HCL TAB ER 12HR 20 MG	[redacted]	Y	N
65100080107430	OXYMORPHONE HCL TAB ER 12HR 30 MG	[redacted]	Y	N
65100080107440	OXYMORPHONE HCL TAB ER 12HR 40 MG	[redacted]	Y	N
65100087102150	REMIFENTANIL HCL FOR IV SOLN 5 MG	N/A	N/A	Y
65100095100320	TRAMADOL HCL TAB 50 MG	[redacted]	Y	Y
65100095100340	TRAMADOL HCL TAB 100 MG	[redacted]	Y	N
65100095102005	TRAMADOL HCL ORAL SOLN 5 MG/ML	[redacted]	Y	N
65100095107070	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 100 MG	[redacted]	Y	N
65100095107075	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 150 MG	N/A	N/A	N
65100095107080	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 200 MG	[redacted]	Y	N

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65100095107090	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 300 MG	[redacted]	Y	N
65100095107520	TRAMADOL HCL TAB ER 24HR 100 MG	[redacted]	Y	Y
65100095107530	TRAMADOL HCL TAB ER 24HR 200 MG	[redacted]	Y	Y
65100095107540	TRAMADOL HCL TAB ER 24HR 300 MG	[redacted]	Y	Y
65100095107560	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG	[redacted]	Y	N
65100095107570	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG	[redacted]	Y	N
65100095107580	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG	N/A	N/A	N
65200010008820	BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR	[redacted]	Y	Y
65200010008825	BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR	[redacted]	Y	Y
65200010008830	BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR	[redacted]	Y	Y
65200010008835	BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR	[redacted]	Y	Y
65200010008840	BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR	[redacted]	Y	Y
65200010100760	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	[redacted]	Y	Y
65200010100780	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	[redacted]	Y	Y
65200010108210	BUPRENORPHINE HCL BUCCAL FILM 75 MCG (BASE EQUIVALENT)	N/A	N/A	N
65200010108220	BUPRENORPHINE HCL BUCCAL FILM 150 MCG (BASE EQUIVALENT)	N/A	N/A	N
65200010108230	BUPRENORPHINE HCL BUCCAL FILM 300 MCG (BASE EQUIVALENT)	N/A	N/A	N
65200010108240	BUPRENORPHINE HCL BUCCAL FILM 450 MCG (BASE EQUIVALENT)	N/A	N/A	N
65200010108250	BUPRENORPHINE HCL BUCCAL FILM 600 MCG (BASE EQUIVALENT)	N/A	N/A	N
65200010108260	BUPRENORPHINE HCL BUCCAL FILM 750 MCG (BASE EQUIVALENT)	N/A	N/A	N
65200010108270	BUPRENORPHINE HCL BUCCAL FILM 900 MCG (BASE EQUIVALENT)	N/A	N/A	N
65200010200720	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	[redacted]	Y	Y
65200010200740	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	[redacted]	Y	Y
65200010208220	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	[redacted]	Y	Y
65200010208230	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	[redacted]	Y	Y
65200010208240	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	[redacted]	Y	Y
65200010208250	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	[redacted]	Y	Y
65200020102050	BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	[redacted]	Y	Y
65200030102005	NALBUPHINE HCL INJ 10 MG/ML	N/A	N/A	Y
65200030102010	NALBUPHINE HCL INJ 20 MG/ML	N/A	N/A	Y
65200040300310	PENTAZOCINE W/ NALOXONE TAB 50-0.5 MG	[redacted]	Y	Y
65990002200303	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-300 MG	N/A	N/A	N
65990002200305	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	[redacted]	Y	Y
65990002200308	OXYCODONE W/ ACETAMINOPHEN TAB 5-300 MG	N/A	N/A	N
65990002200310	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	[redacted]	Y	Y
65990002200327	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	[redacted]	Y	Y
65990002200333	OXYCODONE W/ ACETAMINOPHEN TAB 10-300 MG	N/A	N/A	N
65990002200335	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	[redacted]	Y	Y
65990002202005	OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML	N/A	N/A	Y
65990002202020	OXYCODONE W/ ACETAMINOPHEN SOLN 10-300 MG/5ML	N/A	N/A	N
65990002220340	OXYCODONE-ASPIRIN TAB 4.8355-325 MG	N/A	N/A	N
65990002260320	OXYCODONE-IBUPROFEN TAB 5-400 MG	N/A	N/A	N
65991002050310	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	[redacted]	Y	Y
65991002050315	ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	[redacted]	Y	Y
65991002050320	ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	[redacted]	Y	Y
65991002052020	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	[redacted]	Y	Y
65991004100113	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG	[redacted]	Y	Y
65991004100115	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG	[redacted]	Y	Y
65991004300115	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	[redacted]	Y	Y
65991303050115	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	N/A	N/A	N
65991303050120	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 356.4-30-16 MG	N/A	N/A	N
65991303050320	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TAB 325-30-16 MG	N/A	N/A	N
65991303050340	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TAB 712.8-60-32 MG	N/A	N/A	N
65991702100110	HYDROCODONE-ACETAMINOPHEN CAP 5-500 MG	N/A	N/A	N
65991702100302	HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	N/A	N/A	N
65991702100305	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	[redacted]	Y	Y
65991702100307	HYDROCODONE-ACETAMINOPHEN TAB 2.5-500 MG	N/A	N/A	N
65991702100309	HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG	[redacted]	Y	Y
65991702100322	HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG	[redacted]	Y	Y
65991702100340	HYDROCODONE-ACETAMINOPHEN TAB 7.5-650 MG	N/A	N/A	N
65991702100345	HYDROCODONE-ACETAMINOPHEN TAB 10-650 MG	N/A	N/A	N
65991702100353	HYDROCODONE-ACETAMINOPHEN TAB 10-750 MG	N/A	N/A	N
65991702100356	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	[redacted]	Y	Y
65991702100358	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	[redacted]	Y	Y
65991702100375	HYDROCODONE-ACETAMINOPHEN TAB 10-300 MG	[redacted]	Y	Y
65991702102015	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	[redacted]	Y	Y
65991702102020	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-500 MG/15ML	N/A	N/A	N
65991702102025	HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML	N/A	N/A	N
65991702500310	HYDROCODONE-IBUPROFEN TAB 2.5-200 MG	N/A	N/A	N
65991702500315	HYDROCODONE-IBUPROFEN TAB 5-200 MG	[redacted]	Y	Y
65991702500320	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	[redacted]	Y	Y
65991702500330	HYDROCODONE-IBUPROFEN TAB 10-200 MG	[redacted]	Y	Y
65992002400320	PROPOXYPHENE-N W/ ACETAMINOPHEN TAB 100-650 MG	N/A	N/A	N
65995002200320	TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	[redacted]	Y	Y
66100007100120	DICLOFENAC POTASSIUM CAP 25 MG	[redacted]	Y	Y
66100007100320	DICLOFENAC POTASSIUM TAB 25 MG	[redacted]	Y	Y
66100007100330	DICLOFENAC POTASSIUM TAB 50 MG	[redacted]	Y	Y
66100007200610	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	[redacted]	Y	Y
66100007200620	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	[redacted]	Y	Y
66100007200630	DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG	[redacted]	Y	Y
66100007207530	DICLOFENAC SODIUM TAB ER 24HR 100 MG	[redacted]	Y	Y
66100008000120	ETODOLAC CAP 200 MG	[redacted]	Y	Y
66100008000130	ETODOLAC CAP 300 MG	[redacted]	Y	Y
66100008000310	ETODOLAC TAB 400 MG	[redacted]	Y	Y
66100008000320	ETODOLAC TAB 500 MG	[redacted]	Y	Y
66100008007520	ETODOLAC TAB ER 24HR 400 MG	[redacted]	Y	Y
66100008007530	ETODOLAC TAB ER 24HR 500 MG	[redacted]	Y	Y

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66100008007540	ETODOLAC TAB ER 24HR 600 MG	[redacted]	Y	Y
66100010100105	FENOPROFEN CALCIUM CAP 200 MG	N/A	N/A	N
66100010100120	FENOPROFEN CALCIUM CAP 400 MG	[redacted]	Y	Y
66100010100305	FENOPROFEN CALCIUM TAB 600 MG	N/A	N/A	N
66100012000310	FLURBIPROFEN TAB 50 MG	N/A	N/A	Y
66100012000315	FLURBIPROFEN TAB 100 MG	[redacted]	Y	Y
66100020000320	IBUPROFEN TAB 400 MG	[redacted]	Y	Y
66100020000330	IBUPROFEN TAB 600 MG	[redacted]	Y	Y
66100020000340	IBUPROFEN TAB 800 MG	[redacted]	Y	Y
66100020000520	IBUPROFEN CHEW TAB 100 MG	N/A	N/A	N
66100020001820	IBUPROFEN SUSP 100 MG/5ML	[redacted]	Y	Y
66100020402010	IBUPROFEN LYSINE IV SOLN 10 MG/ML (BASE EQUIVALENT)	N/A	N/A	Y
66100030000104	INDOMETHACIN CAP 20 MG	N/A	N/A	N
66100030000105	INDOMETHACIN CAP 25 MG	[redacted]	Y	Y
66100030000110	INDOMETHACIN CAP 50 MG	[redacted]	Y	Y
66100030000205	INDOMETHACIN CAP ER 75 MG	[redacted]	Y	Y
66100030001805	INDOMETHACIN SUSP 25 MG/5ML	[redacted]	Y	Y
66100030005205	INDOMETHACIN SUPPOS 50 MG	[redacted]	Y	Y
66100030102105	INDOMETHACIN SODIUM IV FOR SOLN 1 MG	N/A	N/A	N
66100035000103	KETOPROFEN CAP 25 MG	N/A	N/A	N
66100035000105	KETOPROFEN CAP 50 MG	N/A	N/A	Y
66100035000110	KETOPROFEN CAP 75 MG	N/A	N/A	N
66100035007030	KETOPROFEN CAP ER 24HR 200 MG	[redacted]	Y	N
66100037100320	KETOROLAC TROMETHAMINE TAB 10 MG	[redacted]	Y	Y
66100037102015	KETOROLAC TROMETHAMINE INJ 15 MG/ML	[redacted]	Y	Y
66100037102030	KETOROLAC TROMETHAMINE INJ 30 MG/ML	[redacted]	Y	Y
66100037102034	KETOROLAC TROMETHAMINE INJ 60 MG/2ML (30 MG/ML)	N/A	N/A	N
66100037102070	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	N/A	N/A	N
66100037102071	KETOROLAC TROMETHAMINE IM INJ 60 MG/2ML (30 MG/ML)	[redacted]	Y	Y
66100040100105	MECLOFENAMATE SODIUM CAP 50 MG	N/A	N/A	N
66100040100110	MECLOFENAMATE SODIUM CAP 100 MG	[redacted]	Y	N
66100050000105	MEFENAMIC ACID CAP 250 MG	[redacted]	Y	Y
66100052000115	MELOXICAM CAP 5 MG	[redacted]	Y	Y
66100052000125	MELOXICAM CAP 10 MG	N/A	N/A	Y
66100052000320	MELOXICAM TAB 7.5 MG	[redacted]	Y	Y
66100052000330	MELOXICAM TAB 15 MG	[redacted]	Y	Y
66100052001820	MELOXICAM SUSP 7.5 MG/5ML	[redacted]	Y	N
66100055000320	NABUMETONE TAB 500 MG	[redacted]	Y	Y
66100055000330	NABUMETONE TAB 750 MG	[redacted]	Y	Y
66100060000305	NAPROXEN TAB 250 MG	[redacted]	Y	Y
66100060000310	NAPROXEN TAB 375 MG	[redacted]	Y	Y
66100060000315	NAPROXEN TAB 500 MG	[redacted]	Y	Y
66100060000610	NAPROXEN TAB EC 375 MG	[redacted]	Y	Y
66100060000615	NAPROXEN TAB EC 500 MG	[redacted]	Y	Y
66100060001805	NAPROXEN SUSP 125 MG/5ML	[redacted]	Y	Y
66100060100305	NAPROXEN SODIUM TAB 275 MG	[redacted]	Y	Y
66100060100310	NAPROXEN SODIUM TAB 550 MG	[redacted]	Y	Y
66100060107520	NAPROXEN SODIUM TAB ER 24HR 375 MG (BASE EQUIV)	[redacted]	Y	Y
66100060107540	NAPROXEN SODIUM TAB ER 24HR 500 MG (BASE EQUIV)	[redacted]	Y	Y
66100060107550	NAPROXEN SODIUM TAB ER 24HR 750 MG (BASE EQUIV)	N/A	N/A	Y
66100065000120	OXAPROZIN CAP 300 MG	[redacted]	Y	N
66100065000320	OXAPROZIN TAB 600 MG	[redacted]	Y	Y
66100070000105	PIROXICAM CAP 10 MG	[redacted]	Y	Y
66100070000110	PIROXICAM CAP 20 MG	[redacted]	Y	Y
66100080000305	SULINDAC TAB 150 MG	[redacted]	Y	Y
66100080000310	SULINDAC TAB 200 MG	[redacted]	Y	Y
66100090100105	TOLMETIN SODIUM CAP 400 MG	N/A	N/A	N
66100090100305	TOLMETIN SODIUM TAB 200 MG	N/A	N/A	N
66100090100320	TOLMETIN SODIUM TAB 600 MG	N/A	N/A	N
66100525000110	CELECOXIB CAP 50 MG	[redacted]	Y	Y
66100525000120	CELECOXIB CAP 100 MG	[redacted]	Y	Y
66100525000130	CELECOXIB CAP 200 MG	[redacted]	Y	Y
66100525000140	CELECOXIB CAP 400 MG	[redacted]	Y	Y
66109902200620	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	[redacted]	Y	Y
66109902200630	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG	[redacted]	Y	Y
66109902320340	IBUPROFEN-FAMOTIDINE TAB 800-26.6 MG	[redacted]	Y	Y
66109902440620	NAPROXEN-ESOMEPRAZOLE MAGNESIUM TAB DR 375-20 MG	[redacted]	Y	Y
66109902440640	NAPROXEN-ESOMEPRAZOLE MAGNESIUM TAB DR 500-20 MG	[redacted]	Y	Y
66280050000310	LEFLUNOMIDE TAB 10 MG	[redacted]	Y	Y
66280050000320	LEFLUNOMIDE TAB 20 MG	[redacted]	Y	Y
67000030102005	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	[redacted]	Y	Y
67000030102060	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML	[redacted]	Y	Y
67406010100320	ALMOTRIPTAN MALATE TAB 6.25 MG	[redacted]	Y	Y
67406010100330	ALMOTRIPTAN MALATE TAB 12.5 MG	[redacted]	Y	Y
67406025100320	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	[redacted]	Y	Y
67406025100340	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	[redacted]	Y	Y
67406030100320	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
67406050100310	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	[redacted]	Y	Y
67406050100320	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	[redacted]	Y	Y
67406060100310	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
67406060100320	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	[redacted]	Y	Y
67406060107220	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	[redacted]	Y	Y
67406060107230	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	[redacted]	Y	Y
67406070002010	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	[redacted]	Y	Y
67406070002040	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	[redacted]	Y	Y
67406070100305	SUMATRIPTAN SUCCINATE TAB 25 MG	[redacted]	Y	Y
67406070100310	SUMATRIPTAN SUCCINATE TAB 50 MG	[redacted]	Y	Y

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67406070100320	SUMATRIPTAN SUCCINATE TAB 100 MG	[redacted]	Y	Y
67406070102005	SUMATRIPTAN SUCCINATE INJ 4 MG/0.5ML	N/A	N/A	N
67406070102010	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	[redacted]	Y	Y
6740607010D510	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	[redacted]	Y	Y
6740607010D520	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	[redacted]	Y	Y
6740607010E210	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	[redacted]	Y	Y
6740607010E220	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	[redacted]	Y	Y
6740607010E510	SUMATRIPTAN SUCCINATE SOLUTION PREFILLED SYRINGE 4 MG/0.5ML	N/A	N/A	N
6740607010E520	SUMATRIPTAN SUCCINATE SOLUTION PREFILLED SYRINGE 6 MG/0.5ML	N/A	N/A	N
67406080000320	ZOLMITRIPTAN TAB 2.5 MG	[redacted]	Y	Y
67406080000330	ZOLMITRIPTAN TAB 5 MG	[redacted]	Y	Y
67406080002010	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT	N/A	N/A	N
67406080002020	ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT	[redacted]	Y	Y
67406080007220	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG	[redacted]	Y	Y
67406080007230	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG	[redacted]	Y	Y
67600040103020	DICLOFENAC POTASSIUM (MIGRAINE) PACKET 50 MG	[redacted]	Y	Y
67990003070310	ISOMETHEPTENE-CAFFEINE-ACETAMINOPHEN TAB 65-20-325 MG	N/A	N/A	N
67990003070330	ISOMETHEPTENE-CAFFEINE-ACETAMINOPHEN TAB 130-20-500 MG	N/A	N/A	N
67990003100110	ISOMETHEPTENE-DICHLORAL-ACETAMINOPHEN CAP 65-100-325 MG	N/A	N/A	N
67991002100310	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	N/A	N/A	N
67991002105220	ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG	N/A	N/A	N
67992002600320	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	[redacted]	Y	Y
68000010000305	ALLOPURINOL TAB 100 MG	[redacted]	Y	Y
68000010000310	ALLOPURINOL TAB 300 MG	[redacted]	Y	Y
68000010102120	ALLOPURINOL SODIUM FOR INJ 500 MG	[redacted]	N/A	Y
68000020000120	COLCHICINE CAP 0.6 MG	[redacted]	Y	Y
68000020000310	COLCHICINE TAB 0.6 MG	[redacted]	Y	Y
68000030000320	FEBUXOSTAT TAB 40 MG	[redacted]	Y	Y
68000030000330	FEBUXOSTAT TAB 80 MG	[redacted]	Y	Y
68100010000310	PROBENECID TAB 500 MG	[redacted]	Y	Y
68990002100310	COLCHICINE W/ PROBENECID TAB 0.5-500 MG	[redacted]	Y	Y
69100010102007	BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.25%	[redacted]	Y	Y
69100010102010	BUPIVACAINE HCL INJ 0.5%	[redacted]	Y	Y
69100010102012	BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.5%	[redacted]	Y	Y
69100010102018	BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.75%	[redacted]	N/A	Y
69100040102005	LIDOCAINE HCL LOCAL INJ 0.5%	N/A	N/A	Y
69100040102006	LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 0.5%	N/A	N/A	Y
69100040102010	LIDOCAINE HCL LOCAL INJ 1%	[redacted]	Y	Y
69100040102011	LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 1%	[redacted]	Y	Y
69100040102020	LIDOCAINE HCL LOCAL INJ 2%	[redacted]	Y	Y
69100040102021	LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 2%	[redacted]	Y	Y
69100040102026	LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 4%	[redacted]	Y	Y
6910004010D720	LIDOCAINE HCL POWDER FOR INTRADERMAL JET-INJECTOR 0.5 MG	N/A	N/A	N
69100040112025	LIDOCAINE 5% IN 7.5% DEXTROSE INTRASPINAL SOLN	N/A	N/A	N
69100050102005	MEPIVACAINE HCL INJ 1%	N/A	N/A	Y
69200040102012	CHLOROPROCAINE HCL PRESERVATIVE FREE (PF) INJ 2%	N/A	N/A	Y
69200040102017	CHLOROPROCAINE HCL PRESERVATIVE FREE (PF) INJ 3%	N/A	N/A	Y
69200080102015	TETRACAINE HCL INJ 1%	N/A	N/A	N
69200080102900	TETRACAINE HCL POWDER	N/A	N/A	N
69991002102015	BUPIVACAINE INJ 0.5% W/ EPINEPHRINE 1:200000	N/A	N/A	Y
69991002402011	LIDOCAINE INJ 1% W/ EPINEPHRINE-1:100000	[redacted]	Y	Y
69991002402021	LIDOCAINE INJ 2% W/ EPINEPHRINE-1:200000	N/A	N/A	Y
69991002402022	LIDOCAINE INJ 2% W/ EPINEPHRINE-1:100000	N/A	N/A	N
70200007002000	DESFLURANE INHAL SOLN	N/A	N/A	Y
70200010002000	ENFLURANE INHAL SOLN	N/A	N/A	N
70200030002000	ISOFLURANE INHAL SOLN	N/A	N/A	Y
70200070002000	SEVOFLURANE INHAL SOLN	N/A	N/A	Y
70400020102005	KETAMINE HCL INJ 10 MG/ML	N/A	N/A	Y
70400020102010	KETAMINE HCL INJ 50 MG/ML	N/A	N/A	Y
70400050001620	PROPOFOL IV EMUL 10 MG/ML	N/A	N/A	N
70400050001640	PROPOFOL IV EMUL 100 MG/10ML (10 MG/ML)	N/A	N/A	N
70400050001652	PROPOFOL IV EMUL 200 MG/20ML (10 MG/ML)	N/A	N/A	Y
70400050001656	PROPOFOL IV EMUL 500 MG/50ML (10 MG/ML)	N/A	N/A	Y
70400050001660	PROPOFOL IV EMUL 1000 MG/100ML (10 MG/ML)	N/A	N/A	Y
72100007000310	CLOBAZAM TAB 10 MG	[redacted]	Y	Y
72100007000320	CLOBAZAM TAB 20 MG	[redacted]	Y	Y
72100007001830	CLOBAZAM SUSPENSION 2.5 MG/ML	[redacted]	Y	Y
72100010000305	CLONAZEPAM TAB 0.5 MG	[redacted]	Y	Y
72100010000310	CLONAZEPAM TAB 1 MG	[redacted]	Y	Y
72100010000315	CLONAZEPAM TAB 2 MG	[redacted]	Y	Y
72100010007210	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	[redacted]	Y	Y
72100010007215	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	[redacted]	Y	Y
72100010007220	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	[redacted]	Y	Y
72100010007230	CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	[redacted]	Y	Y
72100010007240	CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	[redacted]	Y	Y
72100030004030	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	[redacted]	Y	N
72100030004040	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	[redacted]	Y	Y
72100030004060	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	[redacted]	Y	Y
72120020000310	FELBAMATE TAB 400 MG	[redacted]	Y	Y
72120020000320	FELBAMATE TAB 600 MG	[redacted]	Y	Y
72120020001810	FELBAMATE SUSP 600 MG/5ML	[redacted]	Y	Y
72170070100302	TIAGABINE HCL TAB 2 MG	[redacted]	Y	Y
72170070100305	TIAGABINE HCL TAB 4 MG	[redacted]	Y	Y
72170070100315	TIAGABINE HCL TAB 12 MG	N/A	N/A	Y
72170070100320	TIAGABINE HCL TAB 16 MG	N/A	N/A	Y
72170085000320	VIGABATRIN TAB 500 MG	N/A	N/A	Y
72170085003020	VIGABATRIN POWD PACK 500 MG	[redacted]	Y	Y

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72200030000505	PHENYTOIN CHEW TAB 50 MG	[redacted]	Y	Y
72200030001810	PHENYTOIN SUSP 125 MG/5ML	[redacted]	Y	Y
72200030052005	PHENYTOIN SODIUM INJ 50 MG/ML	N/A	N/A	Y
72200030200110	PHENYTOIN SODIUM EXTENDED CAP 100 MG	[redacted]	Y	Y
72200030200120	PHENYTOIN SODIUM EXTENDED CAP 200 MG	[redacted]	Y	Y
72200030200130	PHENYTOIN SODIUM EXTENDED CAP 300 MG	[redacted]	Y	Y
72400010000105	ETHOSUXIMIDE CAP 250 MG	[redacted]	Y	Y
72400010002005	ETHOSUXIMIDE SOLN 250 MG/5ML	[redacted]	Y	Y
72400020000110	METHSUXIMIDE CAP 300 MG	[redacted]	Y	Y
72500010100605	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	[redacted]	Y	Y
72500010100610	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	[redacted]	Y	Y
72500010100615	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	[redacted]	Y	Y
72500010107520	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	[redacted]	Y	Y
72500010107530	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	[redacted]	Y	Y
7250001010H120	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	[redacted]	Y	Y
72500020102020	VALPROATE SODIUM INJ 100 MG/ML	N/A	N/A	Y
72500020102060	VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV)	[redacted]	Y	Y
72500030000105	VALPROIC ACID CAP 250 MG	[redacted]	Y	Y
72600020000305	CARBAMAZEPINE TAB 200 MG	[redacted]	Y	Y
72600020000505	CARBAMAZEPINE CHEW TAB 100 MG	[redacted]	Y	Y
72600020001810	CARBAMAZEPINE SUSP 100 MG/5ML	[redacted]	Y	Y
72600020006910	CARBAMAZEPINE CAP ER 12HR 100 MG	[redacted]	Y	Y
72600020006920	CARBAMAZEPINE CAP ER 12HR 200 MG	[redacted]	Y	Y
72600020006930	CARBAMAZEPINE CAP ER 12HR 300 MG	[redacted]	Y	Y
72600020007410	CARBAMAZEPINE TAB ER 12HR 100 MG	[redacted]	Y	Y
72600020007420	CARBAMAZEPINE TAB ER 12HR 200 MG	[redacted]	Y	Y
72600020007440	CARBAMAZEPINE TAB ER 12HR 400 MG	[redacted]	Y	Y
72600030000110	GABAPENTIN CAP 100 MG	[redacted]	Y	Y
72600030000130	GABAPENTIN CAP 300 MG	[redacted]	Y	Y
72600030000140	GABAPENTIN CAP 400 MG	[redacted]	Y	Y
72600030000330	GABAPENTIN TAB 600 MG	[redacted]	Y	Y
72600030000340	GABAPENTIN TAB 800 MG	[redacted]	Y	Y
72600030002020	GABAPENTIN ORAL SOLN 250 MG/5ML	[redacted]	Y	Y
72600036000320	LACOSAMIDE TAB 50 MG	[redacted]	Y	Y
72600036000330	LACOSAMIDE TAB 100 MG	[redacted]	Y	Y
72600036000340	LACOSAMIDE TAB 150 MG	[redacted]	Y	Y
72600036000350	LACOSAMIDE TAB 200 MG	[redacted]	Y	Y
72600036002020	LACOSAMIDE IV INJ 200 MG/20ML (10 MG/ML)	N/A	N/A	Y
72600036002060	LACOSAMIDE ORAL SOLUTION 10 MG/ML	[redacted]	Y	Y
72600040000310	LAMOTRIGINE TAB 25 MG	[redacted]	Y	Y
72600040000330	LAMOTRIGINE TAB 100 MG	[redacted]	Y	Y
72600040000335	LAMOTRIGINE TAB 150 MG	[redacted]	Y	Y
72600040000340	LAMOTRIGINE TAB 200 MG	[redacted]	Y	Y
72600040000510	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	[redacted]	Y	Y
72600040000520	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG	[redacted]	Y	Y
72600040006420	LAMOTRIGINE TAB 35 X 25 MG STARTER KIT	[redacted]	Y	Y
72600040006430	LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT	[redacted]	Y	Y
72600040006435	LAMOTRIGINE TAB 25 MG (84) & 100 MG (14) STARTER KIT	[redacted]	Y	Y
72600040006450	LAMOTRIGINE TAB DISINT 21 X 25 MG & 7 X 50 MG TITRATION KIT	[redacted]	Y	Y
72600040006455	LAMOTRIGINE TAB DISINT 42 X 50MG & 14 X 100MG TITRATION KIT	N/A	N/A	Y
72600040006460	LAMOTRIGINE TAB DISINT 25 (14) & 50 MG (14) & 100 MG (7) KIT	[redacted]	Y	Y
72600040007225	LAMOTRIGINE ORALLY DISINTEGRATING TAB 25 MG	[redacted]	Y	Y
72600040007230	LAMOTRIGINE ORALLY DISINTEGRATING TAB 50 MG	[redacted]	Y	Y
72600040007240	LAMOTRIGINE ORALLY DISINTEGRATING TAB 100 MG	[redacted]	Y	Y
72600040007250	LAMOTRIGINE ORALLY DISINTEGRATING TAB 200 MG	[redacted]	Y	Y
72600040007510	LAMOTRIGINE TAB ER 24HR 25 MG	[redacted]	Y	Y
72600040007520	LAMOTRIGINE TAB ER 24HR 50 MG	[redacted]	Y	Y
72600040007530	LAMOTRIGINE TAB ER 24HR 100 MG	[redacted]	Y	Y
72600040007540	LAMOTRIGINE TAB ER 24HR 200 MG	[redacted]	Y	Y
72600040007545	LAMOTRIGINE TAB ER 24HR 250 MG	[redacted]	Y	Y
72600040007550	LAMOTRIGINE TAB ER 24HR 300 MG	[redacted]	Y	Y
72600043000320	LEVETIRACETAM TAB 250 MG	[redacted]	Y	Y
72600043000330	LEVETIRACETAM TAB 500 MG	[redacted]	Y	Y
72600043000340	LEVETIRACETAM TAB 750 MG	[redacted]	Y	Y
72600043000350	LEVETIRACETAM TAB 1000 MG	[redacted]	Y	Y
72600043002020	LEVETIRACETAM ORAL SOLN 100 MG/ML	[redacted]	Y	Y
72600043002060	LEVETIRACETAM INJ 500 MG/5ML (100 MG/ML)	[redacted]	Y	Y
72600043007520	LEVETIRACETAM TAB ER 24HR 500 MG	[redacted]	Y	Y
72600043007530	LEVETIRACETAM TAB ER 24HR 750 MG	[redacted]	Y	Y
72600046000310	OXCARBAZEPINE TAB 150 MG	[redacted]	Y	Y
72600046000320	OXCARBAZEPINE TAB 300 MG	[redacted]	Y	Y
72600046000340	OXCARBAZEPINE TAB 600 MG	[redacted]	Y	Y
72600046001820	OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)	[redacted]	Y	Y
72600057000110	PREGABALIN CAP 25 MG	[redacted]	Y	Y
72600057000115	PREGABALIN CAP 50 MG	[redacted]	Y	Y
72600057000120	PREGABALIN CAP 75 MG	[redacted]	Y	Y
72600057000125	PREGABALIN CAP 100 MG	[redacted]	Y	Y
72600057000135	PREGABALIN CAP 150 MG	[redacted]	Y	Y
72600057000145	PREGABALIN CAP 200 MG	[redacted]	Y	Y
72600057000150	PREGABALIN CAP 225 MG	[redacted]	Y	Y
72600057000160	PREGABALIN CAP 300 MG	[redacted]	Y	Y
72600057002020	PREGABALIN SOLN 20 MG/ML	[redacted]	Y	Y
72600060000305	PRIMIDONE TAB 50 MG	[redacted]	Y	Y
72600060000307	PRIMIDONE TAB 125 MG	[redacted]	Y	N
72600060000310	PRIMIDONE TAB 250 MG	[redacted]	Y	Y
72600065000320	RUFINAMIDE TAB 200 MG	[redacted]	Y	Y
72600065000330	RUFINAMIDE TAB 400 MG	[redacted]	Y	Y

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72600065001820	RUFINAMIDE SUSP 40 MG/ML	[redacted]	Y	Y
72600075000310	TOPIRAMATE TAB 25 MG	[redacted]	Y	Y
72600075000320	TOPIRAMATE TAB 50 MG	[redacted]	Y	Y
72600075000330	TOPIRAMATE TAB 100 MG	[redacted]	Y	Y
72600075000340	TOPIRAMATE TAB 200 MG	[redacted]	Y	Y
72600075006820	TOPIRAMATE SPRINKLE CAP 15 MG	[redacted]	Y	Y
72600075006830	TOPIRAMATE SPRINKLE CAP 25 MG	[redacted]	Y	Y
72600075007020	TOPIRAMATE CAP ER 24HR 25 MG	[redacted]	Y	Y
72600075007030	TOPIRAMATE CAP ER 24HR 50 MG	[redacted]	Y	Y
72600075007040	TOPIRAMATE CAP ER 24HR 100 MG	[redacted]	Y	Y
72600075007050	TOPIRAMATE CAP ER 24HR 200 MG	[redacted]	Y	Y
7260007500F310	TOPIRAMATE CAP ER 24HR SPRINKLE 25 MG	[redacted]	Y	Y
7260007500F320	TOPIRAMATE CAP ER 24HR SPRINKLE 50 MG	[redacted]	Y	Y
7260007500F330	TOPIRAMATE CAP ER 24HR SPRINKLE 100 MG	[redacted]	Y	Y
7260007500F340	TOPIRAMATE CAP ER 24HR SPRINKLE 150 MG	[redacted]	Y	Y
7260007500F350	TOPIRAMATE CAP ER 24HR SPRINKLE 200 MG	[redacted]	Y	Y
72600090000105	ZONISAMIDE CAP 25 MG	[redacted]	Y	Y
72600090000110	ZONISAMIDE CAP 50 MG	[redacted]	Y	Y
72600090000120	ZONISAMIDE CAP 100 MG	[redacted]	Y	Y
73100010100305	BENZTROPINE MESYLATE TAB 0.5 MG	[redacted]	Y	Y
73100010100310	BENZTROPINE MESYLATE TAB 1 MG	[redacted]	Y	Y
73100010100315	BENZTROPINE MESYLATE TAB 2 MG	[redacted]	Y	Y
73100010102005	BENZTROPINE MESYLATE INJ 1 MG/ML	[redacted]	N/A	Y
73100070100310	TRIHEXYPHENIDYL HCL TAB 2 MG	[redacted]	Y	Y
73100070100320	TRIHEXYPHENIDYL HCL TAB 5 MG	[redacted]	Y	Y
73100070101005	TRIHEXYPHENIDYL HCL ELIXIR 0.4 MG/ML	[redacted]	N/A	N
73100070102005	TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG/ML	[redacted]	Y	Y
73152070000320	TOLCAPONE TAB 100 MG	N/A	N/A	Y
73153030000320	ENTACAPONE TAB 200 MG	[redacted]	Y	Y
73200010100105	AMANTADINE HCL CAP 100 MG	[redacted]	Y	Y
73200010100310	AMANTADINE HCL TAB 100 MG	[redacted]	Y	Y
73200010101205	AMANTADINE HCL SYRUP 50 MG/5ML	N/A	N/A	N
73200010102005	AMANTADINE HCL SOLN 50 MG/5ML	[redacted]	Y	Y
73200020100105	BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
73200020100305	BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	[redacted]	Y	Y
7320301010E220	APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML	N/A	N/A	Y
73203060100305	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	[redacted]	Y	Y
73203060100310	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	[redacted]	Y	Y
73203060100315	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	[redacted]	Y	Y
73203060100317	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	[redacted]	Y	Y
73203060100320	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	[redacted]	Y	Y
73203060100330	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	[redacted]	Y	Y
73203060107520	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 0.375 MG	[redacted]	Y	Y
73203060107530	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 0.75 MG	[redacted]	Y	Y
73203060107540	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 1.5 MG	[redacted]	Y	Y
73203060107545	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 2.25 MG	[redacted]	Y	Y
73203060107550	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 3 MG	[redacted]	Y	Y
73203060107555	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 3.75 MG	[redacted]	Y	Y
73203060107560	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 4.5 MG	[redacted]	Y	Y
73203070100310	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG	[redacted]	Y	Y
73203070100315	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG	[redacted]	Y	Y
73203070100320	ROPINIROLE HYDROCHLORIDE TAB 1 MG	[redacted]	Y	Y
73203070100330	ROPINIROLE HYDROCHLORIDE TAB 2 MG	[redacted]	Y	Y
73203070100337	ROPINIROLE HYDROCHLORIDE TAB 3 MG	[redacted]	Y	Y
73203070100344	ROPINIROLE HYDROCHLORIDE TAB 4 MG	[redacted]	Y	Y
73203070100350	ROPINIROLE HYDROCHLORIDE TAB 5 MG	[redacted]	Y	Y
73203070107520	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 2 MG (BASE EQUIVALENT)	[redacted]	Y	Y
73203070107530	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 4 MG (BASE EQUIVALENT)	[redacted]	Y	Y
73203070107535	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 6 MG (BASE EQUIVALENT)	[redacted]	Y	Y
73203070107540	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 8 MG (BASE EQUIVALENT)	[redacted]	Y	Y
73203070107550	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 12 MG (BASE EQUIVALENT)	[redacted]	Y	Y
73209902100310	CARBIDOPA & LEVODOPA TAB 10-100 MG	[redacted]	Y	Y
73209902100320	CARBIDOPA & LEVODOPA TAB 25-100 MG	[redacted]	Y	Y
73209902100330	CARBIDOPA & LEVODOPA TAB 25-250 MG	[redacted]	Y	Y
73209902100410	CARBIDOPA & LEVODOPA TAB ER 25-100 MG	[redacted]	Y	Y
73209902100420	CARBIDOPA & LEVODOPA TAB ER 50-200 MG	[redacted]	Y	Y
73209902107210	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	N/A	N/A	N
73209902107220	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	[redacted]	Y	N
73209902107230	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	N/A	N/A	N
73209903300320	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	[redacted]	Y	Y
73209903300325	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	[redacted]	Y	Y
73209903300330	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	[redacted]	Y	Y
73209903300335	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	[redacted]	Y	Y
73209903300340	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	[redacted]	Y	Y
73209903300350	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	[redacted]	Y	Y
73300025200320	RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV)	[redacted]	Y	Y
73300025200330	RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)	[redacted]	Y	Y
73300030100120	SELEGILINE HCL CAP 5 MG	[redacted]	Y	Y
73300030100320	SELEGILINE HCL TAB 5 MG	[redacted]	Y	Y
73403030000320	CARBIDOPA TAB 25 MG	[redacted]	Y	Y
74200013102010	CISATRACURIUM BESYLATE IV SOLN 2 MG/ML	N/A	N/A	N
74200013102030	CISATRACURIUM BESYLATE IV SOLN 10 MG/ML	N/A	N/A	N
74503070000320	RILUZOLE TAB 50 MG	[redacted]	Y	Y
75100010000303	BACLOFEN TAB 5 MG	[redacted]	Y	Y
75100010000305	BACLOFEN TAB 10 MG	[redacted]	Y	Y
75100010000310	BACLOFEN TAB 20 MG	[redacted]	Y	Y
75100010001825	BACLOFEN SUSP 25 MG/5ML	[redacted]	Y	Y

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75100010002034	BACLOFEN INTRATHECAL INJ 10 MG/20ML (500 MCG/ML)	N/A	N/A	Y
75100010002039	BACLOFEN INTRATHECAL INJ 20 MG/20ML (1000 MCG/ML)	[redacted]	Y	Y
75100010002050	BACLOFEN INTRATHECAL INJ 40 MG/20ML (2000 MCG/ML)	[redacted]	Y	Y
75100010002070	BACLOFEN ORAL SOLN 5 MG/5ML	[redacted]	Y	N
75100010002075	BACLOFEN ORAL SOLN 10 MG/5ML	[redacted]	Y	N
75100010002900	BACLOFEN POWDER	N/A	N/A	N
75100020000304	CARISOPRODOL TAB 250 MG	[redacted]	Y	Y
75100020000305	CARISOPRODOL TAB 350 MG	[redacted]	Y	Y
75100040000305	CHLORZOXAZONE TAB 250 MG	N/A	N/A	Y
75100040000307	CHLORZOXAZONE TAB 375 MG	[redacted]	Y	Y
75100040000310	CHLORZOXAZONE TAB 500 MG	[redacted]	Y	Y
75100040000320	CHLORZOXAZONE TAB 750 MG	[redacted]	Y	Y
75100050100303	CYCLOBENZAPRINE HCL TAB 5 MG	[redacted]	Y	Y
75100050100304	CYCLOBENZAPRINE HCL TAB 7.5 MG	[redacted]	Y	Y
75100050100305	CYCLOBENZAPRINE HCL TAB 10 MG	[redacted]	Y	Y
75100050107015	CYCLOBENZAPRINE HCL CAP ER 24HR 15 MG	[redacted]	Y	Y
75100050107030	CYCLOBENZAPRINE HCL CAP ER 24HR 30 MG	[redacted]	N/A	Y
75100060000310	METAXALONE TAB 400 MG	[redacted]	Y	Y
75100060000320	METAXALONE TAB 800 MG	[redacted]	Y	Y
75100070000305	METHOCARBAMOL TAB 500 MG	[redacted]	Y	Y
75100070000310	METHOCARBAMOL TAB 750 MG	[redacted]	Y	Y
75100070002010	METHOCARBAMOL INJ 1000 MG/10ML	N/A	N/A	Y
75100080102005	ORPHENADRINE CITRATE INJ 30 MG/ML	N/A	N/A	Y
75100080107410	ORPHENADRINE CITRATE TAB ER 12HR 100 MG	[redacted]	Y	Y
75100090100110	TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	[redacted]	Y	Y
75100090100120	TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	[redacted]	Y	Y
75100090100130	TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	[redacted]	Y	Y
75100090100310	TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT)	[redacted]	Y	Y
75100090100320	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	[redacted]	Y	Y
75200010100105	DANTROLENE SODIUM CAP 25 MG	[redacted]	Y	Y
75200010100110	DANTROLENE SODIUM CAP 50 MG	[redacted]	Y	Y
75200010100115	DANTROLENE SODIUM CAP 100 MG	[redacted]	Y	Y
75200010102105	DANTROLENE SODIUM FOR IV SOLN 20 MG	N/A	N/A	Y
75990002100310	CARISOPRODOL W/ ASPIRIN TAB 200-325 MG	N/A	N/A	N
75990003100310	CARISOPRODOL W/ ASPIRIN & CODEINE TAB 200-325-16 MG	N/A	N/A	N
75990003200310	ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	N/A	N/A	N
75990003200320	ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 50-770-60 MG	N/A	N/A	N
7600004020E510	NEOSTIGMINE METHYLSULFATE SOLN PREF SYR 3 MG/3ML (1 MG/ML)	N/A	N/A	Y
76000050100304	PYRIDOSTIGMINE BROMIDE TAB 30 MG	[redacted]	Y	Y
76000050100305	PYRIDOSTIGMINE BROMIDE TAB 60 MG	[redacted]	Y	Y
76000050100405	PYRIDOSTIGMINE BROMIDE TAB ER 180 MG	[redacted]	Y	Y
76000050101205	PYRIDOSTIGMINE BROMIDE SYRUP 60 MG/5ML	N/A	N/A	N
76000050102060	PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML	[redacted]	Y	Y
77101010102005	THIAMINE HCL INJ 100 MG/ML	[redacted]	Y	Y
77103010000220	NIACIN CAP ER 500 MG	N/A	N/A	N
77103010000350	NIACIN TAB 500 MG	N/A	N/A	N
77105010002005	PYRIDOXINE HCL INJ 100 MG/ML	N/A	N/A	N
77108010002020	ASCORBIC ACID INJ 500 MG/ML	N/A	N/A	N
77202030000110	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	[redacted]	Y	Y
77202032000105	CHOLECALCIFEROL CAP 400 UNIT	N/A	N/A	N
77202032000110	CHOLECALCIFEROL CAP 25 MCG (1000 UNIT)	N/A	N/A	N
77202032000120	CHOLECALCIFEROL CAP 50 MCG (2000 UNIT)	N/A	N/A	N
77202032000320	CHOLECALCIFEROL TAB 10 MCG (400 UNIT)	N/A	N/A	N
77202032000330	CHOLECALCIFEROL TAB 25 MCG (1000 UNIT)	N/A	N/A	N
77202032000520	CHOLECALCIFEROL CHEW TAB 400 UNIT	N/A	N/A	N
77202032000915	CHOLECALCIFEROL ORAL LIQUID 10 MCG/ML (400 UNIT/ML)	N/A	N/A	N
77203050000135	VITAMIN E CAP 400 UNIT	N/A	N/A	N
77203050000152	VITAMIN E CAP 180 MG (400 UNIT)	N/A	N/A	N
77203050000153	VITAMIN E CAP 268 MG (400 UNIT)	N/A	N/A	N
77204030000305	PHYTONADIONE TAB 5 MG	[redacted]	Y	Y
77204030002005	PHYTONADIONE INJ 1 MG/0.5ML (2 MG/ML)	[redacted]	Y	N
77204030002010	PHYTONADIONE INJ 10 MG/ML	[redacted]	Y	Y
78104920000320	NIACINAMIDE W/ ZN-CU-METHYLFOL-SE-CR TAB 750-27-2-0.5 MG	N/A	N/A	N
78110000002200	B-COMPLEX VITAMIN INJ	N/A	N/A	N
78133000000130	B-COMPLEX W/ C & FOLIC ACID CAP 1 MG	[redacted]	Y	N
78133000000300	B-COMPLEX W/ C & FOLIC ACID TAB	N/A	N/A	N
78133000000330	B-COMPLEX W/ C & FOLIC ACID TAB 1 MG	[redacted]	Y	N
78133000000350	B-COMPLEX W/ C & FOLIC ACID TAB 5 MG	[redacted]	Y	N
78135010000340		N/A	N/A	N/A
78137500000350	B-COMPLEX W/ C-BIOTIN-MINERALS & FOLIC ACID TAB 5 MG	[redacted]	Y	N
78200000000300	MULTIPLE VITAMIN TAB	N/A	N/A	N
78200000002200	MULTIPLE VITAMIN INJ	N/A	N/A	N
78210000000300	MULTIPLE VITAMINS W/ IRON TAB	N/A	N/A	N
78310000000100	MULTIPLE VITAMINS W/ MINERALS CAP	[redacted]	Y	N
78310000000300	MULTIPLE VITAMINS W/ MINERALS TAB	[redacted]	Y	N
78310000000900	MULTIPLE VITAMINS W/ MINERALS LIQUID	N/A	N/A	N
78313010000310	MULTIPLE VITAMINS W/ MINERALS & FA TAB 1 MG	N/A	N/A	N
78313010000320	MULTIPLE VITAMINS W/ MINERALS & FA TAB 1.25 MG	N/A	N/A	N
78410000002050	PEDIATRIC MULTIPLE VITAMINS IV SOLN	N/A	N/A	N
78410000002150	PEDIATRIC MULTIPLE VITAMINS FOR IV SOLN	N/A	N/A	N
78420000000501	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS CHEW TAB	N/A	N/A	N/A
78421000000500	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB	N/A	N/A	N
78421000000530	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB 60 MG	N/A	N/A	N
78430000000518	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 18 MG	N/A	N/A	N
78440500002010	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML	[redacted]	Y	N
78440500002020	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML	[redacted]	Y	N
78441000000505	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	[redacted]	Y	N

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78441000000510	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	[redacted]	Y	N
78441000000520	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	[redacted]	Y	N
78441000000550	PED MULTIPLE VIT W/ FLUORIDE BIPHASIC CHEW TAB 0.25 MG	N/A	N/A	N
78441000000555	PED MULTIPLE VIT W/ FLUORIDE BIPHASIC CHEW TAB 0.5 MG	N/A	N/A	N
78441000000560	PED MULTIPLE VIT W/ FLUORIDE BIPHASIC CHEW TAB 1 MG	N/A	N/A	N
78441000002005	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	[redacted]	Y	N
78441000002010	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML	[redacted]	Y	N
78450000000910	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-6 MG/ML	N/A	N/A	N
78450000002008	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	[redacted]	Y	N
78452000002010	PEDIATRIC VITAMINS ACD FLUORIDE & FE DROPS 0.25-10 MG/ML	N/A	N/A	N
78460000000510	PED MULTIPLE VITAMINS & MINERALS W/ FL CHEW TAB 0.25 MG	N/A	N/A	N
78500000000100	SPECIALITY VITAMIN PRODUCT CAP	N/A	N/A	N
78510018000520	PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG	N/A	N/A	N
78510025000320	PRENATAL W/ CALCIUM-VIT B6-FA-GINGER TAB 1.2 MG	N/A	N/A	N
78510030000320	PRENATAL W/ CALCIUM CARBONATE-B6-B12-FA TAB 1 MG	N/A	N/A	N
78512010000330	PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG	[redacted]	Y	N
78512010000331	PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG	N/A	N/A	N
78512010000352	PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG	[redacted]	Y	N
78512015000320	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.5 MG	N/A	N/A	N
78512015000324	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	[redacted]	Y	N
78512015000329	PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG	[redacted]	Y	N
78512015000332	PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG	N/A	N/A	N
78512015000360	PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG	[redacted]	Y	N
78512015000366	PRENATAL VIT W/ FE FUMARATE-FA TAB 65-1 MG	N/A	N/A	N
78512015000530	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	[redacted]	Y	N
78512016000130	PRENATAL VIT W/ FE CBN-FE ASP GLYC-FA-OMEGA 3 CAP 27-1MG	N/A	N/A	N
78512018000116	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	N/A	N/A	N
78512018000117	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-215.8 MG	N/A	N/A	N
78512018000120	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1.25-200 MG	N/A	N/A	N
78512018006310	PRENAT W/ FE FUM-FA TAB 27-1 MG & OMEGA 3 CAP 312 MG PAK	N/A	N/A	N
78512022000320	PRENATAL VIT W/ FE FUM-METHYLFOLATE-FA TAB 27-0.6-0.4 MG	[redacted]	Y	N
78512046000325	PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 27-1 MG	N/A	N/A	N
78512050000540	PRENATAL W/O A VIT W/ FE FUM-FA TAB CHEW 40-1 MG	N/A	N/A	N
78512051000327	PRENATAL W/O A W/ FE CARBONYL-FE GLUC-DSS-FA TAB 27-1MG	N/A	N/A	N
78512060000325	PRENATAL VIT W/ SEL-FE FUMARATE-FA TAB 27-1 MG	N/A	N/A	N
78512062000130	PRENAT W/O A W/ FE FUMARATE-METHYLFOLATE-FA-OMEGA 3 CAP	N/A	N/A	N
78512065000375	PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG	N/A	N/A	N
78512070000330	PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG	[redacted]	Y	N
78512079000230	PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG	N/A	N/A	N
78512087006335	PRENAT-FE POLY CMPLX-FE HEME POLY-FA TAB & OMEGA 3 CAP PCK	N/A	N/A	N
78512090000335	PRENAT VIT-FE POLY CMPLX-FE HEME POLY-FA TAB 28-6-1 MG	N/A	N/A	N
78512091000135	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG	N/A	N/A	N
78512091000150	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG	N/A	N/A	N
78512092000130	PRENATAL W/FE CBNYL-FE ASP GLYC-FA-DSS-OMEGA CAP 20-7-1 MG	N/A	N/A	N
78512095000130	PRENAT W/ FE CBN-FE BISGLYC-FA-FISH OIL CAP 35-5-1.2 MG	N/A	N/A	N
78515022006315	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK	N/A	N/A	N
78515022006320	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 250 PK	N/A	N/A	N
78515022006325	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 300 PK	N/A	N/A	N
78515022006340	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 400 PK	N/A	N/A	N
78515022006345	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA CAP DR 400 PK	N/A	N/A	N
78515022006350	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 430 PK	N/A	N/A	N
78515022006355	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA CAP DR 430 PK	N/A	N/A	N
78516020006330	PRENATAL MV W/FE FUM-FA TAB 65-1 MG & DHA CAP 250 MG PACK	N/A	N/A	N
78516022000127	PRENAT W/FE FUM-L METHYLFOLATE-FA-DHA CAP 27-1.13-0.4 MG	N/A	N/A	N
78516024000125	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG	[redacted]	Y	N
78516035000130	PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 28-1-250 MG	N/A	N/A	N
78516035000133	PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 29-1-265 MG	N/A	N/A	N
78516035000135	PRENATAL W/O VIT A W/ FE CBN-DSS-FA-DHA CAP 30-1-260 MG	N/A	N/A	N
78516037000138	PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG	[redacted]	Y	N
78516037000170	PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 29-1.25-325 MG	N/A	N/A	N
78516040006327	PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 250 MG PACK	N/A	N/A	N
78516040006340	PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 300 MG PACK	N/A	N/A	N
78516047000130	PRENAT W/O A W/FE FUM-FE CBN-DSS-FA-DHA CAP 27-1-260 MG	N/A	N/A	N
78516050000130	PRENAT-FE POLY CMPLX-FE HEME POLY-FA-DHA CAP 22-6-1-200 MG	N/A	N/A	N
78516069006340	PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK	N/A	N/A	N
79050010002005	SODIUM ACETATE INJ 2 MEQ/ML	N/A	N/A	Y
79050020002020	SODIUM BICARBONATE INJ 7.5%	N/A	N/A	Y
79050020002025	SODIUM BICARBONATE INJ 8.4%	[redacted]	Y	Y
79100007000345	CALCIUM CARBONATE TAB 1250 MG (500 MG ELEMENTAL CA)	N/A	N/A	N
79100007001820	CALCIUM CARBONATE SUSP 1250 MG/5ML (500 MG/5ML ELEMENTAL CA)	N/A	N/A	N
79100030002010	CALCIUM GLUCONATE INJ 10%	N/A	N/A	Y
79109902192005	CALCIUM GLUCONATE-NACL IV SOLN 1 GM/50ML-0.675% (20 MG/ML)	N/A	N/A	N/A
79109902192007	CALCIUM GLUCONATE-NACL IV SOLN 2 GM/100ML-0.675% (20 MG/ML)	N/A	N/A	N/A
79109902630345	CALCIUM CARBONATE-VITAMIN D TAB 500 MG-200 UNIT	N/A	N/A	N
79109902630368	CALCIUM CARBONATE-VITAMIN D TAB 600 MG-400 UNIT	N/A	N/A	N
79109902640335	CALCIUM CARBONATE-CHOLECALCIFEROL TAB 500 MG-5 MCG(200 UNIT)	N/A	N/A	N
79109902640354	CALCIUM CARB-CHOLECALCIFEROL TAB 600 MG-10 MCG (400 UNIT)	N/A	N/A	N
79109902650350	CALCIUM CARBONATE-ERGOCALCIFEROL TAB 500MG-200 UNIT	N/A	N/A	N
79109907203125	CA CARB-FOLIC ACID-VIT D-B6-B12-BORON-MAG WAFER 1342-1 MG	N/A	N/A	N
79300020000310	SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)	N/A	N/A	N
79300020000315	SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)	N/A	N/A	N
79300020000505	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	[redacted]	Y	N
79300020000510	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	[redacted]	Y	N
79300020000515	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	[redacted]	Y	N
79300020002030	SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)	N/A	N/A	N
79300020002035	SODIUM FLUORIDE SOLN 0.25 MG/DROP F (FROM 0.55 MG/DROP NAF)	N/A	N/A	N
79300020002050	SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)	[redacted]	Y	N

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79350032002020	IODINE SOLUTION STRONG 5% (LUGOL'S)	N/A	N/A	N
79400010402020	MAGNESIUM SULFATE INJ 50%	[redacted]	Y	Y
79400010402040	MAGNESIUM SULFATE IV SOLN 2 GM/50ML (40 MG/ML)	[redacted]	Y	Y
79400010402045	MAGNESIUM SULFATE IV SOLN 4 GM/100ML (40 MG/ML)	N/A	N/A	Y
79400010402050	MAGNESIUM SULFATE IV SOLN 20 GM/500ML (40 MG/ML)	N/A	N/A	Y
79400010402055	MAGNESIUM SULFATE IV SOLN 40 GM/1000ML (40 MG/ML)	N/A	N/A	Y
79400010402065	MAGNESIUM SULFATE IV SOLN 4 GM/50ML (80 MG/ML)	N/A	N/A	Y
79400010412020	MAGNESIUM SULFATE 1% IN D5W	N/A	N/A	N
79400010412032	MAGNESIUM SULFATE IN DEXTROSE 5% IV SOLN 1 GM/100ML	N/A	N/A	Y
79400010412066		N/A	N/A	N/A
79600010020305	POTASSIUM PHOSPHATE MONOBASIC TAB 500 MG	[redacted]	Y	N
79600010052020	POTASSIUM PHOSPHATES INJ 15 MM/5ML (PHOS) 22 MEQ/5ML (K)	N/A	N/A	N/A
79600010052030	POTASSIUM PHOSPHATES INJ 45 MM/15ML (PHOS) 66 MEQ/15ML (K)	N/A	N/A	Y
79600010052040	POTASSIUM PHOSPHATES INJ 150 MM/50ML (PHOS) 220 MEQ/50ML (K)	N/A	N/A	N/A
79600020102030	SODIUM PHOSPHATES INJ 45 MM/15ML (PHOS) 60 MEQ/15ML (NA)	N/A	N/A	Y
79600020102040	SODIUM PHOSPHATES INJ 150 MM/50ML (PHOS) 200 MEQ/50ML (NA)	N/A	N/A	Y
79600030100320	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	[redacted]	Y	N
79700010002020	POTASSIUM ACETATE INJ 2 MEQ/ML	N/A	N/A	Y
79700020000810	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	[redacted]	Y	N
79700030000205	POTASSIUM CHLORIDE CAP CR 8 MEQ	[redacted]	Y	Y
79700030000210	POTASSIUM CHLORIDE CAP CR 10 MEQ	[redacted]	Y	Y
79700030000420	POTASSIUM CHLORIDE TAB CR 8 MEQ (600 MG)	[redacted]	Y	Y
79700030000430	POTASSIUM CHLORIDE TAB CR 10 MEQ	[redacted]	Y	Y
79700030000445	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	[redacted]	Y	Y
79700030002005	POTASSIUM CHLORIDE INJ 2 MEQ/ML	N/A	N/A	Y
79700030002050	POTASSIUM CHLORIDE INJ 10 MEQ/100ML	N/A	N/A	Y
79700030002055	POTASSIUM CHLORIDE INJ 10 MEQ/50ML	N/A	N/A	Y
79700030002060	POTASSIUM CHLORIDE INJ 20 MEQ/100ML	N/A	N/A	Y
79700030002070	POTASSIUM CHLORIDE INJ 20 MEQ/50ML	N/A	N/A	Y
79700030002075	POTASSIUM CHLORIDE INJ 40 MEQ/100ML	N/A	N/A	Y
79700030002085	POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	[redacted]	Y	Y
79700030002095	POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	[redacted]	Y	Y
79700030003015	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	[redacted]	Y	Y
79700030100430	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	[redacted]	Y	Y
79700030100435	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	[redacted]	Y	Y
79700030100440	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	[redacted]	Y	Y
79709902100810	POT BICARBONATE & CHLORIDE EFFER TAB 25 MEQ	N/A	N/A	N
79750010002010	SODIUM CHLORIDE INJ 0.45%	[redacted]	Y	Y
79750010002018	SODIUM CHLORIDE PRESERVATIVE FREE (PF) INJ 0.9%	[redacted]	Y	Y
79750010002020	SODIUM CHLORIDE INJ 0.9%	N/A	N/A	N
79750010002021	SODIUM CHLORIDE IV SOLN 0.9%	[redacted]	Y	Y
79750010002030	SODIUM CHLORIDE IV SOLN 3%	N/A	N/A	Y
79750010002045	SODIUM CHLORIDE IV SOLN 4 MEQ/ML (23.4%)	[redacted]	Y	Y
79750010102024	SODIUM CHLORIDE FLUSH IV SOLN 0.9%	N/A	N/A	Y
79800010000105	ZINC SULFATE CAP 50 MG (ELEMENTAL ZN)	N/A	N/A	N
79800010000120	ZINC SULFATE CAP 220 MG (50 MG ELEMENTAL ZN)	N/A	N/A	N
79800010002005	ZINC SULFATE INJ 1 MG/ML	N/A	N/A	N/A
79800010002008	ZINC SULFATE INJ 3 MG/ML	N/A	N/A	Y
79800010002015	ZINC SULFATE INJ 5 MG/ML	N/A	N/A	Y
79800025002005	ZINC CHLORIDE INJ 1 MG/ML	N/A	N/A	N/A
79900040102010	SELENIOUS ACID INJ 40 MCG/ML	N/A	N/A	N
79992000001300	PARENTERAL ELECTROLYTE CONC	N/A	N/A	N
79992001202010	LACTATED RINGER'S SOLUTION	[redacted]	Y	Y
79992002102015	KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	N/A	N/A	Y
79992002102016	KCL 20 MEQ/L (0.149%) IN NACL 0.45% INJ	N/A	N/A	N/A
79992002102020	KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	N/A	N/A	Y
79992002102021	KCL 20 MEQ/L (0.149%) IN NACL 0.9% INJ	N/A	N/A	N/A
79992002102030	KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	N/A	N/A	Y
79992002102031	KCL 40 MEQ/L (0.298%) IN NACL 0.9% INJ	N/A	N/A	N/A
79993002102010	POTASSIUM CHLORIDE 10 MEQ/L (0.075%) IN DEXTROSE 5% INJ	N/A	N/A	Y
79993002102020	POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	N/A	N/A	Y
79993002202020	DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	N/A	N/A	Y
79993002202022	DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	N/A	N/A	Y
79993002202024	DEXTROSE 5% W/ SODIUM CHLORIDE 0.3%	N/A	N/A	Y
79993002202025	DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	N/A	N/A	Y
79993002202030	DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	[redacted]	Y	Y
79993002202035	DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	[redacted]	Y	Y
79993002302020	DEXTROSE 5% IN LACTATED RINGERS	N/A	N/A	Y
79993003102015	KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	N/A	N/A	Y
79993003102022	KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.225% INJ	N/A	N/A	N/A
79993003102025	KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	N/A	N/A	Y
79993003102050	KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	N/A	N/A	Y
79993003102055	KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.9% INJ	N/A	N/A	N/A
80100010002045	ALCOHOL ABSOLUTE INJ 98%	N/A	N/A	N
80100020002015	DEXTROSE INJ 5%	[redacted]	Y	Y
80100020002020	DEXTROSE INJ 10%	N/A	N/A	Y
80100020002050	DEXTROSE INJ 50%	N/A	N/A	Y
80100020002060	DEXTROSE INJ 70%	[redacted]	Y	Y
80200010001620	FAT EMULSION IV SOLN 20%	N/A	N/A	N
80200010501620	FAT EMULSION PLANT BASED (SOY) IV EMULSION 20%	N/A	N/A	N
80200010601620	FAT EMULSION PLANT BASED (SOY/OLIVE) IV EMULSION 20%	N/A	N/A	N
80302010102060	AMINO ACID INFUSION 15%	[redacted]	Y	N
80303002000140	ACETYLCYSTEINE CAP 600 MG	N/A	N/A	N
80303012002900	GLUTAMINE POWDER (BULK)	N/A	N/A	N
80303093100120	LEVOCARNITINE CAP 250 MG	N/A	N/A	N
80500030000190	OMEGA-3 FATTY ACIDS CAP 1000 MG	N/A	N/A	N
81250060000320	L-METHYLFOLATE TAB 7.5 MG	[redacted]	Y	N

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81250060000330	L-METHYLFOLATE TAB 15 MG	[redacted]	Y	N
81259902293030	2-FUCOSYLLACTOSE & LACTO-N-NEOTETRAOSE PACKET 2000-1000 MG	N/A	N/A	N
81259902400120	L-METHYLFOLATE-ALGAE CAP 7.5-90.314 MG	[redacted]	Y	N
81259902400130	L-METHYLFOLATE-ALGAE CAP 15-90.314 MG	[redacted]	Y	N
81259903250340	FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN TAB 2.5-25-2 MG	[redacted]	Y	N
81259903350120	GENISTEIN-ZINC AMINO ACID CHELATE-VITAMIN D CAP	N/A	N/A	N
81259903500322	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST TAB 6-2-600 MG	N/A	N/A	N
81259903550310	L-METHYLFOLATE W/ VIT B6-VIT B12 TAB 1.13-25-2 MG	N/A	N/A	N
81259903550330	L-METHYLFOLATE W/ VIT B6-VIT B12 TAB 3-35-2 MG	[redacted]	Y	N
81259904400320	L-METHYLFOLATE-ALGAE-B12-ACETYLCYST TAB 6-90.314-2-600MG	[redacted]	Y	N
81259904500130	L-METHYLFOLATE-ALGAE-VIT B12-B6 CAP 3-90.314-2-35 MG	N/A	N/A	N
81259904600320	L-METHYLFOLATE W/ VIT B12-VIT B6-VIT B2 TAB 6-1-50-5 MG	[redacted]	Y	N
81259990000100	DIETARY MANAGEMENT PRODUCT - CAPS	N/A	N/A	N
81259990000300	DIETARY MANAGEMENT PRODUCT - TABS	N/A	N/A	N
82100010002015	CYANOCOBALAMIN INJ 1000 MCG/ML	[redacted]	Y	Y
82100010002020	CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML	[redacted]	Y	Y
82100020002010	HYDROXOCOBALAMIN INJ 1000 MCG/ML	N/A	N/A	N
82100020102020	HYDROXOCOBALAMIN ACETATE INJ 1000 MCG/ML (BASE EQUIVALENT)	[redacted]	Y	N
82200010000305	FOLIC ACID TAB 400 MCG	[redacted]	Y	N
82200010000310	FOLIC ACID TAB 800 MCG	[redacted]	Y	N
82200010000315	FOLIC ACID TAB 1 MG	[redacted]	Y	Y
82200010002005	FOLIC ACID INJ 5 MG/ML	[redacted]	Y	Y
82300010000332	FERROUS SULFATE TAB 325 MG (65 MG ELEMENTAL FE)	[redacted]	Y	N
82300010000630	FERROUS SULFATE TAB EC 325 MG (65 MG FE EQUIVALENT)	N/A	N/A	N
82300010001210	FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	N/A	N/A	N
82300010002003	FERROUS SULFATE SOLN 75 MG/ML (15 MG/ML ELEMENTAL FE)	N/A	N/A	N
82300010002041	FERROUS SULFATE SOLN 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	N/A	N/A	N/A
82300040002010	IRON DEXTRAN INJ 50 MG/ML (ELEMENTAL IRON)	N/A	N/A	N
82300050000110	POLYSACCHARIDE IRON COMPLEX CAP 150 MG (IRON EQUIVALENT)	N/A	N/A	N
82300068002020	FERUMOXYTOL INJ 510 MG/17ML (30 MG/ML) (ELEMENTAL FE)	[redacted]	Y	Y
82300085102020	SOD FERRIC GLUC CMPLX IN SUCROSE IV SOLN 12.5 MG/ML (FE EQ)	[redacted]	Y	Y
82502060002020	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	N/A	N/A	N/A
82700070000120	MIGLUSTAT CAP 100 MG	N/A	N/A	Y
82991502400120	FOLIC ACID-CHOLECALCIFEROL CAP 1 MG-3775 UNIT	N/A	N/A	N
82991503200325	FOLIC ACID-VITAMIN B6-VITAMIN B12 TAB 2.2-25-0.5 MG	[redacted]	Y	N
82991503200328	FOLIC ACID-VITAMIN B6-VITAMIN B12 TAB 2.2-25-1 MG	[redacted]	Y	N
82991503200335	FOLIC ACID-VITAMIN B6-VITAMIN B12 TAB 2.5-25-1 MG	[redacted]	Y	N
82991505400120	FOLIC ACID-VIT B6-VIT B12-OMEGA 3-PHYTOSTEROLS CAP 1 MG	[redacted]	Y	N
82991506500120	FOLIC ACID-B6-B12-D-OMEGA 3-PHYTOSTEROLS CAP 1 MG	N/A	N/A	N
82992000000100	IRON COMBINATION CAP	[redacted]	Y	N
82992003400120	IRON POLYSACCH COMPLEX-VIT B12-FA CAP 150-0.025-1 MG	[redacted]	Y	N
82992003500420	FERROUS SULFATE-VIT C-FOLIC ACID TAB ER 105-500-0.8 MG	N/A	N/A	N
82992004300330	IRON-VIT C-VIT B12-FOLIC ACID TAB 100-250-0.025-1 MG	N/A	N/A	N
82992004340130	FE FUMARATE-VIT C-VIT B12-FA CAP 200-250-0.01-1 MG	N/A	N/A	N
82992004340140	FE FUMARATE-VIT C-VIT B12-FA CAP 460 (151 FE)-60-0.01-1 MG	[redacted]	Y	N
82992005250130	FE FUMARATE W/ B12-VIT C-FA-IFC CAP 110-0.015-75-0.5-240 MG	[redacted]	Y	N
82992005450120	FE BISGLYCINATE-FE POLYSACCH-VIT C-VIT B12-FA CAP	N/A	N/A	N
82992006150320	FE ASPARTO GLY-SUCC ACD-C-THREONIC ACD-B12-DES STOM TAB	N/A	N/A	N
82992006200320	FE ASPARTO GLY-SUCCINIC ACD-VIT C-THREONIC ACD-B12-FA TAB	N/A	N/A	N
82992006500320	IRON-FOLIC ACID-VIT C-VIT B6-VIT B12-ZINC TAB 150-1.25 MG	[redacted]	Y	N
82992007500320	FE ASPART GLY-FE FUM-SUCC ACD-C-THREONIC ACD-B12-FA TAB	N/A	N/A	N
82992007600120	FE ASP GLY-FE POLYSACCH-SUCC AC-C-THREON AC-B12-FA CAP	N/A	N/A	N
82992008200330	IRON-DOCUSATE-B12-FOLIC ACID-C-E-CU-BIOTIN TAB 150-1 MG	N/A	N/A	N
82992008600130	FE FUM-IRON POLYSACCH COMPLEX-FA-B CMPLX-C-ZN-MN-CU CAP	[redacted]	Y	N
82992008700330	FERROUS FUMARATE-FA-B COMPLEX-C-ZN-MG-MN-CU TAB 106-1 MG	N/A	N/A	N
82994002200350	FERROUS FUMARATE-FOLIC ACID TAB 324-1 MG	N/A	N/A	N
82995003400130	POLYSACCHARIDE IRON-FA-VIT B12 CAP 150 MG-1 MG-25 MCG	N/A	N/A	N
82995005300330	IRON-FOLIC ACID-VIT B12-VIT C-DOCUSATE SOD TAB 90-1 MG	N/A	N/A	N
82995005406320	FE ASPARTO GLY-FE FUM-B12-FA-C-SUCCINIC AC TAB THER PACK	N/A	N/A	N
83100020202015	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	N/A	N/A	Y
83100020202025	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	[redacted]	Y	Y
83100020202034	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/0.5ML	[redacted]	Y	Y
83100020202035	HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML	[redacted]	Y	Y
83100020202045	HEPARIN SODIUM (PORCINE) INJ 20000 UNIT/ML	[redacted]	Y	Y
83100020252020	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IN D5W	N/A	N/A	N
83100020302020	HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 10 UNIT/ML	N/A	N/A	N
83100020302021	HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 10 UNIT/ML	N/A	N/A	N/A
83100020302030	HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 100 UNIT/ML	N/A	N/A	N
83100020302031	HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 100 UNIT/ML	N/A	N/A	N/A
83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML	N/A	N/A	N
83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML	N/A	N/A	N
83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML	N/A	N/A	N
83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML	N/A	N/A	N
83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML	N/A	N/A	N
83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML	N/A	N/A	N
83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML	N/A	N/A	N
83101020102050	ENOXAPARIN SODIUM INJ 300 MG/3ML	[redacted]	Y	Y
8310102010E520	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	[redacted]	Y	Y
8310102010E525	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	[redacted]	Y	Y
8310102010E530	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	[redacted]	Y	Y
8310102010E535	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	[redacted]	Y	Y
8310102010E540	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	[redacted]	Y	Y
8310102010E560	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	[redacted]	Y	Y
8310102010E565	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	[redacted]	Y	Y
83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML	[redacted]	Y	Y
83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML	[redacted]	Y	Y
83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML	[redacted]	Y	Y

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83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML	[redacted]	Y	Y
83200030200303	WARFARIN SODIUM TAB 1 MG	[redacted]	Y	Y
83200030200305	WARFARIN SODIUM TAB 2 MG	[redacted]	Y	Y
83200030200310	WARFARIN SODIUM TAB 2.5 MG	[redacted]	Y	Y
83200030200311	WARFARIN SODIUM TAB 3 MG	[redacted]	Y	Y
83200030200313	WARFARIN SODIUM TAB 4 MG	[redacted]	Y	Y
83200030200315	WARFARIN SODIUM TAB 5 MG	[redacted]	Y	Y
83200030200317	WARFARIN SODIUM TAB 6 MG	[redacted]	Y	Y
83200030200320	WARFARIN SODIUM TAB 7.5 MG	[redacted]	Y	Y
83200030200325	WARFARIN SODIUM TAB 10 MG	[redacted]	Y	Y
83334020202020	BIVALIRUDIN TRIFLUOROACETATE IV SOLN 250 MG/50ML (BASE EQ)	N/A	N/A	N/A
83334020202120	BIVALIRUDIN TRIFLUOROACETATE FOR IV SOLN 250 MG (BASE EQUIV)	N/A	N/A	Y
83337015002060	ARGATROBAN IV SOLN 50 MG/50ML (1 MG/ML)	N/A	N/A	Y
83337030200120	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	[redacted]	Y	Y
83337030200140	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	[redacted]	Y	Y
84100010000305	AMINOCAPROIC ACID TAB 500 MG	[redacted]	Y	Y
84100010000320	AMINOCAPROIC ACID TAB 1000 MG	[redacted]	Y	Y
84100010001205	AMINOCAPROIC ACID SYRUP 25%	N/A	N/A	N
84100010002005	AMINOCAPROIC ACID INJ 250 MG/ML	N/A	N/A	Y
84100010002060	AMINOCAPROIC ACID ORAL SOLN 0.25 GM/ML	[redacted]	Y	Y
84100040000320	TRANEXAMIC ACID TAB 650 MG	[redacted]	Y	Y
84100040002025	TRANEXAMIC ACID IV SOLN 1000 MG/10ML (100 MG/ML)	N/A	N/A	Y
85150030000310	DIPYRIDAMOLE TAB 25 MG	[redacted]	Y	Y
85150030000320	DIPYRIDAMOLE TAB 50 MG	[redacted]	Y	Y
85150030000330	DIPYRIDAMOLE TAB 75 MG	[redacted]	Y	Y
85153030002010	EPTIFIBATIDE IV SOLN 75 MG/100ML (0.75 MG/ML)	N/A	N/A	Y
85153030002020		N/A	N/A	N/A
85153030002025	EPTIFIBATIDE IV SOLN 20 MG/10ML (2 MG/ML)	N/A	N/A	Y
85153030002030	EPTIFIBATIDE IV SOLN 200 MG/100ML (2 MG/ML)	N/A	N/A	Y
85153060112010	TIROFIBAN HCL IN NACL 0.9% IV SOLN 5 MG/100ML (BASE EQUIV)	N/A	N/A	N/A
85153060112015	TIROFIBAN HCL IN NACL 0.9% IV SOLN 12.5 MG/250ML (BASE EQ)	N/A	N/A	N/A
85155516000320	CILOSTAZOL TAB 50 MG	[redacted]	Y	Y
85155516000330	CILOSTAZOL TAB 100 MG	[redacted]	Y	Y
85156010100120	ANAGRELIDE HCL CAP 0.5 MG	[redacted]	Y	Y
85156010100130	ANAGRELIDE HCL CAP 1 MG	[redacted]	Y	Y
85158020100320	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	[redacted]	Y	Y
85158020100340	CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV)	[redacted]	Y	Y
85158060100320	PRASUGREL HCL TAB 5 MG (BASE EQUIV)	[redacted]	Y	Y
85158060100330	PRASUGREL HCL TAB 10 MG (BASE EQUIV)	[redacted]	Y	Y
85158080100320	TICLOPIDINE HCL TAB 250 MG	N/A	N/A	N
85159902206920	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	[redacted]	Y	Y
85200010000410	PENTOXIFYLLINE TAB ER 400 MG	[redacted]	Y	Y
85400010002015	ALBUMIN, HUMAN INJ 25%	N/A	N/A	N
85820040102020	ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)	N/A	N/A	N
8582004010E520	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	[redacted]	Y	Y
86101005004205	BACITRACIN OPHTH OINT 500 UNIT/GM	[redacted]	Y	N
86101023102010	CIPROFLOXACIN HCL OPHTH SOLN 0.3% (BASE EQUIVALENT)	[redacted]	Y	Y
86101025004210	ERYTHROMYCIN OPHTH OINT 5 MG/GM	[redacted]	Y	Y
86101029002030	GATIFLOXACIN OPHTH SOLN 0.5%	[redacted]	Y	Y
86101030002005	GENTAMICIN SULFATE OPHTH SOLN 0.3%	[redacted]	Y	Y
86101030004205	GENTAMICIN SULFATE OPHTH OINT 0.3%	[redacted]	Y	N
86101036002020	LEVOFLOXACIN OPHTH SOLN 0.5%	N/A	N/A	N
86101036002040	LEVOFLOXACIN OPHTH SOLN 1.5%	N/A	N/A	N
86101038102020	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	[redacted]	Y	Y
86101038102025	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	[redacted]	Y	N
86101047002020	OFLOXACIN OPHTH SOLN 0.3%	[redacted]	Y	Y
86101070002005	TOBRAMYCIN OPHTH SOLN 0.3%	[redacted]	Y	Y
86102010102010	SULFACETAMIDE SODIUM OPHTH SOLN 10%	[redacted]	Y	Y
86102010104205	SULFACETAMIDE SODIUM OPHTH OINT 10%	N/A	N/A	N
86103020002005	TRIFLURIDINE OPHTH SOLN 1%	[redacted]	Y	Y
86109902104200	BACITRACIN-POLYMYXIN B OPHTH OINT	[redacted]	Y	Y
86109902602020	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1%	[redacted]	Y	Y
86109903104220	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	[redacted]	Y	Y
86109903202000	NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML	[redacted]	Y	Y
86200050002030	POLYVINYL ALCOHOL OPHTH SOLN 1.4%	N/A	N/A	N
86250010102005	BETAXOLOL HCL OPHTH SOLN 0.5%	[redacted]	Y	Y
86250012102005	CARTEOLOL HCL OPHTH SOLN 1%	[redacted]	Y	N
86250015102020	METIPRANOLOL OPHTH SOLN 0.3%	N/A	N/A	N
86250020102003	LEVOBUNOLOL HCL OPHTH SOLN 0.25%	N/A	N/A	N
86250020102005	LEVOBUNOLOL HCL OPHTH SOLN 0.5%	[redacted]	Y	Y
86250030102005	TIMOLOL MALEATE OPHTH SOLN 0.25%	[redacted]	Y	Y
86250030102006	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25%	[redacted]	Y	Y
86250030102010	TIMOLOL MALEATE OPHTH SOLN 0.5%	[redacted]	Y	Y
86250030102011	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5%	[redacted]	Y	Y
86250030102060	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	[redacted]	Y	Y
86250030107620	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	[redacted]	Y	Y
86250030107630	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	[redacted]	Y	Y
86259902152020	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%	[redacted]	Y	Y
86259902202020	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 22.3-6.8 MG/ML	[redacted]	Y	Y
86259902202060	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOL 22.3-6.8 MG/ML PF	[redacted]	Y	Y
86300010102005	DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1%	[redacted]	Y	N
86300012001620	DIFLUPREDNATE OPHTH EMULSION 0.05%	[redacted]	Y	Y
86300020001810	FLUOROMETHOLONE OPHTH SUSP 0.1%	[redacted]	Y	N
86300035101830	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	[redacted]	Y	Y
86300035104020	LOTEPREDNOL ETABONATE OPHTH GEL 0.5%	[redacted]	Y	Y
86300050101815	PREDNISOLONE ACETATE OPHTH SUSP 1%	[redacted]	Y	Y
86300050202015	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1%	[redacted]	Y	N

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86309902722015	SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)%	[redacted]	Y	N
86309902801820	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%		Y	Y
86309903321810	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%		Y	Y
86309903324210	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%		Y	Y
86309903341810	NEOMYCIN-POLYMYXIN-HC OPHTH SUSP		Y	N
86309904104220	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%		Y	N
86330015002020	BIMATOPROST OPHTH SOLN 0.03%		Y	Y
86330050002020	LATANOPROST OPHTH SOLN 0.005%		Y	Y
86330065002025	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%		Y	Y
86330070002020	TRAVOPROST OPHTH SOLN 0.004%	N/A	N/A	N
86330070002025	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	[redacted]	Y	Y
86350010102010	ATROPINE SULFATE OPHTH SOLN 1%		Y	Y
86350010104210	ATROPINE SULFATE OPHTH OINT 1%		Y	N
86350020102005	CYCLOPENTOLATE HCL OPHTH SOLN 0.5%		Y	N
86350020102010	CYCLOPENTOLATE HCL OPHTH SOLN 1%		Y	Y
86350020102015	CYCLOPENTOLATE HCL OPHTH SOLN 2%		Y	N
86350030102010	HOMATROPINE HBR OPHTH SOLN 5%	N/A	N/A	N
86350037102010	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	[redacted]	Y	Y
86350037102015	PHENYLEPHRINE HCL OPHTH SOLN 10%		Y	Y
86350050002005	TROPICAMIDE OPHTH SOLN 0.5%		Y	Y
86350050002010	TROPICAMIDE OPHTH SOLN 1%		Y	Y
86400030102020	NAPHAZOLINE HCL OPHTH SOLN 0.1%	N/A	N/A	N
86400040102010	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	N/A	N/A	N
86400040102015	PHENYLEPHRINE HCL OPHTH SOLN 10%	N/A	N/A	N
86501030102010	PILOCARPINE HCL OPHTH SOLN 0.5%	N/A	N/A	N
86501030102015	PILOCARPINE HCL OPHTH SOLN 1%	[redacted]	Y	Y
86501030102020	PILOCARPINE HCL OPHTH SOLN 2%		Y	Y
86501030102030	PILOCARPINE HCL OPHTH SOLN 4%		Y	Y
86602010102010	APRACLONIDINE HCL OPHTH SOLN 0.5% (BASE EQUIVALENT)		Y	Y
86602020102005	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%		Y	Y
86602020102007	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%		Y	Y
86602020102010	BRIMONIDINE TARTRATE OPHTH SOLN 0.2%		Y	Y
86720020001620	CYCLOSPORINE (OPHTH) EMULSION 0.05%		Y	Y
86750020102005	PROPARACAINE HCL OPHTH SOLN 0.5%		Y	Y
86750030102005	TETRACAINE HCL OPHTH SOLN 0.5%		Y	N
86780035002020	HYPROMELLOSE INTRAOCULAR SOLN 2%	N/A	N/A	N
86802006102020	AZELASTINE HCL OPHTH SOLN 0.05%	[redacted]	Y	Y
86802008102020	BEPOTASTINE BESILATE OPHTH SOLN 1.5%		Y	Y
86802010102005	CROMOLYN SODIUM OPHTH SOLN 4%		Y	N
86802028102020	EPINASTINE HCL OPHTH SOLN 0.05%		Y	Y
86802040102010	KETOTIFEN FUMARATE OPHTH SOLN 0.025% (BASE EQUIV)	N/A	N/A	N
86802040102011	KETOTIFEN FUMARATE OPHTH SOLN 0.035%	N/A	N/A	N/A
86802065102020	OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	[redacted]	Y	N
86802065102030	OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)		Y	N
86802320001820	BRINZOLAMIDE OPHTH SUSP 1%		Y	Y
86802340102020	DORZOLAMIDE HCL OPHTH SOLN 2%		Y	Y
86803010002000	OPHTHALMIC IRRIGATION SOLUTION - INTRAOCULAR	N/A	N/A	N
86805005102007	BROMFENAC SODIUM OPHTH SOLN 0.07% (BASE EQUIVALENT)	[redacted]	Y	Y
86805005102010	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIVALENT)	N/A	N/A	N
86805005102060	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	[redacted]	Y	Y
86805010102010	DICLOFENAC SODIUM OPHTH SOLN 0.1%		Y	Y
86805020102010	FLURBIPROFEN SODIUM OPHTH SOLN 0.03%		Y	N
86805035102015	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%		Y	Y
86805035102020	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%		Y	Y
86806010202010	FLUORESCEIN SODIUM INJ 10%	N/A	N/A	N/A
86806010202015	FLUORESCEIN SODIUM INJ 25%	N/A	N/A	N
86806010222010	FLUORESCEIN W/ BENOXINATE OPHTH SOLN 0.25-0.4%	N/A	N/A	N
87100012102020	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	[redacted]	Y	N
87100060002010	OFLOXACIN OTIC SOLN 0.3%		Y	Y
87300018101720	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%		Y	Y
87300020102000	HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2%		Y	Y
87400010102010	ACETIC ACID OTIC SOLN 2%		Y	Y
87400025002010	ACETIC ACID 2% IN ALUMINUM ACETATE OTIC SOLN	N/A	N/A	N
87991002361820	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	[redacted]	Y	Y
87991002382025	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	N/A	N/A	N
87991003101807	NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1%	[redacted]	Y	Y
87991003102010	NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1%		Y	Y
87992002202010	ANTIPYRINE-BENZOCAINE OTIC SOLN 54-14 MG/ML (5.4-1.4%)	N/A	N/A	N
87992002202012	ANTIPYRINE-BENZOCAINE OTIC SOLN 55-14 MG/ML (5.5-1.4%)	N/A	N/A	N
87992003022020	ANTIPYRINE-BENZOCAINE-POLYCOSANOL OTIC SOL 5.4-1.4-0.0097%	N/A	N/A	N
87992003122010	PRAMOXINE-HC-CHLOROXYLENOL OTIC SOLN 10-10-1 MG/ML	N/A	N/A	N
87992003142010	PRAMOXINE-HC-CHLOROXYLENOL AQUEOUS OTIC SOLN 10-10-1 MG/ML	N/A	N/A	N
88100010001805	NYSTATIN SUSP 100000 UNIT/ML	[redacted]	Y	Y
88100020004805	CLOTRIMAZOLE TROCHE 10 MG		Y	Y
88150020102012	CHLORHEXIDINE GLUCONATE SOLN 0.12%		Y	Y
88250020104410	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%		Y	Y
88350010003240	BENZOCAINE MOUTH/THROAT AEROSOL 20%	N/A	N/A	N
88350065102045	LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4%	[redacted]	Y	Y
88350065102050	LIDOCAINE HCL VISCOUS SOLN 2%		Y	Y
88402020002020	SODIUM FLUORIDE RINSE 0.2%		Y	N
88402020003721	SODIUM FLUORIDE CREAM 1.1%		Y	N
88402020004020	SODIUM FLUORIDE GEL 1.1% (0.5% F)		Y	N
88402020004418	SODIUM FLUORIDE PASTE 1.1%		Y	N
88402030001320	STANNOUS FLUORIDE CONC 0.63%	N/A	N/A	N
88402030004010	STANNOUS FLUORIDE GEL 0.4%	N/A	N/A	N
88409902774020	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	[redacted]	Y	N
88409902774420	SODIUM FLUORIDE-POTASSIUM NITRATE PASTE 1.1-5%	N/A	N/A	N

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88501525100120	CEVIMELINE HCL CAP 30 MG	[redacted]	Y	Y
88501560100310	PILOCARPINE HCL TAB 5 MG	[redacted]	Y	Y
88501560100320	PILOCARPINE HCL TAB 7.5 MG	[redacted]	Y	Y
89100010003705	HYDROCORTISONE RECTAL CREAM 1%	[redacted]	Y	Y
89100010003720	HYDROCORTISONE PERIANAL CREAM 2.5%	[redacted]	Y	Y
89100010105230	HYDROCORTISONE ACETATE SUPPOS 25 MG	[redacted]	Y	N
89100010105237	HYDROCORTISONE ACETATE SUPPOS 30 MG	[redacted]	Y	N
89150007003920	BUDESONIDE RECTAL FOAM 2 MG/ACT	[redacted]	Y	Y
89150010005110	HYDROCORTISONE ENEMA 100 MG/60ML	[redacted]	Y	Y
89991002263720	LIDOCAINE-HYDROCORTISONE ACETATE RECTAL CREAM 3-0.5%	N/A	N/A	N
89991002266410	LIDOCAINE-HYDROCORTISONE ACETATE RECTAL CREAM KIT 2-2%	N/A	N/A	N
89991002266420	LIDOCAINE-HYDROCORTISONE ACETATE RECTAL CREAM KIT 3-0.5%	N/A	N/A	N
89991002266430	LIDOCAINE-HYDROCORTISONE ACETATE RECTAL CREAM KIT 3-1%	N/A	N/A	N
89991002266460	LIDOCAINE-HYDROCORTISONE ACETATE RECTAL GEL KIT 3-2.5%	N/A	N/A	N
89991002313710	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	[redacted]	Y	N
89991002313720	HYDROCORTISONE ACETATE W/ PRAMOXINE RECTAL CREAM 2.5-1%	[redacted]	Y	N
89991002316440	HC-PRAMOXINE EMOL CREAM 2.5-1% & PRAMOXINE WIPE 1% KIT	N/A	N/A	N
90050003003710	ADAPALENE CREAM 0.1%	[redacted]	Y	Y
90050003004010	ADAPALENE GEL 0.1%	[redacted]	Y	N
90050003004030	ADAPALENE GEL 0.3%	[redacted]	Y	Y
90050003004110	ADAPALENE LOTION 0.1%	N/A	N/A	N
90050003004310	ADAPALENE PADS 0.1%	[redacted]	Y	Y
90050010000903	BENZOYL PEROXIDE LIQ 2.5%	N/A	N/A	N
90050010000905	BENZOYL PEROXIDE LIQ 5%	N/A	N/A	N
90050010000906	BENZOYL PEROXIDE LIQ 6%	N/A	N/A	N
90050010000907	BENZOYL PEROXIDE LIQ 7%	N/A	N/A	N
90050010000910	BENZOYL PEROXIDE LIQ 10%	N/A	N/A	N
90050010000965	BENZOYL PEROXIDE CLEANSER 4.25%	N/A	N/A	N
90050010000970	BENZOYL PEROXIDE LIQ 5.25%	N/A	N/A	N
90050010003720	BENZOYL PEROXIDE CREAM 10%	N/A	N/A	N
90050010003930	BENZOYL PEROXIDE FOAM 5.3%	N/A	N/A	N
90050010003948	BENZOYL PEROXIDE FOAM 9.8%	N/A	N/A	N
90050010004005	BENZOYL PEROXIDE GEL 2.5%	N/A	N/A	N
90050010004010	BENZOYL PEROXIDE GEL 5%	N/A	N/A	N
90050010004012	BENZOYL PEROXIDE GEL 4%	N/A	N/A	N
90050010004014	BENZOYL PEROXIDE GEL 8%	N/A	N/A	N
90050010004015	BENZOYL PEROXIDE GEL 10%	N/A	N/A	N
90050010004106	BENZOYL PEROXIDE LOTION 3%	N/A	N/A	N
90050010004108	BENZOYL PEROXIDE LOTION 4%	N/A	N/A	N
90050010004116	BENZOYL PEROXIDE LOTION 6%	N/A	N/A	N
90050010004119	BENZOYL PEROXIDE LOTION 9%	N/A	N/A	N
90050010006365	BENZOYL PEROXIDE CLOTH 3%	N/A	N/A	N
90050010006375	BENZOYL PEROXIDE CLOTH 6%	N/A	N/A	N
90050010006385	BENZOYL PEROXIDE CLOTH 9%	N/A	N/A	N
90050010006420	BENZOYL PEROXIDE CREAMY WASH 4% &BENZOYL PEROXIDE BAR 5% KIT	N/A	N/A	N
90050010006440	BENZOYL PEROXIDE CREAMY WASH 8% &BENZOYL PEROXIDE BAR 5% KIT	N/A	N/A	N
90050010006450	BENZOYL PEROXIDE WASH 7% & BENZOYL PEROXIDE CREAM 5.5% KIT	N/A	N/A	N
90050010506420	BENZOYL PEROXIDE CREAMY WASH 4% & CLEANSER LOTION KIT	N/A	N/A	N
90050010506430	BENZOYL PEROXIDE CREAMY WASH 8% & CLEANSER LOTION KIT	N/A	N/A	N
90050013000110	ISOTRETINOIN CAP 10 MG	[redacted]	Y	Y
90050013000120	ISOTRETINOIN CAP 20 MG	[redacted]	Y	Y
90050013000125	ISOTRETINOIN CAP 25 MG	[redacted]	Y	Y
90050013000130	ISOTRETINOIN CAP 30 MG	[redacted]	Y	Y
90050013000135	ISOTRETINOIN CAP 35 MG	[redacted]	Y	Y
90050013000140	ISOTRETINOIN CAP 40 MG	[redacted]	Y	Y
90050030003703	TRETINOIN CREAM 0.025%	[redacted]	Y	Y
90050030003705	TRETINOIN CREAM 0.05%	[redacted]	Y	Y
90050030003710	TRETINOIN CREAM 0.1%	[redacted]	Y	Y
90050030004005	TRETINOIN GEL 0.01%	[redacted]	Y	Y
90050030004010	TRETINOIN GEL 0.025%	[redacted]	Y	Y
90050030004015	TRETINOIN GEL 0.05%	[redacted]	Y	Y
90050030204015	TRETINOIN MICROSPHERE GEL 0.04%	[redacted]	Y	N
90050030204020	TRETINOIN MICROSPHERE GEL 0.08%	[redacted]	Y	Y
90050030204030	TRETINOIN MICROSPHERE GEL 0.1%	[redacted]	Y	N
90051010102005	CLINDAMYCIN PHOSPHATE SOLN 1%	[redacted]	Y	Y
90051010103905	CLINDAMYCIN PHOSPHATE FOAM 1%	[redacted]	Y	Y
90051010104005	CLINDAMYCIN PHOSPHATE GEL 1%	[redacted]	Y	Y
90051010104105	CLINDAMYCIN PHOSPHATE LOTION 1%	[redacted]	Y	Y
90051010109420	CLINDAMYCIN PHOSPHATE SWAB 1%	[redacted]	Y	Y
90051015004020	DAPSONE GEL 5%	[redacted]	Y	Y
90051015004030	DAPSONE GEL 7.5%	[redacted]	Y	Y
90051020002010	ERYTHROMYCIN SOLN 2%	[redacted]	Y	Y
90051020004010	ERYTHROMYCIN GEL 2%	[redacted]	Y	Y
90051020004320	ERYTHROMYCIN PADS 2%	[redacted]	Y	Y
90051036104120	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	[redacted]	Y	Y
90059902034020	ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%	[redacted]	Y	Y
90059902034030	ADAPALENE-BENZOYL PEROXIDE GEL 0.3-2.5%	[redacted]	Y	Y
90059902104010	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	[redacted]	Y	Y
90059902144110	BENZOYL PEROXIDE-HYDROCORTISONE LOTION 5-0.5%	N/A	N/A	N
90059902170920	BENZOYL PEROXIDE-UREA CLEANSER 4.5-10%	N/A	N/A	N
90059902170925	BENZOYL PEROXIDE-UREA CLEANSER 6.5-10%	N/A	N/A	N
90059902194020	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1-5%	[redacted]	Y	Y
90059902194030	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1.2-2.5%	[redacted]	Y	Y
90059902194040	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1.2-3.75%	[redacted]	Y	Y
90059902594020	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	[redacted]	Y	Y
90059902654020	CLINDAMYCIN PHOSPHATE-TRETINOIN GEL 1.2-0.025%	[redacted]	Y	Y
90059903200914	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	[redacted]	Y	N

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90059903200915	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4.5%	[redacted]	Y	N
90059903200917	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9.8-4.8%		Y	N
90059903200918	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-2%		Y	N
90059903200927	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%		Y	N
90059903201615	SULFACETAMIDE SODIUM W/ SULFUR EMULSION 10-1%		Y	N
90059903201810	SULFACETAMIDE SODIUM W/ SULFUR SUSP 8-4%		Y	N
90059903201820	SULFACETAMIDE SODIUM W/ SULFUR SUSP 10-5%		Y	N
90059903203716	SULFACETAMIDE SODIUM W/ SULFUR CREAM 9.8-4.8%		Y	N
90059903203718	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-2%		Y	N
90059903203720	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%		Y	N
90059903203920	SULFACETAMIDE SODIUM W/ SULFUR FOAM 10-5%		Y	N
90059903204109	SULFACETAMIDE SODIUM W/ SULFUR LOTION 9.8-4.8%		Y	N
90059903204110	SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%		Y	N
90059903204316	SULFACETAMIDE SODIUM W/ SULFUR CLEANSING PAD 10-4%	N/A	N/A	N
90059903204320	SULFACETAMIDE SODIUM W/ SULFUR CLEANSING CLOTH 10-5%	N/A	N/A	N
90059903211618	SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-4%	N/A	N/A	N
90059903211620	SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-5%	N/A	N/A	N
90059903214020	SULFACETAMIDE SODIUM-SULFUR IN UREA GEL 10-5%	N/A	N/A	N
90059903226415	SULFACETAMIDE SOD-SULFUR WASH 9-4.5% & SKIN CLEANSER KIT	N/A	N/A	N
90059903233720	SULFACETAMIDE SODIUM-SULFUR-SUNSCREEN CREAM 10-5%	N/A	N/A	N
90059903236420	SULFACETAMIDE SOD-SULFUR WASH 9-4.5% & SUNSCREEN KIT	N/A	N/A	N
90059903603720		N/A	N/A	N/A
90060010004020	AZELAIC ACID GEL 15%	[redacted]	Y	Y
90060020104020	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)		Y	Y
90060025006520	DOXYCYCLINE (ROSACEA) CAP DELAYED RELEASE 40 MG		Y	N
90060030003720	IVERMECTIN CREAM 1%		Y	Y
90060040003710	METRONIDAZOLE CREAM 0.75%		Y	Y
90060040004010	METRONIDAZOLE GEL 0.75%		Y	Y
90060040004020	METRONIDAZOLE GEL 1%		Y	Y
90060040004110	METRONIDAZOLE LOTION 0.75%		Y	Y
90100010004210	BACITRACIN OINT 500 UNIT/GM	N/A	N/A	N
90100010104210	BACITRACIN ZINC OINT 500 UNIT/GM	N/A	N/A	N
90100050103705	GENTAMICIN SULFATE CREAM 0.1%	[redacted]	Y	Y
90100050104205	GENTAMICIN SULFATE OINT 0.1%		Y	Y
90100065104210	MUPIROCIN OINT 2%		Y	Y
90100065203710	MUPIROCIN CALCIUM CREAM 2%		Y	Y
90150030002020	CICLOPIROX SOLUTION 8%		Y	Y
90150030004010	CICLOPIROX GEL 0.77%		Y	Y
90150030004510	CICLOPIROX SHAMPOO 1%		Y	Y
90150030006420	CICLOPIROX SOLUTION KIT 8%	N/A	N/A	N
90150030101810	CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)	[redacted]	Y	Y
90150030103705	CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV)		Y	Y
90150030506420	CICLOPIROX SOLUTION 8% & VITAMIN E 5% TOPICAL KIT	N/A	N/A	N
90150078003710	NAFTIFINE HCL CREAM 1%	[redacted]	Y	N
90150078003720	NAFTIFINE HCL CREAM 2%		Y	Y
90150078004010	NAFTIFINE HCL GEL 1%		Y	N
90150078004030	NAFTIFINE HCL GEL 2%		Y	Y
90150080002920	NYSTATIN TOPICAL POWDER 100000 UNIT/GM		Y	Y
90150080003710	NYSTATIN CREAM 100000 UNIT/GM		Y	Y
90150080004215	NYSTATIN OINT 100000 UNIT/GM		Y	Y
90150087103710	TERBINAFINE HCL CREAM 1%	N/A	N/A	N
90154020002005	CLOTRIMAZOLE SOLN 1%	[redacted]	Y	Y
90154020003705	CLOTRIMAZOLE CREAM 1%		Y	Y
90154035103705	ECONAZOLE NITRATE CREAM 1%		Y	Y
90154045003710	KETOCONAZOLE CREAM 2%		Y	Y
90154045003920	KETOCONAZOLE FOAM 2%		Y	Y
90154045004510	KETOCONAZOLE SHAMPOO 2%		Y	Y
90154048003720	LULICONAZOLE CREAM 1%		Y	N
90154050103705	MICONAZOLE NITRATE CREAM 2%	N/A	N/A	N
90154065003710	OXICONAZOLE NITRATE CREAM 1%	[redacted]	Y	Y
90154075002010	SULCONAZOLE NITRATE SOLUTION 1%		Y	N
90154075003710	SULCONAZOLE NITRATE CREAM 1%		Y	N
90156080002010	TAVABOROLE SOLN 5%		Y	Y
90159902053710	CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%		Y	Y
90159902054120	CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05%		Y	Y
90159902153710	IODOQUINOL-HC CREAM 1%		Y	N
90159902253700	NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-%		Y	Y
90159902254200	NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-%		Y	Y
90159902304120	SODIUM THIOSULFATE-SALICYLIC ACID LOTION 25-1%	N/A	N/A	N
90159903293710	IODOQUINOL-HYDROCORTISONE IN ALOE VEHICLE CREAM 1-1.9%	[redacted]	Y	N
90159903404220	MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM OINT 0.25-15-81.35%		Y	N
90210030205920	DICLOFENAC EPOLAMINE PATCH 1.3%		Y	N
90210030302025	DICLOFENAC SODIUM SOLN 1.5%		Y	Y
90210030302030	DICLOFENAC SODIUM SOLN 2%		Y	Y
90210030304020	DICLOFENAC SODIUM GEL 1%		Y	N
90210030306440	DICLOFENAC SODIUM GEL KIT 1%	N/A	N/A	N/A
9021990227B120	DICLOFENAC SODIUM SOL 1.5% & ADHESIVE SHEETS THER PACK	N/A	N/A	N
90220015103710	DOXEPIN HCL CREAM 5%	[redacted]	Y	Y
90250020003725	ANTHRALIN CREAM 1%	N/A	N/A	N
90250025002020	CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	[redacted]	Y	Y
90250025003710	CALCIPOTRIENE CREAM 0.005%		Y	Y
90250025003920	CALCIPOTRIENE FOAM 0.005%	N/A	N/A	N
90250025004210	CALCIPOTRIENE OINT 0.005%	[redacted]	Y	Y
90250028004220	CALCITRIOL OINT 3 MCG/GM	N/A	N/A	N
90250070003730	TAZAROTENE CREAM 0.1%	[redacted]	Y	Y
90250070004020	TAZAROTENE GEL 0.05%		Y	Y
90250070004030	TAZAROTENE GEL 0.1%		Y	Y

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90250510000110	ACITRETIN CAP 10 MG	[redacted]	Y	Y
90250510000115	ACITRETIN CAP 17.5 MG	[redacted]	Y	Y
90250510000125	ACITRETIN CAP 25 MG	[redacted]	Y	Y
90250560100110	METHOXSALEN RAPID CAP 10 MG	[redacted]	Y	Y
90259902116420	CALCIPOTRIENE CREAM 0.005% & DRESSING KIT	N/A	N/A	N/A
90300050004120	SELENIUM SULFIDE LOTION 2.5%	[redacted]	Y	N
90300050004525	SELENIUM SULFIDE SHAMPOO 2.25%	[redacted]	Y	N
90300060000920	SULFACETAMIDE SODIUM LIQUID 10%	[redacted]	Y	N
90300060004060	SULFACETAMIDE SODIUM CLEANSING GEL 10%	[redacted]	Y	N
90300060004538	SULFACETAMIDE SODIUM SHAMPOO 9.8%	[redacted]	Y	N
90300060004540	SULFACETAMIDE SODIUM SHAMPOO 10%	[redacted]	Y	N
90309900003700	ANTISEBORRHEIC PRODUCTS MISC - CREAM	N/A	N/A	N
90309902540920	SULFACETAMIDE SODIUM IN BAKUCHIOL VEHICLE WASH 10%	N/A	N/A	N
90309903854520	SELENIUM SULFIDE-PYRITHIONE ZINC IN UREA SHAMPOO 2.25%	N/A	N/A	N
90350010003720	ACYCLOVIR CREAM 5%	[redacted]	Y	Y
90350010004205	ACYCLOVIR OINT 5%	[redacted]	Y	Y
90350060003720	PENCICLOVIR CREAM 1%	[redacted]	Y	Y
90372030002020	FLUOROURACIL SOLN 2%	[redacted]	Y	Y
90372030002050	FLUOROURACIL SOLN 5%	[redacted]	Y	N
90372030003705	FLUOROURACIL CREAM 0.5%	[redacted]	Y	N
90372030003730	FLUOROURACIL CREAM 5%	[redacted]	Y	Y
90374035304020	DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%	[redacted]	Y	Y
90376220004020	BEXAROTENE GEL 1%	[redacted]	Y	Y
90450010103020	MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM)	N/A	N/A	Y
90450030003710	SILVER SULFADIAZINE CREAM 1%	[redacted]	Y	Y
90500040002003	SILVER NITRATE SOLN 0.5%	N/A	N/A	N
90500040002050	SILVER NITRATE SOLN 50%	N/A	N/A	N
90500040004210	SILVER NITRATE OINT 10%	N/A	N/A	N
90509902406340	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	N/A	N/A	N
90520010002020	COAL TAR SOLN 20%	[redacted]	Y	N
90550005103710	ALCLOMETASONE DIPROPIONATE CREAM 0.05%	[redacted]	Y	Y
90550005104210	ALCLOMETASONE DIPROPIONATE OINT 0.05%	[redacted]	Y	Y
90550010003705	AMCINONIDE CREAM 0.1%	N/A	N/A	N
90550010004105	AMCINONIDE LOTION 0.1%	N/A	N/A	N
90550010004205	AMCINONIDE OINT 0.1%	N/A	N/A	Y
90550020003705	BETAMETHASONE DIPROPIONATE CREAM 0.05%	[redacted]	Y	Y
90550020004105	BETAMETHASONE DIPROPIONATE LOTION 0.05%	[redacted]	Y	Y
90550020004205	BETAMETHASONE DIPROPIONATE OINT 0.05%	[redacted]	Y	Y
90550020053705	BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	[redacted]	Y	Y
90550020054005	BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	[redacted]	Y	Y
90550020054105	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%	[redacted]	Y	Y
90550020054205	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	[redacted]	Y	Y
90550020103710	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	[redacted]	Y	Y
90550020103920	BETAMETHASONE VALERATE AEROSOL FOAM 0.12%	[redacted]	Y	Y
90550020104105	BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)	[redacted]	Y	Y
90550020104205	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	[redacted]	Y	Y
90550025100910	CLOBETASOL PROPIONATE SPRAY 0.05%	[redacted]	Y	Y
90550025102005	CLOBETASOL PROPIONATE SOLN 0.05%	[redacted]	Y	Y
90550025103705	CLOBETASOL PROPIONATE CREAM 0.05%	[redacted]	Y	Y
90550025103920	CLOBETASOL PROPIONATE FOAM 0.05%	[redacted]	Y	Y
90550025104010	CLOBETASOL PROPIONATE GEL 0.05%	[redacted]	Y	Y
90550025104110	CLOBETASOL PROPIONATE LOTION 0.05%	[redacted]	Y	Y
90550025104205	CLOBETASOL PROPIONATE OINT 0.05%	[redacted]	Y	Y
90550025104520	CLOBETASOL PROPIONATE SHAMPOO 0.05%	[redacted]	Y	Y
90550025153705	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	[redacted]	Y	Y
90550025203920	CLOBETASOL PROPIONATE EMULSION FOAM 0.05%	[redacted]	Y	Y
90550030103705	CLOCORTOLONE PIVALATE CREAM 0.1%	[redacted]	Y	Y
90550035003705	DESONIDE CREAM 0.05%	[redacted]	Y	Y
90550035004020	DESONIDE GEL 0.05%	[redacted]	Y	N
90550035004105	DESONIDE LOTION 0.05%	[redacted]	Y	Y
90550035004205	DESONIDE OINT 0.05%	[redacted]	Y	Y
90550040000910	DESOXIMETASONE SPRAY 0.25%	[redacted]	Y	Y
90550040003705	DESOXIMETASONE CREAM 0.05%	[redacted]	Y	Y
90550040003710	DESOXIMETASONE CREAM 0.25%	[redacted]	Y	Y
90550040004005	DESOXIMETASONE GEL 0.05%	[redacted]	Y	Y
90550040004203	DESOXIMETASONE OINT 0.05%	[redacted]	Y	Y
90550040004205	DESOXIMETASONE OINT 0.25%	[redacted]	Y	Y
90550050103705	DIFLORASONE DIACETATE CREAM 0.05%	[redacted]	Y	N
90550050104205	DIFLORASONE DIACETATE OINT 0.05%	[redacted]	Y	Y
90550055101710	FLUOCINOLONE ACETONIDE OIL 0.01%	N/A	N/A	N
90550055101712	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	[redacted]	Y	Y
90550055101714	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	[redacted]	Y	Y
90550055102005	FLUOCINOLONE ACETONIDE SOLN 0.01%	[redacted]	Y	Y
90550055103705	FLUOCINOLONE ACETONIDE CREAM 0.01%	[redacted]	Y	Y
90550055103710	FLUOCINOLONE ACETONIDE CREAM 0.025%	[redacted]	Y	Y
90550055104205	FLUOCINOLONE ACETONIDE OINT 0.025%	[redacted]	Y	Y
90550060002005	FLUOCINONIDE SOLN 0.05%	[redacted]	Y	Y
90550060003705	FLUOCINONIDE CREAM 0.05%	[redacted]	Y	Y
90550060003710	FLUOCINONIDE CREAM 0.1%	[redacted]	Y	Y
90550060004005	FLUOCINONIDE GEL 0.05%	[redacted]	Y	Y
90550060004205	FLUOCINONIDE OINT 0.05%	[redacted]	Y	Y
90550060103705	FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%	[redacted]	Y	Y
90550065003710	FLURANDRENOLIDE CREAM 0.05%	N/A	N/A	N
90550065004105	FLURANDRENOLIDE LOTION 0.05%	[redacted]	Y	N
90550065004210	FLURANDRENOLIDE OINT 0.05%	N/A	N/A	N
90550068103710	FLUTICASONE PROPIONATE CREAM 0.05%	[redacted]	Y	Y
90550068104120	FLUTICASONE PROPIONATE LOTION 0.05%	[redacted]	Y	Y

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90550068104210	FLUTICASONE PROPIONATE OINT 0.005%	[redacted]	Y	Y
90550070003710	HALCINONIDE CREAM 0.1%	[redacted]	Y	Y
90550073103710	HALOBETASOL PROPIONATE CREAM 0.05%	[redacted]	Y	Y
90550073103920	HALOBETASOL PROPIONATE FOAM 0.05%	[redacted]	Y	Y
90550073104210	HALOBETASOL PROPIONATE OINT 0.05%	[redacted]	Y	Y
90550075003720	HYDROCORTISONE CREAM 1%	[redacted]	Y	Y
90550075003725	HYDROCORTISONE CREAM 2.5%	[redacted]	Y	Y
90550075004115	HYDROCORTISONE LOTION 1%	N/A	N/A	N
90550075004118	HYDROCORTISONE LOTION 2%	N/A	N/A	N
90550075004120	HYDROCORTISONE LOTION 2.5%	[redacted]	Y	Y
90550075004210	HYDROCORTISONE OINT 1%	[redacted]	Y	Y
90550075004215	HYDROCORTISONE OINT 2.5%	[redacted]	Y	Y
90550075203705	HYDROCORTISONE VALERATE CREAM 0.2%	[redacted]	Y	Y
90550075204205	HYDROCORTISONE VALERATE OINT 0.2%	[redacted]	Y	Y
90550075302020	HYDROCORTISONE BUTYRATE SOLN 0.1%	[redacted]	Y	Y
90550075303705	HYDROCORTISONE BUTYRATE CREAM 0.1%	[redacted]	Y	Y
90550075304120	HYDROCORTISONE BUTYRATE LOTION 0.1%	[redacted]	Y	Y
90550075304205	HYDROCORTISONE BUTYRATE OINT 0.1%	[redacted]	Y	Y
90550075323705	HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1%	N/A	N/A	Y
90550082102010	MOMETASONE FUROATE SOLUTION 0.1% (LOTION)	[redacted]	Y	Y
90550082103710	MOMETASONE FUROATE CREAM 0.1%	[redacted]	Y	Y
90550082104210	MOMETASONE FUROATE OINT 0.1%	[redacted]	Y	Y
90550083003710	PREDNICARBATE CREAM 0.1%	N/A	N/A	N
90550083004210	PREDNICARBATE OINT 0.1%	[redacted]	Y	N
90550085103400	TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM	[redacted]	Y	Y
90550085103705	TRIAMCINOLONE ACETONIDE CREAM 0.025%	[redacted]	Y	Y
90550085103710	TRIAMCINOLONE ACETONIDE CREAM 0.1%	[redacted]	Y	Y
90550085103720	TRIAMCINOLONE ACETONIDE CREAM 0.5%	[redacted]	Y	Y
90550085104105	TRIAMCINOLONE ACETONIDE LOTION 0.025%	[redacted]	Y	Y
90550085104110	TRIAMCINOLONE ACETONIDE LOTION 0.1%	[redacted]	Y	Y
90550085104205	TRIAMCINOLONE ACETONIDE OINT 0.025%	[redacted]	Y	Y
90550085104207	TRIAMCINOLONE ACETONIDE OINT 0.05%	[redacted]	Y	Y
90550085104210	TRIAMCINOLONE ACETONIDE OINT 0.1%	[redacted]	Y	Y
90550085104215	TRIAMCINOLONE ACETONIDE OINT 0.5%	[redacted]	Y	Y
90559802303705	LIDOCAINE-HYDROCORTISONE ACETATE CREAM 1-1%	N/A	N/A	N
90559802303710	LIDOCAINE-HYDROCORTISONE ACETATE CREAM 3-0.5%	N/A	N/A	N
90559802304120	LIDOCAINE-HYDROCORTISONE ACETATE LOTION 3-0.5%	N/A	N/A	N
90559802403720	PRAMOXINE-HC CREAM 1-1%	[redacted]	Y	N
90559802403725	PRAMOXINE-HC CREAM 1-2.5%	[redacted]	Y	N
90559802404020	PRAMOXINE-HC GEL 1-2%	N/A	N/A	N
90559902321825	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	[redacted]	Y	Y
90559902324225	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.064%	[redacted]	Y	Y
90559902476420	HALOBETASOL PROP OINT 0.05% & AMMONIUM LACTATE LOT 12% KIT	N/A	N/A	N
90559902514030	HYDROCORTISONE ACETATE-ALOE VERA GEL 2%	N/A	N/A	N
90559902853710	HYDROCORTISONE ACETATE-UREA CREAM 1-10%	N/A	N/A	N
90650000003700	EMOLLIENT - CREAM	N/A	N/A	N
90650015003730	LACTIC ACID (AMMONIUM LACTATE) CREAM 12%	[redacted]	Y	Y
90650015004125	LACTIC ACID (AMMONIUM LACTATE) LOTION 10%	N/A	N/A	N
90650015004130	LACTIC ACID (AMMONIUM LACTATE) LOTION 12%	[redacted]	Y	Y
90659902303710	LACTIC ACID W/ VITAMIN E CREAM 10%-3500 UNIT/30GM	N/A	N/A	N
90660080001840	UREA SUSPENSION 40%	N/A	N/A	N
90660080001850	UREA SUSPENSION 50%	N/A	N/A	N
90660080002045	UREA SOLN 45%	N/A	N/A	N
90660080002050	UREA SOLN 50%	N/A	N/A	N
90660080003724	UREA CREAM 39%	[redacted]	Y	N
90660080003725	UREA CREAM 40%	N/A	N/A	N
90660080003726	UREA CREAM 41%	[redacted]	Y	N
90660080003730	UREA CREAM 45%	[redacted]	Y	N
90660080003732	UREA CREAM 47%	[redacted]	Y	N
90660080003735	UREA CREAM 50%	N/A	N/A	N
90660080003940	UREA FOAM 40%	N/A	N/A	N
90660080004040	UREA GEL 40%	N/A	N/A	N
90660080004045	UREA GEL 45%	N/A	N/A	N
90660080004050	UREA GEL 50%	N/A	N/A	N
90660080004138	UREA LOTION 35%	N/A	N/A	N
90660080004140	UREA LOTION 40%	N/A	N/A	N
90660080004145	UREA LOTION 45%	N/A	N/A	N
90660080004250	UREA OINTMENT 50%	N/A	N/A	N
90669902823935	UREA IN LACTIC ACID VEHICLE FOAM 35%	N/A	N/A	N
90669903801840	UREA IN LACTIC ACID-SALICYLIC ACID VEHICLE SUSP 50%	N/A	N/A	N
90669903901650	UREA IN ZINC UNDECYLENATE-LACTIC ACID VEHICLE EMULSION 50%	N/A	N/A	N
90669903909340	UREA IN ZINC UNDECYLENATE-LACTIC ACID VEHICLE STICK 50%	N/A	N/A	N
90700050003400	TRYPSIN W/ CASTOR OIL & PERUVIAN BALSAM SPRAY	N/A	N/A	N
90700050004220	TRYPSIN W/ CASTOR OIL & PERUVIAN BALSAM OINT	N/A	N/A	N
90734020002020	BIMATOPROST SOLN 0.03%	N/A	N/A	Y
90736030000310	FINASTERIDE TAB 1 MG	N/A	N/A	Y
90750015002020	PODOFILOX SOLN 0.5%	[redacted]	Y	Y
90750015004020	PODOFILOX GEL 0.5%	[redacted]	Y	Y
90750020002025	PODOPHYLLUM RESIN SOLN 25%	[redacted]	Y	N
90750030000948	SALICYLIC ACID FILM FORMING LIQUID 27.5%	[redacted]	Y	N
90750030002010	SALICYLIC ACID SOLN 26%	[redacted]	Y	N
90750030002015	SALICYLIC ACID FILM-FORMING SOLN 28.5%	N/A	N/A	N
90750030002017	SALICYLIC ACID ER FILM-FORMING SOLN 28.5%	[redacted]	Y	N
90750030003712	SALICYLIC ACID CREAM 6%	N/A	N/A	N
90750030003720	SALICYLIC ACID CREAM 10%	N/A	N/A	N
90750030003940	SALICYLIC ACID FOAM 6%	[redacted]	Y	N
90750030004005	SALICYLIC ACID GEL 6%	[redacted]	Y	N

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90750030004140	SALICYLIC ACID LOTION 6%	N/A	N/A	N
90750030004530	SALICYLIC ACID SHAMPOO 6%	[redacted]	Y	N
90750030406420	SALICYLIC ACID CREAM 6% & CLEANSER LIQD KIT	N/A	N/A	N
90750030406430	SALICYLIC ACID LOTION 6% & CLEANSER LIQD KIT	N/A	N/A	N
90773040003715	IMIQUIMOD CREAM 3.75%	[redacted]	Y	Y
90773040003720	IMIQUIMOD CREAM 5%	[redacted]	Y	Y
90784060003720	PIMECROLIMUS CREAM 1%	[redacted]	Y	Y
90784075004210	TACROLIMUS OINT 0.03%	[redacted]	Y	Y
90784075004230	TACROLIMUS OINT 0.1%	[redacted]	Y	Y
90850030002010	COCAINE HCL SOLN 4%	N/A	N/A	N
90850060003715	LIDOCAINE CREAM 3%	N/A	N/A	N
90850060004210	LIDOCAINE OINT 5%	[redacted]	Y	Y
90850060005920	LIDOCAINE PATCH 4%	N/A	N/A	N
90850060005930	LIDOCAINE PATCH 5%	[redacted]	Y	Y
90850060102015	LIDOCAINE HCL SOLN 4%	[redacted]	Y	Y
90850060103730	LIDOCAINE HCL CREAM 3%	N/A	N/A	N
90850060104005	LIDOCAINE HCL GEL 2%	N/A	N/A	N
90850060104006	LIDOCAINE HCL URETHRAL/MUCOSAL GEL 2%	N/A	N/A	N
90850060104140	LIDOCAINE HCL LOTION 3%	N/A	N/A	N
9085006010E420	LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	[redacted]	Y	Y
90850065104003	PRAMOXINE HCL GEL 1%	N/A	N/A	N
90851005003200	ETHYL CHLORIDE AEROSOL SPRAY	[redacted]	Y	N
90859902685940	CAPSAICIN-MENTHOL TOPICAL PATCH 0.0375-5%	N/A	N/A	N
90859902843730	LIDOCAINE-TETRACAINE CREAM 7-7%	N/A	N/A	N
90859902885930	LIDOCAINE-MENTHOL PATCH 4-1%	N/A	N/A	N
90859902896430	LIDOCAINE OINTMENT 5% & TRANSPARENT DRESSING KIT	N/A	N/A	N
90859902903710	LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%	[redacted]	Y	Y
90859902906410	LIDOCAINE-PRILOCAINE CREAM KIT 2.5-2.5%	N/A	N/A	Y
90872010001630	HYDROQUINONE EMULSION 4%	N/A	N/A	N
90872010002005	HYDROQUINONE SOLN 3%	N/A	N/A	N
90872010003720	HYDROQUINONE CREAM 4%	N/A	N/A	N
90872010103720	HYDROQUINONE CREAM 4% W/ SUNSCREENS	N/A	N/A	N
90886070003710	TRETINOIN (FACIAL WRINKLES) CREAM 0.05%	N/A	N/A	N
90900010004105	CROTAMITON LOTION 10%	[redacted]	Y	Y
90900020004110	LINDANE LOTION 1%	N/A	N/A	N
90900020004510	LINDANE SHAMPOO 1%	N/A	N/A	N
90900030004120	MALATHION LOTION 0.5%	[redacted]	Y	N
90900035003720	PERMETHRIN CREAM 5%	[redacted]	Y	Y
90900035004110	PERMETHRIN LOTION 1%	N/A	N/A	N
90900048001820	SPINOSAD SUSP 0.9%	[redacted]	Y	N
90930000004000	SCAR TREATMENT PRODUCTS - GEL	N/A	N/A	N
90944000001600	WOUND DRESSINGS - EMULSION	N/A	N/A	N
90944000004000	WOUND DRESSINGS - GEL	N/A	N/A	N
90944042404000	SILVER - GEL	N/A	N/A	N
90949902506400	SILICONE PATCH & VITAMIN E-SILICONE LIQUID KIT	N/A	N/A	N
90970010002010	ALUMINUM CHLORIDE SOLN 20%	N/A	N/A	N
90972000003700	SKIN PROTECTANTS MISC - CREAM	N/A	N/A	N
90973000000900	SOAP & CLEANSERS - LIQUID	N/A	N/A	N
90990000003700	DERMATOLOGICAL PRODUCTS MISC - CREAM	N/A	N/A	N
92000005002010	FORMALDEHYDE SOLUTION 10%	N/A	N/A	N
92000005002020	FORMALDEHYDE SOLUTION 20%	N/A	N/A	N
92100030102060	CHLORHEXIDINE GLUCONATE SOLN 20%	N/A	N/A	N
93000007002020	ACETYLCYSTEINE INJ 200 MG/ML	N/A	N/A	Y
93000020102110	DEFEROXAMINE MESYLATE FOR INJ 500 MG	N/A	N/A	Y
93000020102130	DEFEROXAMINE MESYLATE FOR INJ 2 GM	N/A	N/A	Y
93000050002030	METHYLENE BLUE IV SOLN 50 MG/10ML (5 MG/ML)	N/A	N/A	N/A
93000075002025	SODIUM THIOSULFATE INJ 25%	N/A	N/A	N
93100025000320	DEFERASIROX TAB 90 MG	[redacted]	Y	Y
93100025000330	DEFERASIROX TAB 180 MG	[redacted]	Y	Y
93100025000340	DEFERASIROX TAB 360 MG	[redacted]	Y	Y
93100025003020	DEFERASIROX GRANULES PACKET 90 MG	N/A	N/A	Y
93100025003030	DEFERASIROX GRANULES PACKET 180 MG	N/A	N/A	Y
93100025003040	DEFERASIROX GRANULES PACKET 360 MG	N/A	N/A	Y
93100025007320	DEFERASIROX TAB FOR ORAL SUSP 125 MG	N/A	N/A	Y
93100025007330	DEFERASIROX TAB FOR ORAL SUSP 250 MG	[redacted]	Y	Y
93100025007340	DEFERASIROX TAB FOR ORAL SUSP 500 MG	[redacted]	Y	Y
93100028000320	DEFERIPRONE TAB 500 MG	[redacted]	Y	Y
93100028000340	DEFERIPRONE TAB 1000 MG	[redacted]	Y	Y
93400020100920	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	[redacted]	Y	N
93400020102010	NALOXONE HCL INJ 0.4 MG/ML	[redacted]	Y	Y
93400020102015	NALOXONE HCL INJ 1 MG/ML	N/A	N/A	N
93400020102030	NALOXONE HCL INJ 4 MG/10ML	N/A	N/A	Y
9340002010D550	NALOXONE HCL SOLUTION AUTO-INJECTOR 2 MG/0.4ML	N/A	N/A	N
9340002010E210	NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML	[redacted]	Y	Y
9340002010E510		N/A	N/A	N/A
9340002010E520		N/A	N/A	N/A
9340002010E530		N/A	N/A	N/A
9340002010E540	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	[redacted]	Y	Y
93400030100305	NALTREXONE HCL TAB 50 MG	[redacted]	Y	Y
94200037002105	COSYNTROPIN FOR INJ 0.25 MG	[redacted]	Y	Y
94200056002010	INDIGOTINDISULFONATE SODIUM INJ 8 MG/ML	N/A	N/A	N
94200079002020	REGADENOSON IV INJ 0.4 MG/5ML (0.08 MG/ML)	N/A	N/A	N/A
94402015302050	DIATRIZOATE MEGLUMINE & SODIUM ORAL SOLN 66-10%	N/A	N/A	N
94402047002041	IOPAMIDOL INJ 41%	N/A	N/A	N/A
94402047002061	IOPAMIDOL INJ 61%	N/A	N/A	N/A
94500020002020	GADOBUTROL INJ 1 MMOL/ML (604.72 MG/ML)	N/A	N/A	N/A
94500037102006	GADOTERATE MEGLUMINE IV SOLN 2.5 MMOL/5ML (0.5 MMOL/ML)	N/A	N/A	Y

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
94500037102010	GADOTERATE MEGLUMINE IV SOLN 5 MMOL/10ML (0.5 MMOL/ML)	N/A	N/A	Y
94500037102015	GADOTERATE MEGLUMINE IV SOLN 7.5 MMOL/15ML (0.5 MMOL/ML)	N/A	N/A	Y
94500037102020	GADOTERATE MEGLUMINE IV SOLN 10 MMOL/20ML (0.5 MMOL/ML)	N/A	N/A	Y
94500037102040	GADOTERATE MEGLUMINE IV SOLN 50 MMOL/100ML (0.5 MMOL/ML)	N/A	N/A	Y
9450003710E510	GADOTERATE MEGLUMINE IV SOLN PREFILLED SYRINGE 5 MMOL/10ML	N/A	N/A	Y
9450003710E515	GADOTERATE MEGLUMINE IV SOLN PREFILLED SYRINGE 7.5 MMOL/15ML	N/A	N/A	Y
9450003710E520	GADOTERATE MEGLUMINE IV SOLN PREFILLED SYRINGE 10 MMOL/20ML	N/A	N/A	Y
95094515000120	COENZYME Q10 CAP 30 MG	N/A	N/A	N
95094515000150	COENZYME Q10 CAP 100 MG	N/A	N/A	N
95990221000140	GLUCOSAMINE-CHONDROITIN CAP 500-400 MG	N/A	N/A	N
96200050000900	GLYCERIN LIQUID	N/A	N/A	N
96202080001700	SESAME OIL	N/A	N/A	N
96300078002900	PRASTERONE POWDER	N/A	N/A	N
96444209302900	BACITRACIN MICRONIZED (BULK) POWDER	N/A	N/A	N
96448212002900	BUDESONIDE (BULK) POWDER	N/A	N/A	N
96468809082900	CYCLOBENZAPRINE HCL (BULK) POWDER	N/A	N/A	N
96485809402900	DICLOFENAC SODIUM (BULK) POWDER	N/A	N/A	N
96507861572900	ESTRIOL MICRONIZED (BULK) POWDER	N/A	N/A	N
96544244002900	GABAPENTIN POWDER	N/A	N/A	N
96625003392900	KETAMINE HCL (BULK) POWDER	N/A	N/A	N
96625057002900	KETOPROFEN (BULK) POWDER	N/A	N/A	N
96625059302900	KETOROLAC TROMETHAMINE (BULK) POWDER	N/A	N/A	N
96665091002900	METRONIDAZOLE (BULK) POWDER	N/A	N/A	N
96665091122900	METRONIDAZOLE BENZOATE (BULK) POWDER	N/A	N/A	N
96685843202900	NIFEDIPINE (BULK) POWDER	N/A	N/A	N
96688858002900	NYSTATIN (BULK) POWDER	N/A	N/A	N
96727643212900	PROGESTERONE (BULK) POWDER	N/A	N/A	N
96727643252900	PROGESTERONE MICRONIZED (BULK) POWDER	N/A	N/A	N
96805050502900	TESTOSTERONE (BULK) POWDER	N/A	N/A	N
97051030906305	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	[redacted]	Y	N
97051030906307	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	N/A	N/A	N
97051030906308	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	N/A	N/A	N
97051030906318	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	[redacted]	Y	N
97051030906320	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	[redacted]	Y	N
97051030906327	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	[redacted]	Y	N
97051030906328	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	[redacted]	Y	N
97051030906329	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	[redacted]	Y	N
97051030906370	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	[redacted]	Y	N
97051030906380	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	[redacted]	Y	N
97051030906384	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	[redacted]	Y	N
97051030906386	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	[redacted]	Y	N
97051030906387	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	[redacted]	Y	N
97051030906388	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	[redacted]	Y	N
97051050146330	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	[redacted]	Y	N
97051050146331	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	[redacted]	Y	N
97051050146344	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	[redacted]	Y	N
97051050146358	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	[redacted]	Y	N
97051050146361	INSULIN PEN NEEDLE 31 G X 6 MM (1/4")	[redacted]	Y	N
97051050146364	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	[redacted]	Y	N
97051050146366	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	[redacted]	Y	N
97051050146367	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	[redacted]	Y	N
97051050146368	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	[redacted]	Y	N
97100000006200	RESPIRATORY THERAPY SUPPLIES - DEVICES	N/A	N/A	N
97100550006200	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	[redacted]	Y	N
97301000004300	ADHESIVE BANDAGES - PADS	N/A	N/A	N
97303000004309	GAUZE PADS & DRESSINGS - PADS 2" X 2"	N/A	N/A	N
97703040004300	ALCOHOL SWABS	[redacted]	Y	N
97703041009100	ALCOHOL SHEETS	N/A	N/A	N
98351035009600	PARAFFIN WAX	N/A	N/A	N
98401006002020	GLYCINE DILUENT FOR INJECTION	N/A	N/A	N
98401010002000	WATER FOR INJECTION	[redacted]	Y	Y
98401010002050	WATER FOR IV INJECTION	N/A	N/A	N
98401020102000	WATER FOR INJECT, BACTERIOSTATIC BENZYL ALCOHOL	N/A	N/A	N
98401040002010	BACTERIOSTATIC SODIUM CHLORIDE INJ SOLN 0.9%	N/A	N/A	Y
98401040102010	SALINE INJECTION W/ BENZYL ALCOHOL	N/A	N/A	N
98600012003700	CREAM BASE	N/A	N/A	N
98600020104200	LANOLIN ANHYDROUS	N/A	N/A	N
98600033004000	GEL BASE - GEL	N/A	N/A	N
98600050452900	POLYETHYLENE GLYCOL 3350 POWDER	N/A	N/A	N
98600065004200	WHITE PETROLATUM OINTMENT	N/A	N/A	N
99200020100110	TRIENTINE HCL CAP 250 MG	[redacted]	Y	Y
99200020100130	TRIENTINE HCL CAP 500 MG	N/A	N/A	N/A
99200030000110	PENICILLAMINE CAP 250 MG	[redacted]	Y	Y
99200030000305	PENICILLAMINE TAB 250 MG	[redacted]	Y	Y
99394050000110	LENALIDOMIDE CAPS 2.5 MG	[redacted]	Y	Y
99394050000120	LENALIDOMIDE CAP 5 MG	[redacted]	Y	Y
99394050000130	LENALIDOMIDE CAP 10 MG	[redacted]	Y	Y
99394050000140	LENALIDOMIDE CAP 15 MG	[redacted]	Y	Y
99394050000145	LENALIDOMIDE CAP 20 MG	[redacted]	Y	Y
99394050000150	LENALIDOMIDE CAP 25 MG	[redacted]	Y	Y
99402020000110	CYCLOSPORINE CAP 25 MG	[redacted]	Y	Y
99402020000140	CYCLOSPORINE CAP 100 MG	[redacted]	Y	Y
99402020002005	CYCLOSPORINE IV SOLN 50 MG/ML	N/A	N/A	Y
99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG	[redacted]	Y	Y
99402020300130	CYCLOSPORINE MODIFIED CAP 50 MG	[redacted]	Y	Y
99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG	[redacted]	Y	Y
99402020302020	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	[redacted]	Y	Y

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG	[redacted]	Y	Y
99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG	[redacted]	Y	Y
99403030101920	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML	[redacted]	Y	Y
99403030202120	MYCOPHENOLATE MOFETIL HCL FOR IV SOLN 500 MG (BASE EQUIV)	N/A	N/A	Y
99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	[redacted]	Y	Y
99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	[redacted]	Y	Y
99404035000320	EVEROLIMUS TAB 0.25 MG	[redacted]	Y	Y
99404035000325	EVEROLIMUS TAB 0.5 MG	[redacted]	Y	Y
99404035000330	EVEROLIMUS TAB 0.75 MG	[redacted]	Y	Y
99404035000335	EVEROLIMUS TAB 1 MG	[redacted]	Y	Y
99404070000310	SIROLIMUS TAB 0.5 MG	[redacted]	Y	Y
99404070000320	SIROLIMUS TAB 1 MG	[redacted]	Y	Y
99404070000330	SIROLIMUS TAB 2 MG	[redacted]	Y	Y
99404070002020	SIROLIMUS ORAL SOLN 1 MG/ML	[redacted]	Y	Y
99404080000105	TACROLIMUS CAP 0.5 MG	[redacted]	Y	Y
99404080000110	TACROLIMUS CAP 1 MG	[redacted]	Y	Y
99404080000120	TACROLIMUS CAP 5 MG	[redacted]	Y	Y
99406010000305	AZATHIOPRINE TAB 50 MG	[redacted]	Y	Y
99406010000315	AZATHIOPRINE TAB 75 MG	[redacted]	Y	Y
99406010000325	AZATHIOPRINE TAB 100 MG	[redacted]	Y	Y
99450010001840	SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML	[redacted]	Y	Y
99450010001870	SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 30 GM/120ML	N/A	N/A	N
99450010002900	SODIUM POLYSTYRENE SULFONATE POWDER	[redacted]	Y	Y
99500010002005	ALPROSTADIL INJ 500 MCG/ML	N/A	N/A	N
99750005002000	WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	[redacted]	Y	Y
27304050000330	MIFEPRISTONE TAB 300 MG	[redacted]	Y	Y

ATTACHMENT 89

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

Specialty Pharmacy Program Dispensing Fees - RFP entitled "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Instructions Offerors must submit a completed Attachment 89, including all fields listed below, on a USB Storage Device in Excel form, as part of their Financial Proposal. Propose a Dispensing Fee for each drug. The Dispensing Fee quoted is for the entire duration of this Agreement (1/1/2025 - 12/31/2029).

NDC	Drug Name	Therapeutic Class	Dosage Form (infusion, injection, oral)	REMS (Y or N)	Special Packaging (Y or N)	Offeror's Proposed Guaranteed Dispensing Fee
00378692191	ABIRATERONE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
42291007360	ABIRATERONE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
60505476406	ABIRATERONE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
69238175406	ABIRATERONE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
50242013801	ACTEMRA INJ 162/0.9	RHEUMATOID ARTHRITIS	INJECTION	N	Y	
50242013601	ACTEMRA INJ 200/10ML	RHEUMATOID ARTHRITIS	INFUSION	N	Y	
50242013701	ACTEMRA INJ 400/20ML	RHEUMATOID ARTHRITIS	INFUSION	N	Y	
50242013501	ACTEMRA INJ 80MG/4ML	RHEUMATOID ARTHRITIS	INFUSION	N	Y	
50242014301	ACTEMRA INJ ACTPEN	RHEUMATOID ARTHRITIS	INJECTION	N	Y	
63004871001	ACTHAR INJ 80UNIT	ENDOCRINE DISORDERS - OTHER, MULTIPLE SCLEROSIS, SEIZURE DISORDERS	INJECTION	N	Y	
75987011110	ACTIMMUNE INJ 2MU/0.5	INFECTIOUS DISEASE - OTHER	INJECTION	N	Y	
75987011111	ACTIMMUNE INJ 2MU/0.5	INFECTIOUS DISEASE - OTHER	INJECTION	N	Y	
00078088361	ADAKVEO INJ 100/10ML	SICKLE CELL DISEASE	INJECTION	N	Y	
61314032720	ADALIMU-ADAZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
61314032796	ADALIMU-ADAZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
61314032764	ADALIMU-ADAZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
61314032794	ADALIMU-ADAZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
49502041702	ADALIMU-FKJP KIT 20/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
49502041706	ADALIMU-FKJP KIT 20/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
49502041602	ADALIMU-FKJP KIT 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
49502041606	ADALIMU-FKJP KIT 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
49502041802	ADALIMU-FKJP KIT 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
49502041806	ADALIMU-FKJP KIT 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y	
50222034602	ADBRY INJ 150MG/ML	ATOPIC DERMATITIS	INJECTION	N	Y	
50222034604	ADBRY INJ 150MG/ML	ATOPIC DERMATITIS	INJECTION	N	Y	
51144005001	ADCETRIS INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y	
43353007002	ADCIRCA TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N	
43353007004	ADCIRCA TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N	
43353007006	ADCIRCA TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N	
43353007012	ADCIRCA TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N	
66302046760	ADCIRCA TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N	
50419025001	ADEMPAS TAB 0.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y		
50419025091	ADEMPAS TAB 0.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y		
50419025201	ADEMPAS TAB 1.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y		
50419025291	ADEMPAS TAB 1.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y		
50419025203	ADEMPAS TAB 1.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y		
50419025101	ADEMPAS TAB 1MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N	
50419025191	ADEMPAS TAB 1MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N	
50419025103	ADEMPAS TAB 1MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N	
50419025401	ADEMPAS TAB 2.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y		
50419025491	ADEMPAS TAB 2.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y		
50419025301	ADEMPAS TAB 2MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N	
50419025391	ADEMPAS TAB 2MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N	
00944305302	ADVATE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944305402	ADVATE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944304510	ADVATE INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944305102	ADVATE INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944304610	ADVATE INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944304710	ADVATE INJ 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944305202	ADVATE INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462401	ADYNOVATE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944425602	ADYNOVATE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462701	ADYNOVATE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462702	ADYNOVATE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462501	ADYNOVATE INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944425802	ADYNOVATE INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462201	ADYNOVATE INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944425202	ADYNOVATE INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462801	ADYNOVATE INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462802	ADYNOVATE INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462301	ADYNOVATE INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944425402	ADYNOVATE INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462601	ADYNOVATE INJ 750UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
00944462602	ADYNOVATE INJ 750UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y	
64764014505	ADZYNMA KIT 1500IU	THROMBOCYTOPENIA	INJECTION	N	Y	
64764014005	ADZYNMA KIT 500IU	THROMBOCYTOPENIA	INJECTION	N	Y	
00078056751	AFINITOR TAB 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078056761	AFINITOR TAB 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078059451	AFINITOR TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078059461	AFINITOR TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078056651	AFINITOR TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078056661	AFINITOR TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078062051	AFINITOR TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078062061	AFINITOR TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078062651	AFINITOR DIS TAB 2MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078062661	AFINITOR DIS TAB 2MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078062751	AFINITOR DIS TAB 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078062761	AFINITOR DIS TAB 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	
00078062851	AFINITOR DIS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y	

00078062861	AFINITOR DIS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69911047602	AFSTYLA KIT 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911048002	AFSTYLA KIT 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911047702	AFSTYLA KIT 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911048102	AFSTYLA KIT 2500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911047402	AFSTYLA KIT 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911047802	AFSTYLA KIT 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911047502	AFSTYLA KIT 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58468007001	ALDURAZYME INJ 2.9MG/5M	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
54746000101	ALFERON N INJ 5MU/ML	INFECTIOUS DISEASE - OTHER	INJECTION	N	Y
62856079701	ALOXI INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
69639010301	ALOXI INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
68516461302	ALPHANATE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516461402	ALPHANATE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516461502	ALPHANATE INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516461101	ALPHANATE INJ 250 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516461201	ALPHANATE INJ 500 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460501	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460601	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460702	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460802	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516461002	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460101	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460201	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460302	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460402	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516460902	ALPHANATE INJ VWF/HUM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360502	ALPHANINE SD INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360802	ALPHANINE SD INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360202	ALPHANINE SD INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360602	ALPHANINE SD INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360902	ALPHANINE SD INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360302	ALPHANINE SD INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360402	ALPHANINE SD INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360702	ALPHANINE SD INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516360102	ALPHANINE SD INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104092201	ALPROLIX INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104095409	ALPROLIX INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104093301	ALPROLIX INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104095509	ALPROLIX INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104095201	ALPROLIX INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104096601	ALPROLIX INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104094401	ALPROLIX INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104095609	ALPROLIX INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104095109	ALPROLIX INJ 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104097701	ALPROLIX INJ 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104091101	ALPROLIX INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104095309	ALPROLIX INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104098101	ALTUVIIIO INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104098808	ALTUVIIIO INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104098201	ALTUVIIIO INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104098908	ALTUVIIIO INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104097801	ALTUVIIIO INJ 250 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104098508	ALTUVIIIO INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104098301	ALTUVIIIO INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104099008	ALTUVIIIO INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104098401	ALTUVIIIO INJ 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104099108	ALTUVIIIO INJ 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104097901	ALTUVIIIO INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104098608	ALTUVIIIO INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
71104098001	ALTUVIIIO INJ 750IU	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
00378427193	AMBRISENTAN TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
00591240630	AMBRISENTAN TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
42794005208	AMBRISENTAN TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
47335023783	AMBRISENTAN TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
49884035411	AMBRISENTAN TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
49884035462	AMBRISENTAN TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
69097038702	AMBRISENTAN TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
70710118003	AMBRISENTAN TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
00378427093	AMBRISENTAN TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
00591240530	AMBRISENTAN TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
42794005108	AMBRISENTAN TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
47335023683	AMBRISENTAN TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
49884035311	AMBRISENTAN TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
49884035362	AMBRISENTAN TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
69097038602	AMBRISENTAN TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
70710117903	AMBRISENTAN TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
10144042760	AMPYRA TAB 10MG	MULTIPLE SCLEROSIS	ORAL	N	N
71336100301	AMVUTTRA SOL 25/0.5ML	AMYLOIDOSIS	INJECTION	N	Y
30698012105	ANZEMET TAB 100MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
30698012005	ANZEMET TAB 50MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
27505000401	APOKYN INJ 10MG/ML	MOVEMENT DISORDERS	INJECTION	N	N
27505000405	APOKYN INJ 10MG/ML	MOVEMENT DISORDERS	INJECTION	N	N
49702026423	APRETUDE SUS 600MG ER	HUMAN IMMUNODEFICIENCY VIRUS	INJECTION		
49702023803	APRETUDE SUS 600MG ER	HUMAN IMMUNODEFICIENCY VIRUS	INJECTION		
00942281501	ARALAST NP INJ 1000MG	ALPHA-1 ANTITRYPSIN DEFICIENCY	INFUSION		
00942281401	ARALAST NP INJ 500MG	ALPHA-1 ANTITRYPSIN DEFICIENCY	INFUSION	N	Y
55513000501	ARANESP INJ 100MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513000504	ARANESP INJ 100MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002501	ARANESP INJ 100MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002504	ARANESP INJ 100MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513009801	ARANESP INJ 10MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513009804	ARANESP INJ 10MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002701	ARANESP INJ 150MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002704	ARANESP INJ 150MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513000601	ARANESP INJ 200MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002801	ARANESP INJ 200MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513000201	ARANESP INJ 25MCG	ANEMIA	INFUSION OR INJECTION	N	Y

55513000204	ARANESP INJ 25MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513005701	ARANESP INJ 25MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513005704	ARANESP INJ 25MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513011101	ARANESP INJ 300MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513011001	ARANESP INJ 300MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513000301	ARANESP INJ 40MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513000304	ARANESP INJ 40MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002101	ARANESP INJ 40MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002104	ARANESP INJ 40MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513003201	ARANESP INJ 500MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513000401	ARANESP INJ 60MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513000404	ARANESP INJ 60MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002301	ARANESP INJ 60MCG	ANEMIA	INFUSION OR INJECTION	N	Y
55513002304	ARANESP INJ 60MCG	ANEMIA	INFUSION OR INJECTION	N	Y
61755000101	ARCALYST INJ 220MG	CARDIAC DISORDERS, CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	INJECTION	N	Y
73604091404	ARCALYST INJ 220MG	CARDIAC DISORDERS, CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	INJECTION	N	Y
00078066913	ARZERRA CON 100/5ML	ONCOLOGY	INFUSION	N	Y
00078066961	ARZERRA CON 100/5ML	ONCOLOGY	INFUSION	N	Y
00078069061	ARZERRA CON 100/5ML	ONCOLOGY	INFUSION	N	Y
69800025001	ASCENIV INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
69800025002	ASCENIV INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
72694051501	ASPARLAS INJ 3750/5ML	ONCOLOGY	INJECTION	N	Y
00469064773	ASTAGRAF XL CAP 0.5MG	TRANSPLANT	ORAL	N	N
00469067773	ASTAGRAF XL CAP 1MG	TRANSPLANT	ORAL	N	N
00469068773	ASTAGRAF XL CAP 5MG	TRANSPLANT	ORAL	N	N
58468021002	AUBAGIO TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
58468021004	AUBAGIO TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
58468021101	AUBAGIO TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
58468021104	AUBAGIO TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
00003404012	AUGTYRO CAP 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00003404060	AUGTYRO CAP 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68546017260	AUSTEDO TAB 12MG	MOVEMENT DISORDERS	ORAL	N	N
68546017060	AUSTEDO TAB 6MG	MOVEMENT DISORDERS	ORAL	N	N
68546017160	AUSTEDO TAB 9MG	MOVEMENT DISORDERS	ORAL	N	N
68546018270	AUSTEDO PT PAK TITR KIT	MOVEMENT DISORDERS	ORAL	N	N
68546047156	AUSTEDO XR TAB 12MG	MOVEMENT DISORDERS	ORAL	N	N
68546047256	AUSTEDO XR TAB 24MG	MOVEMENT DISORDERS	ORAL	N	N
68546047056	AUSTEDO XR TAB 6MG	MOVEMENT DISORDERS	ORAL	N	N
68546049052	AUSTEDO XR TAB TITR KIT	MOVEMENT DISORDERS	ORAL	N	N
50242006001	AVASTIN INJ	ONCOLOGY - INJECTABLE	INFUSION	N	Y
50242006010	AVASTIN INJ	ONCOLOGY - INJECTABLE	INFUSION	N	Y
50242006101	AVASTIN INJ 400/16ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
50242006110	AVASTIN INJ 400/16ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
67979051143	AVEED INJ 750/3ML	HORMONAL THERAPIES	INJECTION	Y	Y
59627000301	AVONEX PEN KIT 30MCG	MULTIPLE SCLEROSIS	INJECTION	N	Y
59627033304	AVONEX PEN KIT 30MCG	MULTIPLE SCLEROSIS	INJECTION	N	Y
59627000206	AVONEX PREFL KIT 30MCG	MULTIPLE SCLEROSIS	INJECTION	N	Y
59627022205	AVONEX PREFL KIT 30MCG	MULTIPLE SCLEROSIS	INJECTION	N	Y
55513067001	AVSOLA INJ 100MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00781325394	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00781925394	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
16729030610	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
43598030562	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
43598046562	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
43598067811	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
51991079798	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
63323077139	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
64679009601	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
64679009602	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
67457025430	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
68001031356	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
72485020101	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
16714077701	AZACITIDINE INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
69387000101	BAFIERTAM CAP 95MG	MULTIPLE SCLEROSIS	ORAL	N	Y
59676003056	BALVERSA TAB 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59676003084	BALVERSA TAB 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59676004028	BALVERSA TAB 4MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59676004056	BALVERSA TAB 4MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59676005028	BALVERSA TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
44087353501	BAVENCIO INJ 20MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
72893000201	BELEODAQ INJ 500MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
68152010809	BELEODAQ INJ 500MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
42367052125	BELRAPZO SOL 100/4ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
16729025105	BENDAMUSTINE INJ 100 MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
55150039201	BENDAMUSTINE INJ 100 MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
60505609600	BENDAMUSTINE INJ 100 MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
68001057241	BENDAMUSTINE INJ 100 MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
71288010320	BENDAMUSTINE INJ 100 MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
16729025003	BENDAMUSTINE INJ 25MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
55150039101	BENDAMUSTINE INJ 25MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
60505609500	BENDAMUSTINE INJ 25MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
68001057141	BENDAMUSTINE INJ 25MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
71288010210	BENDAMUSTINE INJ 25MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
42367052025	BENDAMUSTINE SOL 100/4ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
10019007901	BENDAMUSTINE SOL 100/4ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
60505622800	BENDAMUSTINE SOL 100/4ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
63459034804	BENDEKA INJ 100/4ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
58394063503	BENEFIX INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394063603	BENEFIX INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394063303	BENEFIX INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394063703	BENEFIX INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394063403	BENEFIX INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
49401010101	BENLYSTA INJ 120MG	SYSTEMIC LUPUS ERYTHEMATOSUS	INFUSION	N	Y
49401008801	BENLYSTA INJ 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS	INJECTION		
49401008835	BENLYSTA INJ 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS	INJECTION		
49401008842	BENLYSTA INJ 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS	INJECTION		
49401008847	BENLYSTA INJ 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS	INJECTION		
49401010201	BENLYSTA INJ 400MG	SYSTEMIC LUPUS ERYTHEMATOSUS	INFUSION	N	Y

00078082761	BEOVU INJ 6/0.05ML	OCULAR DISORDERS	INJECTION	N	Y
63833082502	BERINERT INJ 500UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
00008010001	BESPONSA INJ 0.9MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00713035281	BETAINE ANHY POW	ENZYME DEFICIENCY DISORDERS - OTHER	ORAL	N	N
50419052401	BETASERON INJ 0.3MG	MULTIPLE SCLEROSIS	INJECTION	N	Y
50419052435	BETASERON INJ 0.3MG	MULTIPLE SCLEROSIS	INJECTION	N	Y
10122082004	BETHKIS NEB 300/4ML	CYSTIC FIBROSIS	INHALATION	N	Y
10122082028	BETHKIS NEB 300/4ML	CYSTIC FIBROSIS	INHALATION	N	Y
10122082056	BETHKIS NEB 300/4ML	CYSTIC FIBROSIS	INHALATION	N	Y
00054039925	BEXAROTENE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378695501	BEXAROTENE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00832028500	BEXAROTENE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975031510	BEXAROTENE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68682000310	BEXAROTENE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69238125001	BEXAROTENE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292000701	BEXAROTENE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292000710	BEXAROTENE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50474078185	BIMZELX INJ 160MG/ML	PSORIASIS	INJECTION	N	Y
50474078079	BIMZELX INJ 160MG/ML	PSORIASIS	INJECTION	N	Y
59730650201	BIVIGAM INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
69800650201	BIVIGAM INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
69800650202	BIVIGAM INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
69800650301	BIVIGAM INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
69800650302	BIVIGAM INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
55513016001	BLINCYTO INJ 35MCG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
43598086560	BORTEZOMIB INJ 3.5MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
63323072110	BORTEZOMIB INJ 3.5MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00054052121	BOSENTAN TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	
00591251260	BOSENTAN TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	
10148012560	BOSENTAN TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	
47335003986	BOSENTAN TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	
49884005902	BOSENTAN TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	
65162087406	BOSENTAN TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	
68382044714	BOSENTAN TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	
00054052021	BOSENTAN TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
00591251160	BOSENTAN TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
10148062560	BOSENTAN TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
47335003886	BOSENTAN TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
49884005802	BOSENTAN TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
65162087306	BOSENTAN TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
68382044614	BOSENTAN TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
00069013501	BOSULIF TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069019301	BOSULIF TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069013601	BOSULIF TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
73150015006	BRIUMVI INJ 150/6ML	MULTIPLE SCLEROSIS	INFUSION OR INJECTION	N	Y
10122021214	BRONCHITOL CAP 40MG	CYSTIC FIBROSIS	INHALATION	N	Y
10122021256	BRONCHITOL CAP 40MG	CYSTIC FIBROSIS	INHALATION	N	Y
10122021204	BRONCHITOL CAP TOL TEST	CYSTIC FIBROSIS	INHALATION	N	Y
75987007009	BUPHENYL POW	UREA CYCLE DISORDERS	ORAL	N	Y
75987006008	BUPHENYL TAB 500MG	UREA CYCLE DISORDERS	ORAL	N	Y
62756045236	BYNFEZIA PEN INJ 2500MCG	ACROMEGALY	INJECTION	N	Y
64406001901	BYOOVIZ INJ 0.5MG	OCULAR DISORDERS	INJECTION	N	Y
64406001907	BYOOVIZ INJ 0.5MG	OCULAR DISORDERS	INJECTION	N	Y
49702025315	CABENUVA SUS 400-600	HUMAN IMMUNODEFICIENCY VIRUS	INJECTION	N	Y
49702024015	CABENUVA SUS 600-900	HUMAN IMMUNODEFICIENCY VIRUS	INJECTION	N	Y
42388002426	CABOMETYX TAB 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42388002526	CABOMETYX TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42388002326	CABOMETYX TAB 60MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
73625011311	CAMZYOS CAP 10MG	CARDIAC DISORDERS	ORAL	Y	N
73625011411	CAMZYOS CAP 15MG	CARDIAC DISORDERS	ORAL	Y	N
73625011111	CAMZYOS CAP 2.5MG	CARDIAC DISORDERS	ORAL	Y	N
73625011211	CAMZYOS CAP 5MG	CARDIAC DISORDERS	ORAL	Y	N
00054027121	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093747306	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378251191	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16714046701	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729007212	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51407009560	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
55111049660	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59651020460	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923072160	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62756023886	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980027606	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162084306	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877045860	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68001048706	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69097094903	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
70756081560	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72205000660	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72485020460	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72606055401	CAPECITABINE TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00054027223	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093747489	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378251278	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16714046801	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729007329	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268015411	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268015413	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51079051001	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51079051005	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51407009612	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
55111049704	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59651020508	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923072212	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60687014911	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60687014994	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62756023920	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980027712	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y

65162084416	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877045912	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68001048807	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69097094808	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
70756081622	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72205000792	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72485020512	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72606055501	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42291016712	CAPECITABINE TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
44206041812	CARIMUNE NF INJ 12GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206041892	CARIMUNE NF INJ 12GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206041706	CARIMUNE NF INJ 6GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206041791	CARIMUNE NF INJ 6GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61958090101	CAYSTON INH 75MG	CYSTIC FIBROSIS	INHALATION	N	Y
58468022001	CERDELGA CAP 84MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	N
58468022002	CERDELGA CAP 84MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	N
58468466301	CEREZYME INJ 400UNIT	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
44087122501	CETROTIDE KIT 0.25MG	INFERTILITY	INJECTION	N	Y
63323003011	CHOR GONADOT INJ 10000UNT	INFERTILITY	INJECTION	N	Y
70114044001	CIMERLI INJ 0.3MG	OCULAR DISORDERS	INJECTION	N	Y
70114044101	CIMERLI INJ 0.5MG	OCULAR DISORDERS	INJECTION	N	Y
50474070062	CIMZIA KIT 200MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
50474071079	CIMZIA PREFL KIT 200MG/ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
50474071081	CIMZIA START KIT 200MG/ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59310061031	CINQAIR INJ	ASTHMA	INFUSION	N	Y
42227008105	CINRYZE SOL 500 UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
42227008301	CINRYZE SOL 500 UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
64208775201	COAGADEX INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
64208775401	COAGADEX INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
64208775301	COAGADEX INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
64208775601	COAGADEX INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
50242012701	COLUMVI INJ 10/10ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
50242012501	COLUMVI INJ 2.5MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
42388001214	COMETRIQ KIT 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42388001114	COMETRIQ KIT 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42388001314	COMETRIQ KIT 60MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68546031730	COPAXONE INJ 20MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
68546032506	COPAXONE INJ 40MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
68546032512	COPAXONE INJ 40MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
71779011502	COPIKTRA CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
71779011503	COPIKTRA CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
73116021556	COPIKTRA CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
71779012502	COPIKTRA CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
71779012504	COPIKTRA CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
73116022556	COPIKTRA CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
63833051802	CORIFACT KIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
62559086015	CORTROPHIN GEL 80UNIT	ENDOCRINE DISORDERS - OTHER, MULTIPLE SCLEROSIS	INJECTION	N	Y
00078063997	COSENTYX INJ 150MG/ML	PSORIASIS	INJECTION	N	Y
00078063998	COSENTYX INJ 300DOSE	PSORIASIS	INJECTION	N	Y
00078105697	COSENTYX INJ 75MG/0.5	PSORIASIS	INJECTION	N	Y
00078063968	COSENTYX PEN INJ 150MG/ML	PSORIASIS	INJECTION	N	Y
00078063941	COSENTYX PEN INJ 300DOSE	PSORIASIS	INJECTION	N	Y
50242071701	COTELLIC TAB 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69794010201	CRYSVITA INJ 10MG/ML	RARE DISORDERS - OTHER	INJECTION	N	Y
69794020301	CRYSVITA INJ 20MG/ML	RARE DISORDERS - OTHER	INJECTION	N	Y
69794030401	CRYSVITA INJ 30MG/ML	RARE DISORDERS - OTHER	INJECTION	N	Y
00944285003	CUVITRU INJ 2GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285004	CUVITRU INJ 2GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285005	CUVITRU INJ 4GM/20ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285006	CUVITRU INJ 4GM/20ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285007	CUVITRU INJ 8GM/40ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285008	CUVITRU INJ 8GM/40ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285009	CUVITRU SOL 10GM/50M	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285010	CUVITRU SOL 10GM/50M	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285001	CUVITRU SOL 1GM/5ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944285002	CUVITRU SOL 1GM/5ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
60505013400	CYCLOSPORINE CAP 100MG	TRANSPLANT	ORAL	N	Y
68084092125	CYCLOSPORINE CAP 100MG	TRANSPLANT	ORAL	N	Y
68084092195	CYCLOSPORINE CAP 100MG	TRANSPLANT	ORAL	N	Y
00093574219	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
00093574265	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
51862046047	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
00093902019	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
00093902065	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
51862046001	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
60505463203	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
00185093330	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
00185093386	CYCLOSPORINE CAP 100MG MD	TRANSPLANT	ORAL	N	Y
60505013300	CYCLOSPORINE CAP 25MG	TRANSPLANT	ORAL	N	Y
68084087925	CYCLOSPORINE CAP 25MG	TRANSPLANT	ORAL	N	Y
68084087995	CYCLOSPORINE CAP 25MG	TRANSPLANT	ORAL	N	Y
00093574019	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
00093574065	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
51862045847	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
00093901819	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
00093901865	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
51862045801	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
60505463003	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
00185093230	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
00185093286	CYCLOSPORINE CAP 25MG MOD	TRANSPLANT	ORAL	N	Y
00093574119	CYCLOSPORINE CAP 50MG MOD	TRANSPLANT	ORAL	N	Y
00093574165	CYCLOSPORINE CAP 50MG MOD	TRANSPLANT	ORAL	N	Y
00093901919	CYCLOSPORINE CAP 50MG MOD	TRANSPLANT	ORAL	N	Y
00093901965	CYCLOSPORINE CAP 50MG MOD	TRANSPLANT	ORAL	N	Y
60505463103	CYCLOSPORINE CAP 50MG MOD	TRANSPLANT	ORAL	N	Y
00517086601	CYCLOSPORINE INJ 50MG/ML	TRANSPLANT	INFUSION	N	Y
00517086610	CYCLOSPORINE INJ 50MG/ML	TRANSPLANT	INFUSION	N	Y
00574086601	CYCLOSPORINE INJ 50MG/ML	TRANSPLANT	INFUSION	N	Y

00574086610	CYCLOSPORINE INJ 50MG/ML	TRANSPLANT	INFUSION	N	Y
00172731320	CYCLOSPORINE SOL MODIFIED	TRANSPLANT	ORAL	N	Y
00002766901	CYRAMZA INJ 100/10ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00002767801	CYRAMZA INJ 500/50ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00378904505	CYSTAGON CAP 150MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
00378904005	CYSTAGON CAP 50MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	N
44206053211	CYTOGAM INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206053290	CYTOGAM INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
70257053250	CYTOGAM INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
70257053251	CYTOGAM INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
59148004670	DACOGEN INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
57894050205	DARZALEX SOL 100MG/5M	ONCOLOGY - INJECTABLE	INFUSION	N	Y
57894050220	DARZALEX SOL 400MG/20	ONCOLOGY - INJECTABLE	INFUSION	N	Y
57894050301	DARZALEX SOL FASPRO	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00069153130	DAURISMO TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069029860	DAURISMO TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781329680	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
16714092801	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
16729022405	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
25021023120	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
43598034837	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
43598042737	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
47335036141	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
50742043001	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
55111055610	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
63323082520	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
67457031625	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
68001042237	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
69097028537	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
69097090567	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
70121164401	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
72205003101	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
72205003601	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
72603010701	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
75834019001	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00781313980	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
16714074901	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
68001034728	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
68001034736	DECITABINE INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
67877067684	DEFERASIROX GRA 180MG	IRON OVERLOAD	ORAL	N	N
69238170301	DEFERASIROX GRA 180MG	IRON OVERLOAD	ORAL	N	N
69238170303	DEFERASIROX GRA 180MG	IRON OVERLOAD	ORAL	N	N
72205007530	DEFERASIROX GRA 180MG	IRON OVERLOAD	ORAL	N	N
72205007561	DEFERASIROX GRA 180MG	IRON OVERLOAD	ORAL	N	N
72647037230	DEFERASIROX GRA 180MG	IRON OVERLOAD	ORAL	N	N
67877067784	DEFERASIROX GRA 360MG	IRON OVERLOAD	ORAL	N	N
69238170401	DEFERASIROX GRA 360MG	IRON OVERLOAD	ORAL	N	N
69238170403	DEFERASIROX GRA 360MG	IRON OVERLOAD	ORAL	N	N
72205007630	DEFERASIROX GRA 360MG	IRON OVERLOAD	ORAL	N	N
72205007661	DEFERASIROX GRA 360MG	IRON OVERLOAD	ORAL	N	N
72647037330	DEFERASIROX GRA 360MG	IRON OVERLOAD	ORAL	N	N
67877067584	DEFERASIROX GRA 90MG	IRON OVERLOAD	ORAL	N	N
72647037130	DEFERASIROX GRA 90MG	IRON OVERLOAD	ORAL	N	N
43598085530	DEFERASIROX TAB 125MG	IRON OVERLOAD	ORAL	N	N
45963045430	DEFERASIROX TAB 125MG	IRON OVERLOAD	ORAL	N	N
62332032430	DEFERASIROX TAB 125MG	IRON OVERLOAD	ORAL	N	N
62756056883	DEFERASIROX TAB 125MG	IRON OVERLOAD	ORAL	N	N
67877054930	DEFERASIROX TAB 125MG	IRON OVERLOAD	ORAL	N	N
68462049430	DEFERASIROX TAB 125MG	IRON OVERLOAD	ORAL	N	N
69452015913	DEFERASIROX TAB 125MG	IRON OVERLOAD	ORAL	N	N
00093351656	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
16714099401	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
31722001230	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
43598085230	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
62332041130	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
69097039202	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
69238148703	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
70700027030	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
70710127603	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
00591385330	DEFERASIROX TAB 180MG	IRON OVERLOAD	ORAL	N	N
43598085630	DEFERASIROX TAB 250MG	IRON OVERLOAD	ORAL	N	N
45963045530	DEFERASIROX TAB 250MG	IRON OVERLOAD	ORAL	N	N
62332032530	DEFERASIROX TAB 250MG	IRON OVERLOAD	ORAL	N	N
62756056983	DEFERASIROX TAB 250MG	IRON OVERLOAD	ORAL	N	N
67877055030	DEFERASIROX TAB 250MG	IRON OVERLOAD	ORAL	N	N
68462049530	DEFERASIROX TAB 250MG	IRON OVERLOAD	ORAL	N	N
69452016013	DEFERASIROX TAB 250MG	IRON OVERLOAD	ORAL	N	N
00093351556	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
16714099501	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
31722001330	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
43598085130	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
62332041230	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
67877055430	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
69097039302	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
69238148803	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
70700027130	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
70710127703	DEFERASIROX TAB 360MG	IRON OVERLOAD	ORAL	N	N
43598085430	DEFERASIROX TAB 500MG	IRON OVERLOAD	ORAL	N	N
45963045630	DEFERASIROX TAB 500MG	IRON OVERLOAD	ORAL	N	N
62332032630	DEFERASIROX TAB 500MG	IRON OVERLOAD	ORAL	N	N
62756057083	DEFERASIROX TAB 500MG	IRON OVERLOAD	ORAL	N	N
67877055130	DEFERASIROX TAB 500MG	IRON OVERLOAD	ORAL	N	N
68462049630	DEFERASIROX TAB 500MG	IRON OVERLOAD	ORAL	N	N
69452016113	DEFERASIROX TAB 500MG	IRON OVERLOAD	ORAL	N	N
00093351756	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
16714099301	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
31722001130	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
43598085330	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N

62332041030	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
67877055230	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
69097039102	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
69238148603	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
70700026930	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
70710127503	DEFERASIROX TAB 90MG	IRON OVERLOAD	ORAL	N	N
52609450501	DEFEROX MESY INJ 500MG	IRON OVERLOAD	INJECTION	N	Y
52609450506	DEFEROX MESY INJ 500MG	IRON OVERLOAD	INJECTION	N	Y
00409233715	DEFEROXAMINE INJ 2GM	IRON OVERLOAD	INJECTION	N	Y
00409233725	DEFEROXAMINE INJ 2GM	IRON OVERLOAD	INJECTION	N	Y
47781062407	DEFEROXAMINE INJ 2GM	IRON OVERLOAD	INJECTION	N	Y
52609450401	DEFEROXAMINE INJ 2GM	IRON OVERLOAD	INJECTION	N	Y
52609450406	DEFEROXAMINE INJ 2GM	IRON OVERLOAD	INJECTION	N	Y
63323059930	DEFEROXAMINE INJ 2GM	IRON OVERLOAD	INJECTION	N	Y
00409233610	DEFEROXAMINE INJ 500MG	IRON OVERLOAD	INJECTION	N	Y
63323059710	DEFEROXAMINE INJ 500MG	IRON OVERLOAD	INJECTION	N	Y
47781062307	DEFEROXAMINE INJ 500MG	IRON OVERLOAD	INJECTION	N	Y
00078046761	DESFERAL INJ 500MG	IRON OVERLOAD	INJECTION	N	Y
00078046791	DESFERAL INJ 500MG	IRON OVERLOAD	INJECTION	N	Y
00093921841	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
00378039614	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
16729041604	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
24979012721	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
31722065731	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
43598042952	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
51407044214	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
67877055514	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
68180077614	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
69097032289	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
69238131804	DIMETHYL FUM CAP 120MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
00093921906	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
00378039918	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
00378039991	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
16729041712	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
16729041759	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
24979012804	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
31722065832	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
43598043060	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
51407044160	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
67877055660	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
68180077707	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
69097032303	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
69238131906	DIMETHYL FUM CAP 240MG DR	MULTIPLE SCLEROSIS	ORAL	N	N
31722068060	DIMETHYL FUM MIS STARTER	MULTIPLE SCLEROSIS	ORAL	N	N
67877055739	DIMETHYL FUM MIS STARTER	MULTIPLE SCLEROSIS	ORAL	N	N
68180077813	DIMETHYL FUM MIS STARTER	MULTIPLE SCLEROSIS	ORAL	N	N
69097055203	DIMETHYL FUM MIS STARTER	MULTIPLE SCLEROSIS	ORAL	N	N
69238162603	DIMETHYL FUM MIS STARTER	MULTIPLE SCLEROSIS	ORAL	N	N
00904668108	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
16714084001	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
16729049012	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
42291041160	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
42794004410	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
47335006186	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
51862012560	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
59651011860	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
59762003702	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
69452013117	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
72205003960	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
71410030006	DOFETILIDE CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
00904668208	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
16714084101	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
16729049112	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
42291041260	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
42794004510	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
47335006286	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
51862002560	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
59651011960	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
59762003802	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
69452013217	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
72205004060	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
71410030106	DOFETILIDE CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
00904668308	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
16714084201	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
16729049212	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
42291041360	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
42794004610	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
47335006386	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
51862000560	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
59651012060	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
59762003902	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
69452013317	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
72205004160	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
71410030206	DOFETILIDE CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
69794005050	DOJOLVI LIQ 100%	RARE DISORDERS - OTHER	ORAL	N	N
71369002010	DOPTELET TAB 20MG	THROMBOCYTOPENIA	ORAL	N	Y
71369002015	DOPTELET TAB 20MG	THROMBOCYTOPENIA	ORAL	N	Y
71369002030	DOPTELET TAB 20MG	THROMBOCYTOPENIA	ORAL	N	Y
00054053222	DROXIDOPA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
27241019990	DROXIDOPA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
50228042990	DROXIDOPA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
59651037590	DROXIDOPA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
63304008690	DROXIDOPA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
67877070490	DROXIDOPA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
70710138909	DROXIDOPA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
72205007290	DROXIDOPA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
00054053322	DROXIDOPA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N
27241020090	DROXIDOPA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N

50228043090	DROXIDOPA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N
59651037690	DROXIDOPA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N
63304010490	DROXIDOPA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N
67877070590	DROXIDOPA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N
70710139009	DROXIDOPA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N
72205007390	DROXIDOPA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N
00054053422	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
27241020190	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
31722001090	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
50228043190	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
59651037790	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
63304011290	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
67877070690	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
70710139109	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
72205007490	DROXIDOPA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
00024591100	DUPIXENT INJ 100/0.67	ASTHMA, ATOPIC DERMATITIS	INJECTION	N	Y
00024591102	DUPIXENT INJ 100/0.67	ASTHMA, ATOPIC DERMATITIS	INJECTION	N	Y
00024591801	DUPIXENT INJ 200/1.14	ASTHMA, ATOPIC DERMATITIS	INJECTION	N	Y
00024591900	DUPIXENT INJ 200MG	ASTHMA, ATOPIC DERMATITIS	INJECTION	N	Y
00024591902	DUPIXENT INJ 200MG	ASTHMA, ATOPIC DERMATITIS	INJECTION	N	Y
00024591920	DUPIXENT INJ 200MG	ASTHMA, ATOPIC DERMATITIS	INJECTION	N	Y
00024591901	DUPIXENT INJ 200MG	ASTHMA, ATOPIC DERMATITIS, GASTROINTESTINAL DISORDERS-OTHER	INJECTION	N	Y
00024591502	DUPIXENT INJ 300/2ML	ASTHMA, ATOPIC DERMATITIS, GASTROINTESTINAL DISORDERS-OTHER	INJECTION	N	Y
00024591401	DUPIXENT INJ 300/2ML	ASTHMA, ATOPIC DERMATITIS, GASTROINTESTINAL DISORDERS-OTHER	INJECTION	N	Y
00024591500	DUPIXENT INJ 300/2ML	ASTHMA, ATOPIC DERMATITIS, GASTROINTESTINAL DISORDERS-OTHER	INJECTION	N	Y
00024591501	DUPIXENT INJ 300/2ML	ASTHMA, ATOPIC DERMATITIS, GASTROINTESTINAL DISORDERS-OTHER	INJECTION	N	Y
00024591520	DUPIXENT INJ 300/2ML	ASTHMA, ATOPIC DERMATITIS, GASTROINTESTINAL DISORDERS-OTHER	INJECTION	N	Y
00024591400	DUPIXENT INJ 300/2ML	ASTHMA, ATOPIC DERMATITIS, GASTROINTESTINAL DISORDERS-OTHER	INJECTION	N	Y
00023965201	DURYSTA IMP 10MCG	OCULAR DISORDERS, SPECIALTY PHARMACY DISTRIBUTION	IMPLANT	N	Y
62064001160	EGRIFTA SOL 1MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
62064004130	EGRIFTA SOL 2MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
62064024130	EGRIFTA SV INJ 2MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
54092070001	ELAPRASE INJ 6MG/3ML	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
00069010601	ELELYSO INJ 200UNIT	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
62935022305	ELIGARD INJ 22.5MG	HORMONAL THERAPIES	INJECTION	N	Y
62935030330	ELIGARD INJ 30MG	HORMONAL THERAPIES	INJECTION	N	Y
62935045345	ELIGARD INJ 45MG	HORMONAL THERAPIES	INJECTION	N	Y
62935075375	ELIGARD INJ 7.5MG	HORMONAL THERAPIES	INJECTION	N	Y
71104048608	ELOCTATE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080401	ELOCTATE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104048708	ELOCTATE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080501	ELOCTATE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104048808	ELOCTATE INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080601	ELOCTATE INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104048308	ELOCTATE INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080101	ELOCTATE INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104048908	ELOCTATE INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080701	ELOCTATE INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104049008	ELOCTATE INJ 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080801	ELOCTATE INJ 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104049108	ELOCTATE INJ 5000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080901	ELOCTATE INJ 5000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
64406080901	ELOCTATE INJ 5000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104048408	ELOCTATE INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080201	ELOCTATE INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104049208	ELOCTATE INJ 6000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104081001	ELOCTATE INJ 6000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104048508	ELOCTATE INJ 750UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
71104080301	ELOCTATE INJ 750UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00003229111	EMPLICITI INJ 300MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00003452211	EMPLICITI INJ 400MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
58406001001	ENBREL INJ 25/0.5ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406001004	ENBREL INJ 25/0.5ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406005501	ENBREL INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406005504	ENBREL INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406042534	ENBREL INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406042541	ENBREL INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406002101	ENBREL INJ 50MG/ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406002104	ENBREL INJ 50MG/ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406004401	ENBREL MINI INJ 50MG/ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406004404	ENBREL MINI INJ 50MG/ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406045601	ENBREL MINI INJ 50MG/ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406045604	ENBREL MINI INJ 50MG/ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406003201	ENBREL SRCLK INJ 50MG/ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
58406003204	ENBREL SRCLK INJ 50MG/ML	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
42457042001	ENDARI POW 5GM	SICKLE CELL DISEASE	ORAL	N	N
42457042060	ENDARI POW 5GM	SICKLE CELL DISEASE	ORAL	N	N
65597040601	ENHERTU INJ 100MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
80203034701	ENJAYMO SOL	ANEMIA	INJECTION	N	Y
00548560500	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00548563500	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00703858023	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00781326805	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00781326869	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00781350005	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00781350069	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00955101010	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
16714004601	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
16714004610	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
60505079501	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
60505079504	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323058621	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323058696	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323060501	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323060504	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323060584	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323060594	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
68001046142	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N

68001046143	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
70710176106	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
71288041088	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
71288041089	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323056884	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323056895	ENOXAPARIN INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00548560600	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00548563600	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00703861023	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00781329804	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00781329868	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00781361204	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00781361268	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00955101201	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00955101210	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
16714005601	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
16714005610	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
60505079600	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
60505079604	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
63323060901	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
63323060990	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
63323065521	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
63323065599	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
68001046242	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
68001046243	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
70710176206	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
71288041180	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
71288041181	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
63323056990	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
63323056999	ENOXAPARIN INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00548560700	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00548563700	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00703851023	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00781329905	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00781329969	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00781365505	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00781365569	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00955101510	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
16714006601	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
16714006610	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
60505079800	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
60505079804	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323053701	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323053784	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323058921	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323058994	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
68001046342	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
68001046343	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
70710176306	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
71288041182	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
71288041183	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323056984	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
63323056995	ENOXAPARIN INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00548560100	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00548563100	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00703853023	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00781313301	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00781313363	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00781323801	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00781323863	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00955100301	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00955100310	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
16714000601	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
16714000610	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
60505079100	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
60505079104	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
63323053301	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
63323053313	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
63323053383	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
63323053393	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
63323055921	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
63323055993	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
63323056883	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
68001045742	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
68001045743	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
70710175706	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
71288041080	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
71288041081	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
63323056894	ENOXAPARIN INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00548560800	ENOXAPARIN INJ 300/3ML	ANTICOAGULANTS	INJECTION	N	N
00955101601	ENOXAPARIN INJ 300/3ML	ANTICOAGULANTS	INJECTION	N	N
63323053903	ENOXAPARIN INJ 300/3ML	ANTICOAGULANTS	INJECTION	N	N
68001046441	ENOXAPARIN INJ 300/3ML	ANTICOAGULANTS	INJECTION	N	N
63323056586	ENOXAPARIN INJ 300/3ML	ANTICOAGULANTS	INJECTION	N	N
63323056593	ENOXAPARIN INJ 300/3ML	ANTICOAGULANTS	INJECTION	N	N
00781324602	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00781324664	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00955100401	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
16714001601	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
16714001610	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
50090344500	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
63323053501	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
63323053508	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
63323053587	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
63323053598	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
63323056421	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
63323056497	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
68001045842	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N

68001045843	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
70710175806	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
71288041082	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
71288041083	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00548560200	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00548563200	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00703854023	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00781322402	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00781322464	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00955100410	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
60505079200	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
60505079204	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
63323056887	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
63323056896	ENOXAPARIN INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00548560300	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00548563300	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00703856023	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00781325603	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00781325666	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00781335603	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00781335666	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00955100601	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00955100610	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
16714002601	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
16714002610	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
60505079300	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
60505079304	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
63323056621	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
63323056698	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
63323060701	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
63323060708	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
63323060788	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
63323060798	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
68001045942	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
68001045943	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
70710175906	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
71288041084	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
71288041085	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
63323056888	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
63323056898	ENOXAPARIN INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00548560400	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00548563400	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00703868023	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00781326204	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00781326268	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00781342804	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00781342868	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00955100801	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00955100810	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
16714003601	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
16714003610	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
60505079400	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
60505079404	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
63323053101	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
63323053108	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
63323053190	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
63323053198	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
63323058421	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
63323058499	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
68001046042	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
68001046043	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
70710176006	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
71288041086	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
71288041087	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
63323056890	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
63323056899	ENOXAPARIN INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
50242000701	ENSPRYNG INJ	RARE DISORDERS - OTHER	INJECTION	N	Y
64764030020	ENTYVIO INJ 300MG	INFLAMMATORY BOWEL DISEASE	INFUSION	N	Y
68992307501	ENVARSUS XR TAB 0.75MG	TRANSPLANT	ORAL	N	N
68992307503	ENVARSUS XR TAB 0.75MG	TRANSPLANT	ORAL	N	N
68992301001	ENVARSUS XR TAB 1MG	TRANSPLANT	ORAL	N	N
68992301003	ENVARSUS XR TAB 1MG	TRANSPLANT	ORAL	N	N
68992304001	ENVARSUS XR TAB 4MG	TRANSPLANT	ORAL	N	N
68992304003	ENVARSUS XR TAB 4MG	TRANSPLANT	ORAL	N	N
61958220301	EPCLUSA TAB 200-50MG	HEPATITIS C	ORAL	N	N
61958220101	EPCLUSA TAB 400-100	HEPATITIS C	ORAL	N	N
70127010001	EPIDIOLEX SOL 100MG/ML	SEIZURE DISORDERS	ORAL	N	N
70127010010	EPIDIOLEX SOL 100MG/ML	SEIZURE DISORDERS	ORAL	N	N
55513014401	EPOGEN INJ 10000/ML	ANEMIA	INJECTION	N	Y
55513014410	EPOGEN INJ 10000/ML	ANEMIA	INJECTION	N	Y
55513028301	EPOGEN INJ 10000/ML	ANEMIA	INJECTION	N	Y
55513028310	EPOGEN INJ 10000/ML	ANEMIA	INJECTION	N	Y
55513012601	EPOGEN INJ 2000/ML	ANEMIA	INJECTION	N	Y
55513012610	EPOGEN INJ 2000/ML	ANEMIA	INJECTION	N	Y
55513047801	EPOGEN INJ 20000/ML	ANEMIA	INJECTION	N	Y
55513047810	EPOGEN INJ 20000/ML	ANEMIA	INJECTION	N	Y
55513026701	EPOGEN INJ 3000/ML	ANEMIA	INJECTION	N	Y
55513026710	EPOGEN INJ 3000/ML	ANEMIA	INJECTION	N	Y
55513014801	EPOGEN INJ 4000/ML	ANEMIA	INJECTION	N	Y
55513014810	EPOGEN INJ 4000/ML	ANEMIA	INJECTION	N	Y
62756005940	EPOPROSTENOL INJ 0.5MG	PULMONARY ARTERIAL HYPERTENSION	INFUSION	N	
00703198501	EPOPROSTENOL INJ 0.5MG	PULMONARY ARTERIAL HYPERTENSION	INFUSION	N	
62756006040	EPOPROSTENOL INJ 1.5MG	PULMONARY ARTERIAL HYPERTENSION	INFUSION	N	
00703199501	EPOPROSTENOL INJ 1.5MG	PULMONARY ARTERIAL HYPERTENSION	INFUSION	N	
66733094823	ERBITUX INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
66733095823	ERBITUX INJ 200MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
50242014001	ERIVEDGE CAP 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59676060012	ERLEADA TAB 60MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y

00093766356	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378713293	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292005201	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292005205	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51991089133	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923072630	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63304009630	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382091406	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72205008130	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72485021830	ERLOTINIB TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093766456	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378713393	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292005301	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292005305	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51991089233	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923072730	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63304013530	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382091506	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72205008230	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72485021930	ERLOTINIB TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378713193	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292005101	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292005105	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51991089033	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923072530	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63304009530	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382091306	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72205008030	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72485021730	ERLOTINIB TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
81561041305	ERWINASE INJ 10000UNT	ONCOLOGY	INJECTION	N	Y
50242012101	ESBRIET CAP 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
64116012101	ESBRIET CAP 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
50242012206	ESBRIET TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
50242012301	ESBRIET TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
00169810001	ESPEROCT INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00169815001	ESPEROCT INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00169820001	ESPEROCT INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00169830001	ESPEROCT INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00169850001	ESPEROCT INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00054048014	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378309632	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378309685	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
49884011952	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51991082128	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00054048013	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093776619	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093776624	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
49884011991	EVEROLIMUS TAB 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00054048113	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00054048114	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093776724	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
49884012552	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
49884012591	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51991082228	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093776719	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378309732	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378309785	EVEROLIMUS TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00054049713	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00054049714	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093776824	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
49884012752	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
49884012791	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51991082328	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093776819	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378309832	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378309885	EVEROLIMUS TAB 7.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72893000101	EVOMELA INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
68152010900	EVOMELA INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00078046815	EXJADE TAB 125MG	IRON OVERLOAD	ORAL	N	N
00078046915	EXJADE TAB 250MG	IRON OVERLOAD	ORAL	N	N
00078047015	EXJADE TAB 500MG	IRON OVERLOAD	ORAL	N	N
00078056912	EXTAVIA INJ 0.3MG	MULTIPLE SCLEROSIS	INJECTION	N	Y
00078056961	EXTAVIA INJ 0.3MG	MULTIPLE SCLEROSIS	INJECTION	N	Y
00078056999	EXTAVIA INJ 0.3MG	MULTIPLE SCLEROSIS	INJECTION	N	Y
61755000502	EYLEA INJ 2/0.05ML	OCULAR DISORDERS	INJECTION	N	Y
58468004001	FABRAZYME INJ 35MG	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
58468004101	FABRAZYME INJ 5MG	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
00310173030	FASENRA INJ 30MG/ML	ASTHMA	INJECTION	N	N
00310183030	FASENRA PEN INJ 30MG/ML	ASTHMA	INJECTION	N	Y
64193042602	FEIBA INJ	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
64193042402	FEIBA INJ	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
64193042502	FEIBA INJ	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982034701	FIBRYGA INJ 1GM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
68982034801	FIBRYGA INJ 1GM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
68974020030	FILSPARI TAB 200MG	RENAL DISEASE	ORAL	Y	N
68974040030	FILSPARI TAB 400MG	RENAL DISEASE	ORAL	Y	N
67877047630	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
00378452593	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
68382091206	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
68462016630	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
16729034210	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
31722088930	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
43598028530	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
60505433203	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
62756006483	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
64980044903	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
65862095230	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
82009014330	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N

00480782056	FINGOLIMOD CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
54092070202	FIRAZYR INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
54092070203	FIRAZYR INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
55566840301	FIRMAGON INJ 120MG	HORMONAL THERAPIES	INJECTION	N	Y
55566830301	FIRMAGON INJ 80MG	HORMONAL THERAPIES	INJECTION	N	Y
61953000502	FLEBOGAMMA INJ 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000505	FLEBOGAMMA INJ 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000404	FLEBOGAMMA INJ 10/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000409	FLEBOGAMMA INJ 10/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000503	FLEBOGAMMA INJ 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000506	FLEBOGAMMA INJ 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000400	FLEBOGAMMA INJ 20/400ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000405	FLEBOGAMMA INJ 20/400ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000501	FLEBOGAMMA INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000504	FLEBOGAMMA INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000401	FLEBOGAMMA INJ DIF 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000406	FLEBOGAMMA INJ DIF 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000402	FLEBOGAMMA INJ DIF 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000407	FLEBOGAMMA INJ DIF 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000403	FLEBOGAMMA INJ DIF 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61953000408	FLEBOGAMMA INJ DIF 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00173051700	FLOLAN INJ 0.5MG	PULMONARY ARTERIAL HYPERTENSION	INFUSION	N	
00173051900	FLOLAN INJ 1.5MG	PULMONARY ARTERIAL HYPERTENSION	INFUSION	N	
00052031301	FOLLISTIM AQ INJ 300UNIT	INFERTILITY	INJECTION	N	Y
00052031601	FOLLISTIM AQ INJ 600UNIT	INFERTILITY	INJECTION	N	Y
00052032601	FOLLISTIM AQ INJ 900UNIT	INFERTILITY	INJECTION	N	Y
48818000101	FOLOTYN INJ 20MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
48818000102	FOLOTYN INJ 40MG/2ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
67457083306	FULPHILA INJ 6/0.6ML	NEUTROPENIA	INJECTION	N	Y
68152010100	FUSILEV INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00004038140	FUZEON INJ 90MG	HUMAN IMMUNODEFICIENCY VIRUS	INJECTION	N	Y
70121162701	FYLNETRA INJ 6MG/0.6	NEUTROPENIA	INJECTION	N	Y
55566101001	FYREMADEL SOL 250/0.5	INFERTILITY	INJECTION	N	Y
13533033504	GAMASTAN INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533033512	GAMASTAN INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533033513	GAMASTAN INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533033540	GAMASTAN INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063504	GAMASTAN INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063512	GAMASTAN INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063513	GAMASTAN INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063540	GAMASTAN INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
66658051001	GAMIFANT INJ 100/20ML	RARE DISORDERS - OTHER	INJECTION	N	Y
66658050101	GAMIFANT INJ 10MG/2ML	RARE DISORDERS - OTHER	INJECTION	N	Y
72171050101	GAMIFANT INJ 10MG/2ML	RARE DISORDERS - OTHER	INJECTION	N	Y
66658050501	GAMIFANT INJ 50/10ML	RARE DISORDERS - OTHER	INJECTION	N	Y
72171050501	GAMIFANT INJ 50/10ML	RARE DISORDERS - OTHER	INJECTION	N	Y
00944270005	GAMMAGARD INJ 10GM/100	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270011	GAMMAGARD INJ 10GM/100	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270002	GAMMAGARD INJ 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270008	GAMMAGARD INJ 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270003	GAMMAGARD INJ 2.5GM/25	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270009	GAMMAGARD INJ 2.5GM/25	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270006	GAMMAGARD INJ 20GM/200	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270012	GAMMAGARD INJ 20GM/200	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270007	GAMMAGARD INJ 30GM/300	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270013	GAMMAGARD INJ 30GM/300	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270004	GAMMAGARD INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944270010	GAMMAGARD INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00944265804	GAMMAGARD SD INJ 10GM HU	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944265603	GAMMAGARD SD INJ 5GM HU	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
76125090010	GAMMAKED INJ 10GM/100	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
76125090011	GAMMAKED INJ 10GM/100	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
76125090001	GAMMAKED INJ 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
76125090020	GAMMAKED INJ 20GM/200	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
76125090021	GAMMAKED INJ 20GM/200	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
76125090050	GAMMAKED INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
76125090051	GAMMAKED INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
64208823501	GAMMAPLEX INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823505	GAMMAPLEX INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823502	GAMMAPLEX INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823506	GAMMAPLEX INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823503	GAMMAPLEX INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823507	GAMMAPLEX INJ 10%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823402	GAMMAPLEX INJ 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823406	GAMMAPLEX INJ 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823403	GAMMAPLEX INJ 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823407	GAMMAPLEX INJ 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823404	GAMMAPLEX INJ 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
64208823408	GAMMAPLEX INJ 5%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
13533080071	GAMUNEX-C INJ 10GM/100	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080072	GAMUNEX-C INJ 10GM/100	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080012	GAMUNEX-C INJ 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080013	GAMUNEX-C INJ 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080015	GAMUNEX-C INJ 2.5GM/25	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080016	GAMUNEX-C INJ 2.5GM/25	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080024	GAMUNEX-C INJ 20GM/200	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080025	GAMUNEX-C INJ 20GM/200	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080040	GAMUNEX-C INJ 40/400ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080041	GAMUNEX-C INJ 40/400ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080020	GAMUNEX-C INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
13533080021	GAMUNEX-C INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00052030151	GANIRELIX AC INJ 250/0.5	INFERTILITY	INJECTION	N	Y
55566100001	GANIRELIX AC INJ 250/0.5	INFERTILITY	INJECTION	N	Y
68875010201	GATTEX KIT 5MG	GASTROINTESTINAL DISORDERS-OTHER	INJECTION	Y	Y
68875010301	GATTEX KIT 5MG	GASTROINTESTINAL DISORDERS-OTHER	INJECTION	Y	Y
72064021090	GAVRETO CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72064021060	GAVRETO CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50242021090	GAVRETO CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y

50242021060	GAVRETO CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50242007001	GAZYVA INJ 25MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00480405356	GEFITINIB TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50742036630	GEFITINIB TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60505451203	GEFITINIB TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69339016803	GEFITINIB TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00074310932	GENGRAF CAP 100MG	TRANSPLANT	ORAL	N	Y
00074310832	GENGRAF CAP 25MG	TRANSPLANT	ORAL	N	Y
00074726950	GENGRAF SOL 100MG/ML	TRANSPLANT	ORAL	N	Y
00013264902	GENOTROPIN INJ 0.2MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265002	GENOTROPIN INJ 0.4MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265102	GENOTROPIN INJ 0.6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265202	GENOTROPIN INJ 0.8MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265402	GENOTROPIN INJ 1.2MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265502	GENOTROPIN INJ 1.4MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265602	GENOTROPIN INJ 1.6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265702	GENOTROPIN INJ 1.8MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013264681	GENOTROPIN INJ 12MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265302	GENOTROPIN INJ 1MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013265802	GENOTROPIN INJ 2MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00013262681	GENOTROPIN INJ 5MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00078060715	GILENYA CAP 0.5MG	MULTIPLE SCLEROSIS	ORAL	N	N
00944288401	GLASSIA INJ	ALPHA-1 ANTITRYPSIN DEFICIENCY	INFUSION	N	Y
00944288402	GLASSIA INJ	ALPHA-1 ANTITRYPSIN DEFICIENCY	INFUSION	N	Y
00378696032	GLATIRAMER INJ 20MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00378696093	GLATIRAMER INJ 20MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00378696112	GLATIRAMER INJ 40MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00378696132	GLATIRAMER INJ 40MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00781323434	GLATOPA INJ 20MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00781323471	GLATOPA INJ 20MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00781325071	GLATOPA INJ 40MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00781325089	GLATOPA INJ 40MG/ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00078040134	GLEEVEC TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078064930	GLEEVEC TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
58181304205	GLEOSTINE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
58181304005	GLEOSTINE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
58181304105	GLEOSTINE CAP 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
44087907001	GONAL-F INJ 1050UNIT	INFERTILITY	INJECTION	N	Y
44087903001	GONAL-F INJ 450UNIT	INFERTILITY	INJECTION	N	Y
44087111501	GONAL-F RFF INJ 300/0.5	INFERTILITY	INJECTION	N	Y
44087111601	GONAL-F RFF INJ 450/0.75	INFERTILITY	INJECTION	N	Y
44087900501	GONAL-F RFF INJ 75UNIT	INFERTILITY	INJECTION	N	Y
44087900506	GONAL-F RFF INJ 75UNIT	INFERTILITY	INJECTION	N	Y
44087111701	GONAL-F RFF INJ 900/1.5	INFERTILITY	INJECTION	N	Y
00143974401	GRANISETRON INJ 1MG/ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
00143974410	GRANISETRON INJ 1MG/ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
17478054602	GRANISETRON INJ 1MG/ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
63323031801	GRANISETRON INJ 1MG/ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
67457086301	GRANISETRON INJ 1MG/ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
66758003501	GRANISETRON INJ 1MG/ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
00143974501	GRANISETRON INJ 4MG/4ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
00143974505	GRANISETRON INJ 4MG/4ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
17478054605	GRANISETRON INJ 4MG/4ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
63323031904	GRANISETRON INJ 4MG/4ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
67457086404	GRANISETRON INJ 4MG/4ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
66758003601	GRANISETRON INJ 4MG/4ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
16714022101	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
16714022110	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
16714022112	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
16714022130	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
16714022132	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
42043039000	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
42043039002	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
42043039020	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
42043039021	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
42043039040	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
51991073520	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
51991073532	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
51991073599	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
00054014308	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
00054014387	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
51672413806	GRANISETRON TAB 1MG	5-HT3 RECEPTOR ANTAGONISTS	ORAL	N	N
63459091011	GRANIX INJ 300/0.5	NEUTROPENIA	INJECTION	N	Y
63459091015	GRANIX INJ 300/0.5	NEUTROPENIA	INJECTION	N	Y
63459091017	GRANIX INJ 300/0.5	NEUTROPENIA	INJECTION	N	Y
63459091036	GRANIX INJ 300/0.5	NEUTROPENIA	INJECTION	N	Y
63459091853	GRANIX INJ 300/1ML	NEUTROPENIA	INJECTION	N	Y
63459091859	GRANIX INJ 300/1ML	NEUTROPENIA	INJECTION	N	Y
63459091211	GRANIX INJ 480/0.8	NEUTROPENIA	INJECTION	N	Y
63459091212	GRANIX INJ 480/0.8	NEUTROPENIA	INJECTION	N	Y
63459091215	GRANIX INJ 480/0.8	NEUTROPENIA	INJECTION	N	Y
63459091217	GRANIX INJ 480/0.8	NEUTROPENIA	INJECTION	N	Y
63459091236	GRANIX INJ 480/0.8	NEUTROPENIA	INJECTION	N	Y
63459092053	GRANIX INJ 480/1.6	NEUTROPENIA	INJECTION	N	Y
63459092059	GRANIX INJ 480/1.6	NEUTROPENIA	INJECTION	N	Y
78206018601	HADLIMA INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
78206018699	HADLIMA INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
78206018301	HADLIMA INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
78206018399	HADLIMA INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
78206018701	HADLIMA PUSH INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
78206018799	HADLIMA PUSH INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
78206018401	HADLIMA PUSH INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
78206018499	HADLIMA PUSH INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
63833082802	HAEGARDA INJ 2000UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
63833082902	HAEGARDA INJ 3000UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
62856038901	HALAVEN INJ 1MG/2ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
61958180501	HARVONI PAK	HEPATITIS C	ORAL	N	N
61958180401	HARVONI PAK 45-200MG	HEPATITIS C	ORAL	N	N

61958180101	HARVONI TAB 90-400MG	HEPATITIS C	ORAL	N	N
00053813202	HELIXATE FS INJ 500UNIT	HEMOPHILIA	INJECTION	N	N
50242092201	HEMLIBRA INJ 105/0.7	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
50242092301	HEMLIBRA INJ 150/ML	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
50242092001	HEMLIBRA INJ 30MG/ML	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
50242092101	HEMLIBRA INJ 60/0.4	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00944394402	HEMOFIL M INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944394602	HEMOFIL M INJ 1700UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944394002	HEMOFIL M INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944394202	HEMOFIL M INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
70257005105	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70257005151	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70257005211	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70257005251	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70257005311	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70257005351	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70257005405	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70257005451	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70504005201	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70504005202	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70504005301	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70504005302	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70504005401	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70504005402	HEPAGAM B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
50242007701	HERCEP HYLEC SOL 60-10000	ONCOLOGY - INJECTABLE	INJECTION	N	Y
50242013201	HERCEPTIN INJ 150MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
50242013210	HERCEPTIN INJ 150MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
63459030343	HERZUMA INJ 150MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
63459030547	HERZUMA INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
63459030741	HERZUMA INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
44206045510	HIZENTRA INJ 10/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045593	HIZENTRA INJ 10/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045101	HIZENTRA INJ 1GM/5ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045190	HIZENTRA INJ 1GM/5ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045621	HIZENTRA INJ 1GM/5ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045694	HIZENTRA INJ 1GM/5ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045202	HIZENTRA INJ 2GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045291	HIZENTRA INJ 2GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045722	HIZENTRA INJ 2GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045795	HIZENTRA INJ 2GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045404	HIZENTRA INJ 4GM/20ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045492	HIZENTRA INJ 4GM/20ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045824	HIZENTRA SOL 20%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206045896	HIZENTRA SOL 20%	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
49502038002	HULIO INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
49502038202	HULIO INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
49502038102	HULIO KIT 20/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
63833061702	HUMATE-P SOL 2400UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
63833061502	HUMATE-P SOL 250-600	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
63833061602	HUMATE-P SOL 500-1200	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
00002814801	HUMATROPE INJ 12MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00002814901	HUMATROPE INJ 24MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00002733511	HUMATROPE INJ 5MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00002814701	HUMATROPE INJ 6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00074081702	HUMIRA INJ 10/0.1ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074634702	HUMIRA INJ 10MG/0.2	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074061602	HUMIRA INJ 20/0.2ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074024302	HUMIRA INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074937402	HUMIRA KIT 20MG/0.4	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074379902	HUMIRA KIT 40MG/0.8	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074254003	HUMIRA PEDIA INJ CROHNS	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074006702	HUMIRA PEDIA INJ CROHNS	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074055402	HUMIRA PEN INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074433902	HUMIRA PEN INJ 40MG/0.8	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074012402	HUMIRA PEN INJ 80/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074433906	HUMIRA PEN INJ CD/UC/HS	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074433907	HUMIRA PEN INJ PS/UV	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074012403	HUMIRA PEN KIT CD/UC/HS	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074012404	HUMIRA PEN KIT PED UC	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00074153903	HUMIRA PEN KIT PS/UV	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00078067201	HYCAMTIN CAP 0.25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078067301	HYCAMTIN CAP 1MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
13533063601	HYPERHEP B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063605	HYPERHEP B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063610	HYPERHEP B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063650	HYPERHEP B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063602	HYPERHEP B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063603	HYPERHEP B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063620	HYPERHEP B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063630	HYPERHEP B INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063102	HYPERRHO S/D INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063103	HYPERRHO S/D INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063110	HYPERRHO S/D INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063111	HYPERRHO S/D INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533063120	HYPERRHO S/D INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533066106	HYPERRHO S/D INJ 50MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
00944251202	HYQVIA INJ 10-800	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944251002	HYQVIA INJ 2.5-200	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944251302	HYQVIA INJ 20-1600	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944251402	HYQVIA INJ 30-2400	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
00944251102	HYQVIA INJ 5-400	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
61314050964	HYRIMOZ INJ 10/0.1ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314050994	HYRIMOZ INJ 10/0.1ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314047664	HYRIMOZ INJ 20/0.2ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314047694	HYRIMOZ INJ 20/0.2ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457010801	HYRIMOZ INJ 20/0.2ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314047320	HYRIMOZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314047377	HYRIMOZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y

83457010001	HYRIMOZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457020040	HYRIMOZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314047364	HYRIMOZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457010101	HYRIMOZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457020146	HYRIMOZ INJ 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457010201	HYRIMOZ INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457020250	HYRIMOZ INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457010301	HYRIMOZ INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457020356	HYRIMOZ INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314045420	HYRIMOZ INJ 80/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457011301	HYRIMOZ SENS INJ 80/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457010701	HYRIMOZ SENS INJ 80/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314045436	HYRIMOZ-CROH INJ UC SP	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314045468	HYRIMOZ-PED INJ CROHNS	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314053164	HYRIMOZ-PED INJ CROHNS	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
61314051736	HYRIMOZ-PLAQ INJ PSORIASI	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
83457011201	HYRIMOZ-PLAQ INJ PSORIASI	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00069018821	IBRANCE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069018921	IBRANCE CAP 125MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069018721	IBRANCE CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
71225011401	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
00093306619	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
00093306634	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
00093306693	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
24201020701	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
24201020703	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
54092013501	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
54092013502	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
60505621401	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
63323057401	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
63323057486	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
63323057493	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
69097066434	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
69097066468	ICATIBANT INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
65219055408	IDACIO 2-PEN INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
65219055618	IDACIO 2-SYR INJ 40/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
65219055438	IDACIO CROHN INJ DISEASE	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
65219055428	IDACIO PLAQU INJ PSORIASI	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
69911086602	IDELVION SOL 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911086702	IDELVION SOL 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911086402	IDELVION SOL 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911086902	IDELVION SOL 3500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69911086502	IDELVION SOL 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
59572071030	IDHIFA TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59572070530	IDHIFA TAB 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078073461	ILARIS INJ 150MG/ML	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES, GOUT	INJECTION	N	Y
68611019002	ILUVIEN IMP 0.19MG	OCULAR DISORDERS	IMPLANT	N	Y
00093762998	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378224577	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00904690104	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16714070401	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292004301	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292004303	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43598034431	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43598034479	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43598034490	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335047281	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268042611	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268042612	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51407026990	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51991037690	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59651024090	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923072390	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60505290009	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60687019211	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60687019221	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63629206701	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877063390	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68001049005	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68180039009	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72485020290	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72606055601	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60429092590	IMATINIB MES TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093763056	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378224693	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00904662104	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16714070501	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292004401	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
42292004403	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43598034530	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43598034531	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43598034579	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335047583	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268042711	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268042712	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51407027030	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51991037733	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59651024130	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923072430	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60429092630	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60505290103	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60687020325	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60687020395	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63629206801	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877063430	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68001049104	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68180039106	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72485020330	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y

72606055701	IMATINIB MES TAB 400MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00310450012	IMFINZI INJ 120/2.4	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00310461150	IMFINZI INJ 500/10	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00310450525	IMJUDO INJ 25/1.25	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	N
00310453530	IMJUDO INJ 300/15ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	N
15054104005	INCRELEX INJ 40MG/4ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00069080901	INFLECTRA INJ 100MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INFUSION	N	Y
57894016001	INFLIXIMAB INJ 100MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INFUSION	N	Y
70370204806	INGREZZA CAP 40-80MG	MOVEMENT DISORDERS	ORAL	N	N
70370104001	INGREZZA CAP 40MG	MOVEMENT DISORDERS	ORAL	N	N
70370204001	INGREZZA CAP 40MG	MOVEMENT DISORDERS	ORAL	N	N
70370106001	INGREZZA CAP 60MG	MOVEMENT DISORDERS	ORAL	N	N
70370108001	INGREZZA CAP 80MG	MOVEMENT DISORDERS	ORAL	N	N
00069014501	INLYTA TAB 1MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069015111	INLYTA TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64842072709	INQOVI TAB 35-100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64842727009	INQOVI TAB 35-100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59572072012	INREBIC CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085435001	INTRON A INJ 10MU	ONCOLOGY	INJECTION	N	Y
00085116801	INTRON A INJ 18MU	ONCOLOGY	INJECTION	N	Y
00085435101	INTRON A INJ 18MU	ONCOLOGY	INJECTION	N	Y
00085113301	INTRON A INJ 25MU	ONCOLOGY	INJECTION	N	Y
00085435201	INTRON A INJ 50MU	ONCOLOGY	INJECTION	N	Y
00310048230	IRESSA TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59572098401	ISTODAX OVR INJ 10MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
70020191001	IXEMPRA KIT INJ 15MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
70020191101	IXEMPRA KIT INJ 45MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
70504028305	IXINITY INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
70504028405	IXINITY INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
70504028805	IXINITY INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
70504028705	IXINITY INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
70504028905	IXINITY INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
70504028205	IXINITY INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00078065515	JADENU TAB 180MG	IRON OVERLOAD	ORAL	N	N
00078065615	JADENU TAB 360MG	IRON OVERLOAD	ORAL	N	N
00078065415	JADENU TAB 90MG	IRON OVERLOAD	ORAL	N	N
00078071315	JADENU SPRKL GRA 180MG	IRON OVERLOAD	ORAL	N	N
00078071319	JADENU SPRKL GRA 180MG	IRON OVERLOAD	ORAL	N	N
00078072015	JADENU SPRKL GRA 360MG	IRON OVERLOAD	ORAL	N	N
00078072019	JADENU SPRKL GRA 360MG	IRON OVERLOAD	ORAL	N	N
00078072715	JADENU SPRKL GRA 90MG	IRON OVERLOAD	ORAL	N	N
00078072719	JADENU SPRKL GRA 90MG	IRON OVERLOAD	ORAL	N	N
50881001060	JAKAFI TAB 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50881001560	JAKAFI TAB 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50881002060	JAKAFI TAB 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50881002560	JAKAFI TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50881000560	JAKAFI TAB 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00002702660	JAYPIRCA TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	N
00002690230	JAYPIRCA TAB 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	N
00173089803	JEMPERLI SOL 500/10ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00024582411	JEVTANA INJ 60/1.5ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00026394425	JIVI INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00026394625	JIVI INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00026394825	JIVI INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
00026394225	JIVI INJ 500 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
50242008801	KADCYLA INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
50242008701	KADCYLA INJ 160MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
47783010101	KALBITOR INJ 10MG/ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
55513013201	KANJINTI INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
55513014101	KANJINTI SOL 150MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
25682000701	KANUMA INJ 20/10ML	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
00078100768	KESIMPTA INJ 20/.4ML	MULTIPLE SCLEROSIS	INJECTION	N	Y
00024592001	KEVZARA INJ 150/1.14	RHEUMATOID ARTHRITIS	INJECTION	N	Y
00024590801	KEVZARA INJ 150/1.14	RHEUMATOID ARTHRITIS	INJECTION	N	Y
00024592201	KEVZARA INJ 200/1.14	RHEUMATOID ARTHRITIS	INJECTION	N	Y
00024591001	KEVZARA INJ 200/1.14	RHEUMATOID ARTHRITIS	INJECTION	N	Y
00006302601	KEYTRUDA INJ 100MG/4M	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00006302602	KEYTRUDA INJ 100MG/4M	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00006302604	KEYTRUDA INJ 100MG/4M	ONCOLOGY - INJECTABLE	INFUSION	N	Y
68152011201	KHAPZORY SOL 175MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
72893000401	KHAPZORY SOL 175MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
68152011401	KHAPZORY SOL 300MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
72893000601	KHAPZORY SOL 300MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00078086001	KISQALI TAB 200DOSE	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078086714	KISQALI TAB 400DOSE	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078086742	KISQALI TAB 400DOSE	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078087421	KISQALI TAB 600DOSE	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078087463	KISQALI TAB 600DOSE	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078090961	KISQALI 200 PAK FEMARA	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078091661	KISQALI 400 PAK FEMARA	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078092361	KISQALI 600 PAK FEMARA	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
24492085056	KITABIS PAK NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
76125067650	KOATE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
76125025620	KOATE INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
76125066830	KOATE INJ 500 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
76125067250	KOATE-DVI INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
76125067351	KOATE-DVI INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
76125066730	KOATE-DVI INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026382425	KOVALTRY INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026482401	KOVALTRY INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026382650	KOVALTRY INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026482601	KOVALTRY INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026382125	KOVALTRY INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026482101	KOVALTRY INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026382850	KOVALTRY INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026482801	KOVALTRY INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026382225	KOVALTRY INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00026482201	KOVALTRY INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y

75987008010	KRYSTEXXA INJ 8MG/ML	GOUT	INFUSION	N	Y
68135030111	KUVAN POW 100MG	PHENYLKETONURIA	ORAL	N	Y
68135030122	KUVAN POW 100MG	PHENYLKETONURIA	ORAL	N	Y
68135048210	KUVAN POW 500MG	PHENYLKETONURIA	ORAL	N	Y
68135048211	KUVAN POW 500MG	PHENYLKETONURIA	ORAL	N	Y
68135030002	KUVAN TAB 100MG	PHENYLKETONURIA	ORAL	N	Y
63402001030	KYNMOBI MIS 10MG	MOVEMENT DISORDERS	ORAL	N	Y
63402001530	KYNMOBI MIS 15MG	MOVEMENT DISORDERS	ORAL	N	Y
63402002030	KYNMOBI MIS 20MG	MOVEMENT DISORDERS	ORAL	N	Y
63402002530	KYNMOBI MIS 25MG	MOVEMENT DISORDERS	ORAL	N	Y
63402003030	KYNMOBI MIS 30MG	MOVEMENT DISORDERS	ORAL	N	Y
76075010301	KYPROLIS SOL 10MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
76075010201	KYPROLIS SOL 30MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
76075010101	KYPROLIS SOL 60MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
69097087067	LANREOTIDE INJ 120/.5ML	ACROMEGALY	INJECTION	N	Y
68180080136	LAPATINIB TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
58468020001	LEMTRADA INJ 12/1.2ML	MULTIPLE SCLEROSIS	INFUSION	Y	Y
00378193701	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
69097038273	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
70710103207	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378193728	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00480124328	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
43598051263	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048501	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048528	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
60505453402	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
63304004327	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
31722025928	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59651034428	LENALIDOMIDE CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378194101	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378194121	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00480124421	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
43598051321	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048601	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048677	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
60505453502	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
69097038381	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
70710103308	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
31722026021	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59651034521	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
63304004422	LENALIDOMIDE CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
43598051663	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
60505453202	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
63304004127	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
69097060473	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
70710103007	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378193501	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378193528	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00480124128	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
31722025728	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048328	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59651034228	LENALIDOMIDE CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
43598051421	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378194201	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378194221	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00480124521	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
31722026121	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048777	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59651034621	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
60505453602	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
63304004522	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
69097038481	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
70710103408	LENALIDOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
60505453702	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
69097038581	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
70710103508	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378194001	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378194021	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00480124621	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
43598051521	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048801	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048877	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59651034721	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
63304004622	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
31722026221	LENALIDOMIDE CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378193601	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00378193628	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00480124228	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
43598051163	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048401	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
47781048428	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
60505453302	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
69097038173	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
70710103107	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
31722025828	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59651034328	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
63304004227	LENALIDOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
61958080201	LETAIRIS TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
61958080205	LETAIRIS TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
61958080101	LETAIRIS TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
61958080105	LETAIRIS TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
00024584301	LEUKINE INJ 250MCG	NEUTROPENIA	INFUSION	N	Y
00024584305	LEUKINE INJ 250MCG	NEUTROPENIA	INFUSION	N	Y
71837584301	LEUKINE INJ 250MCG	NEUTROPENIA	INFUSION	N	Y
71837584305	LEUKINE INJ 250MCG	NEUTROPENIA	INFUSION	N	Y
00781400332	LEUPROLIDE INJ 1MG/0.2	HORMONAL THERAPIES	INJECTION	N	Y
47335093640	LEUPROLIDE INJ 1MG/0.2	HORMONAL THERAPIES	INJECTION	N	Y
69097090950	LEUPROLIDE INJ 22.5MG	HORMONAL THERAPIES	INJECTION	N	Y

00781320194	LEVOLEUCOVOR INJ 175/17.5	ONCOLOGY - INJECTABLE	INJECTION	N	Y
16714089001	LEVOLEUCOVOR INJ 175/17.5	ONCOLOGY - INJECTABLE	INJECTION	N	Y
43598077111	LEVOLEUCOVOR INJ 175/17.5	ONCOLOGY - INJECTABLE	INJECTION	N	Y
50742049417	LEVOLEUCOVOR INJ 175/17.5	ONCOLOGY - INJECTABLE	INJECTION	N	Y
70121157201	LEVOLEUCOVOR INJ 175/17.5	ONCOLOGY - INJECTABLE	INJECTION	N	Y
71288010518	LEVOLEUCOVOR INJ 175/17.5	ONCOLOGY - INJECTABLE	INJECTION	N	Y
72266012001	LEVOLEUCOVOR INJ 175/17.5	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00143955801	LEVOLEUCOVOR INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
70121109901	LEVOLEUCOVOR INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
71288010410	LEVOLEUCOVOR INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
45963076257	LEVOLEUCOVOR INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
16714091501	LEVOLEUCOVOR SOL 250MG/25	ONCOLOGY - INJECTABLE	INJECTION	N	Y
43598077311	LEVOLEUCOVOR SOL 250MG/25	ONCOLOGY - INJECTABLE	INJECTION	N	Y
50742049525	LEVOLEUCOVOR SOL 250MG/25	ONCOLOGY - INJECTABLE	INJECTION	N	Y
72266012101	LEVOLEUCOVOR SOL 250MG/25	ONCOLOGY - INJECTABLE	INJECTION	N	Y
46287005501	LIQREV SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
00069033428	LITFULO CAP 50MG	ALOPECIA AREATA	ORAL	N	N
64842102501	LONSURF TAB 15-6.14	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64842102502	LONSURF TAB 15-6.14	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64842102503	LONSURF TAB 15-6.14	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64842102001	LONSURF TAB 20-8.19	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64842102002	LONSURF TAB 20-8.19	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64842102003	LONSURF TAB 20-8.19	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
70114034001	LOQTORZI INJ 240/6ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00069023101	LORBRENA TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069022701	LORBRENA TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00075062300	LOVENOX INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00075802001	LOVENOX INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00075802010	LOVENOX INJ 100MG/ML	ANTICOAGULANTS	INJECTION	N	N
00075291201	LOVENOX INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00075802201	LOVENOX INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00075802210	LOVENOX INJ 120/0.8	ANTICOAGULANTS	INJECTION	N	N
00075291501	LOVENOX INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00075802501	LOVENOX INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00075802510	LOVENOX INJ 150MG/ML	ANTICOAGULANTS	INJECTION	N	N
00075062430	LOVENOX INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00075801301	LOVENOX INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00075801310	LOVENOX INJ 30/0.3ML	ANTICOAGULANTS	INJECTION	N	N
00075062603	LOVENOX INJ 300/3ML	ANTICOAGULANTS	INJECTION	N	N
00075803001	LOVENOX INJ 300/3ML	ANTICOAGULANTS	INJECTION	N	N
00075062040	LOVENOX INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00075801401	LOVENOX INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00075801410	LOVENOX INJ 40/0.4ML	ANTICOAGULANTS	INJECTION	N	N
00075062160	LOVENOX INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00075801601	LOVENOX INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00075801610	LOVENOX INJ 60/0.6ML	ANTICOAGULANTS	INJECTION	N	N
00075062280	LOVENOX INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00075801801	LOVENOX INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
00075801810	LOVENOX INJ 80/0.8ML	ANTICOAGULANTS	INJECTION	N	N
50242008203	LUCENTIS INJ 0.3MG	OCULAR DISORDERS	INJECTION	N	Y
50242008003	LUCENTIS INJ 0.5MG	OCULAR DISORDERS	INJECTION	N	Y
50242008201	LUCENTIS SOL 0.3MG	OCULAR DISORDERS	INJECTION	N	Y
50242008202	LUCENTIS SOL 0.3MG	OCULAR DISORDERS	INJECTION	N	Y
50242008001	LUCENTIS SOL 0.5MG	OCULAR DISORDERS	INJECTION	N	Y
50242008002	LUCENTIS SOL 0.5MG	OCULAR DISORDERS	INJECTION	N	Y
55513048840	LUMAKRAS TAB 120MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
55513048824	LUMAKRAS TAB 120MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
58468016001	LUMIZYME INJ 50MG	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
58468016002	LUMIZYME INJ 50MG	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
00310470001	LUMOXITI SOL 1MG	ONCOLOGY	INJECTION	N	Y
73380470001	LUMOXITI SOL 1MG	ONCOLOGY	INJECTION	N	Y
13551000207	LUMRYZ PAK 6GM	SLEEP DISORDER	ORAL	Y	Y
13551000230	LUMRYZ PAK 6GM	SLEEP DISORDER	ORAL	Y	Y
13551000307	LUMRYZ PAK 7.5GM	SLEEP DISORDER	ORAL	Y	Y
13551000330	LUMRYZ PAK 7.5GM	SLEEP DISORDER	ORAL	Y	Y
13551000407	LUMRYZ PAK 9GM	SLEEP DISORDER	ORAL	Y	Y
13551000430	LUMRYZ PAK 9GM	SLEEP DISORDER	ORAL	Y	Y
13551000107	LUMRYZ PKG 4.5GM	SLEEP DISORDER	ORAL	Y	Y
13551000130	LUMRYZ PKG 4.5GM	SLEEP DISORDER	ORAL	Y	Y
50242015901	LUNSUMIO INJ 1MG/ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
50242014201	LUNSUMIO INJ 30MG/30	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00074228203	LUPR DEP-PED INJ 11.25MG	HORMONAL THERAPIES	INJECTION	N	Y
00074377903	LUPR DEP-PED INJ 11.25MG	HORMONAL THERAPIES	INJECTION	N	Y
00074244003	LUPR DEP-PED INJ 15MG	HORMONAL THERAPIES	INJECTION	N	Y
00074969403	LUPR DEP-PED INJ 3M 30MG	HORMONAL THERAPIES	INJECTION	N	Y
00074210803	LUPR DEP-PED INJ 7.5MG	HORMONAL THERAPIES	INJECTION	N	Y
00074366303	LUPRON DEPOT INJ 11.25MG	HORMONAL THERAPIES	INJECTION	N	Y
00074334603	LUPRON DEPOT INJ 22.5MG	HORMONAL THERAPIES	INJECTION	N	Y
00074364103	LUPRON DEPOT INJ 3.75MG	HORMONAL THERAPIES	INJECTION	N	Y
00074368303	LUPRON DEPOT INJ 30MG	HORMONAL THERAPIES	INJECTION	N	Y
00074347303	LUPRON DEPOT INJ 45MG	HORMONAL THERAPIES	INJECTION	N	Y
00074364203	LUPRON DEPOT INJ 7.5MG	HORMONAL THERAPIES	INJECTION	N	Y
68782000102	MACUGEN INJ	OCULAR DISORDERS	INJECTION	N	N
74527002203	MARGENZA INJ 250/10ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
74527002202	MARGENZA INJ 250/10ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
44087400000	MAVENCLAD PAK 10MG(10)	MULTIPLE SCLEROSIS	ORAL	N	N
44087400004	MAVENCLAD PAK 10MG(4)	MULTIPLE SCLEROSIS	ORAL	N	N
44087400005	MAVENCLAD PAK 10MG(5)	MULTIPLE SCLEROSIS	ORAL	N	N
44087400006	MAVENCLAD PAK 10MG(6)	MULTIPLE SCLEROSIS	ORAL	N	N
44087400007	MAVENCLAD PAK 10MG(7)	MULTIPLE SCLEROSIS	ORAL	N	N
44087400008	MAVENCLAD PAK 10MG(8)	MULTIPLE SCLEROSIS	ORAL	N	N
44087400009	MAVENCLAD PAK 10MG(9)	MULTIPLE SCLEROSIS	ORAL	N	N
00074262528	MAVYRET TAB 100-40MG	HEPATITIS C	ORAL	N	N
00074262584	MAVYRET TAB 100-40MG	HEPATITIS C	ORAL	N	N
00074262580	MAVYRET TAB 100-40MG	HEPATITIS C	ORAL	N	N
00078097912	MAYZENT PAK STARTER	MULTIPLE SCLEROSIS	ORAL	N	Y
00078097950	MAYZENT TAB 0.25MG	MULTIPLE SCLEROSIS	ORAL	N	Y
00078098615	MAYZENT TAB 2MG	MULTIPLE SCLEROSIS	ORAL	N	Y

00078066615	MEKINIST TAB 0.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078066815	MEKINIST TAB 2MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
55566750102	MENOPUR INJ 75UNIT	INFERTILITY	INJECTION	N	Y
55566750101	MENOPUR INJ 75UNIT	INFERTILITY	INJECTION	N	Y
00562780600	MICRHOGAM PL INJ 50MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
00562780601	MICRHOGAM PL INJ 50MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
00562780605	MICRHOGAM PL INJ 50MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
00562780625	MICRHOGAM PL INJ 50MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
10148020115	MIGLUSTAT CAP 100MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
10148020190	MIGLUSTAT CAP 100MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
42799070815	MIGLUSTAT CAP 100MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
43975031008	MIGLUSTAT CAP 100MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
43975031083	MIGLUSTAT CAP 100MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
00703468501	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
61703034318	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
63323013210	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
00703468001	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
61703034365	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
63323013212	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
00703468601	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
61703034366	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
63323013215	MITOXANTRON INJ 2MG/ML	MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE	INFUSION	N	Y
00053623302	MONONINE INJ 1000UNIT	HEMOPHILIA	INFUSION OR INJECTION	N	Y
00024586201	MOZOBIL INJ	HEMATOPOIETICS	INJECTION	N	Y
89109010801	MUGARD LIQ	ONCOLOGY	TOPICAL	N	Y
89109050501	MUGARD LIQ	ONCOLOGY	TOPICAL	N	Y
59630055107	MULPLETA TAB 3MG	THROMBOCYTOPENIA	ORAL	N	N
55513020601	MVASI INJ 100MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
55513020701	MVASI INJ 400MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00008451001	MYLOTARG INJ 4.5MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00338012612	MYXREDLIN SOL 1UNIT/ML	ENDOCRINE DISORDERS - OTHER	INJECTION	N	N
59730420201	NABI-HB INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
59730420301	NABI-HB INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
69800420201	NABI-HB INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
69800420202	NABI-HB INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
69800420301	NABI-HB INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
69800420302	NABI-HB INJ	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
68135002001	NAGLAZYME INJ 1MG/ML	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
68875020501	NATPARA INJ 100MCG	HORMONAL THERAPIES	INJECTION	Y	Y
68875020502	NATPARA INJ 100MCG	HORMONAL THERAPIES	INJECTION	Y	Y
68875020201	NATPARA INJ 25MCG	HORMONAL THERAPIES	INJECTION	Y	Y
68875020202	NATPARA INJ 25MCG	HORMONAL THERAPIES	INJECTION	Y	Y
68875020301	NATPARA INJ 50MCG	HORMONAL THERAPIES	INJECTION	Y	Y
68875020302	NATPARA INJ 50MCG	HORMONAL THERAPIES	INJECTION	Y	Y
68875020401	NATPARA INJ 75MCG	HORMONAL THERAPIES	INJECTION	Y	Y
68875020402	NATPARA INJ 75MCG	HORMONAL THERAPIES	INJECTION	Y	Y
00078024815	NEORAL CAP 100MG	TRANSPLANT	ORAL	N	Y
00078024861	NEORAL CAP 100MG	TRANSPLANT	ORAL	N	Y
00078024615	NEORAL CAP 25MG	TRANSPLANT	ORAL	N	Y
00078024661	NEORAL CAP 25MG	TRANSPLANT	ORAL	N	Y
00078027422	NEORAL SOL 100MG/ML	TRANSPLANT	ORAL	N	Y
70437024018	NERLYNX TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
70437024033	NERLYNX TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
55513019001	NEULASTA INJ 6MG/0.6M	NEUTROPENIA	INFUSION	N	Y
55513019201	NEULASTA KIT 6MG/0.6M	NEUTROPENIA	INFUSION	N	Y
55513092401	NEUPOGEN INJ 300/0.5	NEUTROPENIA	INJECTION	N	Y
55513092410	NEUPOGEN INJ 300/0.5	NEUTROPENIA	INJECTION	N	Y
55513092491	NEUPOGEN INJ 300/0.5	NEUTROPENIA	INJECTION	N	Y
55513053001	NEUPOGEN INJ 300MCG	NEUTROPENIA	INJECTION	N	Y
55513053010	NEUPOGEN INJ 300MCG	NEUTROPENIA	INJECTION	N	Y
55513020901	NEUPOGEN INJ 480/0.8	NEUTROPENIA	INJECTION	N	Y
55513020910	NEUPOGEN INJ 480/0.8	NEUTROPENIA	INJECTION	N	Y
55513020991	NEUPOGEN INJ 480/0.8	NEUTROPENIA	INJECTION	N	Y
55513054601	NEUPOGEN INJ 480MCG	NEUTROPENIA	INJECTION	N	Y
55513054610	NEUPOGEN INJ 480MCG	NEUTROPENIA	INJECTION	N	Y
50419048858	NEXAVAR TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
58468042601	NEXVIAZYME INJ 100MG	LYSOSOMAL STORAGE DISORDERS	INJECTION	N	Y
00069050501	NGENLA INJ 24/1.2ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00069050502	NGENLA INJ 24/1.2ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00069052001	NGENLA INJ 60/1.2ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00069052002	NGENLA INJ 60/1.2ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
63020007801	NINLARO CAP 2.3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020007802	NINLARO CAP 2.3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020023001	NINLARO CAP 2.3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020023002	NINLARO CAP 2.3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020007901	NINLARO CAP 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020007902	NINLARO CAP 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020039001	NINLARO CAP 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020039002	NINLARO CAP 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020008001	NINLARO CAP 4MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020008002	NINLARO CAP 4MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020040001	NINLARO CAP 4MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63020040002	NINLARO CAP 4MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00254302202	NITISINONE CAP 10MG	ENZYME DEFICIENCY DISORDERS - OTHER	ORAL	N	N
63629223301	NITISINONE CAP 10MG	ENZYME DEFICIENCY DISORDERS - OTHER	ORAL	N	N
00254302002	NITISINONE CAP 2MG	ENZYME DEFICIENCY DISORDERS - OTHER	ORAL	N	N
63629223401	NITISINONE CAP 2MG	ENZYME DEFICIENCY DISORDERS - OTHER	ORAL	N	N
00254302102	NITISINONE CAP 5MG	ENZYME DEFICIENCY DISORDERS - OTHER	ORAL	N	N
63629223501	NITISINONE CAP 5MG	ENZYME DEFICIENCY DISORDERS - OTHER	ORAL	N	N
00169770521	NORDITROPIN INJ 10/1.5ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00169770821	NORDITROPIN INJ 15/1.5ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00169770321	NORDITROPIN INJ 30/3ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00169770421	NORDITROPIN INJ 5/1.5ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
67386082019	NORTHERA CAP 100MG	MOVEMENT DISORDERS	ORAL	N	N
67386082119	NORTHERA CAP 200MG	MOVEMENT DISORDERS	ORAL	N	N
67386082219	NORTHERA CAP 300MG	MOVEMENT DISORDERS	ORAL	N	N
55566150101	NOVAREL INJ 10000UNT	INFERTILITY	INJECTION	N	Y
55566150201	NOVAREL INJ 5000UNIT	INFERTILITY	INJECTION	N	Y

00169781001	NOVOEIGHT INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169781501	NOVOEIGHT INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169782001	NOVOEIGHT INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169782501	NOVOEIGHT INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169783001	NOVOEIGHT INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169785001	NOVOEIGHT INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169720101	NOVOSEVEN RT INJ 1MG	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169720201	NOVOSEVEN RT INJ 2MG	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169720501	NOVOSEVEN RT INJ 5MG	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169720801	NOVOSEVEN RT INJ 8MG	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
55513022101	NPLATE INJ 250MCG	THROMBOCYTOPENIA	INJECTION	N	Y
55513022201	NPLATE INJ 500MCG	THROMBOCYTOPENIA	INJECTION	N	Y
50419039501	NUBEQA TAB 300MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00173088101	NUCALA INJ 100MG	ASTHMA	INJECTION	N	Y
00173089201	NUCALA INJ 100MG/ML	ASTHMA	INJECTION	N	Y
00173089242	NUCALA INJ 100MG/ML	ASTHMA	INJECTION	N	Y
00003037113	NULOJIX INJ 250MG	TRANSPLANT	INFUSION	N	Y
63090034030	NUPLAZID CAP 34MG	MOVEMENT DISORDERS	ORAL	N	N
63090010030	NUPLAZID TAB 10MG	MOVEMENT DISORDERS	ORAL	N	N
50242007401	NUTROPIN AQ INJ 10MG/2ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
50242007601	NUTROPIN AQ INJ 20MG/2ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
50242007501	NUTROPIN AQ INJ NUSPIN 5	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
68982014401	NUWIQ INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014601	NUWIQ INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014801	NUWIQ INJ 2500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014001	NUWIQ INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982015001	NUWIQ INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982015201	NUWIQ INJ 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014201	NUWIQ INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014301	NUWIQ KIT 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014501	NUWIQ KIT 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014701	NUWIQ KIT 2500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982013901	NUWIQ KIT 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014901	NUWIQ KIT 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982015101	NUWIQ KIT 4000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982014101	NUWIQ KIT 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944500101	OBIZUR INJ 500 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944500110	OBIZUR INJ 500 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944500105	OBIZUR INJ 500 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
69516001030	OCALIVA TAB 10MG	GASTROINTESTINAL DISORDERS-OTHER	ORAL	N	
69516000530	OCALIVA TAB 5MG	GASTROINTESTINAL DISORDERS-OTHER	ORAL	N	N
50242015001	OCREVUS INJ 300/10ML	MULTIPLE SCLEROSIS	INFUSION	N	Y
68982085003	OCTAGAM INJ 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982084004	OCTAGAM INJ 10GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982084001	OCTAGAM INJ 1GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982084002	OCTAGAM INJ 2.5GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982085004	OCTAGAM INJ 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982084005	OCTAGAM INJ 25GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982085001	OCTAGAM INJ 2GM/20ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982085005	OCTAGAM INJ 30/300ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982084003	OCTAGAM INJ 5GM	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
68982085002	OCTAGAM INJ 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
23155068531	OCTREOTIDE INJ 1000/5ML	ACROMEGALY	INJECTION	N	Y
00641617801	OCTREOTIDE INJ 1000MCG	ACROMEGALY	INJECTION	N	Y
00703334301	OCTREOTIDE INJ 1000MCG	ACROMEGALY	INJECTION	N	Y
25021045505	OCTREOTIDE INJ 1000MCG	ACROMEGALY	INJECTION	N	Y
63323037905	OCTREOTIDE INJ 1000MCG	ACROMEGALY	INJECTION	N	Y
00641617501	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
00641617510	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
00703331101	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
00703331104	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
25021045201	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
63323037601	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
63323037604	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
67457024500	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
67457024501	OCTREOTIDE INJ 100MCG	ACROMEGALY	INJECTION	N	Y
00641617701	OCTREOTIDE INJ 200MCG	ACROMEGALY	INJECTION	N	Y
00703333301	OCTREOTIDE INJ 200MCG	ACROMEGALY	INJECTION	N	Y
25021045405	OCTREOTIDE INJ 200MCG	ACROMEGALY	INJECTION	N	Y
63323037805	OCTREOTIDE INJ 200MCG	ACROMEGALY	INJECTION	N	Y
23155068631	OCTREOTIDE INJ 5000/5ML	ACROMEGALY	INJECTION	N	Y
00641617601	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
00641617610	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
00703332101	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
00703332104	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
25021045301	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
63323037701	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
63323037704	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
67457024600	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
67457024601	OCTREOTIDE INJ 500MCG	ACROMEGALY	INJECTION	N	Y
00641617401	OCTREOTIDE INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
00641617410	OCTREOTIDE INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
00703330101	OCTREOTIDE INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
00703330104	OCTREOTIDE INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
25021045101	OCTREOTIDE INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
67457023900	OCTREOTIDE INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
67457023901	OCTREOTIDE INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
47335030383	ODOMZO CAP 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00597014360	OFEV CAP 100MG	PULMONARY DISORDERS - OTHER	ORAL	N	
00597014560	OFEV CAP 150MG	PULMONARY DISORDERS - OTHER	ORAL	N	
67457099115	OGIVRI INJ 150MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
67457084550	OGIVRI INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
67457084744	OGIVRI INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
72542020002	OLPRUVA PAK 2GM	UREA CYCLE DISORDERS	ORAL	N	N
72542020009	OLPRUVA PAK 2GM	UREA CYCLE DISORDERS	ORAL	N	N
72542030002	OLPRUVA PAK 3GM	UREA CYCLE DISORDERS	ORAL	N	N
72542030009	OLPRUVA PAK 3GM	UREA CYCLE DISORDERS	ORAL	N	N
72542040002	OLPRUVA PAK 4 GM	UREA CYCLE DISORDERS	ORAL	N	N

72542040018	OLPRUVA PAK 4 GM	UREA CYCLE DISORDERS	ORAL	N	N
72542050002	OLPRUVA PAK 5GM	UREA CYCLE DISORDERS	ORAL	N	N
72542050018	OLPRUVA PAK 5GM	UREA CYCLE DISORDERS	ORAL	N	N
72542066702	OLPRUVA PAK 6.67GM	UREA CYCLE DISORDERS	ORAL	N	N
72542066718	OLPRUVA PAK 6.67GM	UREA CYCLE DISORDERS	ORAL	N	N
72542060002	OLPRUVA PAK 6GM	UREA CYCLE DISORDERS	ORAL	N	N
72542060018	OLPRUVA PAK 6GM	UREA CYCLE DISORDERS	ORAL	N	N
00002473230	OLUMIANT TAB 1MG	RHEUMATOID ARTHRITIS, ALOPECIA AREATA	ORAL	N	N
00002418230	OLUMIANT TAB 2MG	RHEUMATOID ARTHRITIS, ALOPECIA AREATA	ORAL	N	N
00002447930	OLUMIANT TAB 4MG	RHEUMATOID ARTHRITIS, ALOPECIA AREATA	ORAL	N	N
00781300407	OMNITROPE INJ 10/1.5ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00781300426	OMNITROPE INJ 10/1.5ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00781400436	OMNITROPE INJ 5.8MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00781401471	OMNITROPE INJ 5.8MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00781300107	OMNITROPE INJ 5/1.5ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00781300126	OMNITROPE INJ 5/1.5ML	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00002801101	OMVOH INJ 100MG/ML	INFLAMMATORY BOWEL DISEASE	INJECTION	N	Y
00002801127	OMVOH INJ 100MG/ML	INFLAMMATORY BOWEL DISEASE	INJECTION	N	Y
00002757501	OMVOH INJ 300/15ML	INFLAMMATORY BOWEL DISEASE	INFUSION OR INJECTION	N	Y
72694095401	ONCASPAR INJ 750/ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00944381001	ONCASPAR INJ 750/ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
15054004301	ONIVYDE INJ 4.3MG/ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
71336100001	ONPATTRO SOL 10MG/5ML	AMYLOIDOSIS	INJECTION	N	Y
00006503301	ONTRUZANT INJ 150MG	ONCOLOGY - INJECTABLE	INJECTION	N	
00006503302	ONTRUZANT INJ 150MG	ONCOLOGY - INJECTABLE	INJECTION	N	
00006503401	ONTRUZANT INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	
00006503402	ONTRUZANT INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	
59572073007	ONUREG TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59572073014	ONUREG TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59572074007	ONUREG TAB 300MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59572074014	ONUREG TAB 300MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00003377412	OPDIVO INJ 100MG/10	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00003373413	OPDIVO INJ 240/24	ONCOLOGY - INJECTABLE	INFUSION	N	
00003377211	OPDIVO INJ 40MG/4ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00003712511	OPDUALAG SOL	ONCOLOGY - INJECTABLE	INJECTION	N	Y
71904030001	OPFOLDA CAP 65MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
71904030002	OPFOLDA CAP 65MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
71904030003	OPFOLDA CAP 65MG	LYSOSOMAL STORAGE DISORDERS	ORAL	N	
66215050115	OPSUMIT TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
66215050130	OPSUMIT TAB 10MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
00003218811	ORENCIA INJ 125MG/ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
00003218713	ORENCIA INJ 250MG	RHEUMATOID ARTHRITIS	INFUSION	N	Y
00003281411	ORENCIA INJ 50/0.4ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
00003281811	ORENCIA INJ 87.5/0.7	RHEUMATOID ARTHRITIS	INJECTION	N	Y
00003218851	ORENCIA CLCK INJ 125MG/ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66302030001	ORENITRAM TAB 0.125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66302030010	ORENITRAM TAB 0.125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66302030201	ORENITRAM TAB 0.25MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66302030210	ORENITRAM TAB 0.25MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66302031001	ORENITRAM TAB 1MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66302031010	ORENITRAM TAB 1MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66302032501	ORENITRAM TAB 2.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL		
66302032510	ORENITRAM TAB 2.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL		
66302035001	ORENITRAM TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66302035010	ORENITRAM TAB 5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
55513036955	OTEZLA TAB 10/20/30	PSORIASIS	ORAL	N	N
59572063255	OTEZLA TAB 10/20/30	PSORIASIS	ORAL	N	N
55513013760	OTEZLA TAB 30MG	PSORIASIS	ORAL	N	N
59572063106	OTEZLA TAB 30MG	PSORIASIS	ORAL	N	N
54436001002	OTREXUP INJ 10MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436001004	OTREXUP INJ 10MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436001202	OTREXUP INJ 12.5/0.4	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436001204	OTREXUP INJ 12.5/0.4	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436001502	OTREXUP INJ 15MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436001504	OTREXUP INJ 15MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436001702	OTREXUP INJ 17.5/0.4	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436001704	OTREXUP INJ 17.5/0.4	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436002002	OTREXUP INJ 20MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436002004	OTREXUP INJ 20MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436002202	OTREXUP INJ 22.5/0.4	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436002204	OTREXUP INJ 22.5/0.4	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436002502	OTREXUP INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
54436002504	OTREXUP INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
44087115001	OVIDREL INJ	INFERTILITY	INJECTION	N	Y
72786010101	OXBRYTA TAB 500MG	SICKLE CELL DISEASE	ORAL	N	N
00023334807	OZURDEX IMP 0.7MG	OCULAR DISORDERS	INJECTION	N	Y
51144002001	PADCEV INJ 20MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
51144003001	PADCEV INJ 30MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00143951301	PALONOSETRON INJ 0.25/2ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
50742048505	PALONOSETRON INJ 0.25/5ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
63323067305	PALONOSETRON INJ 0.25/5ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
00409250410	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
00703409401	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
00781331275	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
00781341575	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
16714083401	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
16729036566	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
25021078305	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
55111069407	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
55150018605	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
60505619301	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
67457031725	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
68001035525	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
68001048225	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
69097043935	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
69097092735	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
69543037101	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
69543037110	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N

25021078874	PALONOSETRON INJ 0.25MG/5	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
63323067321	PALONOSETRON SOL 0.25/5ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
63323067389	PALONOSETRON SOL 0.25/5ML	5-HT3 RECEPTOR ANTAGONISTS	INJECTION	N	N
68135075619	PALYNZIQ INJ 10/0.5ML	PHENYLKETONURIA	INJECTION	Y	Y
68135075620	PALYNZIQ INJ 10/0.5ML	PHENYLKETONURIA	INJECTION	Y	Y
68135005889	PALYNZIQ INJ 2.5/0.5	PHENYLKETONURIA	INJECTION	Y	Y
68135005890	PALYNZIQ INJ 2.5/0.5	PHENYLKETONURIA	INJECTION	Y	Y
68135067339	PALYNZIQ INJ 20MG/ML	PHENYLKETONURIA	INJECTION	Y	Y
68135067340	PALYNZIQ INJ 20MG/ML	PHENYLKETONURIA	INJECTION	Y	Y
68135067345	PALYNZIQ INJ 20MG/ML	PHENYLKETONURIA	INJECTION	Y	Y
00069131201	PANZYGA SOL 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069131202	PANZYGA SOL 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082204	PANZYGA SOL 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082284	PANZYGA SOL 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082004	PANZYGA SOL 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082084	PANZYGA SOL 10/100ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069101101	PANZYGA SOL 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069101102	PANZYGA SOL 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082201	PANZYGA SOL 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082281	PANZYGA SOL 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082001	PANZYGA SOL 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082081	PANZYGA SOL 1GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069110901	PANZYGA SOL 2.5/25ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069110902	PANZYGA SOL 2.5/25ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082202	PANZYGA SOL 2.5/25ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082282	PANZYGA SOL 2.5/25ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082002	PANZYGA SOL 2.5/25ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082082	PANZYGA SOL 2.5/25ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069141501	PANZYGA SOL 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069141502	PANZYGA SOL 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082205	PANZYGA SOL 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082285	PANZYGA SOL 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082005	PANZYGA SOL 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082085	PANZYGA SOL 20/200ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069155801	PANZYGA SOL 30/300ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069155802	PANZYGA SOL 30/300ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082206	PANZYGA SOL 30/300ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082286	PANZYGA SOL 30/300ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082006	PANZYGA SOL 30/300ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082086	PANZYGA SOL 30/300ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069122401	PANZYGA SOL 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069122402	PANZYGA SOL 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082203	PANZYGA SOL 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082283	PANZYGA SOL 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082003	PANZYGA SOL 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
68982082083	PANZYGA SOL 5GM/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
55513074201	PARSABIV INJ 10MG/2ML	RENAL DISEASE	INJECTION	N	Y
55513074210	PARSABIV INJ 10MG/2ML	RENAL DISEASE	INJECTION	N	Y
55513074001	PARSABIV INJ 2.5-0.5	RENAL DISEASE	INJECTION	N	Y
55513074010	PARSABIV INJ 2.5-0.5	RENAL DISEASE	INJECTION	N	Y
55513074101	PARSABIV INJ 5MG/ML	RENAL DISEASE	INJECTION	N	Y
55513074110	PARSABIV INJ 5MG/ML	RENAL DISEASE	INJECTION	N	Y
00480418489	PAZOPANIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
60505477907	PAZOPANIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63304011613	PAZOPANIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
82293002210	PAZOPANIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00004035730	PEGASYS INJ	HEPATITIS C	INJECTION	N	Y
00004035009	PEGASYS INJ 180MCG/M	HEPATITIS C	INJECTION	N	Y
00004036530	PEGASYS INJ PROCLICK	HEPATITIS C	INJECTION	N	Y
00085435301	PEGINTRON KIT 50MCG	HEPATITIS C	INJECTION	N	Y
50242014501	PERJETA INJ 420/14ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
42794008614	PHENYLBUTYRA POW SODIUM	UREA CYCLE DISORDERS	ORAL	N	Y
49884000604	PHENYLBUTYRA POW SODIUM	UREA CYCLE DISORDERS	ORAL	N	Y
50242026001	PHESGO SOL	ONCOLOGY - INJECTABLE	INJECTION	N	Y
50242024501	PHESGO SOL	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00781215832	PIRFENIDONE CAP 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
42291049027	PIRFENIDONE CAP 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
42385092329	PIRFENIDONE CAP 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
60219164207	PIRFENIDONE CAP 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
69097094093	PIRFENIDONE CAP 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
76282071527	PIRFENIDONE CAP 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
62332047964	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
62332047990	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
69097098793	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
00480361087	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
00781808532	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
72205018136	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
72205018138	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
76282071727	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
16729046785	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
31722087227	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
31722087290	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
42385092499	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
60219164008	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
60219164009	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
60505468107	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
00904739753	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
70954086930	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
72205018126	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
72205018190	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
00904739789	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
42291049109	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
42291049127	PIRFENIDONE TAB 267MG	PULMONARY DISORDERS - OTHER	ORAL	N	
42385092590	PIRFENIDONE TAB 534MG	PULMONARY DISORDERS - OTHER	ORAL	N	
72205018230	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
72205018236	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
76282071690	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
00480361198	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	

00781808692	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
16729046815	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
31722087390	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
42385092690	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
60219164109	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
62332048090	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
69097098805	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
70954087010	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
72205018290	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
00904739889	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
42291049209	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
60505468209	PIRFENIDONE TAB 801MG	PULMONARY DISORDERS - OTHER	ORAL	N	
64406001701	PLEGRIDY INJ	MULTIPLE SCLEROSIS	INJECTION	N	Y
64406001501	PLEGRIDY INJ	MULTIPLE SCLEROSIS	INJECTION	N	Y
64406001502	PLEGRIDY INJ	MULTIPLE SCLEROSIS	INJECTION	N	Y
64406001101	PLEGRIDY INJ PEN	MULTIPLE SCLEROSIS	INJECTION	N	Y
64406001102	PLEGRIDY INJ PEN	MULTIPLE SCLEROSIS	INJECTION	N	Y
64406001601	PLEGRIDY INJ STARTER	MULTIPLE SCLEROSIS	INJECTION	N	Y
64406001201	PLEGRIDY PEN INJ STARTER	MULTIPLE SCLEROSIS	INJECTION	N	Y
00480432001	PLERIXAFOR INJ 24/1.2ML	HEMATOPOIETICS	INJECTION	N	Y
43598030823	PLERIXAFOR INJ 24/1.2ML	HEMATOPOIETICS	INJECTION	N	Y
55150035601	PLERIXAFOR INJ 24/1.2ML	HEMATOPOIETICS	INJECTION	N	Y
65219028412	PLERIXAFOR INJ 24/1.2ML	HEMATOPOIETICS	INJECTION	N	Y
70121169402	PLERIXAFOR INJ 24/1.2ML	HEMATOPOIETICS	INJECTION	N	Y
70710120801	PLERIXAFOR INJ 24/1.2ML	HEMATOPOIETICS	INJECTION	N	Y
71288015501	PLERIXAFOR INJ 24/1.2ML	HEMATOPOIETICS	INJECTION	N	Y
72205024901	PLERIXAFOR INJ 24/1.2ML	HEMATOPOIETICS	INJECTION	N	Y
50242010501	POLIVY INJ 140MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
59572050100	POMALYST CAP 1MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572050121	POMALYST CAP 1MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572050200	POMALYST CAP 2MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572050221	POMALYST CAP 2MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572050300	POMALYST CAP 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572050321	POMALYST CAP 3MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572050400	POMALYST CAP 4MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572050421	POMALYST CAP 4MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
71904020001	POMBILITI SOL 105MG	LYSOSOMAL STORAGE DISORDERS	INFUSION OR INJECTION	N	Y
71904020002	POMBILITI SOL 105MG	LYSOSOMAL STORAGE DISORDERS	INFUSION OR INJECTION	N	Y
71904020003	POMBILITI SOL 105MG	LYSOSOMAL STORAGE DISORDERS	INFUSION OR INJECTION	N	Y
50458072030	PONVORY TAB 20MG	MULTIPLE SCLEROSIS	ORAL	N	N
50458070714	PONVORY TAB STARTER	MULTIPLE SCLEROSIS	ORAL	N	N
00002771601	PORTRAZZA INJ 800/50ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
65219055001	PRALATREXATE INJ 20MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
65219055202	PRALATREXATE INJ 40MG/2ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00052031510	PREGNYL INJ 10000UNT	INFERTILITY	INJECTION	N	Y
44206043710	PRIVIGEN INJ 10GRAMS	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206043791	PRIVIGEN INJ 10GRAMS	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206043820	PRIVIGEN INJ 20GRAMS	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206043892	PRIVIGEN INJ 20GRAMS	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206043940	PRIVIGEN INJ 40GRAMS	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206043993	PRIVIGEN INJ 40GRAMS	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206043605	PRIVIGEN INJ 5 GRAMS	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
44206043690	PRIVIGEN INJ 5 GRAMS	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION	N	Y
59676031000	PROCRIT INJ 10000/ML	ANEMIA	INJECTION	N	Y
59676031001	PROCRIT INJ 10000/ML	ANEMIA	INJECTION	N	Y
59676031002	PROCRIT INJ 10000/ML	ANEMIA	INJECTION	N	Y
59676031200	PROCRIT INJ 10000/ML	ANEMIA	INJECTION	N	Y
59676031204	PROCRIT INJ 10000/ML	ANEMIA	INJECTION	N	Y
59676030200	PROCRIT INJ 2000/ML	ANEMIA	INJECTION	N	Y
59676030201	PROCRIT INJ 2000/ML	ANEMIA	INJECTION	N	Y
59676032000	PROCRIT INJ 20000/ML	ANEMIA	INJECTION	N	Y
59676032004	PROCRIT INJ 20000/ML	ANEMIA	INJECTION	N	Y
59676030300	PROCRIT INJ 3000/ML	ANEMIA	INJECTION	N	Y
59676030301	PROCRIT INJ 3000/ML	ANEMIA	INJECTION	N	Y
59676030400	PROCRIT INJ 4000/ML	ANEMIA	INJECTION	N	Y
59676030401	PROCRIT INJ 4000/ML	ANEMIA	INJECTION	N	Y
59676034000	PROCRIT INJ 40000/ML	ANEMIA	INJECTION	N	Y
59676034001	PROCRIT INJ 40000/ML	ANEMIA	INJECTION	N	Y
68516320502	PROFILNINE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516320802	PROFILNINE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516320202	PROFILNINE INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516320602	PROFILNINE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516320902	PROFILNINE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516320302	PROFILNINE INJ 1500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516320401	PROFILNINE INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516320701	PROFILNINE INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
68516320101	PROFILNINE INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION OR INJECTION	N	Y
00469123050	PROGRAF GRA 0.2MG	TRANSPLANT	ORAL	N	Y
00469133050	PROGRAF GRA 1MG	TRANSPLANT	ORAL	N	Y
00469301601	PROGRAF INJ 5MG/ML	TRANSPLANT	INFUSION	N	Y
76310002201	PROLEUKIN INJ 22MU	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
65483011607	PROLEUKIN INJ 22MU	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00078069719	PROMACTA PAK 25MG	THROMBOCYTOPENIA	ORAL	N	N
00078069761	PROMACTA PAK 25MG	THROMBOCYTOPENIA	ORAL	N	N
00078097219	PROMACTA POW 12.5MG	THROMBOCYTOPENIA	ORAL	N	N
00078097223	PROMACTA POW 12.5MG	THROMBOCYTOPENIA	ORAL	N	N
00078097261	PROMACTA POW 12.5MG	THROMBOCYTOPENIA	ORAL	N	N
00078068415	PROMACTA TAB 12.5MG	THROMBOCYTOPENIA	ORAL	N	N
00078068515	PROMACTA TAB 25MG	THROMBOCYTOPENIA	ORAL	N	N
00078068615	PROMACTA TAB 50MG	THROMBOCYTOPENIA	ORAL	N	N
00078068655	PROMACTA TAB 50MG	THROMBOCYTOPENIA	ORAL	N	N
00078068715	PROMACTA TAB 75MG	THROMBOCYTOPENIA	ORAL	N	N
50242010039	PULMOZYME SOL 1MG/ML	CYSTIC FIBROSIS	INHALATION	N	Y
50242010040	PULMOZYME SOL 1MG/ML	CYSTIC FIBROSIS	INHALATION	N	Y
62484002001	PURIXAN SUS 20MG/ML	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62484002002	PURIXAN SUS 20MG/ML	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
70510232201	RADICAVA ORS SUS 105/5ML	MOVEMENT DISORDERS	ORAL	N	Y
70510232101	RADICAVA ORS SUS STARTER	MOVEMENT DISORDERS	ORAL	N	Y

70510232102	RADICAVA ORS SUS STARTER	MOVEMENT DISORDERS	ORAL	N	Y
59137051000	RASUVO INJ 10MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137051001	RASUVO INJ 10MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137051004	RASUVO INJ 10MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137051500	RASUVO INJ 12.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137051501	RASUVO INJ 12.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137051504	RASUVO INJ 12.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137052000	RASUVO INJ 15MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137052001	RASUVO INJ 15MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137052004	RASUVO INJ 15MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137052500	RASUVO INJ 17.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137052501	RASUVO INJ 17.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137052504	RASUVO INJ 17.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137053000	RASUVO INJ 20MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137053001	RASUVO INJ 20MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137053004	RASUVO INJ 20MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137053500	RASUVO INJ 22.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137053501	RASUVO INJ 22.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137053504	RASUVO INJ 22.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137054000	RASUVO INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137054001	RASUVO INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137054004	RASUVO INJ 25MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137055000	RASUVO INJ 30MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137055001	RASUVO INJ 30MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137055004	RASUVO INJ 30MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
59137050500	RASUVO INJ 7.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION		
59137050501	RASUVO INJ 7.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION		
59137050504	RASUVO INJ 7.5MG	PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION		
75987005006	RAVICTI LIQ 1.1GM/ML	UREA CYCLE DISORDERS	ORAL	N	Y
44087002203	REBIF INJ 22/0.5	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087002209	REBIF INJ 22/0.5	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087004403	REBIF INJ 44/0.5	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087004409	REBIF INJ 44/0.5	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087332201	REBIF REBIDO INJ 22/0.5	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087332209	REBIF REBIDO INJ 22/0.5	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087334401	REBIF REBIDO INJ 44/0.5	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087334409	REBIF REBIDO INJ 44/0.5	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087018801	REBIF REBIDO INJ TITRATN	MULTIPLE SCLEROSIS	INJECTION	N	Y
44087882201	REBIF TITRTN INJ PACK	MULTIPLE SCLEROSIS	INJECTION	N	Y
00169790101	REBINYN SOL 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169790201	REBINYN SOL 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00169790501	REBINYN SOL 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
59572071101	REBLOZYL INJ 25MG	ANEMIA	INJECTION	N	Y
59572077501	REBLOZYL INJ 75MG	ANEMIA	INJECTION	N	Y
00944284410	RECOMBINATE INJ	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944284510	RECOMBINATE INJ	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944284110	RECOMBINATE INJ 220-400	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944284210	RECOMBINATE INJ 401-800	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944284310	RECOMBINATE INJ 801-1240	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
66220081011	REDITREX INJ 10/.4ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220081022	REDITREX INJ 10/.4ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220081211	REDITREX INJ 12.5/0.5	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220081222	REDITREX INJ 12.5/0.5	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220081511	REDITREX INJ 15/.6ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220081522	REDITREX INJ 15/.6ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220081711	REDITREX INJ 17.5/0.7	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220081722	REDITREX INJ 17.5/0.7	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220082011	REDITREX INJ 20/.8ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220082022	REDITREX INJ 20/.8ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220082211	REDITREX INJ 22.5/0.9	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220082222	REDITREX INJ 22.5/0.9	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220082511	REDITREX INJ 25MG/ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220082522	REDITREX INJ 25MG/ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220080711	REDITREX INJ 7.5/.3ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
66220080722	REDITREX INJ 7.5/.3ML	RHEUMATOID ARTHRITIS	INJECTION	N	Y
70121156907	RELEUKO INJ 300MCG	NEUTROPENIA	INJECTION	N	Y
70121156801	RELEUKO INJ 300MCG	NEUTROPENIA	INJECTION	N	Y
70121156807	RELEUKO INJ 300MCG	NEUTROPENIA	INJECTION	N	Y
70121157107	RELEUKO INJ 480MCG	NEUTROPENIA	INJECTION	N	Y
70121157001	RELEUKO INJ 480MCG	NEUTROPENIA	INJECTION	N	Y
70121157007	RELEUKO INJ 480MCG	NEUTROPENIA	INJECTION	N	Y
73063003503	RELYVRIO PAK 3-1GM	MOVEMENT DISORDERS	ORAL	N	N
73063003504	RELYVRIO PAK 3-1GM	MOVEMENT DISORDERS	ORAL	N	N
57894003001	REMICADE INJ 100MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INFUSION	N	Y
66302011001	REMODULIN INJ 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
66302010101	REMODULIN INJ 1MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
66302010201	REMODULIN INJ 2.5MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
66302010501	REMODULIN INJ 5MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00006430501	RENFLEXIS INJ 100MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INFUSION	N	Y
00006430502	RENFLEXIS INJ 100MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INFUSION	N	Y
00069130801	RETACRIT INJ 10000UNT	ANEMIA	INJECTION	N	Y
00069130810	RETACRIT INJ 10000UNT	ANEMIA	INJECTION	N	Y
00069131801	RETACRIT INJ 10000UNT	ANEMIA	INJECTION	N	Y
00069131810	RETACRIT INJ 10000UNT	ANEMIA	INJECTION	N	Y
59353001001	RETACRIT INJ 10000UNT	ANEMIA	INJECTION	N	Y
59353001010	RETACRIT INJ 10000UNT	ANEMIA	INJECTION	N	Y
59353022001	RETACRIT INJ 10000UNT	ANEMIA	INJECTION	N	Y
59353022010	RETACRIT INJ 10000UNT	ANEMIA	INJECTION	N	Y
00069131101	RETACRIT INJ 20000UNI	ANEMIA	INJECTION	N	Y
00069131110	RETACRIT INJ 20000UNI	ANEMIA	INJECTION	N	Y
59353012001	RETACRIT INJ 20000UNI	ANEMIA	INJECTION	N	Y
59353012010	RETACRIT INJ 20000UNI	ANEMIA	INJECTION	N	Y
00069130501	RETACRIT INJ 2000UNIT	ANEMIA	INJECTION	N	Y
00069130510	RETACRIT INJ 2000UNIT	ANEMIA	INJECTION	N	Y
59353000201	RETACRIT INJ 2000UNIT	ANEMIA	INJECTION	N	Y
59353000210	RETACRIT INJ 2000UNIT	ANEMIA	INJECTION	N	Y
00069130601	RETACRIT INJ 3000UNIT	ANEMIA	INJECTION	N	Y
00069130610	RETACRIT INJ 3000UNIT	ANEMIA	INJECTION	N	Y

59353000301	RETACRIT INJ 3000UNIT	ANEMIA	INJECTION	N	Y
59353000310	RETACRIT INJ 3000UNIT	ANEMIA	INJECTION	N	Y
00069130901	RETACRIT INJ 40000UNT	ANEMIA	INJECTION	N	Y
00069130904	RETACRIT INJ 40000UNT	ANEMIA	INJECTION	N	Y
00069130701	RETACRIT INJ 4000UNIT	ANEMIA	INJECTION	N	Y
00069130710	RETACRIT INJ 4000UNIT	ANEMIA	INJECTION	N	Y
59353000401	RETACRIT INJ 4000UNIT	ANEMIA	INJECTION	N	Y
59353000410	RETACRIT INJ 4000UNIT	ANEMIA	INJECTION	N	Y
00002397760	RETEVMO CAP 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00002298026	RETEVMO CAP 80MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00002298060	RETEVMO CAP 80MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
24208041601	RETISERT IMP 0.59MG	OCULAR DISORDERS	IMPLANT	N	Y
00069033621	REVATIO SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
59572041000	REVLIMID CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572041028	REVLIMID CAP 10MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572041500	REVLIMID CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572041521	REVLIMID CAP 15MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572040200	REVLIMID CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572040228	REVLIMID CAP 2.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572042000	REVLIMID CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572042021	REVLIMID CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572042500	REVLIMID CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572042521	REVLIMID CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572040500	REVLIMID CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572040528	REVLIMID CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
00562780500	RHOGAM PLUS INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
00562780501	RHOGAM PLUS INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
00562780505	RHOGAM PLUS INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
00562780525	RHOGAM PLUS INJ 300MCG	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
44206030001	RHOPHYLAC INJ 1500/2ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
44206030010	RHOPHYLAC INJ 1500/2ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
44206030090	RHOPHYLAC INJ 1500/2ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
55513022401	RIABNI SOL 100/10ML	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
55513032601	RIABNI SOL 500/50ML	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
63833089151	RIASTAP SOL 1GM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
63833089190	RIASTAP SOL 1GM	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
66435010756	RIBAPAK PAK 1200/DAY	HEPATITIS C	ORAL	N	N
66435010799	RIBAPAK PAK 1200/DAY	HEPATITIS C	ORAL	N	N
66435010556	RIBAPAK PAK 800/DAY	HEPATITIS C	ORAL	N	N
66435010599	RIBAPAK PAK 800/DAY	HEPATITIS C	ORAL	N	N
66435010656	RIBAPAK TAB 1000/DAY	HEPATITIS C	ORAL	N	N
66435010699	RIBAPAK TAB 1000/DAY	HEPATITIS C	ORAL	N	N
66435010856	RIBAPAK TAB 600/DAY	HEPATITIS C	ORAL	N	N
66435010899	RIBAPAK TAB 600/DAY	HEPATITIS C	ORAL	N	N
66435010118	RIBASPHERE CAP 200MG	HEPATITIS C	ORAL	N	N
66435010184	RIBASPHERE CAP 200MG	HEPATITIS C	ORAL	N	N
66435010216	RIBASPHERE TAB 200MG	HEPATITIS C	ORAL	N	N
66435010356	RIBASPHERE TAB 400MG	HEPATITIS C	ORAL	N	N
66435010456	RIBASPHERE TAB 600MG	HEPATITIS C	ORAL	N	N
65862029018	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
65862029042	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
65862029056	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
65862029070	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
65862029084	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
68382026012	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
54738095318	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
54738095342	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
54738095356	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
54738095370	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
54738095384	RIBAVIRIN CAP 200MG	HEPATITIS C	ORAL	N	N
65862020768	RIBAVIRIN TAB 200MG	HEPATITIS C	ORAL	N	N
68382004603	RIBAVIRIN TAB 200MG	HEPATITIS C	ORAL	N	N
54738095016	RIBAVIRIN TAB 200MG	HEPATITIS C	ORAL	N	N
50242005110	RITUXAN INJ 100MG	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INFUSION	N	Y
50242005121	RITUXAN INJ 100MG	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INFUSION	N	Y
50242005306	RITUXAN INJ 500MG	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INFUSION	N	Y
00944303002	RIXUBIS INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944303202	RIXUBIS INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944302602	RIXUBIS INJ 250 UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944303402	RIXUBIS INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944302802	RIXUBIS INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
76961010101	ROLVEDON INJ 13.2MG	NEUTROPENIA	INJECTION	N	Y
00069098301	ROMIDEPSIN INJ 10MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00703312508	ROMIDEPSIN INJ 10MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00703400401	ROMIDEPSIN INJ 27.5MG	ONCOLOGY	INJECTION	N	Y
50242009130	ROZLYTREK CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50242009490	ROZLYTREK CAP 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69660020191	RUBRACA TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69660020291	RUBRACA TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69660020391	RUBRACA TAB 300MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68012035001	RUCONEST INJ 2100UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
68012035002	RUCONEST INJ 2100UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
71274035001	RUCONEST INJ 2100UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
71274035002	RUCONEST INJ 2100UNIT	HEREDITARY ANGIOEDEMA	INFUSION	N	Y
00069023801	RUXIENCE INJ 100/10ML	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00069024901	RUXIENCE INJ 500/50ML	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
57894050101	RYBREVANT SOL 350/7ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00078069802	RYDAPT CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	N
00078069819	RYDAPT CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	N
00078069851	RYDAPT CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	N
00078069899	RYDAPT CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	N
68727090001	RYLAZE INJ 10/0.5ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
68727090003	RYLAZE INJ 10/0.5ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
50474098079	RYSTIGGO INJ 280/2ML	NEUROMUSCULAR	INJECTION	N	Y
67386021165	SABRIL POW 500MG	SEIZURE DISORDERS	ORAL	Y	N
67386011101	SABRIL TAB 500MG	SEIZURE DISORDERS	ORAL	Y	N
44087100502	SAIZEN INJ 5MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
44087108801	SAIZEN INJ 8.8MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y

44087001601	SAIZENPREP INJ 8.8MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
70709001301	SAJAZIR INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
70709001303	SAJAZIR INJ 30MG/3ML	HEREDITARY ANGIOEDEMA	INJECTION	N	Y
59148002050	SAMSCA TAB 15MG	ELECTROLYTE DISORDERS	ORAL	N	Y
59148002150	SAMSCA TAB 30MG	ELECTROLYTE DISORDERS	ORAL	N	Y
00078024115	SANDIMMUNE CAP 100MG	TRANSPLANT	ORAL	N	Y
00078024161	SANDIMMUNE CAP 100MG	TRANSPLANT	ORAL	N	Y
00078024015	SANDIMMUNE CAP 25MG	TRANSPLANT	ORAL	N	Y
00078024061	SANDIMMUNE CAP 25MG	TRANSPLANT	ORAL	N	Y
00078010901	SANDIMMUNE INJ 50MG/ML	TRANSPLANT	INFUSION	N	Y
00078010961	SANDIMMUNE INJ 50MG/ML	TRANSPLANT	INFUSION	N	Y
00078011022	SANDIMMUNE SOL 100MG/ML	TRANSPLANT	INFUSION	N	Y
00078018101	SANDOSTATIN INJ 100MCG	ACROMEGALY	INJECTION	N	Y
00078018161	SANDOSTATIN INJ 100MCG	ACROMEGALY	INJECTION	N	Y
00078018201	SANDOSTATIN INJ 500MCG	ACROMEGALY	INJECTION	N	Y
00078018261	SANDOSTATIN INJ 500MCG	ACROMEGALY	INJECTION	N	Y
00078018001	SANDOSTATIN INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
00078018061	SANDOSTATIN INJ 50MCG/ML	ACROMEGALY	INJECTION	N	Y
00078081181	SANDOSTATIN KIT LAR 10MG	ACROMEGALY	INJECTION	N	Y
00078081881	SANDOSTATIN KIT LAR 20MG	ACROMEGALY	INJECTION	N	Y
00078082581	SANDOSTATIN KIT LAR 30MG	ACROMEGALY	INJECTION	N	Y
00310304000	SAPHNELO SOL 300/2ML	SYSTEMIC LUPUS ERYTHEMATOSUS	INFUSION OR INJECTION	N	N
43598047711	SAPROPTERIN POW 100MG	PHENYLKETONURIA	ORAL	N	Y
43598047730	SAPROPTERIN POW 100MG	PHENYLKETONURIA	ORAL	N	Y
49884094852	SAPROPTERIN POW 100MG	PHENYLKETONURIA	ORAL	N	Y
49884094872	SAPROPTERIN POW 100MG	PHENYLKETONURIA	ORAL	N	Y
49884087352	SAPROPTERIN POW 500MG	PHENYLKETONURIA	ORAL	N	Y
49884087372	SAPROPTERIN POW 500MG	PHENYLKETONURIA	ORAL	N	Y
43598074904	SAPROPTERIN TAB 100MG	PHENYLKETONURIA	ORAL	N	Y
49884072008	SAPROPTERIN TAB 100MG	PHENYLKETONURIA	ORAL	N	Y
00024065401	SARCLISA SOL 100/5ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00024065601	SARCLISA SOL 500/25ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00078109120	SCEMBLIX TAB 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078109820	SCEMBLIX TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
55513007330	SENSIPAR TAB 30MG	RENAL DISEASE	ORAL	N	N
55513007430	SENSIPAR TAB 60MG	RENAL DISEASE	ORAL	N	N
55513007530	SENSIPAR TAB 90MG	RENAL DISEASE	ORAL	N	N
44087000407	SEROSTIM INJ 4MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
44087000507	SEROSTIM INJ 5MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
44087000501	SEROSTIM INJ 5MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
44087000607	SEROSTIM INJ 6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
44087000601	SEROSTIM INJ 6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
71127100001	SEVENFACT INJ 1MG	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
71127110001	SEVENFACT INJ 1MG	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
71127500001	SEVENFACT INJ 5MG	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
71127510001	SEVENFACT INJ 5MG	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INJECTION	N	Y
55150016613	SILDENAFIL INJ	PULMONARY ARTERIAL HYPERTENSION	INJECTION	N	N
00591405094	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
27241017529	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
31722013631	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
59762205801	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
69097090344	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
69238157401	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
69543041972	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
70954016810	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
72205003576	SILDENAFIL SUS 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
00093551798	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
00378165777	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
00904667104	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
13668018505	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
13668018590	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
31722077690	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
33342012110	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
42543000510	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
42543000590	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
59762003301	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
65162035109	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
65862068890	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
00904667106	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
27241012403	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
31722077605	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43063055010	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43063066830	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43063067610	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43063067630	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43063098210	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43063098230	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43353034510	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43353034520	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
43353034553	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50090176600	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50090176601	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50090261800	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50090261801	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50090285801	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50090308200	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50090308201	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50268071711	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
50268071715	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
52817029500	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
52817029590	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
55700067730	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
55700067750	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
55700067790	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
59762003303	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
60687041611	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
60687041621	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
61919082610	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y

61919082615	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
61919082620	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
61919082630	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
61919082640	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
61919082650	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
61919082690	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63187061930	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63187078910	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63187078920	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63187078930	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63187078950	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63187078990	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63187081330	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63187081350	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63629502901	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63629502902	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63629502903	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63629502904	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63629502905	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63629502906	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
63629502907	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68001036305	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68071207201	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68071207202	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68071207203	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68071207204	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68071207208	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788737903	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788737904	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788737906	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788737909	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788768003	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788768004	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788768006	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788768009	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788797403	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788797404	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788797406	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
68788797409	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
71205030530	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
71205050990	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
71335028801	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
71335028802	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
71335028804	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
71335028806	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
71335100502	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
72888001890	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
42291074990	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
53217019810	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
53217019890	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
53217029310	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
53217029390	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
55700039805	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
55700039810	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
55700039820	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
55700039830	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
55700039890	SILDENAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
00187000400	SILIQ INJ 210/1.5	PSORIASIS	INJECTION	Y	Y
00187000402	SILIQ INJ 210/1.5	PSORIASIS	INJECTION	Y	Y
57894007102	SIMPONI INJ 100MG/ML	INFLAMMATORY BOWEL DISEASE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
57894007101	SIMPONI INJ 100MG/ML	INFLAMMATORY BOWEL DISEASE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
57894007002	SIMPONI INJ 50/0.5ML	INFLAMMATORY BOWEL DISEASE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
57894007001	SIMPONI INJ 50/0.5ML	INFLAMMATORY BOWEL DISEASE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
57894035001	SIMPONI ARIA SOL 50MG/4ML	RHEUMATOID ARTHRITIS	INFUSION	N	Y
00074204202	SKYRIZI INJ 150DOSE	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
00074204271	SKYRIZI INJ 150DOSE	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
00074105001	SKYRIZI INJ 150MG/ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
00074106501	SKYRIZI INJ 180/1.2	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
00074106601	SKYRIZI INJ 180/1.2	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
00074106901	SKYRIZI INJ 360/2.4	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
00074107001	SKYRIZI INJ 360/2.4	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
00074501501	SKYRIZI SOL 60MG/ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
00074210001	SKYRIZI PEN INJ 150MG/ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS	INJECTION	N	Y
73362001001	SKYTROFA INJ 11MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	
73362001002	SKYTROFA INJ 11MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	
73362001102	SKYTROFA INJ 13.3MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362001101	SKYTROFA INJ 13.3MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000401	SKYTROFA INJ 3.6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000402	SKYTROFA INJ 3.6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000301	SKYTROFA INJ 3MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000302	SKYTROFA INJ 3MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000501	SKYTROFA INJ 4.3MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000502	SKYTROFA INJ 4.3MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000601	SKYTROFA INJ 5.2MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000602	SKYTROFA INJ 5.2MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000701	SKYTROFA INJ 6.3MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000702	SKYTROFA INJ 6.3MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000801	SKYTROFA INJ 7.6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000802	SKYTROFA INJ 7.6MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000901	SKYTROFA INJ 9.1MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
73362000902	SKYTROFA INJ 9.1MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
49884017004	SODIUM PHENY TAB 500MG	UREA CYCLE DISORDERS	ORAL	N	Y
72626270101	SOFOS/VELPAT TAB 400-100	HEPATITIS C	ORAL	N	N
00169203011	SOGROYA INJ 10MG/1.5	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00169203711	SOGROYA INJ 15MG/1.5	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
00169203511	SOGROYA INJ 5MG/1.5	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
15054001501	SOHONOS CAP 1.5MG	BONE DISORDERS - OTHER	ORAL	N	N
15054010001	SOHONOS CAP 10MG	BONE DISORDERS - OTHER	ORAL	N	N

15054001001	SOHONOS CAP 1MG	BONE DISORDERS - OTHER	ORAL	N	N
15054002501	SOHONOS CAP 2.5MG	BONE DISORDERS - OTHER	ORAL	N	N
15054005001	SOHONOS CAP 5MG	BONE DISORDERS - OTHER	ORAL	N	N
50004072501	SOLESTA INJ 50-15ML	GASTROINTESTINAL DISORDERS-OTHER	INJECTION	N	Y
25682000101	SOLIRIS INJ 10MG/ML	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA, NEUROMUSCULAR	INFUSION	Y	Y
15054112003	SOMATULINE INJ 120/.5ML	ACROMEGALY	INJECTION	N	Y
15054112004	SOMATULINE INJ 120/.5ML	ACROMEGALY	INJECTION	N	Y
15054106003	SOMATULINE INJ 60/0.2ML	ACROMEGALY	INJECTION	N	Y
15054106004	SOMATULINE INJ 60/0.2ML	ACROMEGALY	INJECTION	N	Y
15054109003	SOMATULINE INJ 90/0.3ML	ACROMEGALY	INJECTION	N	Y
15054109004	SOMATULINE INJ 90/0.3ML	ACROMEGALY	INJECTION	N	Y
00009716601	SOMAVERT INJ 10MG	ACROMEGALY	INJECTION	N	Y
00009716801	SOMAVERT INJ 15MG	ACROMEGALY	INJECTION	N	Y
00009718801	SOMAVERT INJ 20MG	ACROMEGALY	INJECTION	N	Y
00009719901	SOMAVERT INJ 25MG	ACROMEGALY	INJECTION	N	Y
00009720001	SOMAVERT INJ 30MG	ACROMEGALY	INJECTION	N	Y
00378120178	SORAFENIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43598045804	SORAFENIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00480542589	SORAFENIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
13668068212	SORAFENIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
24979071544	SORAFENIB TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00003089511	SOTYKTU TAB 6MG	PSORIASIS	ORAL	N	N
61958150401	SOVALDI PAK 150MG	HEPATITIS C	ORAL	N	N
61958150501	SOVALDI PAK 200MG	HEPATITIS C	ORAL	N	N
61958150101	SOVALDI TAB 400MG	HEPATITIS C	ORAL	N	N
00003085222	SPRYCEL TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00003085722	SPRYCEL TAB 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00003052711	SPRYCEL TAB 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00003052811	SPRYCEL TAB 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00003052411	SPRYCEL TAB 70MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00003085522	SPRYCEL TAB 80MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
57894006002	STELARA INJ 45MG/0.5	PSORIASIS	INJECTION	N	Y
57894006003	STELARA INJ 45MG/0.5	PSORIASIS	INJECTION	N	Y
57894005427	STELARA INJ 5MG/ML	INFLAMMATORY BOWEL DISEASE	INFUSION	N	Y
57894006103	STELARA INJ 90MG/ML	PSORIASIS	INJECTION	N	Y
00053687100	STIMATE SOL 1.5MG/ML	HEMOPHILIA	INTRANASAL	N	Y
65219037110	STIMUFEND INJ 6/0.6ML	NEUTROPENIA	INJECTION	N	Y
50419017101	STIVARGA TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50419017103	STIVARGA TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50419017105	STIVARGA TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50419017106	STIVARGA TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63304009127	SUNITINIB CAP 12.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63304009227	SUNITINIB CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63304009327	SUNITINIB CAP 37.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
63304009427	SUNITINIB CAP 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
61958300201	SUNLENCA INJ	HUMAN IMMUNODEFICIENCY VIRUS	INJECTION	N	
61958300101	SUNLENCA TAB 300MG	HUMAN IMMUNODEFICIENCY VIRUS	ORAL	N	Y
61958300102	SUNLENCA TAB 300MG	HUMAN IMMUNODEFICIENCY VIRUS	ORAL	N	Y
67979000201	SUPPRELIN LA KIT 50MG	HORMONAL THERAPIES	IMPLANT	N	Y
50242007855	SUSVIMO	OCULAR DISORDERS	INJECTION	N	Y
50242007812	SUSVIMO	OCULAR DISORDERS	INJECTION	N	Y
10042059001	SUSVIMO OCULAR IMPLANT	OCULAR DISORDERS	IMPLANT	N	Y
00069055038	SUTENT CAP 12.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069077038	SUTENT CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069083038	SUTENT CAP 37.5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069098038	SUTENT CAP 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085434701	SYLATRON KIT 200MCG	ONCOLOGY	INJECTION	N	N
00085434801	SYLATRON KIT 300MCG	ONCOLOGY	INJECTION	N	N
00085434901	SYLATRON KIT 600MCG	ONCOLOGY	INJECTION	N	N
57894042001	SYLVANT SOL 100MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
73090042001	SYLVANT SOL 100MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
57894042101	SYLVANT SOL 400MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
73090042101	SYLVANT SOL 400MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
60574411301	SYNAGIS INJ 100MG/ML	RESPIRATORY SYNCYTIAL VIRUS	INJECTION	N	Y
60574411401	SYNAGIS INJ 50MG	RESPIRATORY SYNCYTIAL VIRUS	INJECTION	N	Y
63459017714	SYNRIBO INJ 3.5MG	ONCOLOGY	INJECTION	N	Y
00078070956	TABRECTA TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078071656	TABRECTA TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00378697691	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
13668058130	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
27241012302	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
31722064730	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
33342027809	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
42291080460	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
43598057860	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
65862088060	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
69097052603	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
00378697693	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
68180091407	TADALAFIL TAB 20MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
46287004515	TADLIQ SUS 20MG/5ML	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	Y
00078068266	TAFINLAR CAP 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078068166	TAFINLAR CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00310134930	TAGRISSO TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00310135030	TAGRISSO TAB 80MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00002144501	TALTZ INJ 80MG/ML	PSORIASIS	INJECTION	N	Y
00002144509	TALTZ INJ 80MG/ML	PSORIASIS	INJECTION	N	Y
00002144511	TALTZ INJ 80MG/ML	PSORIASIS	INJECTION	N	Y
00002144527	TALTZ INJ 80MG/ML	PSORIASIS	INJECTION	N	Y
00002772401	TALTZ INJ 80MG/ML	PSORIASIS	INJECTION	N	Y
00002772411	TALTZ INJ 80MG/ML	PSORIASIS	INJECTION	N	Y
00069029630	TALZENNA CAP 0.25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069119530	TALZENNA CAP 1MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50242006301	TARCEVA TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50242006401	TARCEVA TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50242006201	TARCEVA TAB 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00187552675	TARGRETIN CAP 75MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00187552560	TARGRETIN GEL 1%	ONCOLOGY - ORAL/TOPICAL	TOPICAL	N	Y
00078059251	TASIGNA CAP 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y

00078059287	TASIGNA CAP 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078052651	TASIGNA CAP 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078052687	TASIGNA CAP 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078095166	TASIGNA CAP 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50242091701	TECENTRIQ INJ 1200/20	ONCOLOGY - INJECTABLE	INFUSION	N	
50242091801	TECENTRIQ INJ 840/14	ONCOLOGY - INJECTABLE	INFUSION	N	
64406000501	TECFIDERA CAP 120MG	MULTIPLE SCLEROSIS	ORAL	N	N
64406000602	TECFIDERA CAP 240MG	MULTIPLE SCLEROSIS	ORAL	N	N
64406000703	TECFIDERA MIS STARTER	MULTIPLE SCLEROSIS	ORAL	N	N
00085136603	TEMODAR CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085136604	TEMODAR CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085136605	TEMODAR CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085142503	TEMODAR CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085142504	TEMODAR CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085142505	TEMODAR CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085143003	TEMODAR CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085143004	TEMODAR CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085151903	TEMODAR CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085151905	TEMODAR CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085151904	TEMODAR CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085141702	TEMODAR CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085141703	TEMODAR CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085300403	TEMODAR CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085300404	TEMODAR CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085300405	TEMODAR CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00085138101	TEMODAR INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00781269344	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269375	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729005053	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729005054	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025405	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025414	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089221	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089272	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089274	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089280	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268076211	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268076212	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923070705	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923070814	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092214	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092251	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033505	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033514	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080314	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080351	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877053907	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877053914	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075367	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075396	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093760141	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093760157	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51862008514	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51862008551	TEMOZOLOMIDE CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269444	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269475	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729012953	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729012954	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025505	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025514	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335092921	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335092972	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335092974	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335092980	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268076311	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268076312	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923070905	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923071014	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092314	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092351	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033605	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033614	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080414	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080451	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877054007	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877054014	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075467	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075496	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093763841	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093763857	TEMOZOLOMIDE CAP 140MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269544	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269575	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729013053	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729013054	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025605	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025614	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335093021	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335093072	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335093074	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335093080	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923071105	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923071214	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092414	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092451	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033705	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033714	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080514	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080551	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y

67877054107	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877054114	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075567	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075596	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093763941	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093763957	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51862008714	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51862008751	TEMOZOLOMIDE CAP 180MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269244	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269275	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729004953	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729004954	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025305	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025314	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089121	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089172	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089174	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089180	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268076111	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50268076112	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923070505	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923070614	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092114	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092151	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033405	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033414	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080214	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080251	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877053807	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877053814	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075267	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075296	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093760041	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093760057	TEMOZOLOMIDE CAP 20MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269675	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729005153	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025705	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089374	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089380	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923071305	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092551	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033805	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080651	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877054207	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075696	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093760257	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51862008851	TEMOZOLOMIDE CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269144	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00781269175	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729004853	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729004854	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025205	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
43975025214	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089021	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089072	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089074	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
47335089080	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923070305	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59923070414	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092014	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
62559092051	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033305	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64980033314	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080114	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
65162080151	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877053707	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
67877053714	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075167	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68382075196	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093759941	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00093759957	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51862008314	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
51862008351	TEMOZOLOMIDE CAP 5MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
16729022361	TEMSIROLIMUS INJ 25MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
65219020005	TEMSIROLIMUS INJ 25MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
72611078001	TEMSIROLIMUS INJ 25MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
72611078502	TEMSIROLIMUS INJ 25MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	Y
70121163101	TEPADINA INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
70121163001	TEPADINA INJ 15MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
75987013015	TEPEZZA INJ 500MG	OCULAR DISORDERS	INJECTION	N	Y
70512085128	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
70710111503	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
00480315656	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
00781575531	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
16729040010	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
31722024730	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
43598028130	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
59651005530	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
60505447803	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
62332031430	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
68462042430	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
69238130406	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
70377001811	TERIFLUNOMID TAB 14MG	MULTIPLE SCLEROSIS	ORAL	N	N
00480315756	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
00781574731	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
16729039910	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
31722024630	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
43598028230	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N

59651005430	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
60505447703	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
62332031330	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
68462042330	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
69238130306	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
70377001711	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
70512085028	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
70710111403	TERIFLUNOMID TAB 7MG	MULTIPLE SCLEROSIS	ORAL	N	N
00054046823	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
27241017613	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
31722082111	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
43598039467	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
47335027723	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
51224042510	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
51407048012	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
60505388207	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
68682042112	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
69452011721	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
70436010109	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
42291080630	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
68180040858	TETRABENAZIN TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
00054046923	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
27241017713	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
31722082211	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
43598039567	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
47335017923	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
51224042610	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
51407048112	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
60505388307	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
68682042225	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
69452011821	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
70436010209	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
42291080730	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
68180040958	TETRABENAZIN TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
55513011201	TEZSPIRE SOL 210MG	ASTHMA	INJECTION	N	Y
59572021015	THALOMID CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572021095	THALOMID CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572021513	THALOMID CAP 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572021593	THALOMID CAP 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572022016	THALOMID CAP 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572020514	THALOMID CAP 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572020517	THALOMID CAP 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572020594	THALOMID CAP 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
59572020597	THALOMID CAP 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	Y	Y
72205004601	THIOTEPA INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
58468003001	THYROGEN INJ 0.9MG	ONCOLOGY - INJECTABLE	INJECTION	N	
58468003002	THYROGEN INJ 0.9MG	ONCOLOGY - INJECTABLE	INJECTION	N	
00069580043	TIKOSYN CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
00069580060	TIKOSYN CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
00069580061	TIKOSYN CAP 125MCG	CARDIAC DISORDERS	ORAL	N	Y
00069581043	TIKOSYN CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
00069581060	TIKOSYN CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
00069581061	TIKOSYN CAP 250MCG	CARDIAC DISORDERS	ORAL	N	Y
00069582043	TIKOSYN CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
00069582060	TIKOSYN CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
00069582061	TIKOSYN CAP 500MCG	CARDIAC DISORDERS	ORAL	N	Y
51144000301	TIVDAK INJ 40MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00078049461	TOBI NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
00078049471	TOBI NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
00078063011	TOBI PODHALR CAP 28MG	CYSTIC FIBROSIS	INHALATION	N	Y
00078063035	TOBI PODHALR CAP 28MG	CYSTIC FIBROSIS	INHALATION	N	Y
49502034611	TOBI PODHALR CAP 28MG	CYSTIC FIBROSIS	INHALATION	N	Y
49502034624	TOBI PODHALR CAP 28MG	CYSTIC FIBROSIS	INHALATION	N	Y
49502040124	TOBI PODHALR CAP 28MG	CYSTIC FIBROSIS	INHALATION	N	Y
49502040156	TOBI PODHALR CAP 28MG	CYSTIC FIBROSIS	INHALATION	N	Y
00093375028	TOBRAMYCIN NEB 300/4ML	CYSTIC FIBROSIS	INHALATION	N	Y
00093375063	TOBRAMYCIN NEB 300/4ML	CYSTIC FIBROSIS	INHALATION	N	Y
66993019544	TOBRAMYCIN NEB 300/4ML	CYSTIC FIBROSIS	INHALATION	N	Y
66993019594	TOBRAMYCIN NEB 300/4ML	CYSTIC FIBROSIS	INHALATION	N	Y
00093408563	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
00781717156	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
00781717175	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
16714011902	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
16714011903	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
17478034038	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
43598060504	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
43598060511	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
43598060556	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
43598060558	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
47335017149	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
65162091446	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
68180096204	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
68180096256	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
70644089999	TOBRAMYCIN NEB 300/5ML	CYSTIC FIBROSIS	INHALATION	N	Y
60505470400	TOLVAPTAN TAB 15MG	ELECTROLYTE DISORDERS	ORAL	N	Y
60505470402	TOLVAPTAN TAB 15MG	ELECTROLYTE DISORDERS	ORAL	N	Y
31722086903	TOLVAPTAN TAB 30MG	ELECTROLYTE DISORDERS	ORAL	N	Y
60505470500	TOLVAPTAN TAB 30MG	ELECTROLYTE DISORDERS	ORAL	N	Y
60505470501	TOLVAPTAN TAB 30MG	ELECTROLYTE DISORDERS	ORAL	N	Y
67877063602	TOLVAPTAN TAB 30MG	ELECTROLYTE DISORDERS	ORAL	N	Y
67877063633	TOLVAPTAN TAB 30MG	ELECTROLYTE DISORDERS	ORAL	N	Y
00008117901	TORISEL INJ 25MG/ML	ONCOLOGY - INJECTABLE	INFUSION	N	
66215010203	TRACLEER TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL		
66215010206	TRACLEER TAB 125MG	PULMONARY ARTERIAL HYPERTENSION	ORAL		
66215010314	TRACLEER TAB 32MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
66215010356	TRACLEER TAB 32MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
66215010103	TRACLEER TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N
66215010106	TRACLEER TAB 62.5MG	PULMONARY ARTERIAL HYPERTENSION	ORAL	Y	N

00069030801	TRAZIMERA INJ 150MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00069030501	TRAZIMERA INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00069030601	TRAZIMERA INJ 420MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
63459039120	TREANDA INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
63459039008	TREANDA INJ 25MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
74676590400	TRELSTAR MIX INJ 11.25MG	HORMONAL THERAPIES	INJECTION	N	Y
74676590401	TRELSTAR MIX INJ 11.25MG	HORMONAL THERAPIES	INJECTION	N	Y
00023590411	TRELSTAR MIX INJ 11.25MG	HORMONAL THERAPIES	INJECTION	N	Y
00023590412	TRELSTAR MIX INJ 11.25MG	HORMONAL THERAPIES	INJECTION	N	Y
74676590600	TRELSTAR MIX INJ 22.5MG	HORMONAL THERAPIES	INJECTION	N	Y
74676590601	TRELSTAR MIX INJ 22.5MG	HORMONAL THERAPIES	INJECTION	N	Y
00023590622	TRELSTAR MIX INJ 22.5MG	HORMONAL THERAPIES	INJECTION	N	Y
00023590623	TRELSTAR MIX INJ 22.5MG	HORMONAL THERAPIES	INJECTION	N	Y
74676590200	TRELSTAR MIX INJ 3.75MG	HORMONAL THERAPIES	INJECTION	N	Y
74676590201	TRELSTAR MIX INJ 3.75MG	HORMONAL THERAPIES	INJECTION	N	Y
00023590203	TRELSTAR MIX INJ 3.75MG	HORMONAL THERAPIES	INJECTION	N	Y
00023590204	TRELSTAR MIX INJ 3.75MG	HORMONAL THERAPIES	INJECTION	N	Y
57894064011	TREMFYA INJ 100MG/ML	PSORIASIS	INJECTION	N	Y
57894064001	TREMFYA INJ 100MG/ML	PSORIASIS	INJECTION	N	Y
00703069601	TREPROSTINIL INJ 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00781343080	TREPROSTINIL INJ 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
42023020901	TREPROSTINIL INJ 10MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00703066601	TREPROSTINIL INJ 1MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00781342080	TREPROSTINIL INJ 1MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
42023020601	TREPROSTINIL INJ 1MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00703067601	TREPROSTINIL INJ 2.5MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00781342580	TREPROSTINIL INJ 2.5MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
42023020701	TREPROSTINIL INJ 2.5MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00703068601	TREPROSTINIL INJ 5MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00781342780	TREPROSTINIL INJ 5MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
42023020801	TREPROSTINIL INJ 5MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
00169701301	TRETTEN INJ	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
63459010310	TRUXIMA INJ 100/10ML	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
63459010450	TRUXIMA INJ 500/50ML	ONCOLOGY - INJECTABLE, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00078067119	TYKERB TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
64406000801	TYSABRI INJ 300/15ML	INFLAMMATORY BOWEL DISEASE, MULTIPLE SCLEROSIS	INFUSION	Y	Y
66302020603	TYVASO SOL 0.6MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
66302061002	TYVASO DPI POW 16-32-48	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302060002	TYVASO DPI POW 16-32MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302061603	TYVASO DPI POW 16MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302071604	TYVASO DPI POW 16MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302062003	TYVASO DPI POW 32-48MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302063203	TYVASO DPI POW 32MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302073204	TYVASO DPI POW 32MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302064803	TYVASO DPI POW 48MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302074804	TYVASO DPI POW 48MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302066403	TYVASO DPI POW 64MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302076404	TYVASO DPI POW 64MCG	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66302020602	TYVASO REFIL SOL 0.6MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
66302020601	TYVASO START SOL 0.6MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
66302020604	TYVASO START SOL 0.6MG/ML	PULMONARY ARTERIAL HYPERTENSION	INFUSION OR INJECTION	N	Y
25682002501	ULTOMIRIS INJ 100MG/ML	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA, NEUROMUSCULAR	INJECTION	Y	Y
25682002801	ULTOMIRIS INJ 100MG/ML	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA, NEUROMUSCULAR	INJECTION	Y	Y
25682002201	ULTOMIRIS INJ 300/30ML	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA, NEUROMUSCULAR	INJECTION	Y	Y
72677055101	UPLIZNA SOL 100MG	RARE DISORDERS - OTHER	INJECTION	N	Y
72677055103	UPLIZNA SOL 100MG	RARE DISORDERS - OTHER	INJECTION	N	Y
66215071801	UPTRAVI INJ 1800MCG	PULMONARY ARTERIAL HYPERTENSION	INJECTION	N	Y
66215061006	UPTRAVI TAB 1000MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215061206	UPTRAVI TAB 1200MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215061406	UPTRAVI TAB 1400MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215061606	UPTRAVI TAB 1600MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215062820	UPTRAVI TAB 200/800	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215060206	UPTRAVI TAB 200MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215060214	UPTRAVI TAB 200MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215060406	UPTRAVI TAB 400MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215060606	UPTRAVI TAB 600MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
66215060806	UPTRAVI TAB 800MCG	PULMONARY ARTERIAL HYPERTENSION	ORAL	N	N
50242009601	VABYSMO INJ 6/0.05ML	OCULAR DISORDERS	INJECTION	N	Y
24201010101	VALRUBICIN SOL 40MG/ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
24201010104	VALRUBICIN SOL 40MG/ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
70257012611	VARIZIG INJ 125UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
70257012651	VARIZIG INJ 125UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
55513095401	VECTIBIX INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
55513095601	VECTIBIX INJ 400MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
72606001101	VEGZELMA SOL 100/4ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
72606001201	VEGZELMA SOL 400/16ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
63020004901	VELCADE INJ 3.5MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
63020004904	VELCADE INJ 3.5MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
66215040301	VELETRI INJ 0.5MG	PULMONARY ARTERIAL HYPERTENSION	INFUSION	N	
66215040201	VELETRI INJ 1.5MG	PULMONARY ARTERIAL HYPERTENSION	INFUSION	N	
00069027430	VELSIPITY TAB 2MG	INFLAMMATORY BOWEL DISEASE	ORAL	N	Y
66215030200	VENTAVIS SOL 10MCG/ML	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66215030230	VENTAVIS SOL 10MCG/ML	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66215030300	VENTAVIS SOL 20MCG/ML	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
66215030330	VENTAVIS SOL 20MCG/ML	PULMONARY ARTERIAL HYPERTENSION	INHALATION	N	Y
00002481554	VERZENIO TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00002533754	VERZENIO TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00002621654	VERZENIO TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00002448354	VERZENIO TAB 50MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
59572010201	VIDAZA INJ 100MG	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
00074309328	VIEKIRA PAK TAB	HEPATITIS C	ORAL	N	N
00591395511	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
00591395550	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
16729052111	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
16729052163	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
31722000950	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
43598069711	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
43598069750	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N

49884035803	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
49884035852	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
67877067463	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
69097096453	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
69238142501	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
69238142505	VIGABATRIN PAK 500MG	SEIZURE DISORDERS	ORAL	Y	N
00591385101	VIGABATRIN TAB 500MG	SEIZURE DISORDERS	ORAL	Y	N
43598065101	VIGABATRIN TAB 500MG	SEIZURE DISORDERS	ORAL	Y	N
00078102851	VIJOICE TAB 125MG	RARE DISORDERS - OTHER	ORAL	N	N
00078102884	VIJOICE TAB 125MG	RARE DISORDERS - OTHER	ORAL	N	N
00078103502	VIJOICE TAB 250MG	RARE DISORDERS - OTHER	ORAL	N	N
00078103561	VIJOICE TAB 250MG	RARE DISORDERS - OTHER	ORAL	N	N
00078102151	VIJOICE TAB 50MG	RARE DISORDERS - OTHER	ORAL	N	N
00078102184	VIJOICE TAB 50MG	RARE DISORDERS - OTHER	ORAL	N	N
68135010001	VIMIZIM INJ 5MG/5ML	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
00187560015	VISUDYNE INJ 15MG	OCULAR DISORDERS	INJECTION	N	Y
50419039101	VITRAKVI CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
71777039101	VITRAKVI CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50419039001	VITRAKVI CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
71777039001	VITRAKVI CAP 25MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50419039201	VITRAKVI SOL 20MG/ML	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
71777039201	VITRAKVI SOL 20MG/ML	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
71225012001	VIVIMUSTA INJ 100/4ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
65757030001	VIVITROL INJ 380MG	SPECIALTY PHARMACY DISTRIBUTION, ALCOHOL / OPIOID DEPENDENCY	INJECTION	N	Y
00944755302	VONVENDI INJ 1300UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00944755102	VONVENDI INJ 650UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
61958240101	VOSEVI TAB	HEPATITIS C	ORAL	N	N
00078067066	VOTRIENT TAB 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
68135008236	VOXZOGO INJ 0.4MG	BONE DISORDERS - OTHER	INJECTION	N	Y
68135011966	VOXZOGO INJ 0.56MG	BONE DISORDERS - OTHER	INJECTION	N	Y
68135018193	VOXZOGO INJ 1.2MG	BONE DISORDERS - OTHER	INJECTION	N	Y
54092070104	VPRIV INJ 400UNIT	LYSOSOMAL STORAGE DISORDERS	INFUSION	N	Y
64406002003	VUMERITY CAP 231MG	MULTIPLE SCLEROSIS	ORAL	N	N
64406002001	VUMERITY CAP 231MG	MULTIPLE SCLEROSIS	ORAL	N	N
82194051002	VYJUVEK GEL	DERMATOLOGICAL DISORDERS - OTHER	TOPICAL	N	Y
00069873001	VYNDAMAX CAP 61MG	AMYLOIDOSIS	ORAL	N	N
00069873030	VYNDAMAX CAP 61MG	AMYLOIDOSIS	ORAL	N	N
00069197512	VYNDAQEL CAP 20MG	AMYLOIDOSIS	ORAL	N	N
00069197540	VYNDAQEL CAP 20MG	AMYLOIDOSIS	ORAL	N	N
73475310203	VYVGART INJ HYTRULO	NEUROMUSCULAR	INJECTION	N	Y
73475304105	VYVGART INJ 400/20ML	NEUROMUSCULAR	INJECTION	N	Y
72028017803	WAKIX TAB 17.8MG	SLEEP DISORDER	ORAL	N	N
72028004503	WAKIX TAB 4.45MG	SLEEP DISORDER	ORAL	N	N
68982018201	WILATE INJ	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
68982018202	WILATE INJ	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
70257030013	WINRHO SDF INJ 15000UNT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70257030051	WINRHO SDF INJ 15000UNT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70504300001	WINRHO SDF INJ 15000UNT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70504300002	WINRHO SDF INJ 15000UNT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70257033011	WINRHO SDF INJ 1500UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70257033051	WINRHO SDF INJ 1500UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70257035002	WINRHO SDF INJ 2500UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70257035051	WINRHO SDF INJ 2500UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70504350001	WINRHO SDF INJ 2500UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70504350002	WINRHO SDF INJ 2500UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70257031004	WINRHO SDF INJ 5000UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70257031051	WINRHO SDF INJ 5000UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70504310001	WINRHO SDF INJ 5000UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
70504310002	WINRHO SDF INJ 5000UNIT	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INFUSION OR INJECTION	N	Y
00069814120	XALKORI CAP 200MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069814020	XALKORI CAP 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00069100201	XELJANZ TAB 10MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	ORAL	N	N
00069100101	XELJANZ TAB 5MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	ORAL	N	N
00069050130	XELJANZ XR TAB 11MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	ORAL	N	N
00069050230	XELJANZ XR TAB 22MG	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	ORAL	N	N
00004110020	XELODA TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00004110150	XELODA TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
13533081050	XEMBIFY INJ 10G/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533081051	XEMBIFY INJ 10G/50ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533081005	XEMBIFY INJ 1GM/5ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533081006	XEMBIFY INJ 1GM/5ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533081010	XEMBIFY INJ 2GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533081011	XEMBIFY INJ 2GM/10ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533081020	XEMBIFY INJ 4GM/20ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
13533081021	XEMBIFY INJ 4GM/20ML	IMMUNE DEFICIENCIES AND RELATED DISORDERS	INJECTION	N	Y
67386042101	XENAZINE TAB 12.5MG	MOVEMENT DISORDERS	ORAL	N	N
67386042201	XENAZINE TAB 25MG	MOVEMENT DISORDERS	ORAL	N	N
58468005101	XENPOZYME INJ 4MG	LYSOSOMAL STORAGE DISORDERS	INFUSION OR INJECTION	N	Y
58468005001	XENPOZYME SOL 20MG	LYSOSOMAL STORAGE DISORDERS	INFUSION OR INJECTION	N	Y
55513073001	XGEVA INJ	ONCOLOGY - INJECTABLE	INJECTION	N	Y
66887000301	XIAFLEX INJ 0.9MG	PEYRONIE'S DISEASE, DUPUYTREN'S CONTRACTURE	INJECTION	Y	Y
50242021501	XOLAIR INJ 150MG/ML	ALLERGEN IMMUNOTHERAPY, ASTHMA	INJECTION	N	Y
50242021401	XOLAIR INJ 75/0.5	ALLERGEN IMMUNOTHERAPY, ASTHMA	INJECTION	N	
50242004062	XOLAIR SOL 150MG	ALLERGEN IMMUNOTHERAPY, ASTHMA	INJECTION	N	Y
00469142590	XOSPATA TAB 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	N
00469012599	XTANDI CAP 40MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
58394001401	XYNTHA INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394001402	XYNTHA INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394001501	XYNTHA INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394001502	XYNTHA INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394001201	XYNTHA INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394001202	XYNTHA INJ 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394001301	XYNTHA INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394001302	XYNTHA INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394002403	XYNTHA SOLOF INJ 1000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394002503	XYNTHA SOLOF INJ 2000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394001603	XYNTHA SOLOF INJ 3000UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
58394002303	XYNTHA SOLOF INJ 500UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y

58394002203	XYNTHA SOLOF KIT 250UNIT	HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS	INFUSION	N	Y
00003232822	YERVOY INJ 200MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
00003232711	YERVOY INJ 50MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
59676061001	YONDELIS INJ 1MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
47335040181	YONSA TAB 125MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
72606002307	YUFLYMA KIT 80/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
72606003009	YUFLYMA 1PEN KIT 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
72606002304	YUFLYMA 1PEN KIT 80/0.8ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
72606003010	YUFLYMA 2PEN KIT 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
72606002401	YUFLYMA 2SYR KIT 20/0.2ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
72606003006	YUFLYMA 2SYR KIT 40/0.4ML	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS	INJECTION	N	Y
00024584001	ZALTRAP INJ 100/4ML	ONCOLOGY - INJECTABLE	INFUSION	N	
00024584101	ZALTRAP INJ 200/8ML	ONCOLOGY - INJECTABLE	INFUSION	N	
61314031801	ZARXIO INJ 300/0.5	NEUTROPENIA	INFUSION OR INJECTION	N	Y
61314031805	ZARXIO INJ 300/0.5	NEUTROPENIA	INFUSION OR INJECTION	N	Y
61314031810	ZARXIO INJ 300/0.5	NEUTROPENIA	INFUSION OR INJECTION	N	Y
61314032601	ZARXIO INJ 480/0.8	NEUTROPENIA	INFUSION OR INJECTION	N	Y
61314032605	ZARXIO INJ 480/0.8	NEUTROPENIA	INFUSION OR INJECTION	N	Y
61314032610	ZARXIO INJ 480/0.8	NEUTROPENIA	INFUSION OR INJECTION	N	Y
69656010330	ZEJULA CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
69656010390	ZEJULA CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50242009002	ZELBORAF TAB 240MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00053720102	ZEMAIRA INJ 1000MG	ALPHA-1 ANTITRYPSIN DEFICIENCY	INFUSION		
00006307401	ZEPATIER TAB 50-100MG	HEPATITIS C	ORAL	N	N
00006307402	ZEPATIER TAB 50-100MG	HEPATITIS C	ORAL	N	N
59572082030	ZEPOSIA CAP .92MG	INFLAMMATORY BOWEL DISEASE, MULTIPLE SCLEROSIS	ORAL	N	N
59572089091	ZEPOSIA CAP STR KIT	INFLAMMATORY BOWEL DISEASE, MULTIPLE SCLEROSIS	ORAL	N	N
59572081007	ZEPOSIA 7DAY CAP STR PACK	INFLAMMATORY BOWEL DISEASE, MULTIPLE SCLEROSIS	ORAL	N	N
68727071201	ZEPZELCA SOL 4MG	ONCOLOGY - INJECTABLE	INJECTION	N	Y
61314086601	ZIEXTENZO INJ 6/0.6ML	NEUTROPENIA	INJECTION	N	Y
00069031501	ZIRABEV INJ 100/4ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
00069034201	ZIRABEV INJ 400/16ML	ONCOLOGY - INJECTABLE	INJECTION	N	Y
73079005030	ZOKINVY CAP 50MG	RARE DISORDERS - OTHER	ORAL	N	N
73079007530	ZOKINVY CAP 75MG	RARE DISORDERS - OTHER	ORAL	N	N
70720095130	ZOLADEX IMP 10.8MG	HORMONAL THERAPIES	IMPLANT	N	Y
50090346600	ZOLADEX IMP 3.6MG	HORMONAL THERAPIES	IMPLANT	N	Y
70720095036	ZOLADEX IMP 3.6MG	HORMONAL THERAPIES	IMPLANT	N	Y
25021082667	ZOLEDRONIC INJ 4/100ML	ONCOLOGY - INJECTABLE	INFUSION	N	
25021082682	ZOLEDRONIC INJ 4/100ML	ONCOLOGY - INJECTABLE	INFUSION	N	
47335096241	ZOLEDRONIC INJ 4MG	ONCOLOGY - INJECTABLE	INFUSION	N	Y
70860021051	ZOLEDRONIC INJ 4MG/100	ONCOLOGY - INJECTABLE	INFUSION	N	
00409422901	ZOLEDRONIC INJ 4MG/100	ONCOLOGY - INJECTABLE	INFUSION	N	
00409421501	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
00409421505	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
16714081501	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
16729024231	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
23155017031	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
25021080166	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
43598033011	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
50742041605	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
51991006598	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
54288010001	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
55111068507	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
55150026605	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
63323096198	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
67457039054	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
67457092005	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
68001043725	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
68001036622	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
68001036625	ZOLEDRONIC INJ 4MG/5ML	ONCOLOGY - INJECTABLE	INFUSION	N	
00006056840	ZOLINZA CAP 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
55566190101	ZOMACTON INJ 10MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
55566190201	ZOMACTON INJ 10MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
55566180101	ZOMACTON INJ 5MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
44087338807	ZORBTIVE INJ 8.8MG	GROWTH HORMONE AND RELATED DISORDERS	INJECTION	N	Y
72152054720	ZULRESSO INJ 100/20ML	MENTAL HEALTH CONDITIONS	INJECTION	Y	Y
61958170101	ZYDELIG TAB 100MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
61958170201	ZYDELIG TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
00078064070	ZYKADIA CAP 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	N
00078069484	ZYKADIA TAB 150MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
50881000603	ZYNYZ INJ 500/20ML	ONCOLOGY - INJECTABLE	INFUSION OR INJECTION	N	Y
57894015012	ZYTIGA TAB 250MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y
57894019506	ZYTIGA TAB 500MG	ONCOLOGY - ORAL/TOPICAL	ORAL	N	Y

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

Pharma Revenue Guarantee Quote - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Pharma Revenue Guarantee (1)	Per Final Paid Claim (DCS Program)	Per Final Paid Claim (NYSIF)
2025	$ [redacted]	$ [redacted]
2026	$ [redacted]	$ [redacted]
2027	$ [redacted]	$ [redacted]
2028	$ [redacted]	$ [redacted]
2029	$ [redacted]	$ [redacted]

(1) The quote above represents the guaranteed minimum amount due the Programs.

• The State shall receive all (100%) of Pharma Revenue as defined in this RFP.

• The amount must be quoted on a per Final Paid Claim basis, as defined in Attachment 15, *Glossary of Defined Terms*.

• No separate administrative fee to manage the Pharma Revenue process shall apply.

The Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote is not contingent upon specific formulary strategies. Formularies are custom and are subject to the Department's approval. The Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote is not contingent upon the Programs' participation in any of the Offeror's formulary management or intervention programs, including step therapy and Brand for Generic (B4G) strategies. The Offeror may not make such quotes contingent upon use of their Book of Business Formulary. Nor shall the Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote be contingent or dependent on the timing of any patent expirations and/or introduction of generic equivalent drugs, including but not limited to early and/or at risk generic launches. Any B4G strategy proposed must be financially advantageous to the State.

Note:
Offerors must provide adequate documentation as determined by the Procuring Agencies, to support the Offeror's proposal relative to pharma revenue. Documentation should be provided as Attachment 91 of the Offeror's proposal.

ATTACHMENT 91

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

Documentation to Support Pharma Revenue Guarantee Quote - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Attachment 91 will consist of the Offeror's Documentation to Support Pharma Revenue Guarantee Quote. Per Attachment 90, Pharma Revenue Guarantee Quote, the Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote is not contingent upon specific formulary strategies. Formularies are custom and are subject to the Department's approval. The Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote is not contingent upon the Programs' participation in any of the Offeror's formulary management or intervention programs, including step therapy and Brand for Generic (B4G) strategies. The Offeror may not make such quotes contingent upon use of their Book of Business Formulary. Nor shall the Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote be contingent or dependent on the timing of any patent expirations and/or introduction of generic equivalent drugs, including but not limited to early and/or at-risk generic launches. Any B4G strategy proposed must be financially advantageous to the State.

We have compiled an offer that considers our expertise in the pharmaceutical benefit marketplace. This expertise tells us that there are several impactful changes in the future with bearing during the contract term. These are expected to be marketplace wide events impacting all clients and PBMs. Please review the table below which outlines the issue and projected impact. These items have been accounted for in your offer, meaning your Pharma Revenue Guarantees have been lowered to account for these changes. Further, we have estimated how these same changes will impact your ingredient costs. We are happy to present more information on any of these items.

Assumptions	Description	Impact to Per Final Paid Claim Pharma Revenue Guarantee	Annual Pharma Revenue Guarantee Reduction	Expected Annual Ingredient Cost Savings	Net Financial Impact to the Plan
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

ATTACHMENT 92

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

Claims Administration Fee(s) Quotes (Period: 1/1/2025-12/31/2029) - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Claims Administration Fees (2)	Quote (1)	Basis of Charge
DCS Program Claims (3)		
Retail, Mail, Specialty Pharmacy Network, and Vaccination Network - Claims Admin. Fee	[redacted]	Per Each Final Paid Claim
Medicare Rx Program Claims		
Retail, Mail, Specialty Pharmacy Network, and Vaccination Network - Claims Admin. Fee	[redacted]	Per Each Final Paid Claim
New York State Insurance Fund Program		
Retail, Mail, and Specialty Pharmacy Network - Claims Admin. Fee	[redacted]	Per Each Final Paid Claim

(1) These quotes are made in accordance with the requirements of Sections 3, 5 and 6 of the RFP.
The quotes must be guaranteed for the period 1/1/2025-12/31/2029.
Changes to these quotes not under the control of the Offeror may be negotiated solely at the Procuring Agencies' discretion.

(2) Offeror must include the cost for administering all project services applicable to the respective Program below. Refer to Attachment 97 for a listing of Program Services applicable to each Claims Administrative Fee component.

(3) Non-Medicare Rx Program Claims

ATTACHMENT 93

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

Vaccination Administration Fees - RFP entitled "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Administration Fees for seasonal, non-seasonal and COVID-19 vaccines dispensed through the Vaccination Network shall be billed to the DCS Program on a Pass-through basis. Offeror's should enter their contracted Administration Fees as of May 1, 2024, for each listed vaccine.

Seasonal* Vaccines	Maximum Administration Fee
Standard Influenza Quadrivalent Inactivated Influenza Vaccine (IIV4): Afluria, Fluarix, FluLaval, Fluzone	[redacted]
Cell Culture-based Influenza Quadrivalent Cell Culture-based Inactivated Influenza Vaccine (ccIIV4): Flucelvax	[redacted]
Intranasal Influenza Quadrivalent Live Attenuated Influenza Vaccine (LAVI4): FluMist	[redacted]
Recombinant Influenza Quadrivalent Recombinant Influenza Vaccine (RIV4): Flublok	[redacted]
Adjuvanted Influenza Quadrivalent Adjuvanted Inactivated Influenza Vaccine (aIIV4): Fluad	[redacted]
High Dose Influenza Quadrivalent High Dose Inactivated Influenza Vaccine (HD-IIV4): FluZone HD	[redacted]

* Seasonal means August through April

COVID-19 Vaccine	Maximum Administration Fee
COVID-19 Vaccine	[redacted]

Non-Seasonal Vaccines	Maximum Administration Fee
Diphtheria, Tetanus	[redacted]
Diphtheria, Tetanus TOX-AC PERT, AD-Polio, IPV-HIB-Hepatitis B RECMB	[redacted]
Diphtheria, Tetanus, Pertussis	[redacted]
Diphtheria, Tetanus, Pertussis, Haemophilus B	[redacted]
Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus	[redacted]
Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Haemophilus B	[redacted]
Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Hepatitis B	[redacted]
Diphtheria, Tetanus, Toxoids	[redacted]
Haemophilus B	[redacted]
Hepatitis A	[redacted]
Hepatitis A & B	[redacted]
RSV	[redacted]
mpox*	[redacted]

Non-Seasonal Vaccines	Maximum Administration Fee
Hepatitis B	[redacted]
Human Papillomavirus	[redacted]
Inactivated Poliovirus	[redacted]
Measles, Mumps, Rubella	[redacted]
Measles, Mumps, Rubella, Varicella	[redacted]
Meningococcal	[redacted]
Pneumonia	[redacted]
Rotavirus	[redacted]
Tetanus	[redacted]
Haemophilus B Polysac Conj.- Hepatitis B	[redacted]
Varicella	[redacted]
Zoster	[redacted]

*mpox vaccine will **not** be included in the Cost Evaluation due to its effective date of 4/1/24 - the Plan does not have any claims to date.

Proposed House Generics List

BRANDED GENERIC NDC	BRAND NAME	FORM	SIZE	MFR
00074662490	SYNTHROID TAB 100MCG	TAB	90	ABBVIE
00074929690	SYNTHROID TAB 112MCG	TAB	90	ABBVIE
00074706890	SYNTHROID TAB 125MCG	TAB	90	ABBVIE
00074372790	SYNTHROID TAB 137MCG	TAB	90	ABBVIE
00074706990	SYNTHROID TAB 150MCG	TAB	90	ABBVIE
00074707090	SYNTHROID TAB 175MCG	TAB	90	ABBVIE
00074714890	SYNTHROID TAB 200MCG	TAB	90	ABBVIE
00074434190	SYNTHROID TAB 25MCG	TAB	90	ABBVIE
00074714990	SYNTHROID TAB 300MCG	TAB	90	ABBVIE
00074455290	SYNTHROID TAB 50MCG	TAB	90	ABBVIE
00074518290	SYNTHROID TAB 75MCG	TAB	90	ABBVIE
00074659490	SYNTHROID TAB 88MCG	TAB	90	ABBVIE

Let's help your members move beyond pain and improve quality of life — while impacting your medical spend.

We are bringing new opportunities for the Agencies to expand their health benefits, including a proposed offering of Hinge Health. Hinge Health provides a Digital Musculoskeletal (MSK) Clinic to free your members from pain while simultaneously decreasing the Agencies cost. The program focuses on reducing MSK pain, surgeries and use of opioids while simultaneously lowering member's depression and anxiety that goes hand-in-hand with pain. Unlike traditional physical therapy, Hinge Health's virtual MSK program removes any barriers to care and allows the same access to all your members regardless of where they work or live. **Included in this offer for the State is an implementation credit and a claims-based ROI. ROI calculation and methodology will be thoroughly vetted by CVS prior to implementation.**

Hinge Health is the most studied digital MSK solution, publishing 15 peer-reviewed studies with researchers at Stanford, UCSF, and Vanderbilt. Large scale, long-term & older adult population studies show consistent pain reduction, engagement & ROI from surgery avoidance. Their validated clinical outcomes have demonstrated hard dollar savings — including a **2.4x ROI** based on a study across 136 employers.

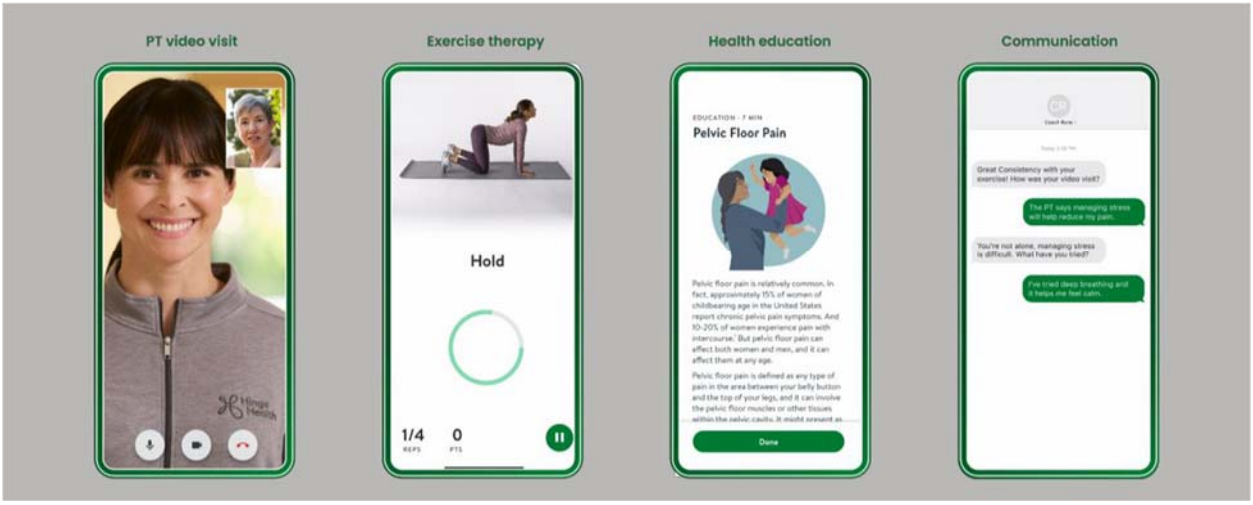
According to the U.S. Department of Health and Human Services, 40% of American adults live with chronic pain and one in five are being prescribed **opioids** — even though clinical guidelines recommend physical activity along with strengthening and mobility exercises as the first line-of-care for chronic pain.

Based on claims data of 160 employers, Hinge Health examined the impact of their digital MSK solution on opioid initiation and Rx utilization, and compared Hinge Health members to traditional PT patients. Preliminary results showed:

- 42% fewer Hinge Health members starting an opioid prescription
- 25% reduction in opioid utilization per 100 participant

Hinge Health is being offered to over 26 million people, across 1,500 organizations, including 14 states.

Simple access for everyone



- **Easy to follow all-in-one app**: Members access education, exercise therapy, video visits, and communicate with their care team from one app on their own device or provided tablet.
- **Flexible delivery of high-quality care**: Video visits with PTs and traditionally hard to find specialists like Pelvic Floor PTs, surgery decision guidance with physicians and orthopedic surgeons — care when and how members want.
- **Effective and equitable options:** 24/7 help, multilingual support and closed captioning.

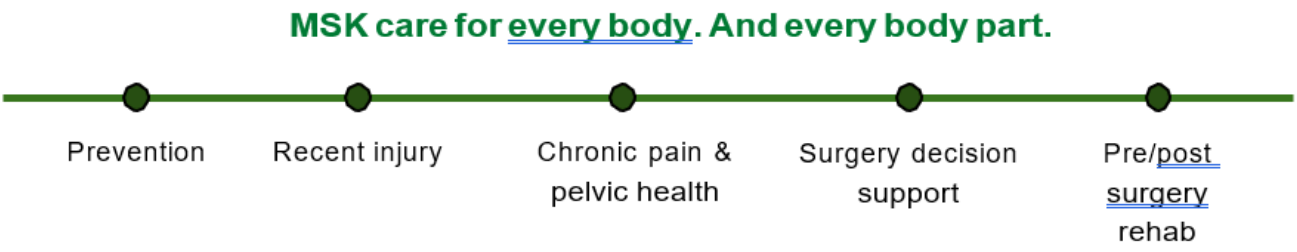
Clinically complete to keep members engaged:

Clinical care team

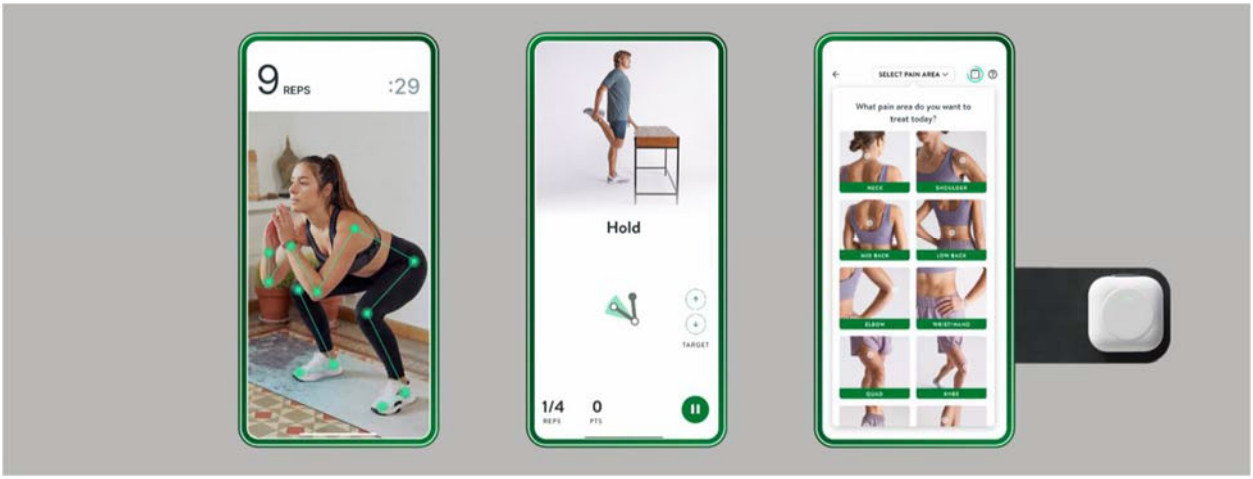
- **Licensed Doctors of physical therapy focus on the movement and physical recovery** of a member. Through clinical assessments and 1:1 video visits they create personalized exercise plans. As a member's needs evolve, they adjust movements and provide tools to improve recovery. Licensed in all 50 states, our DPTs average 6+ years of experience before joining Hinge Health.

- **Health coaches focus on changing mindset and behavior**. As advocated for by the American Medical Association, health coaches are essential to help people with chronic conditions, overcome barriers to engagement, and establish the skills needed to make movement part of their lifestyle.

- **Physicians, orthopedic surgeons, nurse practitioners focus on surgery decision support**. If a member is considering surgery, our physicians work with the member to review provider recommendations, answer questions, and support them as they make their decision. **Physicians and orthopedic surgeons also focus on the clinical rigor of our care model**. They ensure high quality care is delivered consistently and that their programs address both the factors that contribute to a member's symptoms and the obstacles that stand in the way of improvement — concepts that are well recognized but not addressed in a traditional care model.



Advanced technology suite



- **Advanced motion tracking technology suite combines wearable sensors and computer vision for best-in-class exercise form, guidance, and correction**. It allows members to get real-time feedback on pace, alignment and depth for both large body parts and traditionally hard to track joints like wrists and hands. For ease of experience, members can perform their exercises with or without sensors, and a PT can help them acclimate to the sensors and feel comfortable with the technology.
- **FDA-cleared Enso is a wearable device that provides non-addictive pain relief.** With Enso, members can overcome pain that oftentimes prevents them from getting started or staying engaged with care.

Operationally-efficient and cost-effective

Hinge Health deploys a broad-based communications strategy, customized to align with the **State of New York's** messaging and brand guidelines. All communications are approved prior to distribution and **Hinge Health covers the full cost of all marketing expenses including printing and postage**.

CVS Caremark & Hinge Health Partnership Benefits for the State of New York

[redacted]

Employer case study

[redacted] satisfaction

[redacted] savings

Building on two decades of partnership with a government employer

Situation
A client with union-sponsored open plan designs was looking to improve member health and reduce absenteeism from chronic conditions and injuries from physically demanding jobs, while controlling costs.

Solution
The client enhanced their core benefit program with wellness solutions specific to their membership's conditions. This enabled the client to improve overall member health and positively impact the bottom line.

Caremark also continued to identify additional savings opportunities each year, which the client adopted driving [redacted] in reduced costs.

[redacted] member satisfaction

[redacted] reduced costs from SGM, Pharmacy Advisor, Gaps in care, Non-specialty UM, Accordant & Formulary

CVS Health Wellness solutions from Hinge Health and Hello Heart

CVS caremark

Helping deliver prescription drug savings and medication optimization through proactive provider outreach

Drug savings solutions help improve plan member health and reduce your spend

CVS Health

Drug savings

Using data to deliver prescription drug savings and optimize medications

Designed to eliminate unnecessary medication without disruption to your members

Leverages data to identify members who might be at risk for drug-induced conditions or have opportunities for more cost-effective therapy using evidence-based prescribing criteria

Delivers timely, voluntary recommendations to prescribers to improve clinical outcomes and reduce drug spend

A TRUSTED SOLUTION:

[redacted] clie Drug Savings with their programs

[redacted] lives

CVSHealth

Delivering prescription savings

through focused, evidence-based interventions

[redacted]

targeted at removing unnecessary duplicate therapy, including in specialty drugs

Effective results through:

Clinically informed interventions

Timely outreach to prescribers

Reporting that demonstrates value

Member medications are optimized with potential cost savings for you and your members

Increase in annual drug spend savings

Up to [redacted]

Guaranteed return on investment*

[redacted]

Designed to result in better member outcomes and cost savings

*2:1 guaranteed minimum ROI (return on investment) during year one.

CVSHealth.

Drug savings

Ongoing clinical reviews help identify opportunities for interventions

Finding savings opportunities
with an extra focus on costly specialty drugs

Intervention categories:

Age-related
identities medication therapy that may not be appropriate for certain age groups (e.g. elderly or >16)

Appropriate therapy
suggests therapeutic alternatives that have been shown to be just as effective but cost less than the prescribed medication

Condition management
identifies members who are receiving a medication that may intensify an existing condition

Dose optimization
simplifies some medications to once daily dosing or combines multiple medications into one tablet

Drug interaction
identifies members who are receiving 2+ drugs that could interact with each other

Duration of therapy
identifies medications that are prescribed for patients outside of the clinically recommended therapy duration

Gastrointestinal therapy
identifies members receiving GI therapy for duplicate therapy, duration of therapy, members receiving higher than recommended doses, and members receiving therapy that may be less cost-effective

Specialty program
identifies specialty drug-drug interactions, cases where specialty drugs may exacerbate an existing medical condition, specialty therapeutic duplication and specialty brand-to-generic interventions

Therapy duplication management
identifies members who are on multiple medications in the same therapeutic class

Drug Savings

Condition Management

Antipsychotic use in Alzheimer's Disease

Claims review reveals possibility that medication may intensify an existing disease state

Cost for 30-day supplies:

Original prescription

memantine 10mg and olanzapine 10mg

$160
cost to plan

$480
for 3 fills

Recommendation

Discontinued olanzapine

$103
cost to plan for memantine

$309
for 3 fills of memantine

Illustrative example.

[redacted]

total savings
in second quarter
per member

CVSHealth.

Drug Savings

Duration of Therapy

Evaluate the concurrent use of CNS agents in combination with gabapentinoids.
Use of these agents together may lead to adverse effects.

Cost for 30-day supplies:

Original prescription

Lorazepam 1mg and Gabapentin 600mg

$9.59
cost to plan

$28.77
for 3 fills

Recommendation

Lorazepam and Gabapentin were discontinued

$0
cost to plan

Illustrative example.

[redacted]

total savings
in second quarter
per member

CVSHealth.

Drug Savings

Therapeutic Duplication

Concurrent use of two NSAIDs

Claims review reveals possible duplication of medications in the same therapeutic class

Cost for 30-day supplies:

Original prescription

meloxicam 15mg and diclofenac sodium 25mg

$41
cost to plan

$123
for 3 fills

Recommendation

Discontinued diclofenac sodium

$5
cost to plan

$15
For 3 fills

Illustrative example.

56890D

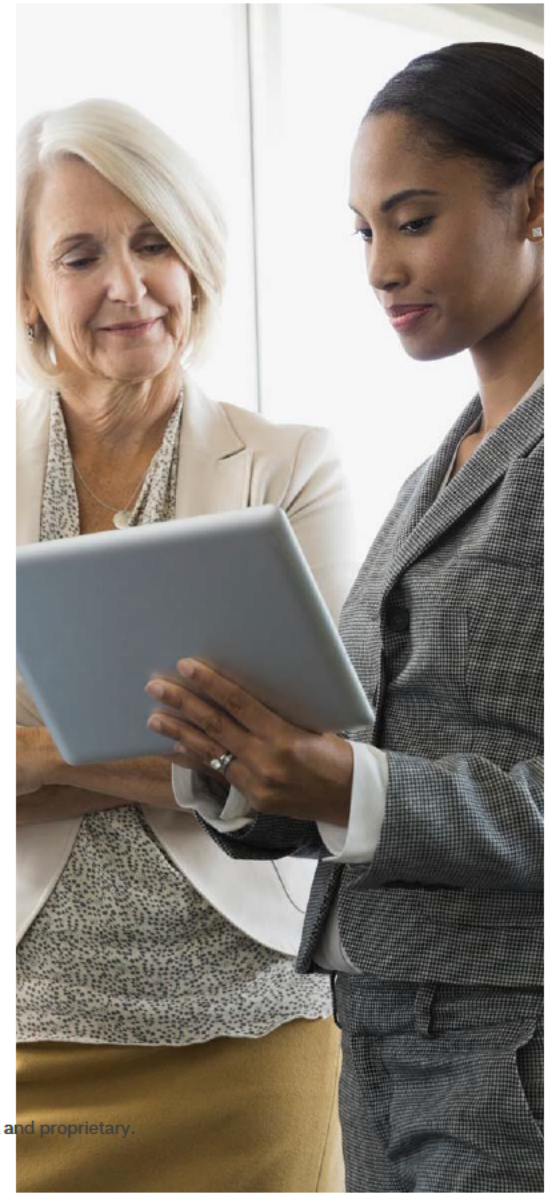
[redacted]

total savings
in second quarter
per member

CVSHealth.

Drug Savings Review for employers

Help improve appropriate drug utilization and drive prescription savings



[redacted] **PMPM savings** on average

[redacted] **Rate of savings** on average

[redacted] **ROI**

300+ interventions targeted at removing unnecessary duplicate therapy, including in specialty drugs

Clinical guidelines reviewed and updated quarterly

Retrospective interventions sent to prescriber with supporting clinical rationale — **no member disruption at point-of-sale**

Quarterly reporting shows activity and savings

020.

CVSHealth.


CVS Health®

Legal disclaimers

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted.

All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

Adherence and health outcome results, savings projections and performance ratings are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.

The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as fully insured health plans, plans for city, state or government employees and church plans need CVS Caremark legal approval prior to adopting the Maintenance Choice program. Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.

Specialty Expedite is available exclusively for providers who use compatible electronic health record (EHR) systems, including others that participate in the Carequality Interoperability Framework.

Specialty delivery options are available where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

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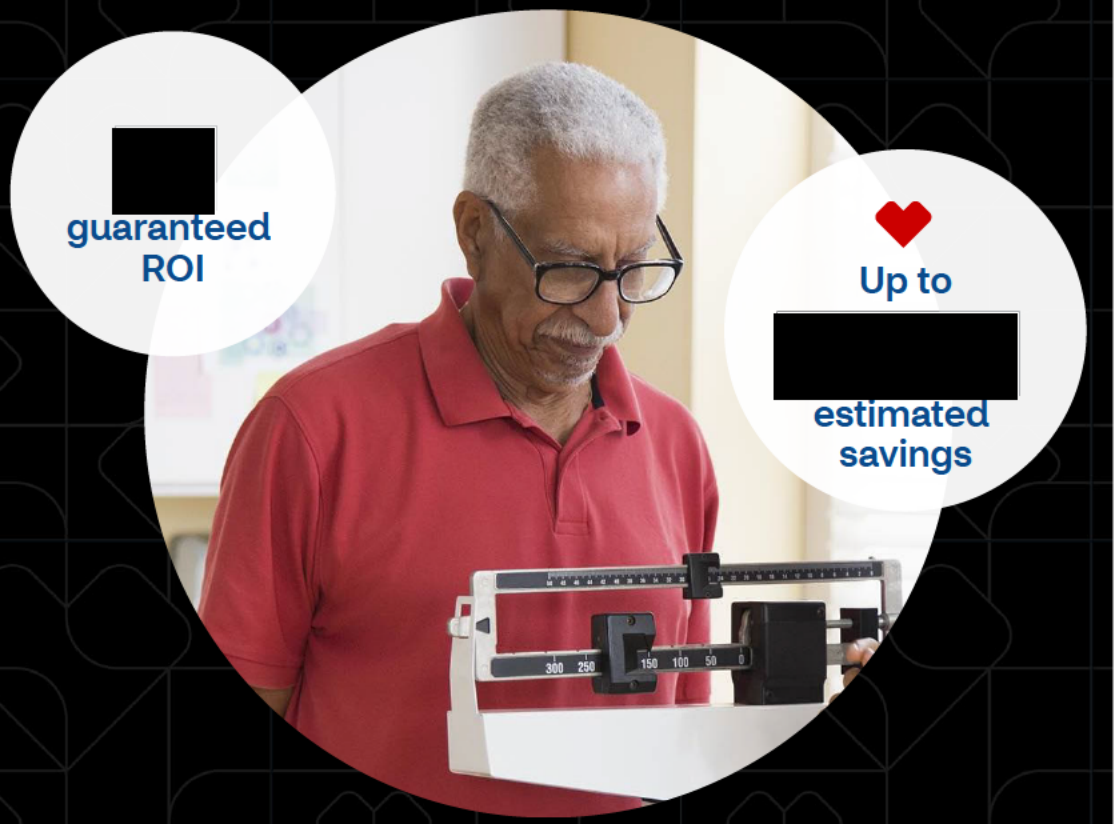

Curbing the cost of GLP-1s with an integrated weight management program

Situation

A large government client with high prevalence of diabetes and obesity was experiencing increases in medical and Rx spend.

After implementing an ineffective third-party weight management program which failed to deliver results, they turned to Caremark to help control the costs and improve outcomes.

Solution & Results

Created a holistic weight management pilot program with both lifestyle and medication components, that was integrated directly into their benefit plan design.

New utilizers are required to enroll in the lifestyle program as a first step before moving to GLP-1 medication.

Members already on GLP-1s were required to join the lifestyle program to optimize drug efficacy and health outcomes.

Delivering[redacted] in estimated annual savings, with a 2:1 guaranteed ROI

Member benefits include:

- Multidisciplinary clinician team, including virtual care & 24/7 support
- Prescriber support & coordination with PCP
- Dedicated registered dietician
- Digital app FDA-cleared as a medical device
- Personalized nutrition plan tailored to individual need

Savings projections are based on CVS Health data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.
*Pilot savings does not include rebate impact

CVS caremark