

Formulary / Formulario

Molina Medicare Options Plus HMO SNP California – Sacramento County



2017

Member Services / Departamento de Servicios
para Miembros (888) 665-1328, TTY/TDD 711
7 days a week, 8 a.m. - 8 p.m. local time.
Los 7 días de la semana, de 8:00 a.m. a
8:00 p.m., hora local.





Your Extended Family.

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (800) 665-3086; TTY 711, 7 days a week, 8 a.m. - 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.



Your Extended Family

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-3086 (TTY : 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-3086 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-3086 (ATS : 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-3086 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-3086 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-3086 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-3086 (телетайп: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-3086 (رقم هاتف الصم

والبكم: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-3086 (TTY: 711) पर कॉल करें।

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-3086 (TTY: 711).

Português

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-3086 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-3086 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-3086 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-665-3086（TTY: 711）まで、お電話にてご連絡ください。

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-3086 (TTY: 711).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-665-3086 (TTY: 711) تماس بگیرید.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-665-3086 (TTY (հեռատիպ)՝ 711):

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-665-3086 (TTY: 711)។

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-3086 (TTY: 711).

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-665-3086 (መስማት ለተሳናቸው፡ 711)።

Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৬৬৫-৩০৮৬ (TTY: ৭১১)।

Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-3086 (TTY: 711).

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-665-3086 (TTY: 711).

Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-3086 (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-3086 (TTY: 711).

Kru(Bassa language)

Dè dɛ nìà kɛ dyédɛ gbo: ɔ jũ ké m̩ [Bàsóò-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò bɛ̀in m̩ gbo kpáa. Dá 1-800-665-3086 (TTY:711)

Ibo

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-665-3086 (TTY: 711).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-665-3086 (TTY: 711).

Laotian

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-665-3086 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, koji' hódíilnih 1-800-665-3086 (TTY: 711.)

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।
फोन गर्नुहोस् 1-800-665-3086 (टिटिवाइ: 711) ।

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-665-3086 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-665-3086 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-665-3086 (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-665-3086 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

[illegible]

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-665-3086 (TTY: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-665-3086 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-665-3086 (телетайп: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں
 1-800-665-3086 (TTY: 711)

Molina Medicare Options Plus HMO SNP

2017 Formulary

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00017306, Version Number 17

This formulary was updated on 11/2017. For more recent information or other questions, please contact us, Molina Medicare Options Plus Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit www.molinahealthcare.com/medicare.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Options Plus.

This document includes list of the drugs (formulary) for our plan which is current as of 11/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the Molina Medicare Options Plus Comprehensive Formulary?

A formulary is a list of covered drugs selected by Molina Medicare Options Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Molina Medicare Options Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Molina Medicare Options Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will

not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2017. To get updated information about the drugs covered by Molina Medicare Options Plus, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Molina Medicare Options Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Molina Medicare Options Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Molina Medicare

Options Plus before you fill your prescriptions. If you don't get approval, Molina Medicare Options Plus may not cover the drug.

- **Quantity Limits:** For certain drugs, Molina Medicare Options Plus limits the amount of the drug that Molina Medicare Options Plus will cover. For example, Molina Medicare Options Plus provides 60 tablets per 30 days per prescription for Lyrica 300mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Molina Medicare Options Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Molina Medicare Options Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Molina Medicare Options Plus will then cover Drug B.

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

You can ask Molina Medicare Options Plus to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Molina Medicare Options Plus's formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Molina Medicare Options Plus does not cover your drug, you have two options:

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

How do I request an exception to the Molina Medicare Options Plus's Formulary?

You can ask Molina Medicare Options Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your Molina Medicare Options Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Molina Medicare Options Plus, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Molina Medicare Options Plus's Formulary

The comprehensive formulary below provides coverage information about all the drugs covered by Molina Medicare Options Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

The information in the Requirements/Limits column tells you if Molina Medicare Options Plus has any special requirements for coverage of your drug.

B/D stands for This drug may be covered under Medicare Part B or D depending upon the circumstances

LA stands for Limited Access Drug - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (888) 665-1328, 7 days a week, 8 a.m. – 8 p.m., local time. TTY users should call 711.

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quality Limits

ST stands for Step Therapy criteria

You can find information on what the symbols and abbreviations on this table mean by going to the bottom of each page or the beginning of this table.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not
available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access
NDS - Non-Extended Days Supply

Y0050_17_1085_0001_LRFormulary

Accepted

8/8/16

Molina Medicare Options Plus HMO SNP

Formulario de 2017

(Lista de medicamentos cubiertos)

**FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

HPMS Approved Formulary File Submission ID 00017306, Version Number 17

Este formulario se actualizó en 11/2017. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, al Departamento de Servicio al Cliente, de Molina Medicare Options Plus al (888) 665-0898 o para usuarios del servicio TTY al 711, los 7 días de la semana de 8:00 a. m. a 8:00 p. m., hora local. O bien, visite www.molinahealthcare.com/medicare.

Aviso para miembros actuales: este formulario ha cambiado desde el año pasado. Por favor, repase este documento para asegurarse que aún contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros" o "nuestro", significa Molina Healthcare. Cuando se refiere al "plan" o "nuestro plan," significa Molina Medicare Options Plus.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está vigente a partir del 11/2017. Comuníquese con nosotros para recibir un formulario actualizado. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

Generalmente, debe usar farmacias que participan en la red para usar su beneficio de medicamentos recetados. Los beneficios, formulario, red de farmacias y copagos / coseguro pueden cambiar el 1.º de enero de 2017 y de vez en cuando durante el año.

¿Qué es el formulario detallado de Molina Medicare Options Plus?

Un formulario es una lista de los medicamentos cubiertos y seleccionados por Molina Medicare Options Plus conforme al consejo de un grupo de proveedores médicos, los cuales representan las terapias de medicamentos recetados que se determinan necesarios como parte de un programa de tratamiento de calidad. Molina Medicare Options Plus generalmente cubrirá los medicamentos incluidos en nuestro formulario siempre y cuando sean médicamente necesarios, las recetas se surtan en una farmacia que participa en la red de Molina Medicare Options Plus y se respeten las otras reglas del plan. Para más información sobre cómo surtir sus medicamentos recetados, por favor repase su Evidencia de cobertura.

¿El formulario (lista de medicamentos) podría cambiar?

Normalmente, si usted está tomando un medicamento que aparece en el formulario del 2017 que estaba cubierto a principios del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante la cobertura del año 2017, salvo cuando un medicamento genérico y menos costoso está disponible o cuando se publica nueva información adversa acerca de la seguridad o eficacia del medicamento. Otros tipos de cambios al formulario, tal como quitar un medicamento de nuestro formulario, no afectarán a los miembros que están actualmente tomando el medicamento. Permanecerá disponible al mismo costo compartido para aquellos miembros que lo están tomando durante el resto del año de cobertura. Creemos que es importante que usted continúe teniendo acceso a los medicamentos del formulario durante el resto del año de cobertura que estaban disponibles cuando usted eligió nuestro plan, salvo en los casos cuando usted puede ahorrar dinero adicional o nosotros podemos garantizar su seguridad.

Si nosotros quitamos medicamentos de nuestro formulario, o añadimos una autorización previa, límites de cantidades o restricciones de terapia escalonada a un medicamento, o si movemos un medicamento a una categoría de costo compartido más alto, nosotros debemos notificarle a los miembros afectados acerca del cambio por lo menos 60 días antes de que el cambio entre en vigor; o en el momento en que el miembro solicite surtir su medicamento de nuevo y en dicho momento, el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) determina que un medicamento en nuestro formulario es inseguro o el fabricante del medicamento quita el medicamento del mercado, nosotros inmediatamente quitaremos el medicamento de nuestro formulario y proporcionaremos un aviso a nuestros miembros que usan el medicamento. El formulario adjunto está actualizado a partir del 1.º de noviembre del 2017. Comuníquese con nosotros para obtener información actualizada acerca de los medicamentos cubiertos por Molina Medicare Options Plus. Nuestra información de contacto aparece en las páginas de la portada y la contraportada.

¿Cómo utilizo el formulario?

Puede encontrar su medicamento en el formulario en dos formas:

Condición médica

El formulario empieza en la página 1. Los medicamentos en este formulario están agrupados en categorías según el tipo de condición médica que el medicamento trata. Por ejemplo, los medicamentos utilizados para el tratamiento de una condición del corazón se enumeran bajo la categoría, "medicamentos cardiovasculares". Si usted conoce el propósito de su medicamento, vea el nombre de la categoría en la lista que empieza más adelante. Después vea bajo el nombre de la categoría de su medicamento.

Lista alfabética

Si no está seguro de la categoría, busque su medicamento usando el índice que empieza en la página 99. El índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye tanto los medicamentos de marca registrada como los genéricos. Consulte el índice y encuentre su medicamento. Al lado del nombre de su medicamento verá el número de la página donde encontrará información acerca de la cobertura. Vaya a la página que aparece en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Molina Medicare Options Plus cubre tanto medicamentos genéricos como de marca registrada. Un medicamento genérico está aprobado por la FDA por tener el mismo ingrediente activo como el medicamento de marca registrada. Usualmente, los medicamentos genéricos cuestan menos que los medicamentos de marca registrada.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requerimientos adicionales o límites en cobertura. Estos requerimientos y límites pueden incluir:

- **Autorización previa:** Molina Medicare Options Plus requiere que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que usted necesitará recibir aprobación de Molina Medicare Options Plus antes de surtir sus recetas médicas. Si usted no recibe aprobación, es posible que Molina Medicare Options Plus no cubra su medicamento.
- **Límite de cantidades:** Molina Medicare Options Plus impone un límite de cantidades para determinados medicamentos que Molina Medicare Options Plus cubre. Por ejemplo, Molina Medicare Options Plus proporciona 60 tabletas por 30 días por receta para Lyrica 300mg. Esto puede ser además de un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, Molina Medicare Options Plus requiere que primero pruebe determinados medicamentos para el tratamiento de su condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B se usan como tratamiento para su condición médica, es posible que Molina Medicare Options Plus no cubra el Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A no le ayuda, entonces Molina Medicare Options Plus cubrirá el Medicamento B.

Usted puede enterarse si su medicamento tiene cualquier requerimiento o límite adicional repasando el formulario que empieza en la página 1. También puede obtener más información acerca de las restricciones impuestas sobre determinados medicamentos recetados si visita nuestra página web. Se han publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedir que se le envíe una copia. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

Puede pedirle a Molina Medicare Options Plus que permita una excepción a estas restricciones o límites; o bien, puede pedir una lista de otros medicamentos recetados comparables que pueden tratar su condición médica. Consulte la sección, "¿Cómo solicito una excepción del formulario de Molina Medicare Options Plus?" en la página ix para información sobre cómo solicitar una excepción.

¿Qué ocurre si mi medicamento no está incluido en el formulario?

Si su medicamento no está incluido en el formulario (lista de medicamentos recetados cubiertos), usted primero debe ponerse en contacto con el Departamento de Servicios para Miembros para preguntar si su medicamento está cubierto.

Si se entera que Molina Medicare Options Plus no cubre su medicamento, usted tendrá dos opciones:

- Puede pedir al Departamento de Servicios para Miembros una lista de los medicamentos semejantes que están cubiertos por Molina Medicare Options Plus. Cuando usted reciba la lista, enséñesela a su médico y pida que le recete un medicamento semejante que esté cubierto por Molina Medicare Options Plus.
- Usted puede pedir a Molina Medicare Options Plus que permita una excepción y cubra su medicamento. Consulte la información sobre cómo solicitar una excepción, a continuación.

¿Cómo solicito una excepción al formulario de Molina Medicare Options Plus?

Usted puede pedir a Molina Medicare Options Plus que haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que usted puede solicitar.

- Puede pedirnos que se cubra un medicamento aun si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel de costo compartido predeterminado y usted no podrá pedirnos que se le proporcione el medicamento a un nivel de costo compartido más bajo.
- Puede pedirnos que se cubra un medicamento del formulario a un nivel de costo compartido más bajo si este medicamento no se incluye en la categoría de especialidad. Si se aprueba, se reducirá la cantidad que debe pagar por este medicamento.
- Puede pedirnos que no se apliquen las restricciones o límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, Molina Medicare Options Plus impone un límite de cantidades para determinados medicamentos que cubriremos. Si su medicamento tiene un límite de cantidad, usted puede pedirnos que no se aplique el límite y que se cubra una cantidad mayor.

Generalmente, Molina Medicare Options Plus solamente aprobará su solicitud para una excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con un costo compartido más bajo o las restricciones adicionales de utilización no son igual de eficaces para el tratamiento de su condición o si le causará efectos médicos adversos.

Usted debe comunicarse con nosotros para pedirnos una determinación inicial de cobertura para una excepción del formulario, categoría o restricción en utilización. **Cuando solicita una excepción del formulario, categoría o restricción en utilización, usted debe presentar una declaración de su proveedor recetador o su médico para apoyar su petición.** Usualmente, debemos tomar nuestra decisión dentro de 72 horas de haber recibido la declaración de apoyo de su proveedor recetador. Usted puede pedir una excepción acelerada (rápida) si usted o su médico creen que su salud podría estar gravemente perjudicada si espera hasta 72 horas por una decisión. Si su petición para acelerar la decisión se autoriza, debemos darle la determinación a más tardar en 24 horas después de recibir la declaración de apoyo de su médico u otro proveedor recetador.

¿Qué debo hacer antes de hablar con mi médico acerca de cambiar mi medicamento o pedir una excepción?

Como un miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no se incluyen en nuestro formulario. O bien, puede ser que esté tomando un medicamento que está en nuestro formulario, pero que su capacidad para obtenerlo esté limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de surtir su receta médica. Debe hablar con su médico para decidir si debe cambiarse a un medicamento apropiado que nosotros cubrimos o si debe pedir una excepción de formulario para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar el curso de acción adecuado para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días de ser miembro con nuestro plan.

Para cada uno de sus medicamentos que no están incluidos en nuestro formulario o si su capacidad para obtener su medicamento está limitada, nosotros cubriremos temporalmente un suministro de 30 días (a menos que tenga una receta médica escrita para menos días) cuando usted usa una farmacia que participa en la red. Después de su primer suministro de 30 días, nosotros no pagaremos por estos medicamentos, aun si ha sido un miembro del plan durante menos de los 90 días.

Si usted es un residente en un centro de cuidados a largo plazo, nosotros le permitiremos surtir de nuevo su receta médica hasta que le hayamos proporcionado un suministro de transición de 98 días, de acuerdo con el incremento de dispensación (a menos que usted tenga una receta médica escrita para menos días).

Cubriremos más de una renovación de estos medicamentos durante los primeros 90 días de su membresía en nuestro plan. Si usted necesita un medicamento que no está incluido en nuestro formulario o si su capacidad para obtener su medicamento está limitada, pero ya han pasado los primeros 90 días de su membresía con el plan, nosotros cubriremos un suministro de emergencia de 30 días para ese medicamento (a menos que tenga una receta médica para menos días) mientras que usted solicita una excepción de formulario.

Para obtener más información

Para obtener más información detallada sobre su cobertura de medicamentos recetados de Molina Medicare Options Plus, por favor consulte su Evidencia de cobertura y otros materiales del plan.

Comuníquese con nosotros si tiene preguntas acerca de Molina Medicare Options Plus. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

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

Formulario de Molina Medicare Options Plus

El formulario detallado a continuación proporciona información de cobertura acerca de todos los medicamentos cubiertos por Molina Medicare Options Plus. Si usted no puede encontrar su medicamento en la lista, consulte el índice que comienza en la página 99.

La primera columna de la gráfica indica el nombre del medicamento. Los medicamentos de marca registrada están escritos en mayúsculas (p. ej.: CLEOCIN) y los medicamentos genéricos están escritos en cursivas minúsculas (p. ej.: *clindamycin*).

La información en la columna Requisitos / Límites le indica si Molina Medicare Options Plus tiene algún requisito especial para cubrir su medicamento.

B / D significa "Este medicamento puede ser cubierto bajo Medicare Parte B o Parte D, dependiendo de las circunstancias"

LA significa "Medicamento con acceso limitado" - Este medicamento recetado puede estar disponible solamente en ciertas farmacias. Para obtener más información, consulte su Directorio de farmacias o comuníquese con el Departamento de Servicios para Miembros al (888) 665-1328, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. Los usuarios de TTY deben llamar al 711.

NM significa "Medicamento no disponible para servicio por correo"

PA significa "Autorización previa"

QL significa "Límite de cantidades"

ST significa "Criterio de terapia escalonada"

Puede encontrar información sobre lo que significan los símbolos y abreviaturas en esta tabla bajo en la parte inferior de cada página o al principio de cada tabla.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access
NDS - Non-Extended Days Supply

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Drug Name **Drug Tier** **Requirements/Limits**

ANALGESICS

GOUT

<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
COLCRYS TAB 0.6MG	3	QL (120 tabs / 30 days)
<i>probenecid tab 500 mg</i>	3	
ULORIC TAB 40MG	3	ST
ULORIC TAB 80MG	3	ST

NSAIDS

<i>celecoxib cap 50 mg</i>	4	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	4	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	4	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	4	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg2</i>		
<i>diclofenac sodium tab delayed release 50 mg2</i>		
<i>diclofenac sodium tab delayed release 75 mg2</i>		
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diflunisal tab 500 mg</i>	4	
<i>etodolac cap 200 mg</i>	4	
<i>etodolac cap 300 mg</i>	4	
<i>etodolac tab 400 mg</i>	4	
<i>etodolac tab 500 mg</i>	4	
<i>etodolac tab er 24hr 400 mg</i>	4	
<i>etodolac tab er 24hr 500 mg</i>	4	
<i>etodolac tab er 24hr 600 mg</i>	4	
<i>flurbiprofen tab 50 mg</i>	3	
<i>flurbiprofen tab 100 mg</i>	3	
<i>ibuprofen susp 100 mg/5ml</i>	3	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	3	
<i>ketoprofen cap 75 mg</i>	3	
MELOXICAM SUSP 7.5 MG/5ML	4	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen dr tab 375mg</i>	2	
<i>naproxen dr tab 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tab 275 mg</i>	4	
<i>naproxen sodium tab 550 mg</i>	4	
<i>naproxen susp 125 mg/5ml</i>	3	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>piroxicam cap 10 mg</i>	4	
<i>piroxicam cap 20 mg</i>	4	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
BUTRANS DIS 5MCG/HR	3	QL (16 ea / 28 days)
BUTRANS DIS 7.5/HR	3	QL (8 ea / 28 days)
BUTRANS DIS 10MCG/HR	3	QL (8 ea / 28 days)
BUTRANS DIS 15MCG/HR	3	QL (4 ea / 28 days)
BUTRANS DIS 20MCG/HR	3	QL (4 ea / 28 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	4	
<i>nalbuphine hcl inj 20 mg/ml</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

DURAMORPH INJ 0.5MG/ML	3	B/D
DURAMORPH INJ 1MG/ML	3	B/D
<i>endocet tab 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	5	NDS, QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	3	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	B/D
<i>hydromorphone hcl tab 2 mg</i>	3	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	3	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (600 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	3	QL (600 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	3	B/D
MORPHINE SUL INJ 4MG/ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
MORPHINE SUL INJ 8MG/ML	3	B/D
MORPHINE SUL INJ 150/30ML	3	B/D
<i>morphine sulfate inj pf 0.5 mg/ml</i>	3	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	3	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	3	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	3	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	3	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	3	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	3	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	3	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	3	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	3	
MORPHINE SULFATE TAB 15 MG	3	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	3	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	3	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	
OXYCODONE HCL SOLN 5 MG/5ML	4	
<i>oxycodone hcl tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	3	QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 15MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	3	QL (120 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl local inj 0.5%</i>	2	B/D
<i>lidocaine hcl local inj 1%</i>	2	B/D
<i>lidocaine hcl local inj 2%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	3	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	3	
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>streptomycin sulfate for inj 1 gm</i>	4	
<i>sulfadiazine tab 500mg</i>	4	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	5	NDS
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	3	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	3	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	3	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	3	

ANTI-INFECTIVES - MISCELLANEOUS

<i>ALBENZA TAB 200MG</i>	5	NDS
<i>ALINIA SUS 100/5ML</i>	4	
<i>ALINIA TAB 500MG</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	5	NDS
<i>AZACTAM/DEX INJ 1GM</i>	4	
<i>AZACTAM/DEX INJ 2GM</i>	4	
<i>aztreonam for inj 1 gm</i>	3	
<i>aztreonam for inj 2 gm</i>	3	

Drug Name	Drug Tier	Requirements/Limits
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	5	NDS, NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	3	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml</i>	2	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	2	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium for inj 150 mg</i>	4	
CUBICIN SOL 500MG	5	NDS
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>daptomycin for iv soln 500 mg</i>	5	NDS
<i>emverm chw 100mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
INVANZ INJ 1GM	4	
<i>ivermectin tab 3 mg</i>	3	
LINEZOLID FOR SUSP 100 MG/5ML	5	NDS
LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%	5	NDS
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	NDS
LINEZOLID TAB 600 MG	5	NDS
<i>meropenem iv for soln 1 gm</i>	4	
<i>meropenem iv for soln 500 mg</i>	4	
<i>methenamine hippurate tab 1 gm</i>	4	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT INH 300MG	4	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	4	
SIVEXTRO INJ 200MG	5	NDS
SIVEXTRO TAB 200MG	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	NDS
TIGECYCLINE INJ 50MG	5	NDS
<i>trimethoprim tab 100 mg</i>	2	
TYGACIL INJ 50MG	5	NDS
<i>vancomycin hcl cap 125 mg</i>	5	NDS
<i>vancomycin hcl cap 250 mg</i>	5	NDS
<i>vancomycin hcl for inj 10 gm</i>	3	
<i>vancomycin hcl for inj 500 mg</i>	3	
<i>vancomycin hcl for inj 750 mg</i>	3	
<i>vancomycin hcl for inj 1000 mg</i>	3	
<i>vancomycin hcl for inj 5000 mg</i>	3	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET INJ 5MG/ML	5	NDS, B/D
AMBISOME INJ 50MG	4	B/D
<i>amphotericin b for inj 50 mg</i>	4	B/D
CANCIDAS INJ 50MG	5	NDS
CANCIDAS INJ 70MG	5	NDS
CASPOFUNGIN INJ 50MG	5	NDS
CASPOFUNGIN INJ 70MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole for susp 10 mg/ml</i>	3	
<i>fluconazole for susp 40 mg/ml</i>	3	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	3	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	3	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>fluconazole/ inj nacl 100</i>	3	
<i>flucytosine cap 250 mg</i>	5	NDS
<i>flucytosine cap 500 mg</i>	5	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	3	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	PA
<i>ketoconazole tab 200 mg</i>	4	PA
MYCAMINE INJ 50MG	5	NDS
MYCAMINE INJ 100MG	5	NDS
NOXAFIL SUS 40MG/ML	5	NDS
NOXAFIL TAB 100MG	5	NDS
<i>nystatin tab 500000 unit</i>	3	
<i>terbinafine hcl tab 250 mg</i>	2	QL (90 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	4	
<i>voriconazole for susp 40 mg/ml</i>	5	NDS
<i>voriconazole tab 50 mg</i>	5	NDS
<i>voriconazole tab 200 mg</i>	5	NDS
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate tab 250 mg</i>	3	
<i>chloroquine phosphate tab 500 mg</i>	3	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	3	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate tab 300 mg (base equiv)</i>	3	
APTIVUS CAP 250MG	5	NDS
APTIVUS SOL	5	NDS
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
<i>didanosine delayed release capsule 125 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine delayed release capsule 200 mg</i>	4	
<i>didanosine delayed release capsule 250 mg</i>	4	
<i>didanosine delayed release capsule 400 mg</i>	4	
EDURANT TAB 25MG	5	NDS
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
FUZEON INJ 90MG	5	NDS, NM
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG	5	NDS
INTELENCE TAB 200MG	5	NDS
INVIRASE CAP 200MG	5	NDS
INVIRASE TAB 500MG	5	NDS
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	NDS
ISENTRESS HD TAB 600MG	5	NDS
ISENTRESS POW 100MG	5	NDS
ISENTRESS TAB 400MG	5	NDS
<i>lamivudine oral soln 10 mg/ml</i>	3	
<i>lamivudine tab 150 mg</i>	3	
<i>lamivudine tab 300 mg</i>	3	
LEXIVA SUS 50MG/ML	4	
LEXIVA TAB 700MG	5	NDS
NEVIRAPINE SUSP 50 MG/5ML	4	
<i>nevirapine tab 200 mg</i>	3	
<i>nevirapine tab er 24hr 100 mg</i>	4	
<i>nevirapine tab er 24hr 400 mg</i>	4	
NORVIR CAP 100MG	3	
NORVIR SOL 80MG/ML	3	
NORVIR TAB 100MG	3	
PREZISTA SUS 100MG/ML	5	NDS
PREZISTA TAB 75MG	3	
PREZISTA TAB 150MG	3	
PREZISTA TAB 600MG	5	NDS
PREZISTA TAB 800MG	5	NDS
RESCRIPTOR TAB 100 MG	4	
RESCRIPTOR TAB 200MG	4	
RETROVIR INJ 10MG/ML	4	
REYATAZ CAP 150MG	5	NDS
REYATAZ CAP 200MG	5	NDS
REYATAZ CAP 300MG	5	NDS
REYATAZ POW 50MG	5	NDS
SELZENTRY SOL 20MG/ML	5	NDS
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	NDS
SELZENTRY TAB 150MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TAB 300MG	5	NDS
<i>stavudine cap 15 mg</i>	4	
<i>stavudine cap 20 mg</i>	4	
<i>stavudine cap 30 mg</i>	4	
<i>stavudine cap 40 mg</i>	4	
SUSTIVA CAP 50MG	3	
SUSTIVA CAP 200MG	5	NDS
SUSTIVA TAB 600MG	5	NDS
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	5	NDS
TIVICAY TAB 50MG	5	NDS
TYBOST TAB 150MG	3	
VIDEX SOL 2GM	4	
VIDEX SOL 4GM	4	
VIRACEPT TAB 250MG	5	NDS
VIRACEPT TAB 625MG	5	NDS
VIRAMUNE SUS 50MG/5ML	4	
VIREAD POW 40MG/GM	5	NDS
VIREAD TAB 150MG	5	NDS
VIREAD TAB 200MG	5	NDS
VIREAD TAB 250MG	5	NDS
VIREAD TAB 300MG	5	NDS
ZERIT SOL 1MG/ML	5	NDS
ZIAGEN SOL 20MG/ML	3	
<i>zidovudine cap 100 mg</i>	4	
<i>zidovudine syrup 10 mg/ml</i>	4	
<i>zidovudine tab 300 mg</i>	2	
ANTIRETROVIRAL COMBINATION AGENTS		
ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	5	NDS
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	NDS
ATRIPLA TAB	5	NDS
COMPLERA TAB	5	NDS
DESCOVY TAB 200/25	5	NDS
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
KALETRA SOL	5	NDS
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	NDS
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TAB	5	NDS
TRUVADA TAB 100-150	5	NDS, QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	NDS, QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

CAPASTAT SUL INJ 1GM	4	
<i>cycloserine cap 250 mg</i>	5	NDS
<i>ethambutol hcl tab 100 mg</i>	4	
<i>ethambutol hcl tab 400 mg</i>	4	
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>paser gra 4gm</i>	3	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	NDS, LA, PA
TRECTOR TAB 250MG	4	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir sodium for inj 500 mg</i>	4	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	B/D
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	NDS
BARACLUDE SOL .05MG/ML	5	NDS
DAKLINZA TAB 30MG	5	NDS, NM, PA
DAKLINZA TAB 60MG	5	NDS, NM, PA
DAKLINZA TAB 90MG	5	NDS, NM, PA
<i>entecavir tab 0.5 mg</i>	5	NDS
<i>entecavir tab 1 mg</i>	5	NDS
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	4	
<i>famciclovir tab 125 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tab 250 mg</i>	3	
<i>famciclovir tab 500 mg</i>	3	
<i>ganciclovir sodium for inj 500 mg</i>	3	B/D
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	4	
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	
PEGASYS INJ	5	NDS, NM, PA
PEGASYS INJ 180MCG/M	5	NDS, NM, PA
PEGASYS INJ PROCLICK	5	NDS, NM, PA
REBETOL SOL 40MG/ML	5	NDS, NM
RELENZA MIS DISKHALE	3	
<i>ribasphere cap 200mg</i>	3	NM
<i>ribasphere tab 200mg</i>	4	NM
<i>ribasphere tab 400mg</i>	5	NDS, NM
<i>ribasphere tab 600mg</i>	5	NDS, NM
<i>ribavirin cap 200 mg</i>	3	NM
<i>ribavirin tab 200 mg</i>	4	NM
<i>rimantadine hydrochloride tab 100 mg</i>	4	
SOVALDI TAB 400MG	5	NDS, NM, PA
TAMIFLU SUS 6MG/ML	3	
TYZEKA TAB 600MG	5	NDS
<i>valacyclovir hcl tab 1 gm</i>	3	
<i>valacyclovir hcl tab 500 mg</i>	3	
VALCYTE SOL 50MG/ML	5	NDS
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	NDS
VEMLIDY TAB 25MG	5	NDS
VOSEVI TAB	5	NDS, NM, PA
ZEPATIER TAB 50-100MG	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefaclor er tab 500mg</i>	4	
<i>cefaclor for susp 125 mg/5ml</i>	4	
<i>cefaclor for susp 250 mg/5ml</i>	4	
<i>cefaclor for susp 375 mg/5ml</i>	4	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil for susp 500 mg/5ml</i>	3	
<i>cefadroxil tab 1 gm</i>	4	
<i>cefazolin inj 1gm/50ml</i>	3	
<i>cefazolin sodium for inj 1 gm</i>	3	
<i>cefazolin sodium for inj 10 gm</i>	3	
<i>cefazolin sodium for inj 20 gm</i>	3	
<i>cefazolin sodium for inj 500 mg</i>	3	
<i>cefazolin sodium for iv soln 1 gm</i>	3	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	3	
<i>cefdinir for susp 125 mg/5ml</i>	4	
<i>cefdinir for susp 250 mg/5ml</i>	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
<i>cefixime for susp 100 mg/5ml</i>	4	
<i>cefixime for susp 200 mg/5ml</i>	4	
<i>cefotaxime sodium for inj 1 gm</i>	4	
<i>cefotaxime sodium for inj 2 gm</i>	4	
<i>cefotaxime sodium for inj 500 mg</i>	4	
<i>cefoxitin sodium for inj 10 gm</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	4	
<i>cefpodoxime proxetil tab 200 mg</i>	4	
<i>cefprozil for susp 125 mg/5ml</i>	4	
<i>cefprozil for susp 250 mg/5ml</i>	4	
<i>cefprozil tab 250 mg</i>	3	
<i>cefprozil tab 500 mg</i>	3	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for inj 2 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium for inj 1 gm</i>	3	
<i>ceftriaxone sodium for inj 2 gm</i>	3	
<i>ceftriaxone sodium for inj 10 gm</i>	3	
<i>ceftriaxone sodium for inj 250 mg</i>	3	
<i>ceftriaxone sodium for inj 500 mg</i>	3	
<i>ceftriaxone sodium for iv soln 1 gm</i>	3	
<i>ceftriaxone sodium for iv soln 2 gm</i>	3	
<i>cefuroxime axetil tab 250 mg</i>	3	
<i>cefuroxime axetil tab 500 mg</i>	3	
<i>cefuroxime sodium for inj 1.5 gm</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium for inj 7.5 gm</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	3	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	3	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	3	
<i>cephalexin for susp 250 mg/5ml</i>	3	
SUPRAX CAP 400MG	3	
<i>suprax chw 100mg</i>	4	
<i>suprax chw 200mg</i>	4	
SUPRAX SUS 500/5ML	3	
<i>tazicef inj 1gm</i>	4	
<i>tazicef inj 2gm</i>	4	
<i>tazicef inj 6gm</i>	4	
TEFLARO INJ 400MG	5	NDS
TEFLARO INJ 600MG	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	3	
<i>azithromycin for susp 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	3	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	3	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	4	
<i>clarithromycin for susp 250 mg/5ml</i>	4	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clarithromycin tab er 24hr 500 mg</i>	4	
DIFICID TAB 200MG	5	NDS
<i>ery-tab tab 250mg ec</i>	4	
<i>ery-tab tab 333mg ec</i>	4	
<i>ery-tab tab 500mg ec</i>	4	
<i>erythrocin inj 500mg</i>	4	
<i>erythrocin tab 250mg</i>	4	
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	4	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	4	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	4	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	4	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	4	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	4	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	3	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	3	
<i>amoxicillin & k clavulanate for susp 200-28.53 mg/5ml</i>	53	
<i>amoxicillin & k clavulanate for susp 250-62.53 mg/5ml</i>	53	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.93 mg/5ml</i>	93	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1- 0.5) gm</i>		
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	3	
<i>ampicillin for susp 250 mg/5ml</i>	3	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for inj 2 gm</i>	4	
<i>ampicillin sodium for inj 10 gm</i>	4	
<i>ampicillin sodium for inj 125 mg</i>	4	
<i>ampicillin sodium for inj 250 mg</i>	4	
<i>ampicillin sodium for inj 500 mg</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for inj 10 gm</i>	4	
<i>nafcillin sodium for iv soln 1 gm</i>	4	
<i>nafcillin sodium for iv soln 2 gm</i>	4	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	4	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	4	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	5	NDS
<i>pen g proc inj 600000</i>	4	
PENICILL GK/ INJ DEX 2MU	4	
PENICILL GK/ INJ DEX 3MU	4	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium for inj 5000000 unit</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
<i>penicillin g sodium for inj 5000000 unit</i>	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piper/tazoba inj 12-1.5gm</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 inj 100mg</i>	4	
<i>doxycycline hyclate cap 50 mg</i>	3	
<i>doxycycline hyclate cap 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	4	
<i>doxycycline hyclate tab 100 mg</i>	4	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	3	
<i>doxycycline monohydrate tab 75 mg</i>	3	
<i>doxycycline monohydrate tab 100 mg</i>	3	
<i>doxycycline monohydrate tab 150 mg</i>	3	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA INJ 100/4ML</i>	5	NDS, B/D, NM
<i>BICNU INJ 100MG</i>	5	NDS, B/D
<i>busulfan inj 6 mg/ml</i>	5	NDS, B/D
<i>BUSULFEX INJ 6MG/ML</i>	5	NDS, B/D
<i>CYCLOPHOSPH CAP 25MG</i>	4	B/D
<i>CYCLOPHOSPH CAP 50MG</i>	4	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	NDS, B/D
<i>cyclophosphamide for inj 2 gm</i>	5	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	5	NDS, B/D
<i>dacarbazine for inj 100 mg</i>	3	B/D
<i>dacarbazine for inj 200 mg</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
EMCYT CAP 140MG	4	
GLEOSTINE CAP 5MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
HEXALEN CAP 50MG	5	NDS
IFEX INJ 3GM	4	B/D
<i>ifosfamide for inj 1 gm</i>	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	3	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	3	B/D
LEUKERAN TAB 2MG	4	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	5	NDS, B/D
MUSTARGEN INJ 10MG	5	NDS, B/D
TREANDA INJ 25MG	5	NDS, B/D, NM
TREANDA INJ 100MG	5	NDS, B/D, NM
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	3	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	3	B/D
<i>doxorubicin hcl for inj 10 mg</i>	3	B/D
<i>doxorubicin hcl for inj 50 mg</i>	3	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	3	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	NDS, B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	4	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	4	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	NDS, B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	NDS, B/D
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	NDS, B/D
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	3	B/D
<i>bleomycin sulfate for inj 30 unit</i>	3	B/D
<i>mitomycin for iv soln 5 mg</i>	5	NDS, B/D
<i>mitomycin for iv soln 20 mg</i>	5	NDS, B/D
<i>mitomycin for iv soln 40 mg</i>	5	NDS, B/D
ANTIMETABOLITES		
<i>adrucil inj 500/10ml</i>	3	B/D
ALIMTA INJ 100MG	5	NDS, B/D
ALIMTA INJ 500MG	5	NDS, B/D
<i>azacitidine for inj 100 mg</i>	5	NDS, B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	NDS, B/D
<i>cytarabine inj 20 mg/ml</i>	3	B/D
<i>fludarabine phosphate for inj 50 mg</i>	4	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	3	B/D
<i>gemcitabine hcl for inj 1 gm</i>	5	NDS, B/D
<i>gemcitabine hcl for inj 2 gm</i>	5	NDS, B/D
<i>gemcitabine hcl for inj 200 mg</i>	5	NDS, B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	5	NDS, B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	5	NDS, B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	5	NDS, B/D
<i>mercaptopurine tab 50 mg</i>	4	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
NIPENT INJ 10MG	5	NDS, B/D
PURIXAN SUS 20MG/ML	5	NDS, NM
TABLOID TAB 40MG	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	5	NDS, B/D
DOCEFREZ INJ 20MG	5	NDS, B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	5	NDS, B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	NDS, B/D
DOCETAXEL INJ 20MG/2ML	5	NDS, B/D
DOCETAXEL INJ 80MG/4ML	5	NDS, B/D
DOCETAXEL INJ 80MG/8ML	5	NDS, B/D
DOCETAXEL INJ 160/8ML	5	NDS, B/D
DOCETAXEL INJ 160/16ML	5	NDS, B/D
<i>docetaxel inj 200/10</i>	5	NDS, B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	B/D
TAXOTERE INJ 80MG/4ML	5	NDS, B/D

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate inj 1 mg/ml</i>	3	B/D
<i>vincasar pfs inj 1mg/ml</i>	2	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	3	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	3	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN INJ	5	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	5	NDS, NM, LA, PA
BELEODAQ INJ 500MG	5	NDS, NM, PA
ERIVEDGE CAP 150MG	5	NDS, NM, LA, PA
FARYDAK CAP 10MG	5	NDS, NM, LA, PA
FARYDAK CAP 15MG	5	NDS, NM, LA, PA
FARYDAK CAP 20MG	5	NDS, NM, LA, PA
HERCEPTIN INJ 150MG	5	NDS, NM, PA
HERCEPTIN INJ 440MG	5	NDS, NM, PA
IBRANCE CAP 75MG	5	NDS, NM, LA, PA
IBRANCE CAP 100MG	5	NDS, NM, LA, PA
IBRANCE CAP 125MG	5	NDS, NM, LA, PA
IDHIFA TAB 50MG	5	NDS, NM, LA, PA
IDHIFA TAB 100MG	5	NDS, NM, LA, PA
ISTODAX OVR INJ 10MG	5	NDS, B/D, NM
KADCYLA INJ 100MG	5	NDS, B/D, NM
KADCYLA INJ 160MG	5	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	5	NDS, NM, PA
KEYTRUDA SOL 50MG	5	NDS, NM, PA
KISQALI 200 PAK FEMARA	5	NDS, NM, PA
KISQALI 400 PAK FEMARA	5	NDS, NM, PA
KISQALI 600 PAK FEMARA	5	NDS, NM, PA
KISQALI TAB 200DOSE	5	NDS, NM, PA
KISQALI TAB 400DOSE	5	NDS, NM, PA
KISQALI TAB 600DOSE	5	NDS, NM, PA
LYNPARZA CAP 50MG	5	NDS, NM, LA, PA
NINLARO CAP 2.3MG	5	NDS, NM, PA
NINLARO CAP 3MG	5	NDS, NM, PA
NINLARO CAP 4MG	5	NDS, NM, PA
PROLEUKIN INJ 22MU	5	NDS, B/D, NM
RITUXAN INJ 100MG	5	NDS, NM, LA, PA
RITUXAN INJ 500MG	5	NDS, NM, LA, PA
RITUXAN INJ HYCELA	5	NDS, NM, LA, PA
RUBRACA TAB 200MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
RUBRACA TAB 250MG	5	NDS, NM, LA, PA
RUBRACA TAB 300MG	5	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	5	NDS, NM, LA, PA
VELCADE INJ 3.5MG	5	NDS, NM, PA
VENCLEXTA TAB 10MG	4	NM, LA, PA
VENCLEXTA TAB 50MG	4	NM, LA, PA
VENCLEXTA TAB 100MG	5	NDS, NM, LA, PA
VENCLEXTA TAB START PK	5	NDS, NM, LA, PA
YERVOY INJ 50MG	5	NDS, NM, PA
YERVOY INJ 200MG	5	NDS, NM, PA
ZEJULA CAP 100MG	5	NDS, NM, LA, PA
ZOLINZA CAP 100MG	5	NDS, NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane tab 25 mg</i>	4	
FARESTON TAB 60MG	5	NDS
FASLODEX INJ 250MG	5	NDS, B/D
<i>flutamide cap 125 mg</i>	4	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	4	B/D
<i>letrozole tab 2.5 mg</i>	3	
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	5	NDS, NM, PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	4	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	4	PA
<i>megestrol acetate tab 20 mg</i>	4	PA; PA if 65 years and older
<i>megestrol acetate tab 40 mg</i>	4	PA; PA if 65 years and older
<i>nilutamide tab 150 mg</i>	5	NDS
SOLTAMOX SOL 10MG/5ML	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
TRELSTAR MIX INJ 3.75MG	5	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	5	NDS, NM, PA
XTANDI CAP 40MG	5	NDS, NM, LA, PA
ZYTIGA TAB 250MG	5	NDS, NM, LA, PA
ZYTIGA TAB 500MG	5	NDS, NM, LA, PA

KINASE INHIBITORS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DIS TAB 2MG	5	NDS, NM, PA
AFINITOR DIS TAB 3MG	5	NDS, NM, PA
AFINITOR DIS TAB 5MG	5	NDS, NM, PA
AFINITOR TAB 2.5MG	5	NDS, NM, PA
AFINITOR TAB 5MG	5	NDS, NM, PA
AFINITOR TAB 7.5MG	5	NDS, NM, PA
AFINITOR TAB 10MG	5	NDS, NM, PA
ALECENSA CAP 150MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	5	NDS, NM, LA, PA
BOSULIF TAB 100MG	5	NDS, NM, PA
BOSULIF TAB 500MG	5	NDS, NM, PA
CABOMETYX TAB 20MG	5	NDS, NM, LA, PA
CABOMETYX TAB 40MG	5	NDS, NM, LA, PA
CABOMETYX TAB 60MG	5	NDS, NM, LA, PA
CAPRELSA TAB 100MG	5	NDS, NM, LA, PA
CAPRELSA TAB 300MG	5	NDS, NM, LA, PA
COMETRIQ KIT 60MG	5	NDS, NM, LA, PA
COMETRIQ KIT 100MG	5	NDS, NM, LA, PA
COMETRIQ KIT 140MG	5	NDS, NM, LA, PA
COTELLIC TAB 20MG	5	NDS, NM, LA, PA
GILOTRIF TAB 20MG	5	NDS, NM, LA, PA
GILOTRIF TAB 30MG	5	NDS, NM, LA, PA
GILOTRIF TAB 40MG	5	NDS, NM, LA, PA
ICLUSIG TAB 15MG	5	NDS, NM, LA, PA
ICLUSIG TAB 45MG	5	NDS, NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NDS, NM, LA, PA
INLYTA TAB 1MG	5	NDS, NM, LA, PA
INLYTA TAB 5MG	5	NDS, NM, LA, PA
IRESSA TAB 250MG	5	NDS, NM, LA, PA
JAKAFI TAB 5MG	5	NDS, NM, LA, PA
JAKAFI TAB 10MG	5	NDS, NM, LA, PA
JAKAFI TAB 15MG	5	NDS, NM, LA, PA
JAKAFI TAB 20MG	5	NDS, NM, LA, PA
JAKAFI TAB 25MG	5	NDS, NM, LA, PA
LENVIMA CAP 8 MG	5	NDS, NM, LA, PA
LENVIMA CAP 10 MG	5	NDS, NM, LA, PA
LENVIMA CAP 14 MG	5	NDS, NM, LA, PA
LENVIMA CAP 18 MG	5	NDS, NM, LA, PA
LENVIMA CAP 20 MG	5	NDS, NM, LA, PA
LENVIMA CAP 24 MG	5	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	5	NDS, NM, LA, PA
MEKINIST TAB 2MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NERLYNX TAB 40MG	5	NDS, NM, LA, PA
NEXAVAR TAB 200MG	5	NDS, NM, LA, PA
RYDAPT CAP 25MG	5	NDS, NM, PA
SPRYCEL TAB 20MG	5	NDS, NM, PA
SPRYCEL TAB 50MG	5	NDS, NM, PA
SPRYCEL TAB 70MG	5	NDS, NM, PA
SPRYCEL TAB 80MG	5	NDS, NM, PA
SPRYCEL TAB 100MG	5	NDS, NM, PA
SPRYCEL TAB 140MG	5	NDS, NM, PA
STIVARGA TAB 40MG	5	NDS, NM, LA, PA
SUTENT CAP 12.5MG	5	NDS, NM, PA
SUTENT CAP 25MG	5	NDS, NM, PA
SUTENT CAP 37.5MG	5	NDS, NM, PA
SUTENT CAP 50MG	5	NDS, NM, PA
TAFINLAR CAP 50MG	5	NDS, NM, LA, PA
TAFINLAR CAP 75MG	5	NDS, NM, LA, PA
TAGRISSO TAB 40MG	5	NDS, NM, LA, PA
TAGRISSO TAB 80MG	5	NDS, NM, LA, PA
TARCEVA TAB 25MG	5	NDS, NM, LA, PA
TARCEVA TAB 100MG	5	NDS, NM, LA, PA
TARCEVA TAB 150MG	5	NDS, NM, LA, PA
TASIGNA CAP 150MG	5	NDS, NM, PA
TASIGNA CAP 200MG	5	NDS, NM, PA
TYKERB TAB 250MG	5	NDS, NM, LA, PA
VOTRIENT TAB 200MG	5	NDS, NM, LA, PA
XALKORI CAP 200MG	5	NDS, NM, LA, PA
XALKORI CAP 250MG	5	NDS, NM, LA, PA
ZELBORAF TAB 240MG	5	NDS, NM, LA, PA
ZYDELIG TAB 100MG	5	NDS, NM, LA, PA
ZYDELIG TAB 150MG	5	NDS, NM, LA, PA
ZYKADIA CAP 150MG	5	NDS, NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	5	NDS, NM, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>hydroxyurea cap 500 mg</i>	3	
LONSURF TAB 15-6.14	5	NDS, NM, PA
LONSURF TAB 20-8.19	5	NDS, NM, PA
MATULANE CAP 50MG	5	NDS, LA
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	3	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	3	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	3	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAP 200MG	5	NDS, NM, LA, PA
SYLATRON KIT 200MCG	5	NDS, NM, PA
SYLATRON KIT 300MCG	5	NDS, NM, PA
SYLATRON KIT 600MCG	5	NDS, NM, PA
SYNRIBO INJ 3.5MG	5	NDS, NM, PA
<i>tretinoin cap 10 mg</i>	5	NDS
TRISENOX SOL 10MG/10M	5	NDS, B/D
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	4	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	4	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	4	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	4	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	3	B/D
<i>oxaliplatin for iv inj 50 mg</i>	4	B/D
<i>oxaliplatin for iv inj 100 mg</i>	4	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D
PROTECTIVE AGENTS		
AMIFOSTINE FOR INJ 500 MG	5	NDS, B/D
<i>dexrazoxane for inj 250 mg</i>	5	NDS, B/D
<i>dexrazoxane for inj 500 mg</i>	5	NDS, B/D
ELITEK INJ 1.5MG	5	NDS, B/D
ELITEK INJ 7.5MG	5	NDS, B/D
FUSILEV INJ 50MG	5	NDS, B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	4	B/D
<i>leucovorin calcium for inj 100 mg</i>	4	B/D
<i>leucovorin calcium for inj 200 mg</i>	4	B/D
<i>leucovorin calcium for inj 350 mg</i>	4	B/D
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	3	
<i>leucovorin calcium tab 25 mg</i>	3	
LEVOLEUCOVOR INJ 175MG	5	NDS, B/D, NM
<i>levoleucovor sol 250mg/25</i>	5	NDS, B/D, NM
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	5	NDS, B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	5	NDS, B/D, NM
<i>mesna inj 100 mg/ml</i>	4	B/D
MESNEX TAB 400MG	5	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	3	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D
<i>toposar inj 1gm/50ml</i>	3	B/D
<i>toposar inj 100/5ml</i>	3	B/D
<i>topotecan hcl for inj 4 mg</i>	5	NDS, B/D
TOPOTECAN INJ 4MG/4ML	5	NDS, B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	4	
<i>eplerenone tab 50 mg</i>	4	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	3	
<i>prazosin hcl cap 1 mg</i>	3	
<i>prazosin hcl cap 2 mg</i>	3	
<i>prazosin hcl cap 5 mg</i>	3	
<i>terazosin hcl cap 1 mg</i>	1	
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	

ANTIARRHYTHMICS

amiodarone hcl inj 150 mg/3ml (50 mg/ml)	2	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	2	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	2	
amiodarone hcl tab 100 mg	4	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	4	
disopyramide phosphate cap 100 mg	4	PA; PA if 65 years and older
disopyramide phosphate cap 150 mg	4	PA; PA if 65 years and older
DOFETILIDE CAP 125 MCG (0.125 MG)	4	NM
DOFETILIDE CAP 250 MCG (0.25 MG)	4	NM
DOFETILIDE CAP 500 MCG (0.5 MG)	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tab 50 mg</i>	3	
<i>flecainide acetate tab 100 mg</i>	3	
<i>flecainide acetate tab 150 mg</i>	3	
<i>mexiletine hcl cap 150 mg</i>	4	
<i>mexiletine hcl cap 200 mg</i>	4	
<i>mexiletine hcl cap 250 mg</i>	4	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	PA; PA if 65 years and older
NORPACE CAP 150MG CR	4	PA; PA if 65 years and older
<i>pacerone tab 100mg</i>	4	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	4	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	3	
<i>propafenone hcl tab 225 mg</i>	3	
<i>propafenone hcl tab 300 mg</i>	3	
<i>quinidine gluconate tab er 324 mg</i>	4	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	
<i>sorine tab 240mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	3	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	3	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	3	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder 4 gm/dose</i>	4	
<i>cholestyramine light powder packets 4 gm</i>	4	
<i>cholestyramine powder 4 gm/dose</i>	4	
<i>cholestyramine powder packets 4 gm</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	4	
<i>ezetimibe tab 10 mg</i>	3	
<i>fenofibrate micronized cap 67 mg</i>	3	
<i>fenofibrate micronized cap 134 mg</i>	3	
<i>fenofibrate micronized cap 200 mg</i>	3	
<i>fenofibrate tab 48 mg</i>	4	
<i>fenofibrate tab 54 mg</i>	4	
<i>fenofibrate tab 145 mg</i>	4	
<i>fenofibrate tab 160 mg</i>	4	
<i>gemfibrozil tab 600 mg</i>	2	
JUXTAPID CAP 5MG	5	NDS, NM, LA, PA
JUXTAPID CAP 10MG	5	NDS, NM, LA, PA
JUXTAPID CAP 20MG	5	NDS, NM, LA, PA
JUXTAPID CAP 30MG	5	NDS, NM, LA, PA
JUXTAPID CAP 40MG	5	NDS, NM, LA, PA
JUXTAPID CAP 60MG	5	NDS, NM, LA, PA
KYNAMRO INJ 200MG/ML	5	NDS, NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	4	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	4	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	4	
<i>niacor tab 500mg</i>	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	4	
PRALUENT INJ 75MG/ML	5	NDS, NM, PA
PRALUENT INJ 150MG/ML	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite pow 4gm</i>	4	
<i>prevalite pow 4gm pk</i>	4	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	3	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	3	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	3	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	3	

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
BYSTOLIC TAB 2.5MG	4	
BYSTOLIC TAB 5MG	4	
BYSTOLIC TAB 10MG	4	
BYSTOLIC TAB 20MG	4	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	3	
<i>labetalol hcl tab 200 mg</i>	3	
<i>labetalol hcl tab 300 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	3	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	3	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	3	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	4	
<i>nadolol tab 40 mg</i>	4	
<i>nadolol tab 80 mg</i>	4	
<i>pindolol tab 5 mg</i>	4	
<i>pindolol tab 10 mg</i>	4	
<i>propranolol hcl cap er 24hr 60 mg</i>	4	
<i>propranolol hcl cap er 24hr 80 mg</i>	4	
<i>propranolol hcl cap er 24hr 120 mg</i>	4	
<i>propranolol hcl cap er 24hr 160 mg</i>	4	
<i>propranolol hcl inj 1 mg/ml</i>	3	
<i>propranolol hcl oral soln 20 mg/5ml</i>	3	
<i>propranolol hcl oral soln 40 mg/5ml</i>	3	
<i>propranolol hcl tab 10 mg</i>	3	
<i>propranolol hcl tab 20 mg</i>	3	
<i>propranolol hcl tab 40 mg</i>	3	
<i>propranolol hcl tab 60 mg</i>	3	
<i>propranolol hcl tab 80 mg</i>	3	
<i>timolol maleate tab 5 mg</i>	4	
<i>timolol maleate tab 10 mg</i>	4	
<i>timolol maleate tab 20 mg</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab tab 30mg cr</i>	3	
<i>afeditab tab 60mg cr</i>	3	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	4	
<i>diltiazem hcl cap er 12hr 90 mg</i>	4	
<i>diltiazem hcl cap er 12hr 120 mg</i>	4	
<i>diltiazem hcl cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl cap er 24hr 180 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	3	
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	3	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	3	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	3	
<i>felodipine tab er 24hr 5 mg</i>	3	
<i>felodipine tab er 24hr 10 mg</i>	3	
<i>isradipine cap 2.5 mg</i>	4	
<i>isradipine cap 5 mg</i>	4	
<i>nicardipine hcl cap 20 mg</i>	4	
<i>nicardipine hcl cap 30 mg</i>	4	
<i>nifedipine tab er 24hr 30 mg</i>	3	
<i>nifedipine tab er 24hr 60 mg</i>	3	
<i>nifedipine tab er 24hr 90 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	3	
<i>nimodipine cap 30 mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
NYMALIZE SOL 60/20ML	5	NDS
<i>verapamil hcl cap er 24hr 100 mg</i>	4	
<i>verapamil hcl cap er 24hr 120 mg</i>	4	
<i>verapamil hcl cap er 24hr 180 mg</i>	4	
<i>verapamil hcl cap er 24hr 200 mg</i>	4	
<i>verapamil hcl cap er 24hr 240 mg</i>	4	
<i>verapamil hcl cap er 24hr 300 mg</i>	4	
VERAPAMIL HCL CAP ER 24HR 360 MG	4	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	4	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek tab 0.25mg</i>	3	PA; PA if 65 years and older
<i>digitek tab 0.125mg</i>	3	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	3	
DIGOXIN ORAL SOLN 0.05 MG/ML	3	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	3	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	3	PA; PA if 65 years and older
<i>DIURETICS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	4	
<i>acetazolamide tab 125 mg</i>	3	
<i>acetazolamide tab 250 mg</i>	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	3	
<i>bumetanide inj 0.25 mg/ml</i>	3	
<i>bumetanide tab 0.5 mg</i>	3	
<i>bumetanide tab 1 mg</i>	3	
<i>bumetanide tab 2 mg</i>	3	
<i>chlorothiazide tab 250 mg</i>	3	
<i>chlorothiazide tab 500 mg</i>	3	
<i>chlorthalidone tab 25 mg</i>	3	
<i>chlorthalidone tab 50 mg</i>	3	
<i>furosemide inj 10 mg/ml</i>	2	
FUROSEMIDE INJ 10 MG/ML	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>methazolamide tab 25 mg</i>	4	
<i>methazolamide tab 50 mg</i>	4	
<i>methyclothiazide tab 5 mg</i>	3	
<i>metolazone tab 2.5 mg</i>	3	
<i>metolazone tab 5 mg</i>	3	
<i>metolazone tab 10 mg</i>	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide tab 5 mg</i>	2	
<i>torsemide tab 10 mg</i>	2	
<i>torsemide tab 20 mg</i>	2	
<i>torsemide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	4	
DEMSE CAP 250MG	5	NDS
<i>hydralazine hcl inj 20 mg/ml</i>	3	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	4	
<i>midodrine hcl tab 5 mg</i>	4	
<i>midodrine hcl tab 10 mg</i>	4	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	NDS, NM, LA, PA
NORTHERA CAP 200MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 300MG	5	NDS, NM, LA, PA
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>NITRATES</i>		
<i>isosorbide dinitrate tab 5 mg</i>	3	
<i>isosorbide dinitrate tab 10 mg</i>	3	
<i>isosorbide dinitrate tab 20 mg</i>	3	
<i>isosorbide dinitrate tab 30 mg</i>	3	
<i>isosorbide dinitrate tab er 40 mg</i>	4	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>minitran dis 0.1mg/hr</i>	3	
<i>minitran dis 0.2mg/hr</i>	3	
<i>minitran dis 0.4mg/hr</i>	3	
<i>minitran dis 0.6mg/hr</i>	3	
<i>nitro-bid oin 2%</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin sl tab 0.3 mg</i>	3	
<i>nitroglycerin sl tab 0.4 mg</i>	3	
<i>nitroglycerin sl tab 0.6 mg</i>	3	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	3	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADCIRCA TAB 20MG	5	NDS, NM, PA
ADEMPAS TAB 0.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 1MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 10MG/ML	5	NDS, NM, LA, PA
REVATIO SUS 10MG/ML	5	NDS, QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	5	NDS, NM, LA, PA
UPTRAVI TAB 200MCG	5	NDS, QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	5	NDS, QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	5	NDS, QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1400MCG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	5	NDS, NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	2	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>buspirone hcl tab 10 mg</i>	2	
<i>buspirone hcl tab 15 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	3	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	3	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	3	
<i>lorazepam con 2mg/ml</i>	3	QL (150 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 30 days)
ANTICONVULSANTS		
APTIOM TAB 200MG	4	QL (180 tabs / 30 days)
APTIOM TAB 400MG	5	NDS, QL (90 tabs / 30 days)
APTIOM TAB 600MG	5	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	NDS, PA
BANZEL TAB 200MG	5	NDS, PA
BANZEL TAB 400MG	5	NDS, PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	NDS, PA
BRIVIACT TAB 10MG	5	NDS, PA
BRIVIACT TAB 25MG	5	NDS, PA
BRIVIACT TAB 50MG	5	NDS, PA
BRIVIACT TAB 75MG	5	NDS, PA
BRIVIACT TAB 100MG	5	NDS, PA
<i>carbamazepine cap er 12hr 100 mg</i>	4	
<i>carbamazepine cap er 12hr 200 mg</i>	4	
<i>carbamazepine cap er 12hr 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab 200 mg</i>	4	
<i>carbamazepine tab er 12hr 100 mg</i>	4	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
CELONTIN CAP 300MG	4	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	3	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	3	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	3	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	3	QL (120 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	3	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 7.5 mg</i>	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
<i>diazepam con 5mg/ml</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	3	
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	4	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	4	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	4	
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>dilantin cap 30mg</i>	3	
<i>dilantin cap 100mg</i>	3	
<i>dilantin chw 50mg</i>	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	4	
<i>divalproex sodium tab er 24 hr 500 mg</i>	4	
<i>epitol tab 200mg</i>	4	
<i>ethosuximide cap 250 mg</i>	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available
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 Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	5	NDS
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FYCOMPA SUS 0.5MG/ML	4	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	4	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	4	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	4	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	4	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	2	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	4	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	3	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	3	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	4	
GABITRIL TAB 16MG	4	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	3	
<i>lamotrigine tab chewable dispersible 25 mg</i>	3	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 250 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
LEVETIRACETA INJ 5MG/ML	4	
LEVETIRACETA INJ 10MG/ML	4	
LEVETIRACETA INJ 15MG/ML	4	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 500 MG/100ML	4	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1000 MG/100ML	4	

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Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1500 MG/100ML	4	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
<i>levetiracetam tab 250 mg</i>	3	
<i>levetiracetam tab 500 mg</i>	3	
<i>levetiracetam tab 750 mg</i>	3	
<i>levetiracetam tab 1000 mg</i>	3	
<i>levetiracetam tab er 24hr 500 mg</i>	3	
<i>levetiracetam tab er 24hr 750 mg</i>	3	
LYRICA CAP 25MG	3	QL (120 caps / 30 days)
LYRICA CAP 50MG	3	QL (120 caps / 30 days)
LYRICA CAP 75MG	3	QL (120 caps / 30 days)
LYRICA CAP 100MG	3	QL (120 caps / 30 days)
LYRICA CAP 150MG	3	QL (120 caps / 30 days)
LYRICA CAP 200MG	3	QL (90 caps / 30 days)
LYRICA CAP 225MG	3	QL (60 caps / 30 days)
LYRICA CAP 300MG	3	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	3	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	5	NDS, PA
ONFI TAB 10MG	4	PA
ONFI TAB 20MG	5	NDS, PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	3	
<i>oxcarbazepine tab 300 mg</i>	3	
<i>oxcarbazepine tab 600 mg</i>	3	
PEGANONE TAB 250MG	4	
PHENOBARB INJ 65MG/ML	4	PA; PA if 65 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 15 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 30 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 60 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 97.2 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 100 mg</i>	4	PA; PA if 65 years and older
<i>phenytek cap 200mg</i>	3	
<i>phenytek cap 300mg</i>	3	
<i>phenytoin chew tab 50 mg</i>	3	
<i>phenytoin sodium extended cap 100 mg</i>	3	
<i>phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin sodium inj 50 mg/ml</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
POTIGA TAB 50MG	4	
POTIGA TAB 200MG	5	NDS, QL (180 tabs / 30 days)
POTIGA TAB 300MG	5	NDS, QL (90 tabs / 30 days)
POTIGA TAB 400MG	5	NDS, QL (90 tabs / 30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra tab 500mg</i>	3	
<i>roweepra tab 750mg</i>	3	
<i>roweepra tab 1000mg</i>	3	
SABRIL POW 500MG	5	NDS, QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
TEGRETOL SUS 100/5ML	4	
TEGRETOL TAB 200MG	4	
TEGRETOL-XR TAB 100MG	4	
TEGRETOL-XR TAB 200MG	4	
TEGRETOL-XR TAB 400MG	4	
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	4	
<i>topiramate sprinkle cap 25 mg</i>	4	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium inj 100 mg/ml</i>	4	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	3	
<i>vigabatrin powd pack 500 mg</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	4	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	4	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	4	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	4	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	3	
<i>zonisamide cap 50 mg</i>	3	
<i>zonisamide cap 100 mg</i>	3	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	3	QL (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	3	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	4	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	4	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	4	
<i>galantamine hydrobromide tab 4 mg</i>	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	4	
<i>memantine hcl oral solution 2 mg/ml</i>	3	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	4	PA; PA if < 30 yrs
MEMANTINE HCL TAB 10 MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	4	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 1.5 mg</i>	4	
<i>rivastigmine tartrate cap 3 mg</i>	4	
<i>rivastigmine tartrate cap 4.5 mg</i>	4	
<i>rivastigmine tartrate cap 6 mg</i>	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	4	PA; PA if 65 years and older
<i>amoxapine tab 25 mg</i>	3	
<i>amoxapine tab 50 mg</i>	3	
<i>amoxapine tab 100 mg</i>	3	
<i>amoxapine tab 150 mg</i>	3	
<i>bupropion hcl tab 75 mg</i>	3	
<i>bupropion hcl tab 100 mg</i>	3	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	3	QL (90 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	4	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>clomipramine hcl cap 25 mg</i>	4	PA; PA if 65 years and older
<i>clomipramine hcl cap 50 mg</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl cap 75 mg</i>	4	PA; PA if 65 years and older
<i>desipramine hcl tab 10 mg</i>	4	
<i>desipramine hcl tab 25 mg</i>	4	
<i>desipramine hcl tab 50 mg</i>	4	
<i>desipramine hcl tab 75 mg</i>	4	
<i>desipramine hcl tab 100 mg</i>	4	
<i>desipramine hcl tab 150 mg</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 25 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 50 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 75 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 100 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 150 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	4	PA; PA if 65 years and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	4	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	4	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	4	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	4	QL (180 caps / 30 days)
FETZIMA CAP 40MG	4	QL (90 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP 80MG	4	QL (30 caps / 30 days)
FETZIMA CAP 120MG	4	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	3	
<i>fluoxetine hcl tab 10 mg</i>	4	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	4	
<i>imipramine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>imipramine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>imipramine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>maprotiline hcl tab 25 mg</i>	4	
<i>maprotiline hcl tab 50 mg</i>	4	
<i>maprotiline hcl tab 75 mg</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	3	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	3	
<i>mirtazapine orally disintegrating tab 45 mg</i>	3	
<i>mirtazapine tab 7.5 mg</i>	2	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	2	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	4	
<i>nefazodone hcl tab 100 mg</i>	4	
<i>nefazodone hcl tab 150 mg</i>	4	
<i>nefazodone hcl tab 200 mg</i>	4	
<i>nefazodone hcl tab 250 mg</i>	4	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	4	
<i>paroxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	1	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
PRISTIQ TAB 25MG	3	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	3	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl tab 5 mg</i>	4	
<i>protriptyline hcl tab 10 mg</i>	4	
<i>sertraline hcl oral conc 20 mg/ml</i>	4	
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 50 mg</i>	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 100 mg</i>	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	3	
<i>venlafaxine hcl tab 37.5 mg</i>	3	
<i>venlafaxine hcl tab 50 mg</i>	3	
<i>venlafaxine hcl tab 75 mg</i>	3	
<i>venlafaxine hcl tab 100 mg</i>	3	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	4	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	4	
APOKYN INJ 10MG/ML	5	NDS, NM, LA, PA
BENZTROPINE MESYLATE INJ 1 MG/ML	3	
<i>benztropine mesylate tab 0.5 mg</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate tab 1 mg</i>	4	PA; PA if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	4	PA; PA if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	4	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	4	
ENTACAPONE TAB 200 MG	4	
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	3	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	4	
<i>selegiline hcl tab 5 mg</i>	4	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	4	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	4	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	4	PA; PA if 65 years and older
ANTIPSYCHOTICS		
ABILIFY MAIN INJ 300MG	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	5	NDS, QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	5	NDS, QL (1 vial / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	5	NDS, QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	5	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	5	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	5	NDS, QL (1 syringe / 56 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromaz inj 25mg/ml</i>	4	
<i>chlorpromaz inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl tab 10 mg</i>	4	
<i>chlorpromazine hcl tab 25 mg</i>	4	
<i>chlorpromazine hcl tab 50 mg</i>	4	
<i>chlorpromazine hcl tab 100 mg</i>	4	
<i>chlorpromazine hcl tab 200 mg</i>	4	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	4	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	4	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	4	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	4	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	5	NDS, QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	3	
<i>clozapine tab 50 mg</i>	3	
<i>clozapine tab 100 mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	4	QL (135 tabs / 30 days)
FANAPT PAK	4	
FANAPT TAB 1MG	4	QL (60 tabs / 30 days)
FANAPT TAB 2MG	4	QL (60 tabs / 30 days)
FANAPT TAB 4MG	4	QL (60 tabs / 30 days)
FANAPT TAB 6MG	5	NDS, QL (60 tabs / 30 days)
FANAPT TAB 8MG	5	NDS, QL (60 tabs / 30 days)
FANAPT TAB 10MG	5	NDS, QL (60 tabs / 30 days)
FANAPT TAB 12MG	5	NDS, QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	4	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	3	
<i>haloperidol decanoate im soln 100 mg/ml</i>	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
<i>haloperidol lactate oral conc 2 mg/ml</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 0.5 mg</i>	3	
<i>haloperidol tab 1 mg</i>	3	
<i>haloperidol tab 2 mg</i>	3	
<i>haloperidol tab 5 mg</i>	3	
<i>haloperidol tab 10 mg</i>	3	
<i>haloperidol tab 20 mg</i>	3	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	5	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	5	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	5	NDS, QL (1 syringe / 90 days)
LATUDA TAB 20MG	4	QL (240 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (60 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	3	
<i>loxapine succinate cap 10 mg</i>	3	
<i>loxapine succinate cap 25 mg</i>	3	
<i>loxapine succinate cap 50 mg</i>	3	
<i>molindone hcl tab 10 mg</i>	4	
<i>molindone hcl tab 25 mg</i>	4	
NUPLAZID TAB 17MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	4	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 15 mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	3	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	4	
<i>perphenazine tab 4 mg</i>	4	
<i>perphenazine tab 8 mg</i>	4	
<i>perphenazine tab 16 mg</i>	4	
<i>pimozide tab 1 mg</i>	4	
<i>pimozide tab 2 mg</i>	4	
<i>quetiapine fumarate tab 25 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	4	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	5	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	5	NDS, QL (360 tabs / 30 days)
REXULTI TAB 1MG	5	NDS, QL (90 tabs / 30 days)
REXULTI TAB 2MG	5	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	5	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	5	NDS, QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	NDS, QL (2 injections / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	4	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	4	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	4	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	4	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 100 mg</i>	4	PA; PA if 65 years and older
<i>thiothixene cap 1 mg</i>	4	
<i>thiothixene cap 2 mg</i>	4	
<i>thiothixene cap 5 mg</i>	4	
<i>thiothixene cap 10 mg</i>	4	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	4	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	4	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	4	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	4	
VERSACLOZ SUS 50MG/ML	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	
VRAYLAR CAP 1.5MG	5	NDS, QL (120 caps / 30 days)
VRAYLAR CAP 3MG	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAP 4.5MG	5	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	5	NDS, QL (30 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl cap 20 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	4	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	4	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	NDS, QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	4	QL (120 caps / 30 days)
STRATTERA CAP 18MG	4	QL (120 caps / 30 days)
STRATTERA CAP 25MG	4	QL (120 caps / 30 days)
STRATTERA CAP 40MG	4	QL (60 caps / 30 days)
STRATTERA CAP 60MG	4	QL (30 caps / 30 days)
STRATTERA CAP 80MG	4	QL (30 caps / 30 days)
STRATTERA CAP 100MG	4	QL (30 caps / 30 days)

HYPNOTICS

<i>eszopiclone tab 1 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	5	NDS, NM, LA, PA
SILENOR TAB 3MG	3	QL (60 tabs / 30 days)
SILENOR TAB 6MG	3	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tab 5 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	3	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	3	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	3	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>migergot sup 2/100</i>	5	NDS
<i>naratriptan hcl tab 1 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
RELPAK TAB 20MG	3	QL (12 tabs / 30 days)
RELPAK TAB 40MG	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	4	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	4	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	3	
NUDEXTA CAP 20-10MG	4	PA
<i>pyridostigmine bromide tab 60 mg</i>	3	
<i>riluzole tab 50 mg</i>	3	
TETRABENAZINE TAB 12.5 MG	5	NDS, QL (240 tabs / 30 days), NM, PA
TETRABENAZINE TAB 25 MG	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	NDS, NM, LA, PA
BETASERON INJ 0.3MG	5	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	NDS, QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
TYSABRI INJ 300/15ML	5	NDS, NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>dantrolene sodium cap 25 mg</i>	4	
<i>dantrolene sodium cap 50 mg</i>	4	
<i>dantrolene sodium cap 100 mg</i>	4	
<i>methocarbamol tab 500 mg</i>	4	PA; PA if 65 years and older
<i>methocarbamol tab 750 mg</i>	4	PA; PA if 65 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	4	QL (150 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	4	QL (60 tabs / 30 days), PA
ARMODAFINIL TAB 200 MG	4	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	4	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	3	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	3	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	3	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	3	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX PAK 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram tab 250 mg</i>	4	
<i>disulfiram tab 500 mg</i>	4	
<i>naloxone hcl inj 0.4 mg/ml</i>	3	
<i>naloxone hcl inj 4 mg/10ml</i>	3	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	3	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	3	
<i>naltrexone hcl tab 50 mg</i>	3	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TAB 50MG	5	NDS, PA
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
AXIRON SOL 30MG/ACT	3	QL (440 mL / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	3	PA
<i>oxandrolone tab 10 mg</i>	3	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone td soln 30 mg/act</i>	3	QL (440 mL / 30 days), PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BYDUREON INJ 2MG	3	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS; KwikPen
HUMULIN R INJ U-500	5	NDS, B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LANTUS INJ 100/ML	3	
LANTUS INJ SOLOSTAR	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTUOC	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
SYMLINPEN 60 INJ 1000MCG	5	NDS, QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	5	NDS, QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRULICITY INJ 0.75/0.5	4	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	4	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose tab 25 mg</i>	3	
<i>acarbose tab 50 mg</i>	3	
<i>acarbose tab 100 mg</i>	3	
FARXIGA TAB 5MG	3	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
GLIPIZIDE TAB ER 24HR 2.5 MG	1	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
GLIPIZIDE XL TAB 5MG	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	4	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 3 mg</i>	4	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized tab 6 mg</i>	4	QL (60 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 1.25 mg</i>	4	QL (480 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 2.5 mg</i>	4	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 5 mg</i>	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

BISPHOSPHONATES

<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tabs / 28 days)
<i>pamidronate disodium for inj 30 mg</i>	3	B/D
<i>pamidronate disodium for inj 90 mg</i>	3	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	3	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	3	B/D
<i>pamidronate inj 6mg/ml</i>	3	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	B/D, NM
<i>zoledronic inj 4mg</i>	4	B/D, NM

CALCIUM RECEPTOR AGONISTS

SENSIPAR TAB 30MG	3	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	5	NDS, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	5	NDS, QL (120 tabs / 30 days), NM

CHELATING AGENTS

CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	NDS
EXJADE TAB 125MG	5	NDS, NM, LA, PA
EXJADE TAB 250MG	5	NDS, NM, LA, PA
EXJADE TAB 500MG	5	NDS, NM, LA, PA
FERRIPROX SOL 100MG/ML	5	NDS, NM, LA, PA
FERRIPROX TAB 500MG	5	NDS, NM, LA, PA
<i>kionex pow</i>	4	
<i>kionex sus 15gm/60</i>	3	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	4	
SYPRINE CAP 250MG	5	NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
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CONTRACEPTIVES

<i>alyacen tab 1/35</i>	3
<i>apri tab</i>	2
<i>aranelle tab</i>	2
<i>aubra tab 0.1-0.02</i>	2
<i>aviane tab</i>	2
<i>balziva tab</i>	3
<i>bekyree tab</i>	3
<i>blisovi fe tab 1.5/30</i>	2
<i>blisovi fe tab 1/20</i>	2
<i>briellyn tab</i>	3
<i>camila tab 0.35mg</i>	2
<i>cryselle-28 tab 28 tabs</i>	2
<i>cyclafem tab 1/35</i>	3
<i>cyclafem tab 7/7/7</i>	2
<i>deblitane tab 0.35mg</i>	2
<i>delyla tab 0.1-0.02</i>	2
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	3
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg3</i>	3
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	3
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg3</i>	3
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	3
ELLA TAB 30MG	4
<i>emoquette tab</i>	2
<i>enpresse-28 tab</i>	2
<i>errin tab 0.35mg</i>	2
<i>ethynodiol diacetate & ethinyl estradiol tab 13 mg-50 mcg</i>	2
<i>falmina tab</i>	2
<i>femynor tab 0.25-35</i>	2
<i>gildagia tab 0.4-35</i>	3
<i>introvale tab</i>	3
<i>isibloom tab 0.15-30</i>	2
JOLIVETTE TAB 0.35MG	2
<i>juleber tab</i>	2
<i>junel 1.5/30 tab</i>	2
<i>junel 1/20 tab</i>	2
<i>junel fe tab 1.5/30</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe tab 1/20</i>	2	
<i>kariva tab 28 day</i>	3	
<i>kelnor tab 1/35</i>	3	
<i>kimidess tab</i>	3	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	2	
<i>larin tab 1/20</i>	2	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel tab 1.5 mg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>loryna tab 3-0.02mg</i>	3	
<i>lutra tab</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	2	
MONONESSA TAB	2	
<i>myzilra tab</i>	2	
<i>necon tab 0.5/35</i>	3	
NECON TAB 1/50-28	3	
NECON TAB 7/7/7	2	
<i>necon tab 10/11-28</i>	3	
<i>nikki tab 3-0.02mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4	
<i>norethindrone & ethinyl estradiol tab 1 mg- 35 mcg</i>	3	
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	2	
<i>norethindrone ace & ethinyl estradiol tab 1.52 mg-30 mcg</i>		
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	2	
<i>norethindrone tab 0.35 mg</i>	2	
NORETHINDRONE TAB 0.35 MG	2	
NORETHINDRONE-ETH ESTRADIOL TAB 0.5- 35/1-35/0.5-35 MG-MCG	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc tab 0.35mg</i>	2	
<i>nortrel tab 0.5/35</i>	3	
<i>nortrel tab 1/35</i>	3	
<i>nortrel tab 7/7/7</i>	2	
NUVARING MIS	4	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	3	
<i>pimtrea tab</i>	3	
<i>pirmella tab 1/35</i>	3	
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>quasense tab</i>	3	
<i>reclipsen tab</i>	2	
<i>sharobel tab 0.35mg</i>	2	
<i>sprintec 28 tab 28 day</i>	2	
<i>tarina fe tab 1/20</i>	2	
<i>tri-legest tab fe</i>	3	
<i>tri-lo- tab sprintec</i>	3	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
TRINESSA LO TAB	3	
TRINESSA TAB	2	
<i>trivora-28 tab</i>	2	
<i>velivet pak</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>vienva tab 0.1-20</i>	2	
<i>viorele tab</i>	3	
<i>vyfemla tab 0.4-35</i>	3	
<i>zenchent tab</i>	3	
<i>zovia 1/35e tab</i>	3	
<i>zovia 1/50e tab</i>	3	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	4	
<i>danazol cap 100 mg</i>	4	
<i>danazol cap 200 mg</i>	4	
SYNAREL SOL 2MG/ML	5	NDS
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	5	NDS, NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	5	NDS, NM, LA, PA
BUPHENYL TAB 500MG	5	NDS, NM, LA, PA
CARBAGLU TAB 200MG	5	NDS, NM, LA, PA
CERDELGA CAP 84MG	5	NDS, NM, PA
CEREZYME INJ 400UNIT	5	NDS, NM, LA, PA
CYSTADANE POW	5	NDS, NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NDS, NM, LA, PA
FABRAZYME INJ 35MG	5	NDS, NM, LA, PA
KUVAN POW 100MG	5	NDS, NM, LA, PA
KUVAN POW 500MG	5	NDS, NM, LA, PA
KUVAN TAB 100MG	5	NDS, NM, LA, PA
<i>levocarnitine inj 200 mg/ml</i>	3	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	B/D
<i>levocarnitine tab 330 mg</i>	4	B/D
LUMIZYME INJ 50MG	5	NDS, NM, LA, PA
NAGLAZYME INJ 1MG/ML	5	NDS, NM, LA, PA
ORFADIN CAP 2MG	5	NDS, NM, LA, PA
ORFADIN CAP 5MG	5	NDS, NM, LA, PA
ORFADIN CAP 10MG	5	NDS, NM, LA, PA
ORFADIN CAP 20MG	5	NDS, NM, LA, PA
ORFADIN SUS 4MG/ML	5	NDS, NM, LA, PA
RAVICTI LIQ 1.1GM/ML	5	NDS, NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NDS, NM, PA
ZAVESCA CAP 100MG	5	NDS, NM, LA, PA
ESTROGENS		
DELESTROGEN INJ 10MG/ML	4	
<i>estrace vag cre 0.1mg/gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 0.5 mg</i>	4	PA; PA if 65 years and older
<i>estradiol tab 1 mg</i>	4	PA; PA if 65 years and older
<i>estradiol tab 2 mg</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	4	PA; PA if 65 years and older
<i>estradiol vaginal tab 10 mcg</i>	4	
<i>estradiol valerate im in oil 20 mg/ml</i>	3	
<i>estradiol valerate im in oil 40 mg/ml</i>	3	
<i>jinteli tab 1mg-5mcg</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 14 mg-5 mcg</i>		PA; PA if 65 years and older
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	4	
<i>dexamethason con 1mg/ml</i>	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	3	
<i>hydrocortisone tab 10 mg</i>	3	
<i>hydrocortisone tab 20 mg</i>	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	3	B/D
<i>methylprednisolone tab 4 mg</i>	3	B/D
<i>methylprednisolone tab 8 mg</i>	3	B/D
<i>methylprednisolone tab 16 mg</i>	3	B/D
<i>methylprednisolone tab 32 mg</i>	3	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	3	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	3	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	3	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	2	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone oral soln 5 mg/5ml</i>	3	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>SOLU-CORTEF INJ 250MG</i>	4	
GLUCOSE ELEVATING AGENTS		
<i>GLUCAGEN INJ HYPOKIT</i>	3	

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN INJ 5/1.5ML	5	NDS, NM, PA
NORDITROPIN INJ 10/1.5ML	5	NDS, NM, PA
NORDITROPIN INJ 15/1.5ML	5	NDS, NM, PA
NORDITROPIN INJ 30/3ML	5	NDS, NM, PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	4	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	B/D
FORTICAL SPR 200/ACT	3	B/D
INCRELEX INJ 40MG/4ML	5	NDS, NM, LA, PA
KORLYM TAB 300MG	5	NDS, NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	5	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	5	NDS, NM, PA
LUPR DEP-PED INJ 15MG	5	NDS, NM, PA
<i>methergine tab 0.2mg</i>	4	
<i>methylergonovine maleate tab 0.2 mg</i>	4	
MIACALCIN INJ 200/ML	5	NDS, B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NDS, NM, PA
PROLIA SOL 60MG/ML	4	QL (1 syringe / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	3	
SANDOSTATIN KIT LAR 10MG	5	NDS, NM, PA
SANDOSTATIN KIT LAR 20MG	5	NDS, NM, PA
SANDOSTATIN KIT LAR 30MG	5	NDS, NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NDS, NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NDS, NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NDS, NM, LA, PA
SOMATULINE INJ 60/0.2ML	5	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	5	NDS, NM, PA
SOMATULINE INJ 120/.5ML	5	NDS, NM, PA
SOMAVERT INJ 10MG	5	NDS, NM, LA, PA
SOMAVERT INJ 15MG	5	NDS, NM, LA, PA
SOMAVERT INJ 20MG	5	NDS, NM, LA, PA
SOMAVERT INJ 25MG	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 30MG	5	NDS, NM, LA, PA
XGEVA INJ	5	NDS, NM, PA
PARATHYROID HORMONES		
FORTEO SOL 600/2.4	5	NDS, QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	5	NDS, NM, PA
NATPARA INJ 50MCG	5	NDS, NM, PA
NATPARA INJ 75MCG	5	NDS, NM, PA
NATPARA INJ 100MCG	5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	NDS
calcium acetate (phosphate binder) cap 667 3 mg (169 mg ca)	3	
calcium acetate (phosphate binder) tab 667 3 mg	3	
REVELA PAK 0.8GM	3	
REVELA PAK 2.4GM	3	
REVELA TAB 800MG	3	
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
norethindrone acetate tab 5 mg	3	
THYROID AGENTS		
levothyroxine sodium tab 25 mcg	2	
levothyroxine sodium tab 50 mcg	2	
LEVOTHYROXINE SODIUM TAB 75 MCG	2	
levothyroxine sodium tab 88 mcg	2	
levothyroxine sodium tab 100 mcg	2	
levothyroxine sodium tab 112 mcg	2	
levothyroxine sodium tab 125 mcg	2	
levothyroxine sodium tab 137 mcg	2	
levothyroxine sodium tab 150 mcg	2	
levothyroxine sodium tab 175 mcg	2	
levothyroxine sodium tab 200 mcg	2	
LEVOTHYROXINE SODIUM TAB 300 MCG	2	
LEVOXYL TAB 25MCG	2	
LEVOXYL TAB 50MCG	2	
LEVOXYL TAB 75MCG	2	
LEVOXYL TAB 88MCG	2	
LEVOXYL TAB 100MCG	2	
LEVOXYL TAB 112MCG	2	
LEVOXYL TAB 125MCG	2	
LEVOXYL TAB 137MCG	2	
LEVOXYL TAB 150MCG	2	

Drug Name	Drug Tier	Requirements/Limits
LEVOXYL TAB 175MCG	2	
LEVOXYL TAB 200MCG	2	
<i>liothyronine sodium tab 5 mcg</i>	3	
<i>liothyronine sodium tab 25 mcg</i>	3	
<i>liothyronine sodium tab 50 mcg</i>	3	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	3	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
UNITHROID TAB 25MCG	2	
UNITHROID TAB 50MCG	2	
UNITHROID TAB 75MCG	2	
UNITHROID TAB 88MCG	2	
UNITHROID TAB 100MCG	2	
UNITHROID TAB 112MCG	2	
UNITHROID TAB 125MCG	2	
UNITHROID TAB 150MCG	2	
UNITHROID TAB 175MCG	2	
UNITHROID TAB 200MCG	2	
UNITHROID TAB 300MCG	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	4	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	3	
STIMATE SOL 1.5MG/ML	4	NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule 40 mg</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 80 mg</i>	4	B/D
<i>aprepitant capsule 125 mg</i>	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>dronabinol cap 2.5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND SUS 125MG	4	B/D
EMEND TRIPAC PAK 80 & 125	4	B/D
<i>granisetron hcl inj 0.1 mg/ml</i>	3	
<i>granisetron hcl inj 1 mg/ml</i>	3	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	3	
<i>granisetron hcl tab 1 mg</i>	4	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	3	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	B/D
<i>ondansetron hcl tab 4 mg</i>	3	B/D
<i>ondansetron hcl tab 8 mg</i>	3	B/D
<i>ondansetron hcl tab 24 mg</i>	3	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	2	B/D
<i>phenadoz sup 12.5mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 12.5mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 25mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 50mg</i>	4	PA; PA if 65 years and older
<i>prochlorperazine edisylate inj 5 mg/ml</i>	3	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl inj 25 mg/ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl inj 50 mg/ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 12.5 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 25 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 50 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 12.5 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>promethegan sup 25mg</i>	4	PA; PA if 65 years and older
<i>promethegan sup 50mg</i>	4	PA; PA if 65 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SC DIS 1.5MG	4	QL (10 patches / 30 days), PA; PA if 65 years and older
ANTISPASMODICS		
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate tab 1 mg</i>	3	
<i>glycopyrrolate tab 2 mg</i>	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	3	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	3	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	3	
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	5	NDS
CANASA SUP 1000MG	5	NDS
DELZICOL CAP 400MG	4	
DIPENTUM CAP 250MG	5	NDS
<i>hydrocortisone enema 100 mg/60ml</i>	4	
HYDROCORTISONE ENEMA 100 MG/60ML	4	
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
MESALAMINE TAB DELAYED RELEASE 800 MG	4	
<i>sulfasalazine tab 500 mg</i>	3	
<i>sulfasalazine tab delayed release 500 mg</i>	3	
LAXATIVES		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl/3 for soln kit</i>		
<i>constulose sol 10gm/15</i>	2	
<i>enulose sol 10gm/15</i>	2	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac sol 10gm/15</i>	2	
GOLYTELY SOL	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
MOVIPREP SOL	4	
NULYTELY SOL FLAV PKS	3	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	2	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>polyethylene glycol 3350 oral packet</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte sol</i>	2	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	5	NDS, PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	NDS, PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	5	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NDS, NM, LA, PA
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (60 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	3	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	NDS, PA
RELISTOR INJ 12/0.6ML	5	NDS, PA
SUCRAID SOL 8500/ML	5	NDS, LA
<i>sucralfate tab 1 gm</i>	3	
<i>ursodiol cap 300 mg</i>	4	
<i>ursodiol tab 250 mg</i>	4	
<i>ursodiol tab 500 mg</i>	4	
XIFAXAN TAB 550MG	5	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	3	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	3	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	4	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	4	
<i>lansoprazole cap delayed release 15 mg</i>	3	QL (30 ea / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	3	QL (30 ea / 30 days)
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>rabeprazole sodium ec tab 20 mg</i>	4	QL (30 ea / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	4	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	2	
<i>tamsulosin hcl cap 0.4 mg</i>	3	
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
ELMIRON CAP 100MG	4	
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	4	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	4	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	4	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	3	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	4	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	4	
<i>tolterodine tartrate tab 2 mg</i>	4	
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	4	QL (60 tabs / 30 days)
VESICARE TAB 5MG	4	QL (30 tabs / 30 days)
VESICARE TAB 10MG	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>terconazole vaginal cream 0.4%</i>	3	
<i>terconazole vaginal cream 0.8%</i>	3	
<i>terconazole vaginal suppos 80 mg</i>	4	
VANDAZOLE GEL 0.75%	4	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN TAB 1MG	4	
COUMADIN TAB 2.5MG	4	
COUMADIN TAB 2MG	4	
COUMADIN TAB 3MG	4	
COUMADIN TAB 4MG	4	
COUMADIN TAB 5MG	4	
COUMADIN TAB 6MG	4	
COUMADIN TAB 7.5MG	4	
COUMADIN TAB 10MG	4	
ELIQUIS TAB 2.5MG	4	PA
ELIQUIS TAB 5MG	4	PA
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	4	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	4	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	4	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj 100 mg/ml</i>	4	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj 150 mg/ml</i>	4	
ENOXAPARIN SODIUM INJ 300 MG/3ML	4	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	3	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	B/D
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	5	NDS, NM, PA
GRANIX INJ 480/0.8	5	NDS, NM, PA
LEUKINE INJ 250MCG	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
MOZOBIL INJ	5	NDS, NM, PA
NEUPOGEN INJ 300/0.5	5	NDS, NM, PA
NEUPOGEN INJ 300MCG	5	NDS, NM, PA
NEUPOGEN INJ 480/0.8	5	NDS, NM, PA
NEUPOGEN INJ 480MCG	5	NDS, NM, PA
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NDS, NM, PA
PROCRIT INJ 40000/ML	5	NDS, NM, PA

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
CINRYZE SOL 500 UNIT	5	NDS, NM, LA, PA
FIRAZYR INJ 30MG/3ML	5	NDS, NM, PA
HAEGARDA INJ 2000UNIT	5	NDS, NM, LA, PA
HAEGARDA INJ 3000UNIT	5	NDS, NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	3	
PROMACTA TAB 12.5MG	5	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	3	
<i>tranexamic acid tab 650 mg</i>	4	

PLATELET AGGREGATION INHIBITORS

ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	4	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
EFFIENT TAB 5MG	4	
EFFIENT TAB 10MG	4	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	4	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	4	
ZONTIVITY TAB 2.08MG	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10MG/0.2	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEN INJ 40MG/0.8	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CROHNS	5	NDS, NM, PA
HUMIRA PEN INJ PSORIASI	5	NDS, NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	4	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	4	
REMICADE INJ 100MG	5	NDS, NM, PA
XATMEP SOL 2.5MG/ML	4	B/D
XELJANZ TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	5	NDS, QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	5	NDS, NM, PA
CARIMUNE NF INJ 6GM	5	NDS, NM, PA
CARIMUNE NF INJ 12GM	5	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	5	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	5	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	5	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	5	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	5	NDS, NM, PA
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	5	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	5	NDS, NM, PA
GAMMAGARD INJ 10GM/100	5	NDS, NM, PA
GAMMAGARD INJ 20GM/200	5	NDS, NM, PA
GAMMAGARD INJ 30GM/300	5	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	5	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	5	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	5	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	5	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	5	NDS, NM, PA
GAMMAKED INJ 10GM/100	5	NDS, NM, PA
GAMMAKED INJ 20GM/200	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INJ 5%	5	NDS, NM, PA
GAMMAPLEX INJ 10%	5	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	5	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	5	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	5	NDS, NM, PA
OCTAGAM INJ 1GM	5	NDS, NM, PA
OCTAGAM INJ 2.5GM	5	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	5	NDS, NM, PA
OCTAGAM INJ 5GM	5	NDS, NM, PA
OCTAGAM INJ 10GM	5	NDS, NM, PA
OCTAGAM INJ 25GM	5	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NDS, NM, LA, PA
ARCALYST INJ 220MG	5	NDS, NM, PA
INTRON A INJ 10MU	5	NDS, B/D, NM
INTRON A INJ 18MU	5	NDS, B/D, NM
INTRON A INJ 25MU	5	NDS, B/D, NM
INTRON A INJ 50MU	5	NDS, B/D, NM
POMALYST CAP 1MG	5	NDS, NM, LA, PA
POMALYST CAP 2MG	5	NDS, NM, LA, PA
POMALYST CAP 3MG	5	NDS, NM, LA, PA
POMALYST CAP 4MG	5	NDS, NM, LA, PA
REVLIMID CAP 2.5MG	5	NDS, NM, LA, PA
REVLIMID CAP 5MG	5	NDS, NM, LA, PA
REVLIMID CAP 10MG	5	NDS, NM, LA, PA
REVLIMID CAP 15MG	5	NDS, NM, LA, PA
REVLIMID CAP 20MG	5	NDS, NM, LA, PA
REVLIMID CAP 25MG	5	NDS, NM, LA, PA
THALOMID CAP 50MG	5	NDS, NM, PA
THALOMID CAP 100MG	5	NDS, NM, PA
THALOMID CAP 150MG	5	NDS, NM, PA
THALOMID CAP 200MG	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine inj 100mg</i>	4	B/D
<i>azathioprine tab 50 mg</i>	3	B/D
BENLYSTA INJ 120MG	5	NDS, NM, PA
BENLYSTA INJ 400MG	5	NDS, NM, PA
<i>cyclosporine cap 25 mg</i>	4	B/D
<i>cyclosporine cap 100 mg</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine iv soln 50 mg/ml</i>	4	B/D
<i>cyclosporine modified cap 25 mg</i>	4	B/D
<i>cyclosporine modified cap 50 mg</i>	4	B/D
<i>cyclosporine modified cap 100 mg</i>	4	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	B/D
<i>gengraf cap 25mg</i>	4	B/D
<i>gengraf cap 50mg</i>	4	B/D
<i>gengraf cap 100mg</i>	4	B/D
<i>gengraf sol 100mg/ml</i>	4	B/D
<i>mycophenolate mofetil cap 250 mg</i>	4	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	4	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D
NEORAL CAP 25MG	3	B/D
NEORAL CAP 100MG	3	B/D
NEORAL SOL 100MG/ML	3	B/D
NULOJIX INJ 250MG	5	NDS, B/D
PROGRAF CAP 0.5MG	4	B/D
PROGRAF CAP 1MG	4	B/D
PROGRAF CAP 5MG	5	NDS, B/D
RAPAMUNE SOL 1MG/ML	5	NDS, B/D
SANDIMMUNE SOL 100MG/ML	3	B/D
<i>sirolimus tab 0.5 mg</i>	4	B/D
<i>sirolimus tab 1 mg</i>	4	B/D
<i>sirolimus tab 2 mg</i>	5	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	4	B/D
<i>tacrolimus cap 1 mg</i>	4	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D
ZORTRESS TAB 0.5MG	5	NDS, B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	NDS, B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGRIX-B INJ 10/0.5ML	3	B/D
ENGRIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	

Drug Name	Drug Tier	Requirements/Limits
GARDASIL INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENOMUNE INJ A/C/Y/W	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SYNAGIS INJ 50MG	5	NDS, NM
SYNAGIS INJ 100MG/ML	5	NDS, NM
TENIVAC INJ 5-2LF	3	B/D
TET/DIP TOX INJ 2-2 LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8 TAB 8MEQ ER	2	
KLOR-CON 10 TAB 10MEQ ER	2	
<i>klor-con m15 tab 15meq er</i>	2	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>magnesium sulfate inj 50%</i>	2	
MAGNESIUM SULFATE INJ 50%	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
MG SO4/D5W INJ 10MG/ML	3	
MG SO4/D5W INJ 20MG/ML	3	
<i>potassium chloride cap er 8 meq</i>	3	
<i>potassium chloride cap er 10 meq</i>	3	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
POTASSIUM CHLORIDE ORAL SOLN 10% (204 MEQ/15ML)		
POTASSIUM CHLORIDE ORAL SOLN 20% (404 MEQ/15ML)		
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROL INJ	4	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	2	B/D
AMINOSYN 7% INJ /LYTES	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 8.5/LYTE	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN INJ 8.5%	4	B/D
AMINOSYN INJ 8.5/LYTE	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN M INJ 3.5%	4	B/D
AMINOSYN-HBC INJ 7%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF INJ 5.2%	4	B/D
CLINIMIX INJ 2.75/D5W	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 4.25/D20	4	B/D
CLINIMIX INJ 4.25/D25	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 5%/D25W	4	B/D
<i>fat emulsion iv soln 20%</i>	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
HEPATAMINE SOL 8%	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
<i>premasol sol 10%</i>	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	2	
D10W/NACL INJ 0.2%	3	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5% IN LACTATED RINGERS	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE INJ 5%	2	
DEXTROSE INJ 10%	2	
DEXTROSE INJ 50%	2	
DEXTROSE INJ 70%	2	
IONOSOL-B/ INJ D5W	4	
IONOSOL-MB INJ /D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	2	

Drug Name	Drug Tier	Requirements/Limits
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & 2 NACL 0.9% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & 2 NACL 0.33% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & 2 NACL 0.45% INJ		
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	2	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & 2 & NACL 0.45% INJ	2	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & 2 NACL 0.45% INJ	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	2	
KCL/D5W/NACL INJ 0.3/0.9%	2	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RINGER'S SOLUTION	2	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ /D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN 2 DEXTROSE 5% INJ	2	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN 2 DEXTROSE 5% INJ	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	2	
RINGER'S SOLUTION	2	
SODIUM CHLORIDE INJ 0.45%	2	
SODIUM CHLORIDE INJ 3%	2	
SODIUM CHLORIDE INJ 5%	2	
SODIUM CHLORIDE IV SOLN 0.9%	2	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	3	B/D
<i>calcitriol cap 0.25 mcg</i>	3	B/D
<i>calcitriol inj 1 mcg/ml</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol cap 1 mcg</i>	4	B/D
<i>paricalcitol cap 2 mcg</i>	4	B/D
<i>paricalcitol cap 4 mcg</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>blephamide oin s.o.p.</i>	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	4	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	4	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate ophth oint 0.3%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	3	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	3	
<i>sulfacetamide sodium ophth soln 10%</i>	3	
<i>tobramycin ophth soln 0.3%</i>	2	
TOBREX OIN 0.3% OP	4	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine ophth soln 1%</i>	4	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4	
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	4	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	3	
DUREZOL EMU 0.05%	3	
FLUOROMETHOLONE OPHTH SUSP 0.1%	4	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	3	
<i>ketorolac tromethamine ophth soln 0.5%</i>	3	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
MAXIDEX SUS 0.1% OP	3	
<i>pred sod pho sol 1% op</i>	3	
PREDNISOLONE ACETATE OPHTH SUSP 1%	3	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	3	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	3	
PATADAY SOL 0.2%	3	
PAZEO DRO 0.7%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	4	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	4	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	3	
ISTALOL SOL 0.5% OP	3	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>metipranolol ophth soln 0.3%</i>	3	
PHOSPHOLINE SOL 0.125%OP	4	
PILOCARPINE HCL OPHTH SOLN 1%	4	
PILOCARPINE HCL OPHTH SOLN 2%	4	
PILOCARPINE HCL OPHTH SOLN 4%	4	
SIMBRINZA SUS 1-0.2%	3	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	4	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	4	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	3	
MISCELLANEOUS		
CYSTARAN SOL 0.44%	5	NDS, NM, LA, PA
<i>naphazoline hcl ophth soln 0.1%</i>	1	
PROLENSA SOL 0.07%	3	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS EMU 0.05%	3	QL (64 vials / 30 days)
RESTASIS MUL EMU 0.05%	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	3	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	3	
ANTI-HISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	3	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	3	
<i>ciproheptadine hcl syrup 2 mg/5ml</i>	4	PA; PA if 65 years and older
<i>ciproheptadine hcl tab 4 mg</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 100 mg</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	4	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
BETA AGONISTS		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>albuterol sulfate tab er 12hr 4 mg</i>	4	
<i>albuterol sulfate tab er 12hr 8 mg</i>	4	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	3	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	5	NDS
<i>terbutaline sulfate tab 2.5 mg</i>	4	
<i>terbutaline sulfate tab 5 mg</i>	4	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	3	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	3	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	3	
<i>zafirlukast tab 10 mg</i>	4	
<i>zafirlukast tab 20 mg</i>	4	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	3	B/D
<i>acetylcysteine inhal soln 20%</i>	3	B/D
ARALAST NP INJ 500MG	5	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	5	NDS, NM, LA, PA
DALIRESP TAB 500MCG	4	
EPIPEN 2-PAK INJ 0.3MG	3	
EPIPEN-JR INJ 2-PAK	3	
ESBRIET CAP 267MG	5	NDS, NM, PA
ESBRIET TAB 267MG	5	NDS, NM, PA
ESBRIET TAB 801MG	5	NDS, NM, PA
KALYDECO PAK 50MG	5	NDS, NM, PA
KALYDECO PAK 75MG	5	NDS, NM, PA
KALYDECO TAB 150MG	5	NDS, NM, PA
OFEV CAP 100MG	5	NDS, NM, PA
OFEV CAP 150MG	5	NDS, NM, PA
ORKAMBI TAB 100-125	5	NDS, NM, PA
ORKAMBI TAB 200-125	5	NDS, NM, PA
PROLASTIN-C INJ 1000MG	5	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NDS, NM, PA
XOLAIR SOL 150MG	5	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	5	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (2 bottles / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)
XANTHINES		
<i>aminophylline inj 25 mg/ml</i>	3	
<i>elixophyllin elx 80/15ml</i>	4	
<i>theo-24 cap 100mg cr</i>	4	
<i>theo-24 cap 200mg cr</i>	4	
<i>theo-24 cap 300mg cr</i>	4	
<i>theo-24 cap 400mg er</i>	4	
<i>theophylline soln 80 mg/15ml</i>	4	
<i>theophylline tab er 12hr 100 mg</i>	3	
<i>theophylline tab er 12hr 200 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tab er 12hr 300 mg</i>	3	
<i>theophylline tab er 12hr 450 mg</i>	3	
<i>theophylline tab er 24hr 400 mg</i>	3	
<i>theophylline tab er 24hr 600 mg</i>	3	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene cream 0.1%</i>	4	
<i>adapalene gel 0.1%</i>	4	
<i>amnestem cap 10mg</i>	4	PA
<i>amnestem cap 20mg</i>	4	PA
<i>amnestem cap 40mg</i>	4	PA
AVITA CRE 0.025%	4	PA
AVITA GEL 0.025%	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
<i>claravis cap 10mg</i>	4	PA
<i>claravis cap 20mg</i>	4	PA
<i>claravis cap 30mg</i>	4	PA
<i>claravis cap 40mg</i>	4	PA
<i>clindamycin phosphate gel 1%</i>	4	
<i>clindamycin phosphate lotion 1%</i>	4	
<i>clindamycin phosphate soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pads 2%</i>	4	
<i>erythromycin soln 2%</i>	3	
<i>isotretinoin cap 10 mg</i>	4	PA
<i>isotretinoin cap 20 mg</i>	4	PA
<i>isotretinoin cap 40 mg</i>	4	PA
<i>myorisan cap 10mg</i>	4	PA
<i>myorisan cap 20mg</i>	4	PA
<i>myorisan cap 30mg</i>	4	PA
<i>myorisan cap 40mg</i>	4	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	
<i>tretinoin cream 0.1%</i>	4	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>tretinoin cream 0.025%</i>	4	PA
TRETINOIN GEL 0.01%	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>zenatane cap 30mg</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>mupirocin oint 2%</i>	2	
SILVER SULFADIAZINE CREAM 1%	2	
SSD CRE 1%	2	

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON CRE 85MG/GM	4	
SULFAMYLON PAK 5%	5	NDS
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	4	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	3	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole cream 1%</i>	3	
<i>clotrimazole soln 1%</i>	3	
<i>ketoconazole cream 2%</i>	3	
<i>nyamyc pow 100000</i>	3	
<i>nyata pow 100000</i>	3	
<i>nystatin cream 100000 unit/gm</i>	3	
<i>nystatin oint 100000 unit/gm</i>	3	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>nystop pow 100000</i>	3	
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL CREAM 5%	4	
<i>hydrocortisone rectal cream 2.5%</i>	4	
<i>procto-med cre hc 2.5%</i>	4	
<i>procto-pak cre 1%</i>	4	
<i>proctozone cre -hc 2.5%</i>	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	5	NDS, PA
<i>acitretin cap 17.5 mg</i>	5	NDS, PA
<i>acitretin cap 25 mg</i>	5	NDS, PA
<i>calcipotriene cream 0.005%</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	
8-MOP CAP 10MG	4	
<i>tazarotene cream 0.1%</i>	4	PA
TAZORAC CRE 0.1%	4	PA
TAZORAC CRE 0.05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	4	
<i>alclometasone dipropionate oint 0.05%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	4	
<i>betamethasone dipropionate cream 0.05%</i>	4	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate oint 0.05%</i>	4	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	3	
<i>desoximetasone cream 0.05%</i>	4	
<i>desoximetasone cream 0.25%</i>	4	
<i>desoximetasone gel 0.05%</i>	4	
DESOXIMETASONE OINT 0.05%	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>fluocin acet oil body</i>	4	
<i>fluocinolone acetonide cream 0.01%</i>	4	
<i>fluocinolone acetonide cream 0.025%</i>	4	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	4	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide cream 0.05%</i>	4	
<i>fluocinonide emulsified base cream 0.05%</i>	4	
<i>fluocinonide gel 0.05%</i>	4	
<i>fluocinonide soln 0.05%</i>	4	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	4	
<i>halobetasol propionate oint 0.05%</i>	4	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	3	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	4	
<i>hydrocortisone valerate oint 0.2%</i>	4	
<i>mometasone furoate cream 0.1%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate oint 0.1%</i>	3	
<i>mometasone furoate solution 0.1% (lotion)</i>	3	
<i>texacort sol 2.5%</i>	4	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	3	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triderm cre 0.1%</i>	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	3	PA
<i>lidocaine hcl soln 4%</i>	1	PA
<i>lidocaine oint 5%</i>	4	PA
<i>lidocaine patch 5%</i>	4	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium gel 1%</i>	3	PA
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil soln 2%</i>	4	
<i>fluorouracil soln 5%</i>	4	
<i>imiquimod cream 5%</i>	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	3	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
PANRETIN GEL 0.1%	5	NDS
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
<i>podofilox soln 0.5%</i>	3	
<i>tacrolimus oint 0.1%</i>	4	
<i>tacrolimus oint 0.03%</i>	4	
TARGRETIN GEL 1%	5	NDS, NM, PA
VALCHLOR GEL 0.016%	5	NDS, NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	4	
EURAX LOT 10%	4	
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		

Drug Name	Drug Tier	Requirements/Limits
ACETIC ACID IRRIGATION SOLN 0.25%	2	
REGRANEX GEL 0.01%	5	NDS, PA
SANTYL OIN 250/GM	4	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	4	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	3	
<i>periogard sol 0.12%</i>	1	
PILOCARPINE HCL TAB 5 MG	4	
<i>pilocarpine hcl tab 7.5 mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	

OTIC

<i>acetic acid 2% in aluminum acetate otic soln</i>	3	
ACETIC ACID OTIC SOLN 2%	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	4	

_PART B

DIABETIC METERS AND TEST STRIPS

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TRUE METRIX KIT METER	Part B	B
TRUE METRIX TES GLUCOSE	Part B	B

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tab 300-150-300 mg10

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mg..... 2

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mg..... 2

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mg..... 2

acetazolamide cap er 12hr 500 mg35

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.....98

ACETIC ACID OTIC SOLN 2%98

acetylcysteine inhal soln 10%.....92

acetylcysteine inhal soln 20%.....92

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albuterol sulfate soln nebu 0.083% (2.5
mg/3ml) 91

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mg/ml) 91

albuterol sulfate soln nebu 0.63 mg/3ml
(base equiv) 91

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<i>albuterol sulfate tab er 12hr 8 mg</i>	91	AMINOSYN INJ 10%	85
<i>alclometasone dipropionate cream 0.05%</i>	95	AMINOSYN INJ 8.5%	85
<i>alclometasone dipropionate oint 0.05%</i>	95	AMINOSYN INJ 8.5/LYTE	85
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<i>alendronate sodium tab 5 mg</i>	63	<i>amiodarone hcl inj 450 mg/9ml (50</i> <i>mg/ml)</i>	29
<i>alendronate sodium tab 70 mg</i>	63	<i>amiodarone hcl inj 900 mg/18ml (50</i> <i>mg/ml)</i>	29
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<i>allopurinol tab 300 mg</i>	1	<i>amitriptyline hcl tab 100 mg</i>	45
<i>alosetron hcl tab 0.5 mg (base equiv)</i> .	76	<i>amitriptyline hcl tab 150 mg</i>	45
<i>alosetron hcl tab 1 mg (base equiv)</i>	76	<i>amitriptyline hcl tab 25 mg</i>	45
ALPHAGAN P SOL 0.1%	89	<i>amitriptyline hcl tab 50 mg</i>	45
<i>alprazolam tab 0.25 mg</i>	38	<i>amitriptyline hcl tab 75 mg</i>	45
<i>alprazolam tab 0.5 mg</i>	38	<i>amlodipine besylate tab 10 mg</i>	33
<i>alprazolam tab 1 mg</i>	38	<i>amlodipine besylate tab 2.5 mg</i>	33
<i>alprazolam tab 2 mg</i>	38	<i>amlodipine besylate tab 5 mg</i>	33
ALREX SUS 0.2%	89	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	25
ALUNBRIG TAB 30MG	22	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	25
<i>alyacen tab 1/35</i>	64	<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	25
<i>amantadine hcl cap 100 mg</i>	48	<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i>	25
<i>amantadine hcl syrup 50 mg/5ml</i>	48	<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i>	25
<i>amantadine hcl tab 100 mg</i>	48	<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>	25
AMBISOME INJ 50MG	7	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	27
AMIFOSTINE FOR INJ 500 MG	24	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	27
<i>amikacin sulfate inj 1 gm/4ml (250</i> <i>mg/ml)</i>	5	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	27
<i>amikacin sulfate inj 500 mg/2ml (250</i> <i>mg/ml)</i>	5	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	27
<i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i>	35		
<i>amiloride hcl tab 5 mg</i>	35		
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<i>aminophylline inj 25 mg/ml</i>	93		
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<i>amlodipine besylate-valsartan tab 10-160 mg</i>	27		15
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	27	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	15
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	27	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	15
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<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	28	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	16
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<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	28	<i>amoxicillin (trihydrate) tab 500 mg</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	27	<i>amoxicillin (trihydrate) tab 875 mg</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	27	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	55
<i>amnestem cap 10mg</i>	94	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	55
<i>amnestem cap 20mg</i>	94	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	55
<i>amnestem cap 40mg</i>	94	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	55
<i>amoxapine tab 100 mg</i>	45	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	55
<i>amoxapine tab 150 mg</i>	45	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	55
<i>amoxapine tab 25 mg</i>	45	<i>amphetamine-dextroamphetamine tab 10 mg</i>	55
<i>amoxapine tab 50 mg</i>	45	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	55
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	15	<i>amphetamine-dextroamphetamine tab 15 mg</i>	55
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	15	<i>amphetamine-dextroamphetamine tab 20 mg</i>	55
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	15	<i>amphetamine-dextroamphetamine tab 30 mg</i>	55
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	15	<i>amphetamine-dextroamphetamine tab 5 mg</i>	55
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	15	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	55
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	15	<i>amphotericin b for inj 50 mg</i>	7
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<i>amoxicillin & k clavulanate tab 875-125 mg</i>	15	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	16
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	15	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	16
<i>amoxicillin (trihydrate) cap 250 mg</i>	15		
<i>amoxicillin (trihydrate) cap 500 mg</i>	15		
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<i>ampicillin cap 250 mg</i>	16	<i>aripiprazole tab 30 mg</i>	50
<i>ampicillin cap 500 mg</i>	16	<i>aripiprazole tab 5 mg</i>	50
<i>ampicillin for susp 125 mg/5ml</i>	16	ARISTADA INJ 1064MG	50
<i>ampicillin for susp 250 mg/5ml</i>	16	ARISTADA INJ 441MG/1.....	50
<i>ampicillin sodium for inj 1 gm</i>	16	ARISTADA INJ 662MG/2.....	50
<i>ampicillin sodium for inj 10 gm</i>	16	ARISTADA INJ 882MG/3.....	50
<i>ampicillin sodium for inj 125 mg</i>	16	<i>armodafinil tab 150 mg</i>	59
<i>ampicillin sodium for inj 2 gm</i>	16	ARMODAFINIL TAB 200 MG	59
<i>ampicillin sodium for inj 250 mg</i>	16	<i>armodafinil tab 250 mg</i>	59
<i>ampicillin sodium for inj 500 mg</i>	16	<i>armodafinil tab 50 mg</i>	59
<i>ampicillin sodium for iv soln 1 gm</i>	16	ARNUITY ELPT INH 100MCG	93
<i>ampicillin sodium for iv soln 10 gm</i>	16	ARNUITY ELPT INH 200MCG	93
<i>ampicillin sodium for iv soln 2 gm</i>	16	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR	
AMPYRA TAB 10MG	58	25-200 MG	80
ANADROL-50 TAB 50MG	60	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>anagrelide hcl cap 0.5 mg</i>	80	.....	32
<i>anagrelide hcl cap 1 mg</i>	80	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>anastrozole tab 1 mg</i>	21	.....	32
ANDRODERM DIS 2MG/24HR.....	60	<i>atenolol tab 100 mg</i>	32
ANDRODERM DIS 4MG/24HR.....	60	<i>atenolol tab 25 mg</i>	32
ANORO ELLIPT AER 62.5-25.....	90	<i>atenolol tab 50 mg</i>	32
APOKYN INJ 10MG/ML	48	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
<i>aprepitant capsule 125 mg</i>	73	.....	55
<i>aprepitant capsule 40 mg</i>	72	<i>atomoxetine hcl cap 100 mg (base</i>	
<i>aprepitant capsule 80 mg</i>	73	<i>equiv)</i>	55
<i>aprepitant capsule therapy pack 80 &</i>		<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
<i>125 mg</i>	73	.....	55
<i>apri tab</i>	64	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
APRISO CAP 0.375GM	75	.....	55
APTIOM TAB 200MG	39	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	
APTIOM TAB 400MG	39	.....	55
APTIOM TAB 600MG	39	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	
APTIOM TAB 800MG	39	.....	55
APTIVUS CAP 250MG.....	8	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	
APTIVUS SOL	8	.....	55
ARALAST NP INJ 1000MG.....	92	<i>atorvastatin calcium tab 10 mg (base</i>	
ARALAST NP INJ 500MG	92	<i>equivalent)</i>	30
<i>aranelle tab</i>	64	<i>atorvastatin calcium tab 20 mg (base</i>	
ARCALYST INJ 220MG	82	<i>equivalent)</i>	30
<i>aripiprazole oral solution 1 mg/ml</i>	50	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>aripiprazole orally disintegrating tab 10</i>		<i>equivalent)</i>	30
<i>mg</i>	50	<i>atorvastatin calcium tab 80 mg (base</i>	
<i>aripiprazole orally disintegrating tab 15</i>		<i>equivalent)</i>	30
<i>mg</i>	50	<i>atovaquone susp 750 mg/5ml</i>	5
<i>aripiprazole tab 10 mg</i>	50	<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>aripiprazole tab 15 mg</i>	50	<i>mg</i>	8
<i>aripiprazole tab 2 mg</i>	50	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>aripiprazole tab 20 mg</i>	50	<i>mg</i>	8

ATRIPLA TAB.....	10	<i>bekyree tab</i>	64
ATROVENT HFA AER 17MCG.....	90	BELEODAQ INJ 500MG.....	20
<i>aubra tab 0.1-0.02</i>	64	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	25
AURYXIA TAB 210MG.....	71	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	25
AUSTEDO TAB 12MG.....	58	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	25
AUSTEDO TAB 6MG.....	58	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	25
AUSTEDO TAB 9MG.....	58	<i>benazepril hcl tab 10 mg</i>	26
AVASTIN INJ.....	20	<i>benazepril hcl tab 20 mg</i>	26
AVASTIN INJ 400/16ML.....	20	<i>benazepril hcl tab 40 mg</i>	26
<i>aviane tab</i>	64	<i>benazepril hcl tab 5 mg</i>	26
AVITA CRE 0.025%.....	94	BENDEKA INJ 100/4ML.....	17
AVITA GEL 0.025%.....	94	BENLYSTA INJ 120MG.....	82
AXIRON SOL 30MG/ACT.....	60	BENLYSTA INJ 400MG.....	82
<i>azacitidine for inj 100 mg</i>	18	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	94
AZACTAM/DEX INJ 1GM.....	5	BENZTROPINE MESYLATE INJ 1 MG/ML.....	48
AZACTAM/DEX INJ 2GM.....	5	<i>benztropine mesylate tab 0.5 mg</i>	48
<i>azathioprine inj 100mg</i>	82	<i>benztropine mesylate tab 1 mg</i>	49
<i>azathioprine tab 50 mg</i>	82	<i>benztropine mesylate tab 2 mg</i>	49
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	90	BEPREVE DRO 1.5%.....	89
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	91	BESIVANCE SUS 0.6%.....	88
<i>azelastine hcl ophth soln 0.05%</i>	89	<i>betamethasone dipropionate augmented cream 0.05%</i>	95
<i>azithromycin for susp 100 mg/5ml</i>	14	<i>betamethasone dipropionate augmented gel 0.05%</i>	96
<i>azithromycin for susp 200 mg/5ml</i>	14	<i>betamethasone dipropionate augmented lotion 0.05%</i>	96
<i>azithromycin iv for soln 500 mg</i>	14	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%.....	96
AZITHROMYCIN POWD PACK FOR SUSP 1 GM.....	14	<i>betamethasone dipropionate cream 0.05%</i>	96
<i>azithromycin tab 250 mg</i>	14	<i>betamethasone dipropionate lotion 0.05%</i>	96
<i>azithromycin tab 500 mg</i>	14	<i>betamethasone dipropionate oint 0.05%</i>	96
<i>azithromycin tab 600 mg</i>	14	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	96
AZOPT SUS 1% OP.....	89	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	96
<i>aztreonam for inj 1 gm</i>	5	<i>betamethasone valerate oint 0.1% (base equivalent)</i>	96
<i>aztreonam for inj 2 gm</i>	5	BETASERON INJ 0.3MG.....	58
B		<i>betaxolol hcl ophth soln 0.5%</i>	89
<i>bacitracin ophth oint 500 unit/gm</i>	88	<i>bethanechol chloride tab 10 mg</i>	77
<i>bacitracin-polymyxin b ophth oint</i>	88		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	88		
<i>baclofen tab 10 mg</i>	58		
<i>baclofen tab 20 mg</i>	58		
<i>balsalazide disodium cap 750 mg</i>	75		
<i>balziva tab</i>	64		
BANZEL SUS 40MG/ML.....	39		
BANZEL TAB 200MG.....	39		
BANZEL TAB 400MG.....	39		
BARACLUDE SOL .05MG/ML.....	11		
BCG VACCINE INJ.....	83		

<i>bethanechol chloride tab 25 mg</i>	77	<i>(base equiv) (once-daily)</i>	89
<i>bethanechol chloride tab 5 mg</i>	77	<i>bromfenac sodium ophth soln 0.09%</i>	
<i>bethanechol chloride tab 50 mg</i>	77	<i>(base equivalent)</i>	89
BETOPTIC-S SUS 0.25% OP	89	<i>bromocriptine mesylate cap 5 mg (base</i>	
BEVESPI AER 9-4.8MCG.....	90	<i>equivalent)</i>	49
<i>bexarotene cap 75 mg</i>	23	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
BEXSERO INJ	83	<i>equivalent)</i>	49
<i>bicalutamide tab 50 mg</i>	21	BROMSITE DRO 0.075%	89
BICILLIN L-A INJ 1200000	16	<i>budesonide delayed release particles cap</i>	
BICILLIN L-A INJ 2400000	16	<i>3 mg</i>	75
BICILLIN L-A INJ 600000	16	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
BICNU INJ 100MG.....	17	.....	93
BILTRICIDE TAB 600MG	6	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-</i>		.....	93
<i>nacl for soln kit</i>	75	<i>bumetanide inj 0.25 mg/ml</i>	35
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		<i>bumetanide tab 0.5 mg</i>	35
<i>6.25 mg</i>	32	<i>bumetanide tab 1 mg</i>	35
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		<i>bumetanide tab 2 mg</i>	35
<i>6.25 mg</i>	32	BUPHENYL TAB 500MG	67
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>6.25 mg</i>	32	<i>equiv)</i>	59
<i>bisoprolol fumarate tab 10 mg</i>	32	<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>bisoprolol fumarate tab 5 mg</i>	32	<i>equiv)</i>	59
BIVIGAM INJ 10%.....	81	<i>buprenorphine hcl-naloxone hcl sl tab 2-</i>	
<i>bleomycin sulfate for inj 15 unit</i>	18	<i>0.5 mg (base equiv)</i>	59
<i>bleomycin sulfate for inj 30 unit</i>	18	<i>buprenorphine hcl-naloxone hcl sl tab 8-</i>	
<i>blephamide oin s.o.p.</i>	88	<i>2 mg (base equiv)</i>	59
<i>blisovi fe tab 1.5/30</i>	64	<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>blisovi fe tab 1/20</i>	64	<i>12hr 150 mg</i>	59
BOOSTRIX INJ.....	83	<i>bupropion hcl tab 100 mg</i>	45
BOSULIF TAB 100MG.....	22	<i>bupropion hcl tab 75 mg</i>	45
BOSULIF TAB 500MG.....	22	<i>bupropion hcl tab er 12hr 100 mg</i>	45
BREO ELLIPTA INH 100-25.....	93	<i>bupropion hcl tab er 12hr 150 mg</i>	45
BREO ELLIPTA INH 200-25.....	93	<i>bupropion hcl tab er 12hr 200 mg</i>	45
<i>briellyn tab</i>	64	<i>bupropion hcl tab er 24hr 150 mg</i>	45
BRILINTA TAB 60MG	80	<i>bupropion hcl tab er 24hr 300 mg</i>	45
BRILINTA TAB 90MG	80	<i>buspirone hcl tab 10 mg</i>	38
BRIMONIDINE TARTRATE OPTH SOLN		<i>buspirone hcl tab 15 mg</i>	38
0.15%	89	<i>buspirone hcl tab 30 mg</i>	38
<i>brimonidine tartrate ophth soln 0.2%</i> ..	89	<i>buspirone hcl tab 5 mg</i>	38
BRIVIACT INJ 50MG/5ML	39	<i>buspirone hcl tab 7.5 mg</i>	38
BRIVIACT SOL 10MG/ML.....	39	<i>busulfan inj 6 mg/ml</i>	17
BRIVIACT TAB 100MG	39	BUSULFEX INJ 6MG/ML	17
BRIVIACT TAB 10MG	39	<i>butorphanol tartrate inj 1 mg/ml</i>	2
BRIVIACT TAB 25MG	39	<i>butorphanol tartrate inj 2 mg/ml</i>	2
BRIVIACT TAB 50MG	39	BUTRANS DIS 10MCG/HR.....	2
BRIVIACT TAB 75MG	39	BUTRANS DIS 15MCG/HR.....	2
<i>bromfenac sodium ophth soln 0.09%</i>		BUTRANS DIS 20MCG/HR.....	2

BUTRANS DIS 5MCG/HR	2
BUTRANS DIS 7.5/HR.....	2
BYDUREON INJ 2MG.....	60
BYDUREON PEN INJ 2MG	60
BYETTA INJ 10MCG	60
BYETTA INJ 5MCG.....	60
BYSTOLIC TAB 10MG.....	32
BYSTOLIC TAB 2.5MG.....	32
BYSTOLIC TAB 20MG.....	32
BYSTOLIC TAB 5MG	32

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<i>cabergoline tab 0.5 mg</i>	70
CABOMETYX TAB 20MG	22
CABOMETYX TAB 40MG	22
CABOMETYX TAB 60MG	22
<i>calcipotriene cream 0.005%</i>	95
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	95
<i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i>	70
<i>calcitriol cap 0.25 mcg</i>	87
<i>calcitriol cap 0.5 mcg</i>	87
<i>calcitriol inj 1 mcg/ml</i>	87
<i>calcitriol oral soln 1 mcg/ml</i>	87
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i>	71
<i>calcium acetate (phosphate binder) tab</i> <i>667 mg</i>	71
<i>camila tab 0.35mg</i>	64
CANASA SUP 1000MG	75
CANCIDAS INJ 50MG.....	7
CANCIDAS INJ 70MG.....	7
<i>candesartan cilexetil tab 16 mg</i>	29
<i>candesartan cilexetil tab 32 mg</i>	29
<i>candesartan cilexetil tab 4 mg</i>	29
<i>candesartan cilexetil tab 8 mg</i>	29
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 16-12.5 mg</i>	28
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-12.5 mg</i>	28
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-25 mg</i>	28
CAPASTAT SUL INJ 1GM	11
CAPRELSA TAB 100MG	22
CAPRELSA TAB 300MG	22
<i>captopril & hydrochlorothiazide tab 25-15</i> <i>mg</i>	25
<i>captopril & hydrochlorothiazide tab 25-25</i>	

<i>mg</i>	25
<i>captopril & hydrochlorothiazide tab 50-15</i> <i>mg</i>	25
<i>captopril & hydrochlorothiazide tab 50-25</i> <i>mg</i>	25
<i>captopril tab 100 mg</i>	26
<i>captopril tab 12.5 mg</i>	26
<i>captopril tab 25 mg</i>	26
<i>captopril tab 50 mg</i>	26
CARBAGLU TAB 200MG	67
<i>carbamazepine cap er 12hr 100 mg</i>	39
<i>carbamazepine cap er 12hr 200 mg</i>	39
<i>carbamazepine cap er 12hr 300 mg</i>	39
<i>carbamazepine chew tab 100 mg</i>	39
<i>carbamazepine susp 100 mg/5ml</i>	39
<i>carbamazepine tab 200 mg</i>	39
<i>carbamazepine tab er 12hr 100 mg</i>	39
<i>carbamazepine tab er 12hr 200 mg</i>	39
<i>carbamazepine tab er 12hr 400 mg</i>	39
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	49
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	49
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	49
<i>carbidopa & levodopa tab 10-100 mg</i> .	49
<i>carbidopa & levodopa tab 25-100 mg</i> .	49
<i>carbidopa & levodopa tab 25-250 mg</i> .	49
<i>carbidopa & levodopa tab er 25-100 mg</i>	49
<i>carbidopa & levodopa tab er 50-200 mg</i>	49
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	49
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	49
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	49
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	49
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	49
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	49
<i>carboplatin iv soln 150 mg/15ml</i>	24
<i>carboplatin iv soln 450 mg/45ml</i>	24
<i>carboplatin iv soln 50 mg/5ml</i>	24
<i>carboplatin iv soln 600 mg/60ml</i>	24

CARIMUNE NF INJ 12GM.....	81	cefprozil for susp 250 mg/5ml	13
CARIMUNE NF INJ 6GM.....	81	cefprozil tab 250 mg.....	13
carisoprodol tab 350 mg	58	cefprozil tab 500 mg.....	13
carteolol hcl ophth soln 1%	89	ceftazidime for inj 1 gm	13
carvedilol tab 12.5 mg	32	ceftazidime for inj 2 gm	13
carvedilol tab 25 mg	32	ceftazidime for inj 6 gm	13
carvedilol tab 3.125 mg	32	CEFTAZIDIME/ SOL D5W 1GM	13
carvedilol tab 6.25 mg.....	32	CEFTAZIDIME/ SOL D5W 2GM	13
CASPOFUNGIN INJ 50MG	7	ceftriaxone sodium for inj 1 gm	13
CASPOFUNGIN INJ 70MG	7	ceftriaxone sodium for inj 10 gm.....	13
CAYSTON INH 75MG	6	ceftriaxone sodium for inj 2 gm	13
cefaclor cap 250 mg.....	12	ceftriaxone sodium for inj 250 mg	13
cefaclor cap 500 mg.....	12	ceftriaxone sodium for inj 500 mg	13
cefaclor er tab 500mg	12	ceftriaxone sodium for iv soln 1 gm	13
cefaclor for susp 125 mg/5ml	12	ceftriaxone sodium for iv soln 2 gm	13
cefaclor for susp 250 mg/5ml	12	cefuroxime axetil tab 250 mg	13
cefaclor for susp 375 mg/5ml	12	cefuroxime axetil tab 500 mg	13
cefadroxil cap 500 mg	12	cefuroxime sodium for inj 1.5 gm	13
cefadroxil for susp 250 mg/5ml	12	cefuroxime sodium for inj 7.5 gm	14
cefadroxil for susp 500 mg/5ml	13	cefuroxime sodium for inj 750 mg	14
cefadroxil tab 1 gm	13	cefuroxime sodium for iv soln 1.5 gm .	14
cefazolin inj 1gm/50ml	13	celecoxib cap 100 mg	1
cefazolin sodium for inj 1 gm.....	13	celecoxib cap 200 mg	1
cefazolin sodium for inj 10 gm.....	13	celecoxib cap 400 mg	1
cefazolin sodium for inj 20 gm.....	13	celecoxib cap 50 mg	1
cefazolin sodium for inj 500 mg	13	CELONTIN CAP 300MG.....	39
cefazolin sodium for iv soln 1 gm	13	cephalexin cap 250 mg	14
CEFAZOLIN SOL	13	cephalexin cap 500 mg	14
cefdinir cap 300 mg	13	cephalexin for susp 125 mg/5ml	14
cefdinir for susp 125 mg/5ml.....	13	cephalexin for susp 250 mg/5ml	14
cefdinir for susp 250 mg/5ml.....	13	CERDELGA CAP 84MG.....	67
cefepime hcl for inj 1 gm	13	CEREZYME INJ 400UNIT.....	67
cefepime hcl for inj 2 gm	13	cetirizine hcl oral soln 1 mg/ml (5	
cefixime for susp 100 mg/5ml	13	mg/5ml)	91
cefixime for susp 200 mg/5ml	13	cevimeline hcl cap 30 mg	98
cefotaxime sodium for inj 1 gm	13	CHANTIX PAK 0.5& 1MG	59
cefotaxime sodium for inj 2 gm	13	CHANTIX PAK 1MG	59
cefotaxime sodium for inj 500 mg	13	CHANTIX TAB 0.5MG	59
cefoxitin sodium for inj 10 gm	13	CHANTIX TAB 1MG	59
cefoxitin sodium for iv soln 1 gm	13	CHEMET CAP 100MG.....	63
cefoxitin sodium for iv soln 2 gm	13	chlorhexidine gluconate soln 0.12%....	98
cefpodoxime proxetil for susp 100		chloroquine phosphate tab 250 mg.....	8
mg/5ml	13	chloroquine phosphate tab 500 mg.....	8
cefpodoxime proxetil for susp 50 mg/5ml		chlorothiazide tab 250 mg	35
.....	13	chlorothiazide tab 500 mg	35
cefpodoxime proxetil tab 100 mg	13	chlorpromaz inj 25mg/ml	51
cefpodoxime proxetil tab 200 mg	13	chlorpromaz inj 50mg/2ml	51
cefprozil for susp 125 mg/5ml	13	chlorpromazine hcl tab 10 mg.....	51

<i>chlorpromazine hcl tab 100 mg</i>	51	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	24
<i>chlorpromazine hcl tab 200 mg</i>	51	<i>citalopram hydrobromide oral soln 10</i>	
<i>chlorpromazine hcl tab 25 mg</i>	51	<i>mg/5ml</i>	45
<i>chlorpromazine hcl tab 50 mg</i>	51	<i>citalopram hydrobromide tab 10 mg</i>	
<i>chlorthalidone tab 25 mg</i>	35	<i>(base equiv)</i>	45
<i>chlorthalidone tab 50 mg</i>	35	<i>citalopram hydrobromide tab 20 mg</i>	
<i>cholestyramine light powder 4 gm/dose</i>		<i>(base equiv)</i>	45
.....	31	<i>citalopram hydrobromide tab 40 mg</i>	
<i>cholestyramine light powder packets 4</i>		<i>(base equiv)</i>	45
<i>gm</i>	31	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	
<i>cholestyramine powder 4 gm/dose</i>	31	.....	18
<i>cholestyramine powder packets 4 gm</i> ..	31	<i>claravis cap 10mg</i>	94
<i>ciclopirox gel 0.77%</i>	95	<i>claravis cap 20mg</i>	94
<i>ciclopirox olamine cream 0.77% (base</i>		<i>claravis cap 30mg</i>	94
<i>equiv)</i>	95	<i>claravis cap 40mg</i>	94
<i>ciclopirox olamine susp 0.77% (base</i>		<i>clarithromycin for susp 125 mg/5ml</i> ...	14
<i>equiv)</i>	95	<i>clarithromycin for susp 250 mg/5ml</i> ...	14
<i>ciclopirox shampoo 1%</i>	95	<i>clarithromycin tab 250 mg</i>	14
<i>cilostazol tab 100 mg</i>	80	<i>clarithromycin tab 500 mg</i>	14
<i>cilostazol tab 50 mg</i>	80	<i>clarithromycin tab er 24hr 500 mg</i>	14
<i>CILOXAN OIN 0.3% OP</i>	88	<i>clindamycin hcl cap 150 mg</i>	6
<i>CINRYZE SOL 500 UNIT</i>	80	<i>clindamycin hcl cap 300 mg</i>	6
<i>CIPRODEX SUS 0.3-0.1%</i>	98	<i>clindamycin hcl cap 75 mg</i>	6
<i>ciprofloxacin 200 mg/100ml in d5w</i>	14	<i>clindamycin palmitate hcl for soln 75</i>	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	14	<i>mg/5ml (base equiv)</i>	6
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		<i>clindamycin phosphate gel 1%</i>	94
<i>(5%) (5 gm/100ml)</i>	15	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>300 mg/50ml</i>	6
<i>(10%) (10 gm/100ml)</i>	15	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	88	<i>600 mg/50ml</i>	6
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		<i>clindamycin phosphate in d5w iv soln</i>	
.....	15	<i>900 mg/50ml</i>	6
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clindamycin phosphate inj 300 mg/2ml</i> .	6
.....	15	<i>clindamycin phosphate inj 600 mg/4ml</i> .	6
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clindamycin phosphate inj 9 gm/60ml</i> ...	6
.....	15	<i>clindamycin phosphate inj 900 mg/6ml</i> .	6
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>clindamycin phosphate iv soln 300</i>	
.....	15	<i>mg/2ml</i>	6
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>		<i>clindamycin phosphate iv soln 900</i>	
.....	15	<i>mg/6ml</i>	6
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>		<i>clindamycin phosphate lotion 1%</i>	94
.....	15	<i>clindamycin phosphate soln 1%</i>	94
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		<i>clindamycin phosphate swab 1%</i>	94
<i>1000 mg(base eq)</i>	15	<i>clindamycin phosphate vaginal cream 2%</i>	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		.....	78
<i>500 mg (base eq)</i>	15	<i>CLINDMYC/NAC INJ 300/50ML</i>	6
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	24	<i>CLINDMYC/NAC INJ 600/50ML</i>	6
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	24	<i>CLINDMYC/NAC INJ 900/50ML</i>	6

CLINIMIX INJ 2.75/D5W	85	TAB 200 MG	51
CLINIMIX INJ 4.25/D10	85	CLOZAPINE ORALLY DISINTEGRATING	
CLINIMIX INJ 4.25/D20	86	TAB 25 MG	51
CLINIMIX INJ 4.25/D25	86	<i>clozapine tab 100 mg</i>	51
CLINIMIX INJ 4.25/D5W	85	<i>clozapine tab 200 mg</i>	51
CLINIMIX INJ 5%/D15W	86	<i>clozapine tab 25 mg</i>	51
CLINIMIX INJ 5%/D20W	86	<i>clozapine tab 50 mg</i>	51
CLINIMIX INJ 5%/D25W	86	COARTEM TAB 20-120MG.....	8
<i>clomipramine hcl cap 25 mg</i>	45	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>clomipramine hcl cap 50 mg</i>	45	.....	1
<i>clomipramine hcl cap 75 mg</i>	46	COLCRYS TAB 0.6MG.....	1
<i>clonazepam orally disintegrating tab</i>		<i>colestipol hcl granule packets 5 gm</i>	31
<i>0.125 mg</i>	39	<i>colestipol hcl granules 5 gm</i>	31
<i>clonazepam orally disintegrating tab 0.25</i>		<i>colestipol hcl tab 1 gm</i>	31
<i>mg</i>	39	<i>colistimethate sodium for inj 150 mg</i>	6
<i>clonazepam orally disintegrating tab 0.5</i>		COMBIGAN SOL 0.2/0.5%	89
<i>mg</i>	39	COMBIVENT AER 20-100	90
<i>clonazepam orally disintegrating tab 1</i>		COMETRIQ KIT 100MG.....	22
<i>mg</i>	39	COMETRIQ KIT 140MG.....	22
<i>clonazepam orally disintegrating tab 2</i>		COMETRIQ KIT 60MG	22
<i>mg</i>	39	COMPLERA TAB.....	10
<i>clonazepam tab 0.5 mg</i>	39	<i>constulose sol 10gm/15</i>	75
<i>clonazepam tab 1 mg</i>	39	COPAXONE INJ 40MG/ML	58
<i>clonazepam tab 2 mg</i>	39	<i>cortisone acetate tab 25 mg</i>	68
<i>clonidine hcl tab 0.1 mg</i>	36	COTELLIC TAB 20MG	22
<i>clonidine hcl tab 0.2 mg</i>	36	COUMADIN TAB 10MG	78
<i>clonidine hcl tab 0.3 mg</i>	36	COUMADIN TAB 1MG	78
<i>clonidine hcl td patch weekly 0.1</i>		COUMADIN TAB 2.5MG	78
<i>mg/24hr</i>	36	COUMADIN TAB 2MG	78
<i>clonidine hcl td patch weekly 0.2</i>		COUMADIN TAB 3MG	78
<i>mg/24hr</i>	36	COUMADIN TAB 4MG	78
<i>clonidine hcl td patch weekly 0.3</i>		COUMADIN TAB 5MG	78
<i>mg/24hr</i>	36	COUMADIN TAB 6MG	78
<i>clopidogrel bisulfate tab 75 mg (base</i>		COUMADIN TAB 7.5MG	78
<i>equiv)</i>	80	CREON CAP 12000UNT.....	76
<i>clorazepate dipotassium tab 15 mg</i>	40	CREON CAP 24000UNT.....	76
<i>clorazepate dipotassium tab 3.75 mg</i> ..	39	CREON CAP 3000UNIT	76
<i>clorazepate dipotassium tab 7.5 mg</i>	40	CREON CAP 36000UNT.....	76
<i>clotrimazole cream 1%</i>	95	CREON CAP 6000UNIT	76
<i>clotrimazole soln 1%</i>	95	CRIXIVAN CAP 200MG	8
<i>clotrimazole troche 10 mg</i>	98	CRIXIVAN CAP 400MG	8
CLOZAPINE ORALLY DISINTEGRATING		<i>cromolyn sodium ophth soln 4%</i>	89
TAB 100 MG	51	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
CLOZAPINE ORALLY DISINTEGRATING		.....	76
TAB 12.5 MG	51	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
CLOZAPINE ORALLY DISINTEGRATING		.....	92
TAB 150 MG	51	<i>cryselle-28 tab 28 tabs</i>	64
CLOZAPINE ORALLY DISINTEGRATING		CUBICIN SOL 500MG	6

<i>cyclafem tab 1/35</i>	64
<i>cyclafem tab 7/7/7</i>	64
<i>cyclobenzaprine hcl tab 10 mg</i>	59
<i>cyclobenzaprine hcl tab 5 mg</i>	58
CYCLOPHOSPH CAP 25MG.....	17
CYCLOPHOSPH CAP 50MG.....	17
<i>cyclophosphamide for inj 1 gm</i>	17
<i>cyclophosphamide for inj 2 gm</i>	17
<i>cyclophosphamide for inj 500 mg</i>	17
<i>cycloserine cap 250 mg</i>	11
<i>cyclosporine cap 100 mg</i>	82
<i>cyclosporine cap 25 mg</i>	82
<i>cyclosporine iv soln 50 mg/ml</i>	83
<i>cyclosporine modified cap 100 mg</i>	83
<i>cyclosporine modified cap 25 mg</i>	83
<i>cyclosporine modified cap 50 mg</i>	83
<i>cyclosporine modified oral soln 100 mg/ml</i>	83
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	91
<i>cyproheptadine hcl tab 4 mg</i>	91
CYSTADANE POW.....	67
CYSTAGON CAP 150MG	67
CYSTAGON CAP 50MG	67
CYSTARAN SOL 0.44%	90
<i>cytarabine inj 20 mg/ml</i>	18
D	
D10W/NACL INJ 0.2%	86
D5W/LYTES INJ #48	86
D5W/NACL INJ 0.3%.....	86
<i>dacarbazine for inj 100 mg</i>	17
<i>dacarbazine for inj 200 mg</i>	17
DAKLINZA TAB 30MG	11
DAKLINZA TAB 60MG	11
DAKLINZA TAB 90MG	11
DALIRESP TAB 500MCG	92
<i>danazol cap 100 mg</i>	67
<i>danazol cap 200 mg</i>	67
<i>danazol cap 50 mg</i>	67
<i>dantrolene sodium cap 100 mg</i>	59
<i>dantrolene sodium cap 25 mg</i>	59
<i>dantrolene sodium cap 50 mg</i>	59
<i>dapsone tab 100 mg</i>	6
<i>dapsone tab 25 mg</i>	6
DAPTACEL INJ	83
<i>daptomycin for iv soln 500 mg</i>	6
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	18
<i>deblitane tab 0.35mg</i>	64

DELESTROGEN INJ 10MG/ML.....	67
<i>delyla tab 0.1-0.02</i>	64
DELZICOL CAP 400MG	75
DEMSEER CAP 250MG	36
DEPEN TITRA TAB 250MG	63
DEPO-PROVERA INJ 400/ML	21
DESCOVY TAB 200/25	10
<i>desipramine hcl tab 10 mg</i>	46
<i>desipramine hcl tab 100 mg</i>	46
<i>desipramine hcl tab 150 mg</i>	46
<i>desipramine hcl tab 25 mg</i>	46
<i>desipramine hcl tab 50 mg</i>	46
<i>desipramine hcl tab 75 mg</i>	46
<i>desmopressin acetate inj 4 mcg/ml</i>	72
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	72
<i>desmopressin acetate nasal spray soln 0.01%</i>	72
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	72
<i>desmopressin acetate tab 0.1 mg</i>	72
<i>desmopressin acetate tab 0.2 mg</i>	72
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	64
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	64
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	64
<i>desoximetasone cream 0.05%</i>	96
<i>desoximetasone cream 0.25%</i>	96
<i>desoximetasone gel 0.05%</i>	96
DESOXIMETASONE OINT 0.05%	96
<i>desoximetasone oint 0.25%</i>	96
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	46
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	46
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	46
<i>dexamethason con 1mg/ml</i>	68
<i>dexamethasone elixir 0.5 mg/5ml</i>	68
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	68
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	68
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	68
<i>dexamethasone sodium phosphate inj</i>	

120 mg/30ml	68
dexamethasone sodium phosphate inj 20 mg/5ml	68
dexamethasone sodium phosphate inj 4 mg/ml	68
dexamethasone sodium phosphate ophth soln 0.1%	89
dexamethasone soln 0.5 mg/5ml	68
dexamethasone tab 0.5 mg	68
dexamethasone tab 0.75 mg	68
dexamethasone tab 1 mg	68
dexamethasone tab 1.5 mg	68
dexamethasone tab 2 mg	69
dexamethasone tab 4 mg	69
dexamethasone tab 6 mg	69
DEXILANT CAP 30MG DR	76
DEXILANT CAP 60MG DR	76
dexrazoxane for inj 250 mg	24
dexrazoxane for inj 500 mg	24
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	86
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	86
DEXTROSE 5% IN LACTATED RINGERS	86
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	86
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	86
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	86
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	86
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	86
DEXTROSE INJ 10%	86
DEXTROSE INJ 5%	86
DEXTROSE INJ 50%	86
DEXTROSE INJ 70%	86
DIASTAT ACDL GEL 12.5-20	40
DIASTAT ACDL GEL 5-10MG	40
DIASTAT PED GEL 2.5M GEL	40
diazepam con 5mg/ml	40
diazepam inj 5 mg/ml	40
diazepam oral soln 1 mg/ml	40
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	40
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	40

DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	40
diazepam tab 10 mg	40
diazepam tab 2 mg	40
diazepam tab 5 mg	40
diclofenac potassium tab 50 mg	1
diclofenac sodium gel 1%	97
diclofenac sodium ophth soln 0.1%	89
diclofenac sodium tab delayed release 25 mg	1
diclofenac sodium tab delayed release 50 mg	1
diclofenac sodium tab delayed release 75 mg	1
diclofenac sodium tab er 24hr 100 mg ..	1
dicloxacillin sodium cap 250 mg	16
dicloxacillin sodium cap 500 mg	16
dicyclomine hcl cap 10 mg	74
dicyclomine hcl oral soln 10 mg/5ml ...	74
dicyclomine hcl tab 20 mg	74
didanosine delayed release capsule 125 mg	8
didanosine delayed release capsule 200 mg	9
didanosine delayed release capsule 250 mg	9
didanosine delayed release capsule 400 mg	9
DIFICID TAB 200MG	14
diflunisal tab 500 mg	1
digitek tab 0.125mg	35
digitek tab 0.25mg	35
digoxin inj 0.25 mg/ml	35
DIGOXIN ORAL SOLN 0.05 MG/ML	35
digoxin tab 125 mcg (0.125 mg)	35
digoxin tab 250 mcg (0.25 mg)	35
dihydroergotamine mesylate inj 1 mg/ml	57
dilantin cap 100mg	40
dilantin cap 30mg	40
dilantin chw 50mg	40
DILANTIN-125 SUS 125/5ML	40
diltiazem hcl cap er 12hr 120 mg	33
diltiazem hcl cap er 12hr 60 mg	33
diltiazem hcl cap er 12hr 90 mg	33
diltiazem hcl cap er 24hr 120 mg	33
diltiazem hcl cap er 24hr 180 mg	33
diltiazem hcl cap er 24hr 240 mg	34

<i>diltiazem hcl coated beads cap er 24hr</i>	125 mg.....	40
120 mg	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>	250 mg.....	40
180 mg	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>	500 mg.....	40
240 mg	<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>	.....	40
300 mg	<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>	.....	40
360 mg	DOCEFREZ INJ 20MG.....	19
DILTIAZEM HCL COATED BEADS CAP ER	DOCETAXEL FOR INJ CONC 20 MG/ML	19
24HR 360 MG.....	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>diltiazem hcl extended release beads cap</i>	<i>mg/ml)</i>	19
<i>er 24hr 120 mg</i>	DOCETAXEL INJ 160/16ML	19
<i>diltiazem hcl extended release beads cap</i>	DOCETAXEL INJ 160/8ML	19
<i>er 24hr 180 mg</i>	<i>docetaxel inj 200/10.....</i>	19
<i>diltiazem hcl extended release beads cap</i>	DOCETAXEL INJ 20MG/2ML	19
<i>er 24hr 240 mg</i>	DOCETAXEL INJ 80MG/4ML	19
<i>diltiazem hcl extended release beads cap</i>	DOCETAXEL INJ 80MG/8ML	19
<i>er 24hr 300 mg</i>	DOFETILIDE CAP 125 MCG (0.125 MG)	29
<i>diltiazem hcl extended release beads cap</i>	DOFETILIDE CAP 250 MCG (0.25 MG) .	29
<i>er 24hr 360 mg</i>	DOFETILIDE CAP 500 MCG (0.5 MG)...	29
<i>diltiazem hcl extended release beads cap</i>	<i>donepezil hydrochloride orally</i>	
<i>er 24hr 420 mg</i>	<i>disintegrating tab 10 mg</i>	44
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	<i>donepezil hydrochloride orally</i>	
<i>mg/ml).....</i>	<i>disintegrating tab 5 mg</i>	44
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	<i>donepezil hydrochloride tab 10 mg</i>	44
<i>mg/ml).....</i>	<i>donepezil hydrochloride tab 23 mg</i>	44
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	<i>donepezil hydrochloride tab 5 mg</i>	44
<i>mg/ml).....</i>	<i>dorzolamide hcl ophth soln 2%</i>	89
<i>diltiazem hcl tab 120 mg</i>	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diltiazem hcl tab 30 mg</i>	<i>soln 22.3-6.8 mg/ml.....</i>	90
<i>diltiazem hcl tab 60 mg</i>	<i>doxazosin mesylate tab 1 mg</i>	27
<i>diltiazem hcl tab 90 mg</i>	<i>doxazosin mesylate tab 2 mg</i>	27
DIP/TET PED INJ 25-5LFU	<i>doxazosin mesylate tab 4 mg</i>	27
DIPENTUM CAP 250MG	<i>doxazosin mesylate tab 8 mg</i>	27
<i>diphenhydramine hcl inj 50 mg/ml</i>	<i>doxepin hcl cap 10 mg</i>	46
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	<i>doxepin hcl cap 100 mg</i>	46
<i>mg/5ml</i>	<i>doxepin hcl cap 150 mg</i>	46
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	<i>doxepin hcl cap 25 mg</i>	46
<i>mg.....</i>	<i>doxepin hcl cap 50 mg</i>	46
<i>disopyramide phosphate cap 100 mg ..</i>	<i>doxepin hcl cap 75 mg</i>	46
<i>disopyramide phosphate cap 150 mg ..</i>	<i>doxepin hcl conc 10 mg/ml.....</i>	46
<i>disulfiram tab 250 mg</i>	DOXEPIN HCL CREAM 5%	95
<i>disulfiram tab 500 mg</i>	<i>doxorubicin hcl for inj 10 mg</i>	18
<i>divalproex sodium cap delayed release</i>	<i>doxorubicin hcl for inj 50 mg</i>	18
<i>sprinkle 125 mg.....</i>	<i>doxorubicin hcl inj 2 mg/ml</i>	18
<i>divalproex sodium tab delayed release</i>	<i>doxorubicin hcl liposomal inj (for iv</i>	

<i>infusion</i>) 2 mg/ml	18	ELIQUIS TAB 5MG	78
<i>doxy 100 inj 100mg</i>	17	ELITEK INJ 1.5MG	24
<i>doxycycline hyclate cap 100 mg</i>	17	ELITEK INJ 7.5MG	24
<i>doxycycline hyclate cap 50 mg</i>	17	<i>elixophyllin elx 80/15ml</i>	93
<i>doxycycline hyclate for inj 100 mg</i>	17	ELLA TAB 30MG	64
<i>doxycycline hyclate tab 100 mg</i>	17	ELMIRON CAP 100MG	77
<i>doxycycline hyclate tab 20 mg</i>	17	EMCYT CAP 140MG	18
<i>doxycycline monohydrate cap 100 mg</i>	17	EMEND CAP 125MG	73
<i>doxycycline monohydrate cap 50 mg</i>	17	EMEND CAP 40MG	73
<i>doxycycline monohydrate tab 100 mg</i>	17	EMEND CAP 80MG	73
<i>doxycycline monohydrate tab 150 mg</i>	17	EMEND SUS 125MG	73
<i>doxycycline monohydrate tab 50 mg</i>	17	EMEND TRIPAC PAK 80 & 125	73
<i>doxycycline monohydrate tab 75 mg</i>	17	<i>emoquette tab</i>	64
<i>dronabinol cap 10 mg</i>	73	EMSAM DIS 12MG/24H	46
<i>dronabinol cap 2.5 mg</i>	73	EMSAM DIS 6MG/24HR	46
<i>dronabinol cap 5 mg</i>	73	EMSAM DIS 9MG/24HR	46
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	64	EMTRIVA CAP 200MG	9
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	64	EMTRIVA SOL 10MG/ML	9
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	64	<i>emverm chw 100mg</i>	6
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	64	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	25
DROXIA CAP 200MG	23	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	25
DROXIA CAP 300MG	23	<i>enalapril maleate tab 10 mg</i>	26
DROXIA CAP 400MG	23	<i>enalapril maleate tab 2.5 mg</i>	26
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	46	<i>enalapril maleate tab 20 mg</i>	26
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	46	<i>enalapril maleate tab 5 mg</i>	26
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	46	<i>endocet tab 10-325mg</i>	2
DURAMORPH INJ 0.5MG/ML	2	<i>endocet tab 5-325mg</i>	2
DURAMORPH INJ 1MG/ML	2	<i>endocet tab 7.5-325</i>	2
DUREZOL EMU 0.05%	89	ENGERIX-B INJ 10/0.5ML	83
<i>dutasteride cap 0.5 mg</i>	77	ENGERIX-B INJ 20MCG/ML	83
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	77	<i>enoxaparin sodium inj 100 mg/ml</i>	78
E		<i>enoxaparin sodium inj 120 mg/0.8ml</i>	78
EDURANT TAB 25MG	9	<i>enoxaparin sodium inj 150 mg/ml</i>	78
EFFIENT TAB 10MG	80	<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	78
EFFIENT TAB 5MG	80	ENOXAPARIN SODIUM INJ 300 MG/3ML	78
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	57	<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	78
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	57	<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	78
ELIQUIS TAB 2.5MG	78	<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	78
		<i>enpresse-28 tab</i>	64
		ENTACAPONE TAB 200 MG	49
		<i>entecavir tab 0.5 mg</i>	11
		<i>entecavir tab 1 mg</i>	11
		ENTRESTO TAB 24-26MG	28
		ENTRESTO TAB 49-51MG	28
		ENTRESTO TAB 97-103MG	28

<i>enulose sol 10gm/15</i>	75	<i>soln 40 mg (base equiv)</i>	77
EPCLUSA TAB 400-100	11	<i>estrace vag cre 0.1mg/gm</i>	67
EPIPEN 2-PAK INJ 0.3MG	92	<i>estradiol tab 0.5 mg</i>	68
EPIPEN-JR INJ 2-PAK.....	92	<i>estradiol tab 1 mg</i>	68
<i>epirubicin hcl iv soln 200 mg/100ml (2</i> <i>mg/ml)</i>	18	<i>estradiol tab 2 mg</i>	68
<i>epirubicin hcl iv soln 50 mg/25ml (2</i> <i>mg/ml)</i>	18	<i>estradiol td patch weekly 0.025 mg/24hr</i>	68
<i>epitol tab 200mg</i>	40	<i>estradiol td patch weekly 0.0375</i> <i>mg/24hr (37.5 mcg/24hr)</i>	68
EPIVIR HBV SOL 5MG/ML.....	11	<i>estradiol td patch weekly 0.05 mg/24hr</i>	68
<i>eplerenone tab 25 mg</i>	27	<i>estradiol td patch weekly 0.06 mg/24hr</i>	68
<i>eplerenone tab 50 mg</i>	27	<i>estradiol td patch weekly 0.075 mg/24hr</i>	68
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	57	<i>estradiol td patch weekly 0.1 mg/24hr</i> 68	
ERIVEDGE CAP 150MG	20	<i>estradiol vaginal tab 10 mcg</i>	68
<i>errin tab 0.35mg</i>	64	<i>estradiol valerate im in oil 20 mg/ml</i> ..	68
<i>ery-tab tab 250mg ec</i>	14	<i>estradiol valerate im in oil 40 mg/ml</i> ..	68
<i>ery-tab tab 333mg ec</i>	14	<i>eszopiclone tab 1 mg</i>	56
<i>ery-tab tab 500mg ec</i>	14	<i>eszopiclone tab 2 mg</i>	56
<i>erythrocin inj 500mg</i>	14	<i>eszopiclone tab 3 mg</i>	56
<i>erythrocin tab 250mg</i>	14	<i>ethambutol hcl tab 100 mg</i>	11
<i>erythromycin ethylsuccinate tab 400 mg</i>	14	<i>ethambutol hcl tab 400 mg</i>	11
<i>erythromycin gel 2%</i>	94	<i>ethosuximide cap 250 mg</i>	40
<i>erythromycin ophth oint 5 mg/gm</i>	88	<i>ethosuximide soln 250 mg/5ml</i>	41
<i>erythromycin pads 2%</i>	94	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	64
<i>erythromycin soln 2%</i>	94	<i>etodolac cap 200 mg</i>	1
<i>erythromycin tab 250 mg</i>	14	<i>etodolac cap 300 mg</i>	1
<i>erythromycin tab 500 mg</i>	14	<i>etodolac tab 400 mg</i>	1
<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	14	<i>etodolac tab 500 mg</i>	1
ESBRIET CAP 267MG.....	92	<i>etodolac tab er 24hr 400 mg</i>	1
ESBRIET TAB 267MG.....	92	<i>etodolac tab er 24hr 500 mg</i>	1
ESBRIET TAB 801MG.....	92	<i>etodolac tab er 24hr 600 mg</i>	1
<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	46	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> 24	
<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	46	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	25
<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i>	46	EURAX CRE 10%	97
<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i>	46	EURAX LOT 10%	97
<i>esomeprazole magnesium cap delayed</i> <i>release 20 mg (base eq)</i>	77	EVOTAZ TAB 300-150.....	10
<i>esomeprazole magnesium cap delayed</i> <i>release 40 mg (base eq)</i>	77	<i>exemestane tab 25 mg</i>	21
<i>esomeprazole sodium for intravenous</i> <i>soln 20 mg (base equiv)</i>	77	EXJADE TAB 125MG.....	63
<i>esomeprazole sodium for intravenous</i>		EXJADE TAB 250MG.....	63
		EXJADE TAB 500MG.....	63
		<i>ezetimibe tab 10 mg</i>	31
		F	
		FABRAZYME INJ 35MG	67

FABRAZYME INJ 5MG.....	67	<i>mcg</i>	2
<i>falmina tab</i>	64	<i>fentanyl citrate lozenge on a handle 400</i>	
<i>famciclovir tab 125 mg</i>	11	<i>mcg</i>	2
<i>famciclovir tab 250 mg</i>	12	<i>fentanyl citrate lozenge on a handle 600</i>	
<i>famciclovir tab 500 mg</i>	12	<i>mcg</i>	2
<i>famotidine for susp 40 mg/5ml</i>	74	<i>fentanyl citrate lozenge on a handle 800</i>	
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>mcg</i>	2
<i>mg/50ml</i>	74	<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>famotidine inj 20 mg/2ml</i>	74	<i>fentanyl td patch 72hr 12 mcg/hr</i>	3
<i>famotidine inj 200 mg/20ml</i>	74	<i>fentanyl td patch 72hr 25 mcg/hr</i>	3
<i>famotidine inj 40 mg/4ml</i>	74	<i>fentanyl td patch 72hr 50 mcg/hr</i>	3
<i>famotidine tab 20 mg</i>	74	<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
<i>famotidine tab 40 mg</i>	74	FENTORA TAB 100MCG	3
FANAPT PAK	51	FENTORA TAB 200MCG	3
FANAPT TAB 10MG	51	FENTORA TAB 400MCG	3
FANAPT TAB 12MG	51	FENTORA TAB 600MCG	3
FANAPT TAB 1MG	51	FENTORA TAB 800MCG	3
FANAPT TAB 2MG	51	FERRIPROX SOL 100MG/ML	63
FANAPT TAB 4MG	51	FERRIPROX TAB 500MG	63
FANAPT TAB 6MG	51	FETZIMA CAP 120MG	47
FANAPT TAB 8MG	51	FETZIMA CAP 20MG	46
FARESTON TAB 60MG	21	FETZIMA CAP 40MG	46
FARXIGA TAB 10MG	61	FETZIMA CAP 80MG	47
FARXIGA TAB 5MG	61	FETZIMA CAP TITRATIO	47
FARYDAK CAP 10MG	20	<i>finasteride tab 5 mg</i>	77
FARYDAK CAP 15MG	20	FIRAZYR INJ 30MG/3ML	80
FARYDAK CAP 20MG	20	FLEBOGAMMA INJ 10/100ML	81
FASLODEX INJ 250MG	21	FLEBOGAMMA INJ 10/200ML	81
<i>fat emulsion iv soln 20%</i>	86	FLEBOGAMMA INJ 20/200ML	81
<i>felbamate susp 600 mg/5ml</i>	41	FLEBOGAMMA INJ 20/400ML	81
<i>felbamate tab 400 mg</i>	41	FLEBOGAMMA INJ 5GM/50ML	81
<i>felbamate tab 600 mg</i>	41	FLEBOGAMMA INJ DIF 5%	81
<i>felodipine tab er 24hr 10 mg</i>	34	<i>flecainide acetate tab 100 mg</i>	30
<i>felodipine tab er 24hr 2.5 mg</i>	34	<i>flecainide acetate tab 150 mg</i>	30
<i>felodipine tab er 24hr 5 mg</i>	34	<i>flecainide acetate tab 50 mg</i>	30
<i>femynor tab 0.25-35</i>	64	FLOVENT DISK AER 100MCG	93
<i>fenofibrate micronized cap 134 mg</i>	31	FLOVENT DISK AER 250MCG	93
<i>fenofibrate micronized cap 200 mg</i>	31	FLOVENT DISK AER 50MCG	93
<i>fenofibrate micronized cap 67 mg</i>	31	FLOVENT HFA AER 110MCG	93
<i>fenofibrate tab 145 mg</i>	31	FLOVENT HFA AER 220MCG	93
<i>fenofibrate tab 160 mg</i>	31	FLOVENT HFA AER 44MCG	93
<i>fenofibrate tab 48 mg</i>	31	<i>fluconazole for susp 10 mg/ml</i>	8
<i>fenofibrate tab 54 mg</i>	31	<i>fluconazole for susp 40 mg/ml</i>	8
<i>fentanyl citrate lozenge on a handle 1200</i>		<i>fluconazole in dextrose inj 200</i>	
<i>mcg</i>	2	<i>mg/100ml</i>	8
<i>fentanyl citrate lozenge on a handle 1600</i>		<i>fluconazole in dextrose inj 400</i>	
<i>mcg</i>	2	<i>mg/200ml</i>	8
<i>fentanyl citrate lozenge on a handle 200</i>		<i>fluconazole in nacl 0.9% inj 200</i>	

<i>mg/100ml</i>	8	<i>fluphenazine hcl inj 2.5 mg/ml</i>	51
<i>fluconazole in nacl 0.9% inj 400</i>		<i>fluphenazine hcl oral conc 5 mg/ml</i>	51
<i>mg/200ml</i>	8	<i>fluphenazine hcl tab 1 mg</i>	51
<i>fluconazole tab 100 mg</i>	8	<i>fluphenazine hcl tab 10 mg</i>	51
<i>fluconazole tab 150 mg</i>	8	<i>fluphenazine hcl tab 2.5 mg</i>	51
<i>fluconazole tab 200 mg</i>	8	<i>fluphenazine hcl tab 5 mg</i>	51
<i>fluconazole tab 50 mg</i>	8	<i>flurbiprofen sodium ophth soln 0.03%</i>	89
<i>fluconazole/ inj nacl 100</i>	8	<i>flurbiprofen tab 100 mg</i>	1
<i>flucytosine cap 250 mg</i>	8	<i>flurbiprofen tab 50 mg</i>	1
<i>flucytosine cap 500 mg</i>	8	<i>flutamide cap 125 mg</i>	21
<i>fludarabine phosphate for inj 50 mg</i>	18	<i>fluticasone propionate cream 0.05%</i> ...	96
<i>fludarabine phosphate inj 25 mg/ml</i>	18	<i>fluticasone propionate nasal susp 50</i>	
<i>fludrocortisone acetate tab 0.1 mg</i>	69	<i>mcg/act</i>	93
<i>flunisolide nasal soln 25 mcg/act</i>		<i>fluticasone propionate oint 0.005%</i>	96
<i>(0.025%)</i>	92	<i>fluvoxamine maleate tab 100 mg</i>	38
<i>fluocin acet oil body</i>	96	<i>fluvoxamine maleate tab 25 mg</i>	38
<i>fluocinolone acetonide (otic) oil 0.01%</i>	98	<i>fluvoxamine maleate tab 50 mg</i>	38
<i>fluocinolone acetonide cream 0.01%</i> ...	96	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinolone acetonide cream 0.025%</i> .	96	<i>10 mg/0.8ml</i>	79
<i>fluocinolone acetonide oil 0.01% (scalp</i>		<i>fondaparinux sodium subcutaneous inj</i>	
<i>oil)</i>	96	<i>2.5 mg/0.5ml</i>	78
<i>fluocinolone acetonide oint 0.025%</i>	96	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluocinolone acetonide soln 0.01%</i>	96	<i>mg/0.4ml</i>	79
<i>fluocinonide cream 0.05%</i>	96	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinonide emulsified base cream</i>		<i>7.5 mg/0.6ml</i>	79
<i>0.05%</i>	96	<i>FORTEO SOL 600/2.4</i>	71
<i>fluocinonide gel 0.05%</i>	96	<i>FORTICAL SPR 200/ACT</i>	70
<i>fluocinonide soln 0.05%</i>	96	<i>fosinopril sodium & hydrochlorothiazide</i>	
FLUOROMETHOLONE OPTH SUSP 0.1%		<i>tab 10-12.5 mg</i>	25
.....	89	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluorouracil cream 5%</i>	97	<i>tab 20-12.5 mg</i>	25
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i> ..	19	<i>fosinopril sodium tab 10 mg</i>	26
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>		<i>fosinopril sodium tab 20 mg</i>	26
.....	19	<i>fosinopril sodium tab 40 mg</i>	26
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>		FREAMINE HBC INJ 6.9%	86
.....	19	FREAMINE III INJ 10%	86
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>		<i>furosemide inj 10 mg/ml</i>	35
.....	19	FUROSEMIDE INJ 10 MG/ML	35
<i>fluorouracil soln 2%</i>	97	<i>furosemide oral soln 10 mg/ml</i>	35
<i>fluorouracil soln 5%</i>	97	<i>furosemide oral soln 8 mg/ml</i>	35
<i>fluoxetine hcl cap 10 mg</i>	47	<i>furosemide tab 20 mg</i>	35
<i>fluoxetine hcl cap 20 mg</i>	47	<i>furosemide tab 40 mg</i>	35
<i>fluoxetine hcl cap 40 mg</i>	47	<i>furosemide tab 80 mg</i>	36
<i>fluoxetine hcl solution 20 mg/5ml</i>	47	FUSILEV INJ 50MG	24
<i>fluoxetine hcl tab 10 mg</i>	47	FUZEON INJ 90MG	9
<i>fluoxetine hcl tab 20 mg</i>	47	FYCOMPA SUS 0.5MG/ML	41
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	51	FYCOMPA TAB 10MG	41
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	51	FYCOMPA TAB 12MG	41

FYCOMPA TAB 2MG	41
FYCOMPA TAB 4MG	41
FYCOMPA TAB 6MG	41
FYCOMPA TAB 8MG	41

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<i>gabapentin cap 100 mg</i>	41
<i>gabapentin cap 300 mg</i>	41
<i>gabapentin cap 400 mg</i>	41
<i>gabapentin oral soln 250 mg/5ml</i>	41
<i>gabapentin tab 600 mg</i>	41
<i>gabapentin tab 800 mg</i>	41
GABITRIL TAB 12MG	41
GABITRIL TAB 16MG	41
<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	44
<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	44
<i>galantamine hydrobromide cap er 24hr</i> <i>8 mg</i>	44
<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	44
<i>galantamine hydrobromide tab 12 mg</i> ..	44
<i>galantamine hydrobromide tab 4 mg</i> ...	44
<i>galantamine hydrobromide tab 8 mg</i> ...	44
GAMASTAN S/D INJ.....	81
GAMMAGARD INJ 10GM/100	81
GAMMAGARD INJ 1GM/10ML	81
GAMMAGARD INJ 2.5GM/25	81
GAMMAGARD INJ 20GM/200	81
GAMMAGARD INJ 30GM/300	81
GAMMAGARD INJ 5GM/50ML	81
GAMMAGARD SD INJ 10GM HU	81
GAMMAGARD SD INJ 5GM HU.....	81
GAMMAKED INJ 10GM/100.....	81
GAMMAKED INJ 1GM/10ML	81
GAMMAKED INJ 2.5GM/25	81
GAMMAKED INJ 20GM/200.....	81
GAMMAKED INJ 5GM/50ML	81
GAMMAPLEX INJ 10%.....	82
GAMMAPLEX INJ 5%	82
GAMUNEX-C INJ 10GM/100.....	82
GAMUNEX-C INJ 1GM/10ML	82
GAMUNEX-C INJ 2.5GM/25.....	82
GAMUNEX-C INJ 20GM/200.....	82
GAMUNEX-C INJ 40/400ML	82
GAMUNEX-C INJ 5GM/50ML	82
<i>ganciclovir sodium for inj 500 mg</i>	12
GARDASIL 9 INJ	83

GARDASIL INJ	84
<i>gatifloxacin ophth soln 0.5%</i>	88
GATTEX KIT 5MG	76
GAUZE PADS 2	60
<i>gavilyte-c sol</i>	75
<i>gavilyte-g sol</i>	75
<i>gavilyte-n sol flav pk</i>	75
<i>gemcitabine hcl for inj 1 gm</i>	19
<i>gemcitabine hcl for inj 2 gm</i>	19
<i>gemcitabine hcl for inj 200 mg</i>	19
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV).....	19
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV).....	19
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	19
<i>gemfibrozil tab 600 mg</i>	31
<i>generlac sol 10gm/15</i>	75
<i>gengraf cap 100mg</i>	83
<i>gengraf cap 25mg</i>	83
<i>gengraf cap 50mg</i>	83
<i>gengraf sol 100mg/ml</i>	83
<i>gentak oin 0.3% op</i>	88
<i>gentamicin in saline inj 0.8 mg/ml</i>	5
<i>gentamicin in saline inj 1 mg/ml</i>	5
<i>gentamicin in saline inj 1.2 mg/ml</i>	5
<i>gentamicin in saline inj 1.6 mg/ml</i>	5
<i>gentamicin in saline inj 2 mg/ml</i>	5
<i>gentamicin sulfate cream 0.1%</i>	94
<i>gentamicin sulfate inj 10 mg/ml</i>	5
<i>gentamicin sulfate inj 40 mg/ml</i>	5
<i>gentamicin sulfate iv soln 10 mg/ml</i>	5
<i>gentamicin sulfate oint 0.1%</i>	94
<i>gentamicin sulfate ophth oint 0.3%</i>	88
<i>gentamicin sulfate ophth soln 0.3%</i>	88
GENVOYA TAB	10
GEODON INJ 20MG.....	51
<i>gildagia tab 0.4-35</i>	64
GILENYA CAP 0.5MG.....	58
GILOTRIF TAB 20MG.....	22
GILOTRIF TAB 30MG.....	22
GILOTRIF TAB 40MG.....	22
<i>glatopa inj 20mg/ml</i>	58
GLEOSTINE CAP 100MG	18
GLEOSTINE CAP 10MG.....	18
GLEOSTINE CAP 40MG.....	18
GLEOSTINE CAP 5MG.....	18
<i>glimepiride tab 1 mg</i>	61

<i>glimepiride tab 2 mg</i>	61	HAEGARDA INJ 3000UNIT	80
<i>glimepiride tab 4 mg</i>	61	<i>halobetasol propionate cream 0.05%</i> ..	96
<i>glipizide tab 10 mg</i>	61	<i>halobetasol propionate oint 0.05%</i>	96
<i>glipizide tab 5 mg</i>	61	<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>glipizide tab er 24hr 10 mg</i>	61	.....	51
<i>glipizide tab er 24hr 2.5 mg</i>	61	<i>haloperidol decanoate im soln 50 mg/ml</i>	
GLIPIZIDE TAB ER 24HR 2.5 MG	61	.....	51
<i>glipizide tab er 24hr 5 mg</i>	61	<i>haloperidol lactate inj 5 mg/ml</i>	51
GLIPIZIDE XL TAB 5MG	61	<i>haloperidol lactate oral conc 2 mg/ml</i> .	51
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		<i>haloperidol tab 0.5 mg</i>	52
.....	61	<i>haloperidol tab 1 mg</i>	52
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		<i>haloperidol tab 10 mg</i>	52
.....	61	<i>haloperidol tab 2 mg</i>	52
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	61	<i>haloperidol tab 20 mg</i>	52
GLUCAGEN INJ HYPOKIT.....	69	<i>haloperidol tab 5 mg</i>	52
GLUCAGON KIT 1MG	70	HARVONI TAB 90-400MG	12
<i>glyburide micronized tab 1.5 mg</i>	61	HAVRIX INJ 1440UNIT	84
<i>glyburide micronized tab 3 mg</i>	61	HAVRIX INJ 720UNIT.....	84
<i>glyburide micronized tab 6 mg</i>	62	HEP SOD/NACL INJ 25000UNT	79
<i>glyburide tab 1.25 mg</i>	62	<i>heparin sodium (porcine) 100 unit/ml in</i>	
<i>glyburide tab 2.5 mg</i>	62	<i>d5w</i>	79
<i>glyburide tab 5 mg</i>	62	HEPARIN SODIUM (PORCINE) 40	
<i>glycopyrrolate inj 4 mg/20ml (0.2</i>		UNIT/ML IN D5W.....	79
<i>mg/ml)</i>	74	HEPARIN SODIUM (PORCINE) 50	
<i>glycopyrrolate tab 1 mg</i>	74	UNIT/ML IN D5W.....	79
<i>glycopyrrolate tab 2 mg</i>	74	<i>heparin sodium (porcine) inj 1000</i>	
GOLYTELY SOL	75	<i>unit/ml</i>	79
<i>granisetron hcl inj 0.1 mg/ml</i>	73	<i>heparin sodium (porcine) inj 10000</i>	
<i>granisetron hcl inj 1 mg/ml</i>	73	<i>unit/ml</i>	79
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>		<i>heparin sodium (porcine) inj 20000</i>	
.....	73	<i>unit/ml</i>	79
<i>granisetron hcl tab 1 mg</i>	73	<i>heparin sodium (porcine) inj 5000</i>	
GRANIX INJ 300/0.5	79	<i>unit/ml</i>	79
GRANIX INJ 480/0.8	79	HEPATAMINE SOL 8%.....	86
<i>griseofulvin microsize susp 125 mg/5ml</i> 8		HERCEPTIN INJ 150MG	20
<i>griseofulvin microsize tab 500 mg</i>	8	HERCEPTIN INJ 440MG	20
<i>griseofulvin ultramicrosize tab 125 mg</i> .	8	HETLIOZ CAP 20MG.....	56
<i>griseofulvin ultramicrosize tab 250 mg</i> .	8	HEXALEN CAP 50MG	18
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HIBERIX SOL 10MCG	84
<i>equiv)</i>	55	HUMIRA INJ 10MG/0.2.....	81
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HUMIRA KIT 20MG/0.4	81
<i>equiv)</i>	55	HUMIRA KIT 40MG/0.8	81
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		HUMIRA PEDIA INJ CROHNS.....	81
<i>equiv)</i>	56	HUMIRA PEN INJ 40MG/0.8	81
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HUMIRA PEN INJ CROHNS	81
<i>equiv)</i>	56	HUMIRA PEN INJ PSORIASI	81
H		HUMULIN R INJ U-500	60
HAEGARDA INJ 2000UNIT	80	<i>hydralazine hcl inj 20 mg/ml</i>	36

<i>hydralazine hcl tab 10 mg</i>	36	<i>hydroxyzine hcl tab 10 mg</i>	91
<i>hydralazine hcl tab 100 mg</i>	36	<i>hydroxyzine hcl tab 25 mg</i>	91
<i>hydralazine hcl tab 25 mg</i>	36	<i>hydroxyzine hcl tab 50 mg</i>	91
<i>hydralazine hcl tab 50 mg</i>	36	<i>hydroxyzine pamoate cap 100 mg</i>	91
<i>hydrochlorothiazide cap 12.5 mg</i>	36	<i>hydroxyzine pamoate cap 25 mg</i>	91
<i>hydrochlorothiazide tab 12.5 mg</i>	36	<i>hydroxyzine pamoate cap 50 mg</i>	91
<i>hydrochlorothiazide tab 25 mg</i>	36	HYSINGLA ER TAB 100 MG	3
<i>hydrochlorothiazide tab 50 mg</i>	36	HYSINGLA ER TAB 120 MG	3
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	HYSINGLA ER TAB 20 MG	3
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	HYSINGLA ER TAB 30 MG	3
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	HYSINGLA ER TAB 40 MG	3
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	HYSINGLA ER TAB 60 MG	3
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> 3		HYSINGLA ER TAB 80 MG	3
<i>hydrocortisone butyrate cream 0.1%</i> ...96		I	
<i>hydrocortisone butyrate oint 0.1%</i>.....96		IBRANCE CAP 100MG.....	20
<i>hydrocortisone butyrate soln 0.1%</i>.....96		IBRANCE CAP 125MG.....	20
<i>hydrocortisone cream 1%</i>	96	IBRANCE CAP 75MG	20
<i>hydrocortisone cream 2.5%</i>	96	<i>ibuprofen susp 100 mg/5ml</i>	1
<i>hydrocortisone enema 100 mg/60ml</i> ...75		<i>ibuprofen tab 400 mg</i>	1
HYDROCORTISONE ENEMA 100 MG/60ML	75	<i>ibuprofen tab 600 mg</i>	1
<i>hydrocortisone lotion 2.5%</i>	96	<i>ibuprofen tab 800 mg</i>	1
<i>hydrocortisone oint 1%</i>	96	ICLUSIG TAB 15MG	22
<i>hydrocortisone oint 2.5%</i>	96	ICLUSIG TAB 45MG	22
<i>hydrocortisone rectal cream 2.5%</i>.....95		<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	18
<i>hydrocortisone tab 10 mg</i>	69	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	18
<i>hydrocortisone tab 20 mg</i>	69	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	18
<i>hydrocortisone tab 5 mg</i>	69	IDHIFA TAB 100MG	20
<i>hydrocortisone valerate cream 0.2%</i> ...96		IDHIFA TAB 50MG	20
<i>hydrocortisone valerate oint 0.2%</i>	96	IFEX INJ 3GM	18
<i>hydromorphone hcl liqd 1 mg/ml</i>	3	<i>ifosfamide for inj 1 gm</i>	18
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	3	IFOSFAMIDE INJ 3GM	18
<i>hydromorphone hcl tab 2 mg</i>	3	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	18
<i>hydromorphone hcl tab 4 mg</i>	3	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	18
<i>hydromorphone hcl tab 8 mg</i>	3	ILEVRO DRO 0.3% OP	89
<i>hydroxychloroquine sulfate tab 200 mg</i>	81	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	22
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	21	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	22
<i>hydroxyurea cap 500 mg</i>	23	IMBRUVICA CAP 140MG	22
<i>hydroxyzine hcl im soln 25 mg/ml</i>	91	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	6
<i>hydroxyzine hcl im soln 50 mg/ml</i>	91	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	6
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	91		

<i>imipramine hcl tab 10 mg</i>	47	IONOSOL-MB INJ /D5W	86
<i>imipramine hcl tab 25 mg</i>	47	IPOL INJ INACTIVE	84
<i>imipramine hcl tab 50 mg</i>	47	<i>ipratropium bromide inhal soln 0.02%</i>	90
<i>imiquimod cream 5%</i>	97	<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray)	90
IMOVAX RABIE INJ 2.5/ML	84	<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray)	90
INCRELEX INJ 40MG/4ML	70	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	90
INCRUSE ELPT INH 62.5MCG	90	<i>irbesartan tab 150 mg</i>	29
<i>indapamide tab 1.25 mg</i>	36	<i>irbesartan tab 300 mg</i>	29
<i>indapamide tab 2.5 mg</i>	36	<i>irbesartan tab 75 mg</i>	29
INFANRIX INJ	84	<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i>	28
INLYTA TAB 1MG	22	<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	28
INLYTA TAB 5MG	22	IRESSA TAB 250MG	22
INSULIN PEN NEEDLE	60	<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i>	25
INSULIN SAFETY NEEDLES	60	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	25
INSULIN SYRINGE	60	<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	25
INTELENCE TAB 100MG	9	ISENTRESS CHW 100MG	9
INTELENCE TAB 200MG	9	ISENTRESS CHW 25MG	9
INTELENCE TAB 25MG	9	ISENTRESS HD TAB 600MG	9
INTRALIPID INJ 20%	86	ISENTRESS POW 100MG	9
INTRALIPID INJ 30%	86	ISENTRESS TAB 400MG	9
INTRON A INJ 10MU	82	<i>isibloom tab 0.15-30</i>	64
INTRON A INJ 18MU	82	ISOLYTE-P INJ /D5W	86
INTRON A INJ 25MU	82	ISOLYTE-S INJ	86
INTRON A INJ 50MU	82	<i>isoniazid inj 100 mg/ml</i>	11
<i>introvale tab</i>	64	<i>isoniazid syrup 50 mg/5ml</i>	11
INVANZ INJ 1GM	6	<i>isoniazid tab 100 mg</i>	11
INVEGA SUST INJ 117/0.75	52	<i>isoniazid tab 300 mg</i>	11
INVEGA SUST INJ 156MG/ML	52	<i>isosorbide dinitrate tab 10 mg</i>	37
INVEGA SUST INJ 234/1.5	52	<i>isosorbide dinitrate tab 20 mg</i>	37
INVEGA SUST INJ 39/0.25	52	<i>isosorbide dinitrate tab 30 mg</i>	37
INVEGA SUST INJ 78/0.5ML	52	<i>isosorbide dinitrate tab 5 mg</i>	37
INVEGA TRINZ INJ 273MG	52	<i>isosorbide dinitrate tab er 40 mg</i>	37
INVEGA TRINZ INJ 410MG	52	<i>isosorbide mononitrate tab 10 mg</i>	37
INVEGA TRINZ INJ 546MG	52	<i>isosorbide mononitrate tab 20 mg</i>	37
INVEGA TRINZ INJ 819MG	52	<i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i>	37
INVIRASE CAP 200MG	9	<i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i>	37
INVIRASE TAB 500MG	9	<i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i>	37
INVOKAMET TAB 150-1000	62		
INVOKAMET TAB 150-500	62		
INVOKAMET TAB 50-1000	62		
INVOKAMET TAB 50-500MG	62		
INVOKAMET XR TAB 150-1000	62		
INVOKAMET XR TAB 150-500	62		
INVOKAMET XR TAB 50-1000	62		
INVOKAMET XR TAB 50-500MG	62		
INVOKANA TAB 100MG	62		
INVOKANA TAB 300MG	62		
IONOSOL-B/ INJ D5W	86		

<i>isotretinoin cap 10 mg</i>	94
<i>isotretinoin cap 20 mg</i>	94
<i>isotretinoin cap 40 mg</i>	94
<i>isradipine cap 2.5 mg</i>	34
<i>isradipine cap 5 mg</i>	34
ISTALOL SOL 0.5% OP	90
ISTODAX OVR INJ 10MG	20
<i>itraconazole cap 100 mg</i>	8
<i>ivermectin tab 3 mg</i>	6
IXIARO INJ	84

J

JAKAFI TAB 10MG	22
JAKAFI TAB 15MG	22
JAKAFI TAB 20MG	22
JAKAFI TAB 25MG	22
JAKAFI TAB 5MG	22
<i>jantoven tab 10mg</i>	79
<i>jantoven tab 1mg</i>	79
<i>jantoven tab 2.5mg</i>	79
<i>jantoven tab 2mg</i>	79
<i>jantoven tab 3mg</i>	79
<i>jantoven tab 4mg</i>	79
<i>jantoven tab 5mg</i>	79
<i>jantoven tab 6mg</i>	79
<i>jantoven tab 7.5mg</i>	79
JANUMET TAB 50-1000	62
JANUMET TAB 50-500MG	62
JANUMET XR TAB 100-1000	62
JANUMET XR TAB 50-1000	62
JANUMET XR TAB 50-500MG	62
JANUVIA TAB 100MG	62
JANUVIA TAB 25MG	62
JANUVIA TAB 50MG	62
JENTADUETO TAB 2.5-1000	62
JENTADUETO TAB 2.5-500	62
JENTADUETO TAB 2.5-850	62
JENTADUETO TAB XR	62
<i>jinteli tab 1mg-5mcg</i>	68
JOLIVETTE TAB 0.35MG	64
<i>juleber tab</i>	64
<i>junel 1.5/30 tab</i>	64
<i>junel 1/20 tab</i>	64
<i>junel fe tab 1.5/30</i>	64
<i>junel fe tab 1/20</i>	65
JUXTAPID CAP 10MG	31
JUXTAPID CAP 20MG	31
JUXTAPID CAP 30MG	31
JUXTAPID CAP 40MG	31

JUXTAPID CAP 5MG	31
JUXTAPID CAP 60MG	31
K	
KADCYLA INJ 100MG	20
KADCYLA INJ 160MG	20
KALETRA SOL	10
KALETRA TAB 100-25MG	10
KALETRA TAB 200-50MG	10
KALYDECO PAK 50MG	92
KALYDECO PAK 75MG	92
KALYDECO TAB 150MG	92
<i>kariva tab 28 day</i>	65
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	86
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	86
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	87
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	87
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	87
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	87
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	87
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	87
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	87
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	87
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	87
KCL/D5W/NACL INJ 0.15/0.2	87
KCL/D5W/NACL INJ 0.3/0.9%	87
<i>kelnor tab 1/35</i>	65
<i>ketoconazole cream 2%</i>	95
<i>ketoconazole shampoo 2%</i>	95
<i>ketoconazole tab 200 mg</i>	8
<i>ketoprofen cap 50 mg</i>	1
<i>ketoprofen cap 75 mg</i>	1
<i>ketorolac tromethamine ophth soln 0.4%</i>	89
<i>ketorolac tromethamine ophth soln 0.5%</i>	89
KEYTRUDA INJ 100MG/4M	20
KEYTRUDA SOL 50MG	20

<i>kimidess tab</i>	65	<i>lamotrigine tab er 24hr 300 mg</i>	41
KINRIX INJ.....	84	<i>lamotrigine tab er 24hr 50 mg</i>	41
<i>kionex pow</i>	63	<i>lansoprazole cap delayed release 15 mg</i>	77
<i>kionex sus 15gm/60</i>	63	<i>lansoprazole cap delayed release 30 mg</i>	77
KISQALI 200 PAK FEMARA	20	LANTUS INJ 100/ML	60
KISQALI 400 PAK FEMARA	20	LANTUS INJ SOLOSTAR.....	60
KISQALI 600 PAK FEMARA	20	<i>larin fe tab 1.5/30</i>	65
KISQALI TAB 200DOSE.....	20	<i>larin fe tab 1/20</i>	65
KISQALI TAB 400DOSE.....	20	<i>larin tab 1.5/30</i>	65
KISQALI TAB 600DOSE.....	20	<i>larin tab 1/20</i>	65
KLOR-CON 10 TAB 10MEQ ER.....	84	LASTACFT SOL 0.25%.....	89
KLOR-CON 8 TAB 8MEQ ER	84	<i>latanoprost ophth soln 0.005%</i>	90
<i>klor-con m15 tab 15meq er</i>	84	LATUDA TAB 120MG	52
KORLYM TAB 300MG	70	LATUDA TAB 20MG.....	52
KUVAN POW 100MG	67	LATUDA TAB 40MG.....	52
KUVAN POW 500MG	67	LATUDA TAB 60MG.....	52
KUVAN TAB 100MG	67	LATUDA TAB 80MG.....	52
KYNAMRO INJ 200MG/ML.....	31	<i>leflunomide tab 10 mg</i>	81
L		<i>leflunomide tab 20 mg</i>	81
<i>labetalol hcl tab 100 mg</i>	32	LENVIMA CAP 10 MG	22
<i>labetalol hcl tab 200 mg</i>	32	LENVIMA CAP 14 MG	22
<i>labetalol hcl tab 300 mg</i>	32	LENVIMA CAP 18 MG	22
LACTATED RINGER'S SOLUTION	87	LENVIMA CAP 20 MG	22
<i>lactic acid (ammonium lactate) cream</i> 12%.....	97	LENVIMA CAP 24 MG	22
<i>lactic acid (ammonium lactate) lotion</i> 12%.....	97	LENVIMA CAP 8 MG	22
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	75	<i>lessina tab</i>	65
<i>lactulose solution 10 gm/15ml</i>	75	LETAIRIS TAB 10MG	37
<i>lamivudine oral soln 10 mg/ml</i>	9	LETAIRIS TAB 5MG.....	37
<i>lamivudine tab 100 mg (hbv)</i>	12	<i>letrozole tab 2.5 mg</i>	21
<i>lamivudine tab 150 mg</i>	9	<i>leucovorin calcium for inj 100 mg</i>	24
<i>lamivudine tab 300 mg</i>	9	<i>leucovorin calcium for inj 200 mg</i>	24
<i>lamivudine-zidovudine tab 150-300 mg</i>	10	<i>leucovorin calcium for inj 350 mg</i>	24
<i>lamotrigine tab 100 mg</i>	41	<i>leucovorin calcium for inj 50 mg</i>	24
<i>lamotrigine tab 150 mg</i>	41	<i>leucovorin calcium for inj 500 mg</i>	24
<i>lamotrigine tab 200 mg</i>	41	<i>leucovorin calcium tab 10 mg</i>	24
<i>lamotrigine tab 25 mg</i>	41	<i>leucovorin calcium tab 15 mg</i>	24
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	41	<i>leucovorin calcium tab 25 mg</i>	24
<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	41	<i>leucovorin calcium tab 5 mg</i>	24
<i>lamotrigine tab er 24hr 100 mg</i>	41	LEUKERAN TAB 2MG.....	18
<i>lamotrigine tab er 24hr 200 mg</i>	41	LEUKINE INJ 250MCG	79
<i>lamotrigine tab er 24hr 25 mg</i>	41	<i>leuprolide acetate inj kit 5 mg/ml</i>	21
<i>lamotrigine tab er 24hr 250 mg</i>	41	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> (base equiv)	91
		<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	91
		LEVALBUTEROL TARTRATE INHAL	

AEROSOL 45 MCG/ACT (BASE EQUIV) .92	day) tab 0.15-0.03 mg 65
LEVEMIR INJ .....60	LEVONORGESTREL & ETHINYL
LEVEMIR INJ FLEXTUOC.....60	ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
LEVETIRACETA INJ 10MG/ML.....41	 65
LEVETIRACETA INJ 15MG/ML.....41	levonorgestrel & ethinyl estradiol tab 0.1
LEVETIRACETA INJ 5MG/ML .....41	mg-20 mcg 65
LEVETIRACETAM IN SODIUM CHLORIDE	levonorgestrel & ethinyl estradiol tab
IV SOLN 1000 MG/100ML .....41	0.15 mg-30 mcg 65
LEVETIRACETAM IN SODIUM CHLORIDE	levonorgestrel tab 1.5 mg 65
IV SOLN 1500 MG/100ML .....42	levonorgestrel-eth estra tab 0.05-
LEVETIRACETAM IN SODIUM CHLORIDE	30/0.075-40/0.125-30mg-mcg 65
IV SOLN 500 MG/100ML .....41	levora-28 tab 0.15/30..... 65
levetiracetam inj 500 mg/5ml (100	levothyroxine sodium tab 100 mcg 71
mg/ml) .....42	levothyroxine sodium tab 112 mcg 71
levetiracetam oral soln 100 mg/ml .....42	levothyroxine sodium tab 125 mcg 71
levetiracetam tab 1000 mg .....42	levothyroxine sodium tab 137 mcg 71
levetiracetam tab 250 mg .....42	levothyroxine sodium tab 150 mcg 71
levetiracetam tab 500 mg .....42	levothyroxine sodium tab 175 mcg 71
levetiracetam tab 750 mg .....42	levothyroxine sodium tab 200 mcg 71
levetiracetam tab er 24hr 500 mg .....42	levothyroxine sodium tab 25 mcg 71
levetiracetam tab er 24hr 750 mg .....42	LEVOTHYROXINE SODIUM TAB 300 MCG
levobunolol hcl ophth soln 0.5% .....90	 71
levocarnitine inj 200 mg/ml .....67	levothyroxine sodium tab 50 mcg 71
levocarnitine oral soln 1 gm/10ml (10%)	LEVOTHYROXINE SODIUM TAB 75 MCG
.....67	 71
levocarnitine tab 330 mg .....67	levothyroxine sodium tab 88 mcg 71
levocetirizine dihydrochloride soln 2.5	LEVOXYL TAB 100MCG..... 71
mg/5ml (0.5 mg/ml) .....91	LEVOXYL TAB 112MCG..... 71
levocetirizine dihydrochloride tab 5 mg91	LEVOXYL TAB 125MCG..... 71
levofloxacin in d5w iv soln 250 mg/50ml	LEVOXYL TAB 137MCG..... 71
.....15	LEVOXYL TAB 150MCG..... 71
levofloxacin in d5w iv soln 500	LEVOXYL TAB 175MCG..... 72
mg/100ml.....15	LEVOXYL TAB 200MCG..... 72
levofloxacin in d5w iv soln 750	LEVOXYL TAB 25MCG..... 71
mg/150ml.....15	LEVOXYL TAB 50MCG..... 71
levofloxacin iv soln 25 mg/ml .....15	LEVOXYL TAB 75MCG..... 71
levofloxacin oral soln 25 mg/ml .....15	LEVOXYL TAB 88MCG..... 71
levofloxacin tab 250 mg.....15	LEXIVA SUS 50MG/ML 9
levofloxacin tab 500 mg.....15	LEXIVA TAB 700MG 9
levofloxacin tab 750 mg.....15	lidocaine hcl gel 2% 97
LEVOLEUCOVOR INJ 175MG .....24	lidocaine hcl local inj 0.5% 5
levoleuovor sol 250mg/25 .....24	lidocaine hcl local inj 1% 5
levoleuovorin calcium for iv inj 50 mg	lidocaine hcl local inj 2% 5
(base equiv).....24	lidocaine hcl local preservative free (pf)
levoleuovorin calcium inj 175	inj 0.5%..... 5
mg/17.5ml (base equiv) .....24	lidocaine hcl local preservative free (pf)
levonest tab .....65	inj 1% 5
levonorgestrel & ethinyl estradiol (91-	lidocaine hcl local preservative free (pf)

<i>inj 1.5%</i>	5	<i>loryna tab 3-0.02mg</i>	65
<i>lidocaine hcl soln 4%</i>	97	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lidocaine hcl viscous soln 2%</i>	98	<i>tab 100-12.5 mg</i>	28
<i>lidocaine oint 5%</i>	97	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lidocaine patch 5%</i>	97	<i>tab 100-25 mg</i>	28
<i>lidocaine-prilocaine cream 2.5-2.5% ...</i>	97	<i>losartan potassium & hydrochlorothiazide</i>	
LINEZOLID FOR SUSP 100 MG/5ML.....	6	<i>tab 50-12.5 mg</i>	28
LINEZOLID IN SODIUM CHLORIDE IV		<i>losartan potassium tab 100 mg</i>	29
SOLN 600 MG/300ML-0.9%	6	<i>losartan potassium tab 25 mg</i>	29
<i>linezolid iv soln 600 mg/300ml (2</i>		<i>losartan potassium tab 50 mg</i>	29
<i>mg/ml)</i>	6	LOTEMAX GEL 0.5%	89
LINEZOLID TAB 600 MG	6	LOTEMAX OIN 0.5%	89
LINZESS CAP 145MCG.....	76	LOTEMAX SUS 0.5%.....	89
LINZESS CAP 290MCG.....	76	<i>lovastatin tab 10 mg</i>	30
LINZESS CAP 72MCG	76	<i>lovastatin tab 20 mg</i>	30
<i>liothyronine sodium tab 25 mcg</i>	72	<i>lovastatin tab 40 mg</i>	31
<i>liothyronine sodium tab 5 mcg</i>	72	<i>loxapine succinate cap 10 mg</i>	52
<i>liothyronine sodium tab 50 mcg</i>	72	<i>loxapine succinate cap 25 mg</i>	52
<i>lisinopril & hydrochlorothiazide tab 10-</i>		<i>loxapine succinate cap 5 mg</i>	52
<i>12.5 mg</i>	26	<i>loxapine succinate cap 50 mg</i>	52
<i>lisinopril & hydrochlorothiazide tab 20-</i>		LUMIGAN SOL 0.01%	90
<i>12.5 mg</i>	26	LUMIZYME INJ 50MG	67
<i>lisinopril & hydrochlorothiazide tab 20-25</i>		LUPR DEP-PED INJ 11.25MG	70
<i>mg</i>	26	LUPR DEP-PED INJ 15MG	70
<i>lisinopril tab 10 mg</i>	26	LUPR DEP-PED INJ 3M 30MG	70
<i>lisinopril tab 2.5 mg</i>	26	LUPR DEP-PED INJ 7.5MG	70
<i>lisinopril tab 20 mg</i>	26	LUPRON DEPOT INJ 11.25MG.....	21
<i>lisinopril tab 30 mg</i>	26	LUPRON DEPOT INJ 3.75MG	21
<i>lisinopril tab 40 mg</i>	26	<i>lutra tab</i>	65
<i>lisinopril tab 5 mg</i>	26	LYNPARZA CAP 50MG	20
<i>lithium carbonate cap 150 mg</i>	58	LYRICA CAP 100MG	42
<i>lithium carbonate cap 300 mg</i>	58	LYRICA CAP 150MG	42
<i>lithium carbonate cap 600 mg</i>	58	LYRICA CAP 200MG	42
<i>lithium carbonate tab 300 mg</i>	58	LYRICA CAP 225MG	42
<i>lithium carbonate tab er 300 mg</i>	58	LYRICA CAP 25MG	42
<i>lithium carbonate tab er 450 mg</i>	58	LYRICA CAP 300MG	42
LITHIUM SOL 8MEQ/5ML.....	58	LYRICA CAP 50MG	42
LONSURF TAB 15-6.14	23	LYRICA CAP 75MG	42
LONSURF TAB 20-8.19	23	LYRICA SOL 20MG/ML.....	42
<i>loperamide hcl cap 2 mg</i>	76	LYSODREN TAB 500MG	21
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		<i>lyza tab 0.35mg</i>	65
<i>(80-20 mg/ml)</i>	10	M	
<i>lorazepam con 2mg/ml</i>	38	MAGNESIUM SU INJ 20/500ML.....	84
<i>lorazepam inj 2 mg/ml</i>	39	MAGNESIUM SU INJ 2GM/50ML.....	84
<i>lorazepam inj 4 mg/ml</i>	39	MAGNESIUM SU INJ 40G/1000	84
<i>lorazepam tab 0.5 mg</i>	39	MAGNESIUM SU INJ 4G/100ML	84
<i>lorazepam tab 1 mg</i>	39	MAGNESIUM SU INJ 80MG/ML	85
<i>lorazepam tab 2 mg</i>	39	<i>magnesium sulfat in dextrose 5% iv</i>	

<i>soln 1 gm/100ml</i>	85	<i>mesalamine enema 4 gm</i>	75
<i>magnesium sulfate inj 50%</i>	85	<i>mesalamine rectal enema 4 gm &</i>	
MAGNESIUM SULFATE INJ 50%	85	<i>cleanser wipe kit</i>	75
<i>magnesium sulfate iv soln 2 gm/50ml</i>		MESALAMINE TAB DELAYED RELEASE	
<i>(40 mg/ml)</i>	85	800 MG.....	75
<i>malathion lotion 0.5%</i>	97	<i>mesna inj 100 mg/ml</i>	24
<i>maprotiline hcl tab 25 mg</i>	47	MESNEX TAB 400MG.....	24
<i>maprotiline hcl tab 50 mg</i>	47	<i>metformin hcl tab 1000 mg</i>	62
<i>maprotiline hcl tab 75 mg</i>	47	<i>metformin hcl tab 500 mg</i>	62
<i>marlissa tab 0.15/30</i>	65	<i>metformin hcl tab 850 mg</i>	62
MARPLAN TAB 10MG	47	<i>metformin hcl tab er 24hr 500 mg</i>	62
MATULANE CAP 50MG	23	<i>metformin hcl tab er 24hr 750 mg</i>	62
MAVYRET TAB 100-40MG.....	12	<i>methadone con 10mg/ml</i>	3
MAXIDEX SUS 0.1% OP	89	<i>methadone hcl soln 10 mg/5ml</i>	3
<i>meclizine hcl tab 12.5 mg</i>	73	<i>methadone hcl soln 5 mg/5ml</i>	3
<i>meclizine hcl tab 25 mg</i>	73	<i>methadone hcl tab 10 mg</i>	3
<i>medroxyprogesterone acetate im susp</i>		<i>methadone hcl tab 5 mg</i>	3
<i>150 mg/ml</i>	65	<i>methazolamide tab 25 mg</i>	36
MEDROXYPROGESTERONE ACETATE IM		<i>methazolamide tab 50 mg</i>	36
SUSP PREFILLED SYR 150 MG/ML	65	<i>methenamine hippurate tab 1 gm</i>	6
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>methergine tab 0.2mg</i>	70
.....	71	<i>methimazole tab 10 mg</i>	72
<i>medroxyprogesterone acetate tab 2.5</i>		<i>methimazole tab 5 mg</i>	72
<i>mg</i>	71	<i>methocarbamol tab 500 mg</i>	59
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>methocarbamol tab 750 mg</i>	59
.....	71	<i>methotrexate sodium for inj 1 gm</i>	19
<i>mefloquine hcl tab 250 mg</i>	8	<i>methotrexate sodium inj 250 mg/10ml</i>	
<i>megestrol acetate susp 40 mg/ml</i>	21	<i>(25 mg/ml)</i>	19
MEGESTROL ACETATE SUSP 625 MG/5ML		METHOTREXATE SODIUM INJ 50 MG/2ML	
.....	21	<i>(25 MG/ML)</i>	19
<i>megestrol acetate tab 20 mg</i>	21	<i>methotrexate sodium inj pf 100 mg/4ml</i>	
<i>megestrol acetate tab 40 mg</i>	21	<i>(25 mg/ml)</i>	19
MEKINIST TAB 0.5MG.....	22	<i>methotrexate sodium inj pf 1000</i>	
MEKINIST TAB 2MG	22	<i>mg/40ml (25 mg/ml)</i>	19
MELOXICAM SUSP 7.5 MG/5ML.....	1	<i>methotrexate sodium inj pf 200 mg/8ml</i>	
<i>meloxicam tab 15 mg</i>	1	<i>(25 mg/ml)</i>	19
<i>meloxicam tab 7.5 mg</i>	1	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
<i>melphalan hcl for inj 50 mg (base equiv)</i>		<i>(25 mg/ml)</i>	19
.....	18	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>memantine hcl oral solution 2 mg/ml</i> ..	44	<i>(25 mg/ml)</i>	19
MEMANTINE HCL TAB 10 MG	44	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>memantine hcl tab 5 mg</i>	44	<i>equiv)</i>	81
MENACTRA INJ	84	<i>methyclothiazide tab 5 mg</i>	36
MENOMUNE INJ A/C/Y/W	84	<i>methylergonovine maleate tab 0.2 mg</i>	70
MENVEO INJ.....	84	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	56
<i>mercaptopurine tab 50 mg</i>	19	<i>methylphenidate hcl soln 5 mg/5ml</i>	56
<i>meropenem iv for soln 1 gm</i>	6	<i>methylphenidate hcl tab 10 mg</i>	56
<i>meropenem iv for soln 500 mg</i>	6	<i>methylphenidate hcl tab 20 mg</i>	56

<i>methylphenidate hcl tab 5 mg</i>	56	<i>metronidazole cream 0.75%</i>	97
<i>methylphenidate hcl tab er 10 mg</i>	56	<i>metronidazole gel 0.75%</i>	97
<i>methylphenidate hcl tab er 20 mg</i>	56	<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>methylprednisolone acetate inj susp 40</i>		<i>mg/100ml</i>	6
<i>mg/ml</i>	69	<i>metronidazole lotion 0.75%</i>	97
<i>methylprednisolone acetate inj susp 80</i>		<i>metronidazole tab 250 mg</i>	6
<i>mg/ml</i>	69	<i>metronidazole tab 500 mg</i>	6
<i>methylprednisolone sod succ for inj 1000</i>		<i>metronidazole vaginal gel 0.75%</i>	78
<i>mg (base equiv)</i>	69	<i>mexiletine hcl cap 150 mg</i>	30
<i>methylprednisolone sod succ for inj 125</i>		<i>mexiletine hcl cap 200 mg</i>	30
<i>mg (base equiv)</i>	69	<i>mexiletine hcl cap 250 mg</i>	30
<i>methylprednisolone sod succ for inj 40</i>		<i>MG SO4/D5W INJ 10MG/ML</i>	85
<i>mg (base equiv)</i>	69	<i>MG SO4/D5W INJ 20MG/ML</i>	85
<i>methylprednisolone tab 16 mg</i>	69	<i>MIACALCIN INJ 200/ML</i>	70
<i>methylprednisolone tab 32 mg</i>	69	<i>midodrine hcl tab 10 mg</i>	36
<i>methylprednisolone tab 4 mg</i>	69	<i>midodrine hcl tab 2.5 mg</i>	36
<i>methylprednisolone tab 8 mg</i>	69	<i>midodrine hcl tab 5 mg</i>	36
<i>methylprednisolone tab therapy pack 4</i>		<i>migergot sup 2/100</i>	57
<i>mg (21)</i>	69	<i>minitrans dis 0.1mg/hr</i>	37
<i>metipranolol ophth soln 0.3%</i>	90	<i>minitrans dis 0.2mg/hr</i>	37
<i>metoclopramide hcl inj 5 mg/ml</i>	73	<i>minitrans dis 0.4mg/hr</i>	37
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>minitrans dis 0.6mg/hr</i>	37
<i>mg/10ml)</i>	73	<i>minocycline hcl cap 100 mg</i>	17
<i>metoclopramide hcl tab 10 mg</i>	73	<i>minocycline hcl cap 50 mg</i>	17
<i>metoclopramide hcl tab 5 mg</i>	73	<i>minocycline hcl cap 75 mg</i>	17
<i>metolazone tab 10 mg</i>	36	<i>minoxidil tab 10 mg</i>	36
<i>metolazone tab 2.5 mg</i>	36	<i>minoxidil tab 2.5 mg</i>	36
<i>metolazone tab 5 mg</i>	36	<i>mirtazapine orally disintegrating tab 15</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mg</i>	47
<i>100-25 mg</i>	32	<i>mirtazapine orally disintegrating tab 30</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mg</i>	47
<i>100-50 mg</i>	32	<i>mirtazapine orally disintegrating tab 45</i>	
<i>metoprolol & hydrochlorothiazide tab 50-</i>		<i>mg</i>	47
<i>25 mg</i>	32	<i>mirtazapine tab 15 mg</i>	47
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>mirtazapine tab 30 mg</i>	47
<i>(tartrate equiv)</i>	33	<i>mirtazapine tab 45 mg</i>	47
<i>metoprolol succinate tab er 24hr 200 mg</i>		<i>mirtazapine tab 7.5 mg</i>	47
<i>(tartrate equiv)</i>	33	<i>misoprostol tab 100 mcg</i>	76
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>misoprostol tab 200 mcg</i>	76
<i>(tartrate equiv)</i>	33	<i>mitomycin for iv soln 20 mg</i>	18
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>mitomycin for iv soln 40 mg</i>	18
<i>(tartrate equiv)</i>	33	<i>mitomycin for iv soln 5 mg</i>	18
<i>metoprolol tartrate iv soln 5 mg/5ml ...</i>	33	<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>	
<i>mg/5ml (1 mg/ml)</i>	33	<i>mg/ml)</i>	23
<i>metoprolol tartrate tab 100 mg</i>	33	<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>	
<i>metoprolol tartrate tab 25 mg</i>	33	<i>(2 mg/ml)</i>	23
<i>metoprolol tartrate tab 50 mg</i>	33	<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>	
		<i>mg/ml)</i>	23

M-M-R II INJ	84
moexipril hcl tab 15 mg	26
moexipril hcl tab 7.5 mg	26
moexipril-hydrochlorothiazide tab 15-12.5 mg	26
moexipril-hydrochlorothiazide tab 15-25 mg	26
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	26
molindone hcl tab 10 mg	52
molindone hcl tab 25 mg	52
mometasone furoate cream 0.1%	96
mometasone furoate oint 0.1%	97
mometasone furoate solution 0.1% (lotion)	97
MONONESSA TAB	65
montelukast sodium chew tab 4 mg (base equiv)	92
montelukast sodium chew tab 5 mg (base equiv)	92
montelukast sodium oral granules packet 4 mg (base equiv)	92
montelukast sodium tab 10 mg (base equiv)	92
MORPHINE SUL INJ 150/30ML	4
MORPHINE SUL INJ 2MG/ML	3
MORPHINE SUL INJ 4MG/ML	3
MORPHINE SUL INJ 8MG/ML	4
morphine sulfate inj pf 0.5 mg/ml	4
morphine sulfate inj pf 1 mg/ml	4
MORPHINE SULFATE IV SOLN 1 MG/ML	4
MORPHINE SULFATE IV SOLN PF 10 MG/ML	4
MORPHINE SULFATE IV SOLN PF 15 MG/ML	4
morphine sulfate iv soln pf 4 mg/ml	4
morphine sulfate iv soln pf 8 mg/ml	4
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	4
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	4
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	4
MORPHINE SULFATE TAB 15 MG	4
MORPHINE SULFATE TAB 30 MG	4
morphine sulfate tab er 100 mg	4
morphine sulfate tab er 15 mg	4
morphine sulfate tab er 200 mg	4

morphine sulfate tab er 30 mg	4
morphine sulfate tab er 60 mg	4
MOVANTIK TAB 12.5MG	76
MOVANTIK TAB 25MG	76
MOVIPREP SOL	75
MOXEZA SOL 0.5%	88
moxifloxacin hcl ophth soln 0.5% (base equiv)	88
moxifloxacin hcl tab 400 mg (base equiv)	15
MOZOBIL INJ	80
MULTAQ TAB 400MG	30
mupirocin oint 2%	94
MUSTARGEN INJ 10MG	18
MYCAMINE INJ 100MG	8
MYCAMINE INJ 50MG	8
mycophenolate mofetil cap 250 mg	83
mycophenolate mofetil for oral susp 200 mg/ml	83
mycophenolate mofetil tab 500 mg	83
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	83
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	83
myorisan cap 10mg	94
myorisan cap 20mg	94
myorisan cap 30mg	94
myorisan cap 40mg	94
MYRBETRIQ TAB 25MG	77
MYRBETRIQ TAB 50MG	78
myzilra tab	65

N

nabumetone tab 500 mg	1
nabumetone tab 750 mg	1
nadolol tab 20 mg	33
nadolol tab 40 mg	33
nadolol tab 80 mg	33
nafticillin sodium for inj 1 gm	16
nafticillin sodium for inj 10 gm	16
nafticillin sodium for inj 2 gm	16
nafticillin sodium for iv soln 1 gm	16
nafticillin sodium for iv soln 2 gm	16
NAGLAZYME INJ 1MG/ML	67
nalbuphine hcl inj 10 mg/ml	2
nalbuphine hcl inj 20 mg/ml	2
naloxone hcl inj 0.4 mg/ml	59
naloxone hcl inj 4 mg/10ml	59
naloxone hcl soln cartridge 0.4 mg/ml	59

<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	59	<i>ophth oint 0.1%</i>	88
<i>naltrexone hcl tab 50 mg</i>	59	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	88
NAMENDA XR CAP 14MG.....	44	<i>neomycin-polymyxin-hc ophth susp</i>	88
NAMENDA XR CAP 21MG.....	44	<i>neomycin-polymyxin-hc otic soln 1%</i> ..	98
NAMENDA XR CAP 28MG.....	44	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	98
NAMENDA XR CAP 7MG	44	NEORAL CAP 100MG.....	83
NAMENDA XR CAP TITRATIO	44	NEORAL CAP 25MG.....	83
NAMZARIC CAP.....	44	NEORAL SOL 100MG/ML.....	83
NAMZARIC CAP 14-10MG.....	44	NEPHRAMINE INJ 5.4%.....	86
NAMZARIC CAP 21-10MG.....	44	NERLYNX TAB 40MG	23
NAMZARIC CAP 28-10MG.....	44	NEUPOGEN INJ 300/0.5	80
NAMZARIC CAP 7-10MG.....	44	NEUPOGEN INJ 300MCG.....	80
<i>naphazoline hcl ophth soln 0.1%</i>	90	NEUPOGEN INJ 480/0.8	80
<i>naproxen dr tab 375mg</i>	1	NEUPOGEN INJ 480MCG.....	80
<i>naproxen dr tab 500mg</i>	1	NEUPRO DIS 1MG/24HR.....	49
<i>naproxen sodium tab 275 mg</i>	2	NEUPRO DIS 2MG/24HR.....	49
<i>naproxen sodium tab 550 mg</i>	2	NEUPRO DIS 3MG/24HR.....	49
<i>naproxen susp 125 mg/5ml</i>	2	NEUPRO DIS 4MG/24HR.....	49
<i>naproxen tab 250 mg</i>	2	NEUPRO DIS 6MG/24HR.....	49
<i>naproxen tab 375 mg</i>	2	NEUPRO DIS 8MG/24HR.....	49
<i>naproxen tab 500 mg</i>	2	NEVIRAPINE SUSP 50 MG/5ML.....	9
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	57	<i>nevirapine tab 200 mg</i>	9
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	57	<i>nevirapine tab er 24hr 100 mg</i>	9
NATACYN SUS 5% OP	88	<i>nevirapine tab er 24hr 400 mg</i>	9
<i>nateglinide tab 120 mg</i>	62	NEXAVAR TAB 200MG	23
<i>nateglinide tab 60 mg</i>	62	NEXIUM GRA 10MG DR	77
NATPARA INJ 100MCG.....	71	NEXIUM GRA 2.5MG DR	77
NATPARA INJ 25MCG.....	71	NEXIUM GRA 20MG DR	77
NATPARA INJ 50MCG.....	71	NEXIUM GRA 40MG DR	77
NATPARA INJ 75MCG.....	71	NEXIUM GRA 5MG DR	77
NEBUPENT INH 300MG	7	<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	31
<i>necon tab 0.5/35</i>	65	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	31
NECON TAB 1/50-28	65	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	31
<i>necon tab 10/11-28</i>	65	<i>niacor tab 500mg</i>	31
NECON TAB 7/7/7.....	65	<i>nicardipine hcl cap 20 mg</i>	34
<i>nefazodone hcl tab 100 mg</i>	47	<i>nicardipine hcl cap 30 mg</i>	34
<i>nefazodone hcl tab 150 mg</i>	47	NICOTROL INH	59
<i>nefazodone hcl tab 200 mg</i>	47	NICOTROL NS SPR 10MG/ML	59
<i>nefazodone hcl tab 250 mg</i>	47	<i>nifedipine tab er 24hr 30 mg</i>	34
<i>nefazodone hcl tab 50 mg</i>	47	<i>nifedipine tab er 24hr 60 mg</i>	34
<i>neomycin sulfate tab 500 mg</i>	5	<i>nifedipine tab er 24hr 90 mg</i>	34
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	88	<i>nifedipine tab er 24hr osmotic release 30 mg</i>	34
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	88		
<i>neomycin-polymyxin-dexamethasone</i>			

<i>nifedipine tab er 24hr osmotic release 60 mg</i>	34
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	34
<i>nikki tab 3-0.02mg</i>	65
<i>nilutamide tab 150 mg</i>	21
<i>nimodipine cap 30 mg</i>	34
NINLARO CAP 2.3MG.....	20
NINLARO CAP 3MG.....	20
NINLARO CAP 4MG.....	20
NIPENT INJ 10MG	19
<i>nitro-bid oin 2%</i>	37
NITRO-DUR DIS 0.3MG/HR	37
NITRO-DUR DIS 0.8MG/HR	37
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	7
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	7
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	7
<i>nitroglycerin sl tab 0.3 mg</i>	37
<i>nitroglycerin sl tab 0.4 mg</i>	37
<i>nitroglycerin sl tab 0.6 mg</i>	37
<i>nitroglycerin td patch 24hr 0.1 mg/hr..</i>	37
<i>nitroglycerin td patch 24hr 0.2 mg/hr..</i>	37
<i>nitroglycerin td patch 24hr 0.4 mg/hr..</i>	37
<i>nitroglycerin td patch 24hr 0.6 mg/hr..</i>	37
NORDITROPIN INJ 10/1.5ML	70
NORDITROPIN INJ 15/1.5ML	70
NORDITROPIN INJ 30/3ML	70
NORDITROPIN INJ 5/1.5ML	70
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	65
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	65
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	65
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	66
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	66
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	66
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	66
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....	66
<i>norethindrone acetate tab 5 mg</i>	71
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	68
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	65
<i>norethindrone tab 0.35 mg</i>	66
NORETHINDRONE TAB 0.35 MG	66
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG.....	66
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	66
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	66
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	66
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	66
<i>norlyroc tab 0.35mg</i>	66
NORMOSOL -M INJ /D5W	87
NORMOSOL -R INJ /D5W.....	87
NORMOSOL-R INJ PH 7.4	87
NORPACE CAP 100MG CR	30
NORPACE CAP 150MG CR	30
NORTHERA CAP 100MG.....	36
NORTHERA CAP 200MG.....	36
NORTHERA CAP 300MG.....	37
<i>nortrel tab 0.5/35</i>	66
<i>nortrel tab 1/35</i>	66
<i>nortrel tab 7/7/7</i>	66
<i>nortriptyline hcl cap 10 mg</i>	47
<i>nortriptyline hcl cap 25 mg</i>	47
<i>nortriptyline hcl cap 50 mg</i>	47
<i>nortriptyline hcl cap 75 mg</i>	47
<i>nortriptyline hcl soln 10 mg/5ml</i>	47
NORVIR CAP 100MG	9
NORVIR SOL 80MG/ML.....	9
NORVIR TAB 100MG	9
NOVOLIN INJ 70/30.....	60
NOVOLIN N INJ U-100	61
NOVOLIN R INJ U-100	61
NOVOLOG INJ 100/ML	61
NOVOLOG INJ FLEXPEN.....	61
NOVOLOG INJ PENFILL	61
NOVOLOG MIX INJ 70/30	61
NOVOLOG MIX INJ FLEXPEN	61
NOXAFIL SUS 40MG/ML	8
NOXAFIL TAB 100MG.....	8
NUDEXTA CAP 20-10MG	58
NULOJIX INJ 250MG	83

NULYTELY SOL FLAV PKS	75	olanzapine tab 20 mg	53
NUPLAZID TAB 17MG	52	olanzapine tab 5 mg	52
NUVARING MIS.....	66	olanzapine tab 7.5 mg	52
<i>nyamyc pow 100000</i>	95	olmesartan medoxomil tab 20 mg	29
<i>nyata pow 100000</i>	95	olmesartan medoxomil tab 40 mg	29
NYMALIZE SOL 60/20ML	35	olmesartan medoxomil tab 5 mg	29
<i>nystatin cream 100000 unit/gm</i>	95	olmesartan medoxomil-	
<i>nystatin oint 100000 unit/gm</i>	95	hydrochlorothiazide tab 20-12.5 mg ...	28
<i>nystatin susp 100000 unit/ml</i>	98	olmesartan medoxomil-	
<i>nystatin tab 500000 unit</i>	8	hydrochlorothiazide tab 40-12.5 mg ...	28
<i>nystatin topical powder 100000 unit/gm</i>		olmesartan medoxomil-	
.....	95	hydrochlorothiazide tab 40-25 mg	28
<i>nystop pow 100000</i>	95	olmesartan-amlodipine-	
o		hydrochlorothiazide tab 20-5-12.5 mg	28
OCTAGAM INJ 10GM.....	82	olmesartan-amlodipine-	
OCTAGAM INJ 1GM	82	hydrochlorothiazide tab 40-10-12.5 mg	
OCTAGAM INJ 2.5GM.....	82	.....	28
OCTAGAM INJ 25GM.....	82	olmesartan-amlodipine-	
OCTAGAM INJ 2GM/20ML.....	82	hydrochlorothiazide tab 40-10-25 mg .	28
OCTAGAM INJ 5GM	82	olmesartan-amlodipine-	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		hydrochlorothiazide tab 40-5-12.5 mg	28
<i>mg/ml)</i>	70	olmesartan-amlodipine-	
<i>octreotide acetate inj 1000 mcg/ml (1</i>		hydrochlorothiazide tab 40-5-25 mg ...	28
<i>mg/ml)</i>	70	olopatadine hcl ophth soln 0.2% (base	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		equivalent).....	89
<i>mg/ml)</i>	70	omega-3-acid ethyl esters cap 1 gm ...	31
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		omeprazole cap delayed release 10 mg	77
<i>mg/ml)</i>	70	omeprazole cap delayed release 20 mg	77
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		omeprazole cap delayed release 40 mg	77
<i>mg/ml)</i>	70	ondansetron hcl inj 4 mg/2ml (2 mg/ml)	
ODEFSEY TAB.....	10	.....	73
ODOMZO CAP 200MG	24	ondansetron hcl inj 40 mg/20ml (2	
OFEV CAP 100MG	92	mg/ml)	73
OFEV CAP 150MG	92	ondansetron hcl oral soln 4 mg/5ml....	73
<i>ofloxacin ophth soln 0.3%</i>	88	ondansetron hcl tab 24 mg	73
<i>ofloxacin otic soln 0.3%</i>	98	ondansetron hcl tab 4 mg.....	73
<i>olanzapine for im inj 10 mg</i>	52	ondansetron hcl tab 8 mg.....	73
<i>olanzapine orally disintegrating tab 10</i>		ondansetron orally disintegrating tab 4	
<i>mg</i>	52	mg	73
<i>olanzapine orally disintegrating tab 15</i>		ondansetron orally disintegrating tab 8	
<i>mg</i>	52	mg	73
<i>olanzapine orally disintegrating tab 20</i>		ONFI SUS 2.5MG/ML.....	42
<i>mg</i>	52	ONFI TAB 10MG	42
<i>olanzapine orally disintegrating tab 5 mg</i>		ONFI TAB 20MG	42
.....	52	OPSUMIT TAB 10MG	37
<i>olanzapine tab 10 mg</i>	52	ORFADIN CAP 10MG	67
<i>olanzapine tab 15 mg</i>	53	ORFADIN CAP 20MG	67
<i>olanzapine tab 2.5 mg</i>	52	ORFADIN CAP 2MG.....	67

ORFADIN CAP 5MG	67
ORFADIN SUS 4MG/ML	67
ORKAMBI TAB 100-125	92
ORKAMBI TAB 200-125	92
<i>orsythia tab</i>	66
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	12
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	12
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	12
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	16
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	16
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	16
<i>oxaliplatin for iv inj 100 mg</i>	24
<i>oxaliplatin for iv inj 50 mg</i>	24
<i>oxaliplatin iv soln 100 mg/20ml</i>	24
<i>oxaliplatin iv soln 50 mg/10ml</i>	24
<i>oxandrolone tab 10 mg</i>	60
<i>oxandrolone tab 2.5 mg</i>	60
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	42
<i>oxcarbazepine tab 150 mg</i>	42
<i>oxcarbazepine tab 300 mg</i>	42
<i>oxcarbazepine tab 600 mg</i>	42
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	78
<i>oxybutynin chloride tab 5 mg</i>	78
<i>oxybutynin chloride tab er 24hr 10 mg</i> ..	78
<i>oxybutynin chloride tab er 24hr 15 mg</i> ..	78
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	78
<i>oxycodone hcl cap 5 mg</i>	4
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4
<i>OXYCODONE HCL SOLN 5 MG/5ML</i>	4
<i>oxycodone hcl tab 10 mg</i>	4
<i>oxycodone hcl tab 15 mg</i>	4
<i>oxycodone hcl tab 20 mg</i>	4
<i>oxycodone hcl tab 30 mg</i>	4
<i>oxycodone hcl tab 5 mg</i>	4
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	4
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4

<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4
<i>OXYCONTIN TAB 10MG CR</i>	4
<i>OXYCONTIN TAB 15MG CR</i>	4
<i>OXYCONTIN TAB 20MG CR</i>	4
<i>OXYCONTIN TAB 30MG CR</i>	4
<i>OXYCONTIN TAB 40MG CR</i>	4
<i>OXYCONTIN TAB 60MG CR</i>	4
<i>OXYCONTIN TAB 80MG CR</i>	4

P	
<i>pacerone tab 100mg</i>	30
<i>pacerone tab 200mg</i>	30
<i>pacerone tab 400mg</i>	30
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	20
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	20
<i>paliperidone tab er 24hr 1.5 mg</i>	53
<i>paliperidone tab er 24hr 3 mg</i>	53
<i>paliperidone tab er 24hr 6 mg</i>	53
<i>paliperidone tab er 24hr 9 mg</i>	53
<i>pamidronate disodium for inj 30 mg</i> ...	63
<i>pamidronate disodium for inj 90 mg</i> ...	63
<i>pamidronate disodium iv soln 3 mg/ml</i> ..	63
<i>pamidronate disodium iv soln 9 mg/ml</i> ..	63
<i>pamidronate inj 6mg/ml</i>	63
<i>PANRETIN GEL 0.1%</i>	97
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	77
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	77
<i>paricalcitol cap 1 mcg</i>	87
<i>paricalcitol cap 2 mcg</i>	87
<i>paricalcitol cap 4 mcg</i>	87
<i>paromomycin sulfate cap 250 mg</i>	5
<i>paroxetine hcl tab 10 mg</i>	47
<i>paroxetine hcl tab 20 mg</i>	47
<i>paroxetine hcl tab 30 mg</i>	47
<i>paroxetine hcl tab 40 mg</i>	47
<i>paser gra 4gm</i>	11
<i>PATADAY SOL 0.2%</i>	89
<i>PAXIL SUS 10MG/5ML</i>	47

PAZEO DRO 0.7%	89	<i>phenobarbital tab 100 mg</i>	43
PEDIARIX INJ 0.5ML.....	84	<i>phenobarbital tab 15 mg</i>	42
PEDVAX HIB INJ	84	<i>phenobarbital tab 16.2 mg</i>	42
PEG 3350-KCL-NA BICARB-NACL-NA		<i>phenobarbital tab 30 mg</i>	42
SULFATE FOR SOLN 236 GM.....	75	<i>phenobarbital tab 32.4 mg</i>	42
PEG 3350-KCL-NA BICARB-NACL-NA		<i>phenobarbital tab 60 mg</i>	42
SULFATE FOR SOLN 240 GM.....	75	<i>phenobarbital tab 64.8 mg</i>	42
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>phenobarbital tab 97.2 mg</i>	43
<i>420 gm</i>	75	<i>phenytek cap 200mg</i>	43
PEGANONE TAB 250MG	42	<i>phenytek cap 300mg</i>	43
PEGASYS INJ.....	12	<i>phenytoin chew tab 50 mg</i>	43
PEGASYS INJ 180MCG/M	12	<i>phenytoin sodium extended cap 100 mg</i>	
PEGASYS INJ PROCLICK	12	<i>.....</i>	43
<i>pen g proc inj 600000</i>	16	<i>phenytoin sodium extended cap 200 mg</i>	
PENICILL GK/ INJ DEX 2MU.....	16	<i>.....</i>	43
PENICILL GK/ INJ DEX 3MU.....	16	<i>phenytoin sodium extended cap 300 mg</i>	
<i>penicillin g potassium for inj 20000000</i>		<i>.....</i>	43
<i>unit.....</i>	17	<i>phenytoin sodium inj 50 mg/ml</i>	43
<i>penicillin g potassium for inj 5000000</i>		<i>phenytoin susp 125 mg/5ml</i>	43
<i>unit.....</i>	17	<i>philith tab 0.4-35</i>	66
<i>penicillin g sodium for inj 5000000 unit</i>		PHOSPHOLINE SOL 0.125%OP.....	90
<i>.....</i>	17	PICATO GEL 0.015%	97
<i>penicillin v potassium for soln 125</i>		PICATO GEL 0.05%	97
<i>mg/5ml</i>	17	PILOCARPINE HCL OPHTH SOLN 1% ...	90
<i>penicillin v potassium for soln 250</i>		PILOCARPINE HCL OPHTH SOLN 2% ...	90
<i>mg/5ml</i>	17	PILOCARPINE HCL OPHTH SOLN 4% ...	90
<i>penicillin v potassium tab 250 mg</i>	17	PILOCARPINE HCL TAB 5 MG	98
<i>penicillin v potassium tab 500 mg</i>	17	<i>pilocarpine hcl tab 7.5 mg</i>	98
PENTACEL INJ	84	<i>pimozide tab 1 mg</i>	53
PENTAM 300 INJ 300MG	7	<i>pimozide tab 2 mg</i>	53
<i>pentoxifylline tab er 400 mg.....</i>	80	<i>pimtrea tab</i>	66
<i>perindopril erbumine tab 2 mg</i>	26	<i>pindolol tab 10 mg</i>	33
<i>perindopril erbumine tab 4 mg</i>	26	<i>pindolol tab 5 mg</i>	33
<i>perindopril erbumine tab 8 mg</i>	26	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>periogard sol 0.12%.....</i>	98	<i>.....</i>	62
<i>permethrin cream 5%</i>	97	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>perphenazine tab 16 mg</i>	53	<i>.....</i>	63
<i>perphenazine tab 2 mg.....</i>	53	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>perphenazine tab 4 mg.....</i>	53	<i>.....</i>	63
<i>perphenazine tab 8 mg.....</i>	53	<i>piper/tazoba inj 12-1.5gm.....</i>	17
<i>phenadoz sup 12.5mg</i>	73	<i>piperacillin sod-tazobactam na for inj</i>	
<i>phenelzine sulfate tab 15 mg.....</i>	47	<i>3.375 gm (3-0.375 gm)</i>	17
<i>phenergan sup 12.5mg.....</i>	73	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenergan sup 25mg</i>	73	<i>2.25 gm (2-0.25 gm).....</i>	17
<i>phenergan sup 50mg</i>	73	<i>piperacillin sod-tazobactam sod for inj</i>	
PHENOBARB INJ 65MG/ML	42	<i>4.5 gm (4-0.5 gm)</i>	17
<i>phenobarbital elixir 20 mg/5ml.....</i>	42	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital sodium inj 130 mg/ml ...</i>	42	<i>40.5 gm (36-4.5 gm).....</i>	17

<i>pirmella tab 1/35</i>	66	(1080 MG)	77
<i>piroxicam cap 10 mg</i>	2	<i>potassium citrate tab er 15 meq (1620 mg)</i>	77
<i>piroxicam cap 20 mg</i>	2	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	77
PLASMA-LYTE INJ -148	87	POTIGA TAB 200MG	43
PLASMA-LYTE INJ -A	87	POTIGA TAB 300MG	43
<i>podofilox soln 0.5%</i>	97	POTIGA TAB 400MG	43
<i>polyethylene glycol 3350 oral packet</i> ...	75	POTIGA TAB 50MG	43
<i>polyethylene glycol 3350 oral powder</i> ..	75	PRADAXA CAP 110MG	79
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	88	PRADAXA CAP 150MG	79
POMALYST CAP 1MG	82	PRADAXA CAP 75MG	79
POMALYST CAP 2MG	82	PRALUENT INJ 150MG/ML	31
POMALYST CAP 3MG	82	PRALUENT INJ 75MG/ML	31
POMALYST CAP 4MG	82	<i>pramipexole dihydrochloride tab 0.125 mg</i>	49
<i>portia-28 tab</i>	66	<i>pramipexole dihydrochloride tab 0.25 mg</i>	49
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	87	<i>pramipexole dihydrochloride tab 0.5 mg</i>	49
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	87	<i>pramipexole dihydrochloride tab 0.75 mg</i>	49
<i>potassium chloride cap er 10 meq</i>	85	<i>pramipexole dihydrochloride tab 1 mg</i>	49
<i>potassium chloride cap er 8 meq</i>	85	<i>pramipexole dihydrochloride tab 1.5 mg</i>	49
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	87	<i>prasugrel hcl tab 10 mg (base equiv)</i> ..	80
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	87	<i>prasugrel hcl tab 5 mg (base equiv)</i> ...	80
<i>potassium chloride inj 2 meq/ml</i>	87	<i>pravastatin sodium tab 10 mg</i>	31
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	87	<i>pravastatin sodium tab 20 mg</i>	31
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	87	<i>pravastatin sodium tab 40 mg</i>	31
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	87	<i>pravastatin sodium tab 80 mg</i>	31
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	85	<i>prazosin hcl cap 1 mg</i>	27
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	85	<i>prazosin hcl cap 2 mg</i>	27
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	85	<i>prazosin hcl cap 5 mg</i>	27
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	85	<i>pred sod pho sol 1% op</i>	89
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	85	PREDNISOLONE ACETATE OPTH SUSP 1%	89
<i>potassium chloride tab er 10 meq</i>	85	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	69
<i>potassium chloride tab er 20 meq (1500 mg)</i>	85	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	69
<i>potassium chloride tab er 8 meq (600 mg)</i>	85	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	69
POTASSIUM CITRATE TAB ER 10 MEQ		<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	69
		<i>prednisone con 5mg/ml</i>	69
		<i>prednisone oral soln 5 mg/5ml</i>	69
		<i>prednisone tab 1 mg</i>	69

<i>prednisone tab 10 mg</i>	69	PROCRT INJ 4000/ML	80
<i>prednisone tab 2.5 mg</i>	69	PROCRT INJ 40000/ML.....	80
<i>prednisone tab 20 mg</i>	69	<i>procto-med cre hc 2.5%</i>	95
<i>prednisone tab 5 mg</i>	69	<i>procto-pak cre 1%</i>	95
<i>prednisone tab 50 mg</i>	69	<i>proctozone cre -hc 2.5%</i>	95
<i>prednisone tab therapy pack 10 mg (21)</i>	69	PROGLYCEM SUS 50MG/ML	70
<i>prednisone tab therapy pack 10 mg (48)</i>	69	PROGRAF CAP 0.5MG.....	83
<i>prednisone tab therapy pack 5 mg (21)</i>	69	PROGRAF CAP 1MG	83
<i>prednisone tab therapy pack 5 mg (48)</i>	69	PROGRAF CAP 5MG	83
<i>premasol sol 10%</i>	86	PROLASTIN-C INJ 1000MG	92
<i>prenatal vitamin/folic acid > 0.8 mg</i> (generic)	88	PROLENSA SOL 0.07%.....	90
<i>prevalite pow 4gm</i>	32	PROLEUKIN INJ 22MU	20
<i>prevalite pow 4gm pk</i>	32	PROLIA SOL 60MG/ML	70
<i>previfem tab</i>	66	PROMACTA TAB 12.5MG.....	80
PREZCOBIX TAB 800-150	10	PROMACTA TAB 25MG	80
PREZISTA SUS 100MG/ML.....	9	PROMACTA TAB 50MG	80
PREZISTA TAB 150MG	9	PROMACTA TAB 75MG	80
PREZISTA TAB 600MG	9	<i>promethazine hcl inj 25 mg/ml</i>	74
PREZISTA TAB 75MG.....	9	<i>promethazine hcl inj 50 mg/ml</i>	74
PREZISTA TAB 800MG	9	<i>promethazine hcl suppos 12.5 mg</i>	74
PRIFTIN TAB 150MG.....	11	<i>promethazine hcl suppos 25 mg</i>	74
PRIMAQUINE TAB 26.3MG.....	8	<i>promethazine hcl suppos 50 mg</i>	74
<i>primidone tab 250 mg</i>	43	<i>promethazine hcl syrup 6.25 mg/5ml.</i> 74	
<i>primidone tab 50 mg</i>	43	<i>promethazine hcl tab 12.5 mg</i>	74
PRISTIQ TAB 100MG	47	<i>promethazine hcl tab 25 mg</i>	74
PRISTIQ TAB 25MG	47	<i>promethazine hcl tab 50 mg</i>	74
PRISTIQ TAB 50MG	47	<i>promethegan sup 25mg</i>	74
PRIVIGEN INJ 10GRAMS	82	<i>promethegan sup 50mg</i>	74
PRIVIGEN INJ 20GRAMS	82	<i>propafenone hcl cap er 12hr 225 mg</i> ..	30
PRIVIGEN INJ 40GRAMS	82	<i>propafenone hcl cap er 12hr 325 mg</i> ..	30
PRIVIGEN INJ 5 GRAMS	82	<i>propafenone hcl cap er 12hr 425 mg</i> ..	30
<i>probenecid tab 500 mg</i>	1	<i>propafenone hcl tab 150 mg</i>	30
PROCALAMINE INJ 3%.....	86	<i>propafenone hcl tab 225 mg</i>	30
<i>prochlorperazine edisylate inj 5 mg/ml</i> 73		<i>propafenone hcl tab 300 mg</i>	30
<i>prochlorperazine maleate tab 10 mg</i> (base equivalent).....	74	<i>proparacaine hcl ophth soln 0.5%</i>	90
<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	73	<i>propranolol & hydrochlorothiazide tab</i> <i>40-25 mg</i>	32
<i>prochlorperazine suppos 25 mg</i>	74	<i>propranolol & hydrochlorothiazide tab</i> <i>80-25 mg</i>	32
PROCRT INJ 10000/ML	80	<i>propranolol hcl cap er 24hr 120 mg</i>	33
PROCRT INJ 2000/ML	80	<i>propranolol hcl cap er 24hr 160 mg</i>	33
PROCRT INJ 20000/ML	80	<i>propranolol hcl cap er 24hr 60 mg</i>	33
PROCRT INJ 3000/ML	80	<i>propranolol hcl cap er 24hr 80 mg</i>	33
		<i>propranolol hcl inj 1 mg/ml</i>	33
		<i>propranolol hcl oral soln 20 mg/5ml</i> ...	33
		<i>propranolol hcl oral soln 40 mg/5ml</i> ...	33
		<i>propranolol hcl tab 10 mg</i>	33
		<i>propranolol hcl tab 20 mg</i>	33

<i>propranolol hcl tab 40 mg</i>	33
<i>propranolol hcl tab 60 mg</i>	33
<i>propranolol hcl tab 80 mg</i>	33
<i>propylthiouracil tab 50 mg</i>	72
PROQUAD INJ.....	84
PROSOL INJ 20%.....	86
<i>protriptyline hcl tab 10 mg</i>	48
<i>protriptyline hcl tab 5 mg</i>	48
PULMICORT INH 180MCG.....	93
PULMICORT INH 90MCG	93
PULMOZYME SOL 1MG/ML.....	92
PURIXAN SUS 20MG/ML.....	19
<i>pyrazinamide tab 500 mg</i>	11
<i>pyridostigmine bromide tab 60 mg</i>	58

Q

QUADRACEL INJ	84
<i>quasense tab</i>	66
<i>quetiapine fumarate tab 100 mg</i>	53
<i>quetiapine fumarate tab 200 mg</i>	53
<i>quetiapine fumarate tab 25 mg</i>	53
<i>quetiapine fumarate tab 300 mg</i>	53
<i>quetiapine fumarate tab 400 mg</i>	53
<i>quetiapine fumarate tab 50 mg</i>	53
<i>quetiapine fumarate tab er 24hr 150 mg</i>	53
<i>quetiapine fumarate tab er 24hr 200 mg</i>	53
<i>quetiapine fumarate tab er 24hr 300 mg</i>	53
<i>quetiapine fumarate tab er 24hr 400 mg</i>	53
<i>quetiapine fumarate tab er 24hr 50 mg</i>	53
<i>quinapril hcl tab 10 mg</i>	26
<i>quinapril hcl tab 20 mg</i>	26
<i>quinapril hcl tab 40 mg</i>	27
<i>quinapril hcl tab 5 mg</i>	26
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	26
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	26
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	26
<i>quinidine gluconate tab er 324 mg</i>	30
<i>quinidine sulfate tab 200 mg</i>	30
<i>quinidine sulfate tab 300 mg</i>	30
<i>quinine sulfate cap 324 mg</i>	8

R

RABAVERT INJ	84
<i>rabeprazole sodium ec tab 20 mg</i>	77
<i>raloxifene hcl tab 60 mg</i>	70
<i>ramipril cap 1.25 mg</i>	27
<i>ramipril cap 10 mg</i>	27
<i>ramipril cap 2.5 mg</i>	27
<i>ramipril cap 5 mg</i>	27
RANEXA TAB 1000MG	37
RANEXA TAB 500MG.....	37
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	75
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	75
<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i>	75
<i>ranitidine hcl tab 150 mg</i>	75
<i>ranitidine hcl tab 300 mg</i>	75
RAPAMUNE SOL 1MG/ML.....	83
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	49
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	49
RAVICTI LIQ 1.1GM/ML.....	67
REBETOL SOL 40MG/ML	12
<i>reclipsen tab</i>	66
RECOMBIVA HB INJ 10MCG/ML	84
RECOMBIVA HB INJ 5MCG/0.5	84
RECOMBIVA-HB INJ 40MCG/ML.....	84
REGANEX GEL 0.01%	98
RELENZA MIS DISKHALE.....	12
RELISTOR INJ 12/0.6ML.....	76
RELISTOR INJ 8/0.4ML	76
RELPAK TAB 20MG	57
RELPAK TAB 40MG	57
REMICADE INJ 100MG	81
REMODULIN INJ 10MG/ML.....	38
REMODULIN INJ 1MG/ML	38
REMODULIN INJ 2.5MG/ML.....	38
REMODULIN INJ 5MG/ML	38
REVELA PAK 0.8GM	71
REVELA PAK 2.4GM	71
REVELA TAB 800MG	71
<i>repaglinide tab 0.5 mg</i>	63
<i>repaglinide tab 1 mg</i>	63
<i>repaglinide tab 2 mg</i>	63
RESCRIPTOR TAB 100 MG	9
RESCRIPTOR TAB 200MG	9

RESTASIS EMU 0.05%.....	90	<i>risperidone orally disintegrating tab 4 mg</i>	54
RESTASIS MUL EMU 0.05%.....	90	.....	54
RETROVIR INJ 10MG/ML.....	9	<i>risperidone soln 1 mg/ml</i>	54
REVATIO SUS 10MG/ML.....	38	<i>risperidone tab 0.25 mg</i>	54
REVLIMID CAP 10MG.....	82	<i>risperidone tab 0.5 mg</i>	54
REVLIMID CAP 15MG.....	82	<i>risperidone tab 1 mg</i>	54
REVLIMID CAP 2.5MG.....	82	<i>risperidone tab 2 mg</i>	54
REVLIMID CAP 20MG.....	82	<i>risperidone tab 3 mg</i>	54
REVLIMID CAP 25MG.....	82	<i>risperidone tab 4 mg</i>	54
REVLIMID CAP 5MG	82	RITUXAN INJ 100MG.....	20
REXULTI TAB 0.25MG.....	53	RITUXAN INJ 500MG.....	20
REXULTI TAB 0.5MG.....	53	RITUXAN INJ HYCELA	20
REXULTI TAB 1MG	53	<i>rivastigmine tartrate cap 1.5 mg</i>	45
REXULTI TAB 2MG	53	<i>rivastigmine tartrate cap 3 mg</i>	45
REXULTI TAB 3MG	53	<i>rivastigmine tartrate cap 4.5 mg</i>	45
REXULTI TAB 4MG	53	<i>rivastigmine tartrate cap 6 mg</i>	45
REYATAZ CAP 150MG	9	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	45
REYATAZ CAP 200MG	9	.....	45
REYATAZ CAP 300MG	9	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	45
REYATAZ POW 50MG.....	9	.....	45
<i>ribasphere cap 200mg</i>	12	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	45
<i>ribasphere tab 200mg</i>	12	.....	45
<i>ribasphere tab 400mg</i>	12	<i>rizatriptan benzoate oral disintegrating</i>	
<i>ribasphere tab 600mg</i>	12	<i>tab 10 mg (base eq)</i>	57
<i>ribavirin cap 200 mg</i>	12	<i>rizatriptan benzoate oral disintegrating</i>	
<i>ribavirin tab 200 mg</i>	12	<i>tab 5 mg (base eq)</i>	57
<i>rifabutin cap 150 mg</i>	11	<i>rizatriptan benzoate tab 10 mg (base</i>	
<i>rifampin cap 150 mg</i>	11	<i>equivalent)</i>	57
<i>rifampin cap 300 mg</i>	11	<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>rifampin for inj 600 mg</i>	11	<i>equivalent)</i>	57
RIFATER TAB.....	11	<i>ropinirole hydrochloride tab 0.25 mg</i> ..	50
<i>riluzole tab 50 mg</i>	58	<i>ropinirole hydrochloride tab 0.5 mg</i>	50
<i>rimantadine hydrochloride tab 100 mg</i>	12	<i>ropinirole hydrochloride tab 1 mg</i>	50
RINGER'S SOLUTION.....	87	<i>ropinirole hydrochloride tab 2 mg</i>	50
RISPERDAL INJ 12.5MG	53	<i>ropinirole hydrochloride tab 3 mg</i>	50
RISPERDAL INJ 25MG.....	53	<i>ropinirole hydrochloride tab 4 mg</i>	50
RISPERDAL INJ 37.5MG	53	<i>ropinirole hydrochloride tab 5 mg</i>	50
RISPERDAL INJ 50MG.....	53	<i>rosuvastatin calcium tab 10 mg</i>	31
<i>risperidone orally disintegrating tab 0.25</i>		<i>rosuvastatin calcium tab 20 mg</i>	31
<i>mg</i>	54	<i>rosuvastatin calcium tab 40 mg</i>	31
<i>risperidone orally disintegrating tab 0.5</i>		<i>rosuvastatin calcium tab 5 mg</i>	31
<i>mg</i>	54	ROTARIX SUS	84
<i>risperidone orally disintegrating tab 1 mg</i>		ROTATEQ SOL.....	84
.....	54	<i>roweepra tab 1000mg</i>	43
<i>risperidone orally disintegrating tab 2 mg</i>		<i>roweepra tab 500mg</i>	43
.....	54	<i>roweepra tab 750mg</i>	43
<i>risperidone orally disintegrating tab 3 mg</i>		RUBRACA TAB 200MG.....	20
.....	54	RUBRACA TAB 250MG.....	21

RUBRACA TAB 300MG	21	SIRTURO TAB 100MG	11
RYDAPT CAP 25MG.....	23	SIVEXTRO INJ 200MG.....	7
S		SIVEXTRO TAB 200MG.....	7
SABRIL POW 500MG	43	SODIUM CHLORIDE INJ 0.45%	87
SABRIL TAB 500MG.....	43	SODIUM CHLORIDE INJ 2.5 MEQ/ML	
SANDIMMUNE SOL 100MG/ML.....	83	(14.6%).....	85
SANDOSTATIN KIT LAR 10MG	70	SODIUM CHLORIDE INJ 3%.....	87
SANDOSTATIN KIT LAR 20MG	70	SODIUM CHLORIDE INJ 5%.....	87
SANDOSTATIN KIT LAR 30MG	70	SODIUM CHLORIDE IRRIGATION SOLN	
SANTYL OIN 250/GM.....	98	0.9%	98
SAPHRIS SUB 10MG.....	54	SODIUM CHLORIDE IV SOLN 0.9%.....	87
SAPHRIS SUB 2.5MG.....	54	sodium fluoride chew; tab; 1.1 (0.5 f)	
SAPHRIS SUB 5MG.....	54	mg/ml soln.....	85
scopolamine td patch 72hr 1 mg/3days		sodium phenylbutyrate oral powder 3	
.....	74	gm/teaspoonful.....	67
selegiline hcl cap 5 mg	50	sodium phenylbutyrate tab 500 mg	67
selegiline hcl tab 5 mg	50	sodium polystyrene sulfonate oral susp	
selenium sulfide lotion 2.5%	95	15 gm/60ml	63
SELZENTRY SOL 20MG/ML	9	sodium polystyrene sulfonate powder .	63
SELZENTRY TAB 150MG.....	9	SOLTAMOX SOL 10MG/5ML	21
SELZENTRY TAB 25MG	9	SOLU-CORTEF INJ 250MG	69
SELZENTRY TAB 300MG.....	10	SOMATULINE INJ 120/.5ML	70
SELZENTRY TAB 75MG	9	SOMATULINE INJ 60/0.2ML	70
SENSIPAR TAB 30MG	63	SOMATULINE INJ 90/0.3ML	70
SENSIPAR TAB 60MG	63	SOMAVERT INJ 10MG	70
SENSIPAR TAB 90MG	63	SOMAVERT INJ 15MG	70
SEREVENT DIS AER 50MCG.....	92	SOMAVERT INJ 20MG	70
sertraline hcl oral conc 20 mg/ml.....	48	SOMAVERT INJ 25MG	70
sertraline hcl tab 100 mg.....	48	SOMAVERT INJ 30MG	71
sertraline hcl tab 25 mg.....	48	sorine tab 120mg.....	30
sertraline hcl tab 50 mg.....	48	sorine tab 160mg.....	30
sharobel tab 0.35mg	66	sorine tab 240mg.....	30
SIGNIFOR INJ 0.3MG/ML	70	sorine tab 80mg.....	30
SIGNIFOR INJ 0.6MG/ML	70	sotalol hcl (afib/afl) tab 120 mg	30
SIGNIFOR INJ 0.9MG/ML	70	sotalol hcl (afib/afl) tab 160 mg	30
sildenafil citrate tab 20 mg.....	38	sotalol hcl (afib/afl) tab 80 mg.....	30
SILENOR TAB 3MG.....	56	sotalol hcl tab 120 mg	30
SILENOR TAB 6MG.....	56	sotalol hcl tab 160 mg	30
SILVER SULFADIAZINE CREAM 1%	94	sotalol hcl tab 240 mg	30
SIMBRINZA SUS 1-0.2%.....	90	sotalol hcl tab 80 mg	30
simvastatin tab 10 mg.....	31	SOVALDI TAB 400MG	12
simvastatin tab 20 mg.....	31	spironolactone & hydrochlorothiazide tab	
simvastatin tab 40 mg.....	31	25-25 mg.....	36
simvastatin tab 5 mg.....	31	spironolactone tab 100 mg	27
simvastatin tab 80 mg.....	31	spironolactone tab 25 mg.....	27
sirolimus tab 0.5 mg	83	spironolactone tab 50 mg.....	27
sirolimus tab 1 mg	83	sprintec 28 tab 28 day	66
sirolimus tab 2 mg	83	SPRITAM TAB 1000MG.....	43

SPRITAM TAB 250MG	43	<i>sulfasalazine tab 500 mg</i>	75
SPRITAM TAB 500MG	43	<i>sulfasalazine tab delayed release 500 mg</i>	75
SPRITAM TAB 750MG	43	.....	75
SPRYCEL TAB 100MG	23	<i>sulindac tab 150 mg</i>	2
SPRYCEL TAB 140MG	23	<i>sulindac tab 200 mg</i>	2
SPRYCEL TAB 20MG	23	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	57
SPRYCEL TAB 50MG	23	.....	57
SPRYCEL TAB 70MG	23	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	57
SPRYCEL TAB 80MG	23	.....	57
SSD CRE 1%	94	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	57
<i>stavudine cap 15 mg</i>	10	SUMATRIPTAN SUCCINATE SOLUTION	57
<i>stavudine cap 20 mg</i>	10	AUTO-INJECTOR 4 MG/0.5ML	57
<i>stavudine cap 30 mg</i>	10	<i>sumatriptan succinate solution auto-</i>	57
<i>stavudine cap 40 mg</i>	10	<i>injector 6 mg/0.5ml</i>	57
STIMATE SOL 1.5MG/ML	72	SUMATRIPTAN SUCCINATE SOLUTION	57
STIVARGA TAB 40MG	23	CARTRIDGE 4 MG/0.5ML	57
STRATTERA CAP 100MG	56	<i>sumatriptan succinate solution cartridge</i>	57
STRATTERA CAP 10MG	56	<i>6 mg/0.5ml</i>	57
STRATTERA CAP 18MG	56	<i>sumatriptan succinate solution prefilled</i>	57
STRATTERA CAP 25MG	56	<i>syringe 6 mg/0.5ml</i>	57
STRATTERA CAP 40MG	56	<i>sumatriptan succinate tab 100 mg</i>	58
STRATTERA CAP 60MG	56	<i>sumatriptan succinate tab 25 mg</i>	57
STRATTERA CAP 80MG	56	<i>sumatriptan succinate tab 50 mg</i>	58
<i>streptomycin sulfate for inj 1 gm</i>	5	SUPRAX CAP 400MG	14
STRIBILD TAB	10	<i>suprax chw 100mg</i>	14
SUBOXONE MIS 12-3MG	60	<i>suprax chw 200mg</i>	14
SUBOXONE MIS 2-0.5MG	60	SUPRAX SUS 500/5ML	14
SUBOXONE MIS 4-1MG	60	SUPREP BOWEL SOL PREP KIT	76
SUBOXONE MIS 8-2MG	60	SUSTIVA CAP 200MG	10
SUCRAID SOL 8500/ML	76	SUSTIVA CAP 50MG	10
<i>sucralfate tab 1 gm</i>	76	SUSTIVA TAB 600MG	10
<i>sulfacetamide sodium lotion 10% (acne)</i>	94	SUTENT CAP 12.5MG	23
.....	94	SUTENT CAP 25MG	23
<i>sulfacetamide sodium ophth oint 10%</i> .	88	SUTENT CAP 37.5MG	23
<i>sulfacetamide sodium ophth soln 10%</i> .	88	SUTENT CAP 50MG	23
<i>sulfacetamide sodium-prednisolone</i>		SYLATRON KIT 200MCG	24
<i>ophth soln 10-0.23(0.25)%</i>	88	SYLATRON KIT 300MCG	24
<i>sulfadiazine tab 500mg</i>	5	SYLATRON KIT 600MCG	24
<i>sulfamethoxazole-trimethoprim iv soln</i>		SYMBICORT AER 160-4.5	93
<i>400-80 mg/5ml</i>	7	SYMBICORT AER 80-4.5	93
<i>sulfamethoxazole-trimethoprim susp</i>		SYMLINPEN 60 INJ 1000MCG	61
<i>200-40 mg/5ml</i>	7	SYMLNPEN 120 INJ 1000MCG	61
<i>sulfamethoxazole-trimethoprim tab 400-</i>		SYNAGIS INJ 100MG/ML	84
<i>80 mg</i>	7	SYNAGIS INJ 50MG	84
<i>sulfamethoxazole-trimethoprim tab 800-</i>		SYNAREL SOL 2MG/ML	67
<i>160 mg</i>	7	SYNERCID INJ 500MG	7
SULFAMYLON CRE 85MG/GM	95	SYNRIBO INJ 3.5MG	24
SULFAMYLON PAK 5%	95	SYNTHROID TAB 100MCG	72

SYNTHROID TAB 112MCG	72
SYNTHROID TAB 125MCG	72
SYNTHROID TAB 137MCG	72
SYNTHROID TAB 150MCG	72
SYNTHROID TAB 175MCG	72
SYNTHROID TAB 200MCG	72
SYNTHROID TAB 25MCG	72
SYNTHROID TAB 300MCG	72
SYNTHROID TAB 50MCG	72
SYNTHROID TAB 75MCG	72
SYNTHROID TAB 88MCG	72
SYPRINE CAP 250MG	63

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TABLOID TAB 40MG	19
<i>tacrolimus cap 0.5 mg</i>	83
<i>tacrolimus cap 1 mg</i>	83
<i>tacrolimus cap 5 mg</i>	83
<i>tacrolimus oint 0.03%</i>	97
<i>tacrolimus oint 0.1%</i>	97
TAFINLAR CAP 50MG	23
TAFINLAR CAP 75MG	23
TAGRISSO TAB 40MG	23
TAGRISSO TAB 80MG	23
TAMIFLU SUS 6MG/ML	12
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	21
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	21
<i>tamsulosin hcl cap 0.4 mg</i>	77
TARCEVA TAB 100MG	23
TARCEVA TAB 150MG	23
TARCEVA TAB 25MG	23
TARGRETIN GEL 1%	97
<i>tarina fe tab 1/20</i>	66
TASIGNA CAP 150MG	23
TASIGNA CAP 200MG	23
TAXOTERE INJ 80MG/4ML	20
<i>tazarotene cream 0.1%</i>	95
<i>tazicef inj 1gm</i>	14
<i>tazicef inj 2gm</i>	14
<i>tazicef inj 6gm</i>	14
TAZORAC CRE 0.05%	95
TAZORAC CRE 0.1%	95
TECENTRIQ INJ 1200/20	21
TEFLARO INJ 400MG	14
TEFLARO INJ 600MG	14
TEGRETOL SUS 100/5ML	43
TEGRETOL TAB 200MG	43

TEGRETOL-XR TAB 100MG	43
TEGRETOL-XR TAB 200MG	43
TEGRETOL-XR TAB 400MG	43
<i>telmisartan tab 20 mg</i>	29
<i>telmisartan tab 40 mg</i>	29
<i>telmisartan tab 80 mg</i>	29
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	28
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	28
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	28
<i>temazepam cap 15 mg</i>	56
<i>temazepam cap 7.5 mg</i>	56
TENIVAC INJ 5-2LF	84
<i>terazosin hcl cap 1 mg</i>	27
<i>terazosin hcl cap 10 mg</i>	27
<i>terazosin hcl cap 2 mg</i>	27
<i>terazosin hcl cap 5 mg</i>	27
<i>terbinafine hcl tab 250 mg</i>	8
<i>terbutaline sulfate inj 1 mg/ml</i>	92
<i>terbutaline sulfate tab 2.5 mg</i>	92
<i>terbutaline sulfate tab 5 mg</i>	92
<i>terconazole vaginal cream 0.4%</i>	78
<i>terconazole vaginal cream 0.8%</i>	78
<i>terconazole vaginal suppos 80 mg</i>	78
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	60
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	60
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	60
<i>testosterone td soln 30 mg/act</i>	60
TET/DIP TOX INJ 2-2 LF	84
TETRABENAZINE TAB 12.5 MG	58
TETRABENAZINE TAB 25 MG	58
<i>texacort sol 2.5%</i>	97
THALOMID CAP 100MG	82
THALOMID CAP 150MG	82
THALOMID CAP 200MG	82
THALOMID CAP 50MG	82
<i>theo-24 cap 100mg cr</i>	93
<i>theo-24 cap 200mg cr</i>	93
<i>theo-24 cap 300mg cr</i>	93
<i>theo-24 cap 400mg er</i>	93
<i>theophylline soln 80 mg/15ml</i>	93
<i>theophylline tab er 12hr 100 mg</i>	93
<i>theophylline tab er 12hr 200 mg</i>	93

<i>theophylline tab er 12hr 300 mg</i>	94	<i>tolterodine tartrate cap er 24hr 4 mg..</i>	78
<i>theophylline tab er 12hr 450 mg</i>	94	<i>tolterodine tartrate tab 1 mg</i>	78
<i>theophylline tab er 24hr 400 mg</i>	94	<i>tolterodine tartrate tab 2 mg</i>	78
<i>theophylline tab er 24hr 600 mg</i>	94	<i>topiramate sprinkle cap 15 mg</i>	43
<i>thioridazine hcl tab 10 mg</i>	54	<i>topiramate sprinkle cap 25 mg</i>	43
<i>thioridazine hcl tab 100 mg</i>	54	<i>topiramate tab 100 mg</i>	43
<i>thioridazine hcl tab 25 mg</i>	54	<i>topiramate tab 200 mg</i>	43
<i>thioridazine hcl tab 50 mg</i>	54	<i>topiramate tab 25 mg</i>	43
<i>thiothixene cap 1 mg</i>	54	<i>topiramate tab 50 mg</i>	43
<i>thiothixene cap 10 mg</i>	54	<i>toposar inj 100/5ml</i>	25
<i>thiothixene cap 2 mg</i>	54	<i>toposar inj 1gm/50ml</i>	25
<i>thiothixene cap 5 mg</i>	54	<i>topotecan hcl for inj 4 mg</i>	25
<i>tiagabine hcl tab 2 mg</i>	43	TOPOTECAN INJ 4MG/4ML.....	25
<i>tiagabine hcl tab 4 mg</i>	43	<i>torsemide tab 10 mg</i>	36
TIGECYCLINE INJ 50MG.....	7	<i>torsemide tab 100 mg</i>	36
TIMOLOL MALEATE OPTH GEL FORMING		<i>torsemide tab 20 mg</i>	36
SOLN 0.25%	90	<i>torsemide tab 5 mg</i>	36
TIMOLOL MALEATE OPTH GEL FORMING		TOUJEO SOLO INJ 300IU/ML	61
SOLN 0.5%	90	TOVIAZ TAB 4MG	78
<i>timolol maleate ophth soln 0.25%</i>	90	TOVIAZ TAB 8MG	78
<i>timolol maleate ophth soln 0.5%</i>	90	TPN ELECTROL INJ	85
<i>timolol maleate tab 10 mg</i>	33	TRACLEER TAB 125MG.....	38
<i>timolol maleate tab 20 mg</i>	33	TRACLEER TAB 62.5MG	38
<i>timolol maleate tab 5 mg</i>	33	TRADJENTA TAB 5MG	63
TIVICAY TAB 10MG	10	<i>tramadol hcl tab 50 mg</i>	2
TIVICAY TAB 25MG	10	<i>tramadol-acetaminophen tab 37.5-325</i>	
TIVICAY TAB 50MG	10	<i>mg</i>	2
<i>tizanidine hcl tab 2 mg (base equivalent)</i>		<i>trandolapril tab 1 mg</i>	27
.....	59	<i>trandolapril tab 2 mg</i>	27
<i>tizanidine hcl tab 4 mg (base equivalent)</i>		<i>trandolapril tab 4 mg</i>	27
.....	59	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
TOBRADEX OIN 0.3-0.1%	88	<i>(100 mg/ml)</i>	80
TOBRADEX ST SUS 0.3-0.05	88	<i>tranexamic acid tab 650 mg</i>	80
<i>tobramycin nebu soln 300 mg/5ml</i>	5	TRANSDERM-SC DIS 1.5MG.....	74
<i>tobramycin ophth soln 0.3%</i>	88	<i>tranylcypromine sulfate tab 10 mg</i>	48
<i>tobramycin sulfate for inj 1.2 gm</i>	5	TRAVASOL INJ 10%.....	86
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		TRAVATAN Z DRO 0.004%	90
<i>mg/ml) (base equiv)</i>	5	<i>trazodone hcl tab 100 mg</i>	48
<i>tobramycin sulfate inj 10 mg/ml (base</i>		<i>trazodone hcl tab 150 mg</i>	48
<i>equivalent)</i>	5	<i>trazodone hcl tab 50 mg</i>	48
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		TREANDA INJ 100MG.....	18
<i>mg/ml) (base equiv)</i>	5	TREANDA INJ 25MG.....	18
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		TRECATOR TAB 250MG	11
<i>mg/ml) (base equiv)</i>	5	TRELSTAR MIX INJ 11.25MG.....	21
<i>tobramycin-dexamethasone ophth susp</i>		TRELSTAR MIX INJ 3.75MG	21
<i>0.3-0.1%</i>	88	TRESIBA FLEX INJ 100UNIT.....	61
TOBREX OIN 0.3% OP	88	TRESIBA FLEX INJ 200UNIT.....	61
<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	78	<i>tretinoin cap 10 mg</i>	24

<i>tretinoin cream 0.025%</i>	94
<i>tretinoin cream 0.05%</i>	94
<i>tretinoin cream 0.1%</i>	94
<i>TRETINOIN GEL 0.01%</i>	94
<i>tretinoin gel 0.025%</i>	94
<i>triamcinolone acetonide cream 0.025%</i>	97
<i>triamcinolone acetonide cream 0.1%</i> ...	97
<i>triamcinolone acetonide cream 0.5%</i> ...	97
<i>triamcinolone acetonide dental paste</i> <i>0.1%</i>	98
<i>triamcinolone acetonide lotion 0.025%</i>	97
<i>triamcinolone acetonide lotion 0.1%</i> ...	97
<i>triamcinolone acetonide oint 0.025%</i> ...	97
<i>triamcinolone acetonide oint 0.1%</i>	97
<i>triamcinolone acetonide oint 0.5%</i>	97
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	36
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	36
<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	36
<i>triderm cre 0.1%</i>	97
<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	54
<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	54
<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	54
<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	54
<i>trifluridine ophth soln 1%</i>	89
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ...	50
<i>trihexyphenidyl hcl tab 2 mg</i>	50
<i>trihexyphenidyl hcl tab 5 mg</i>	50
<i>tri-legend tab fe</i>	66
<i>tri-lo- tab sprintec</i>	66
<i>trilyte sol</i>	76
<i>trimethoprim tab 100 mg</i>	7
<i>trimipramine maleate cap 100 mg</i>	48
<i>trimipramine maleate cap 25 mg</i>	48
<i>trimipramine maleate cap 50 mg</i>	48
<i>TRINESSA LO TAB</i>	66
<i>TRINESSA TAB</i>	66
<i>TRINTELLIX TAB 10MG</i>	48
<i>TRINTELLIX TAB 20MG</i>	48
<i>TRINTELLIX TAB 5MG</i>	48
<i>tri-previfem tab</i>	66

<i>TRISENOX SOL 10MG/10M</i>	24
<i>tri-sprintec tab</i>	66
<i>TRIUMEQ TAB</i>	11
<i>trivora-28 tab</i>	66
<i>TROPHAMINE INJ 10%</i>	86
<i>trospium chloride tab 20 mg</i>	78
<i>TRUE METRIX KIT AIR</i>	98
<i>TRUE METRIX KIT METER</i>	98
<i>TRUE METRIX TES GLUCOSE</i>	98
<i>TRULICITY INJ 0.75/0.5</i>	61
<i>TRULICITY INJ 1.5/0.5</i>	61
<i>TRUMENBA INJ</i>	84
<i>TRUVADA TAB 100-150</i>	11
<i>TRUVADA TAB 133-200</i>	11
<i>TRUVADA TAB 167-250</i>	11
<i>TRUVADA TAB 200-300</i>	11
<i>TWINRIX INJ</i>	84
<i>TYBOST TAB 150MG</i>	10
<i>TYGACIL INJ 50MG</i>	7
<i>TYKERB TAB 250MG</i>	23
<i>TYPHIM VI INJ</i>	84
<i>TYSABRI INJ 300/15ML</i>	58
<i>TYZEKA TAB 600MG</i>	12

U

<i>ULORIC TAB 40MG</i>	1
<i>ULORIC TAB 80MG</i>	1
<i>UNITHROID TAB 100MCG</i>	72
<i>UNITHROID TAB 112MCG</i>	72
<i>UNITHROID TAB 125MCG</i>	72
<i>UNITHROID TAB 150MCG</i>	72
<i>UNITHROID TAB 175MCG</i>	72
<i>UNITHROID TAB 200MCG</i>	72
<i>UNITHROID TAB 25MCG</i>	72
<i>UNITHROID TAB 300MCG</i>	72
<i>UNITHROID TAB 50MCG</i>	72
<i>UNITHROID TAB 75MCG</i>	72
<i>UNITHROID TAB 88MCG</i>	72
<i>UPTRAVI TAB 1000MCG</i>	38
<i>UPTRAVI TAB 1200MCG</i>	38
<i>UPTRAVI TAB 1400MCG</i>	38
<i>UPTRAVI TAB 1600MCG</i>	38
<i>UPTRAVI TAB 200/800</i>	38
<i>UPTRAVI TAB 200MCG</i>	38
<i>UPTRAVI TAB 400MCG</i>	38
<i>UPTRAVI TAB 600MCG</i>	38
<i>UPTRAVI TAB 800MCG</i>	38
<i>ursodiol cap 300 mg</i>	76
<i>ursodiol tab 250 mg</i>	76

ursodiol tab 500 mg76

V

valacyclovir hcl tab 1 gm12
valacyclovir hcl tab 500 mg12
VALCHLOR GEL 0.016%97
VALCYTE SOL 50MG/ML12
valganciclovir hcl for soln 50 mg/ml
(base equiv)12
valganciclovir hcl tab 450 mg (base
equivalent)12
valproate sodium inj 100 mg/ml44
valproate sodium oral soln 250 mg/5ml
(base equiv)44
valproic acid cap 250 mg44
valsartan tab 160 mg29
valsartan tab 320 mg29
valsartan tab 40 mg29
valsartan tab 80 mg29
valsartan-hydrochlorothiazide tab 160-
12.5 mg29
valsartan-hydrochlorothiazide tab 160-25
mg29
valsartan-hydrochlorothiazide tab 320-
12.5 mg29
valsartan-hydrochlorothiazide tab 320-25
mg29
valsartan-hydrochlorothiazide tab 80-
12.5 mg29
vancomycin hcl cap 125 mg 7
vancomycin hcl cap 250 mg 7
vancomycin hcl for inj 10 gm 7
vancomycin hcl for inj 1000 mg 7
vancomycin hcl for inj 500 mg 7
vancomycin hcl for inj 5000 mg 7
vancomycin hcl for inj 750 mg 7
VANCOMYCIN INJ 1 GM 7
VANCOMYCIN INJ 500MG 7
VANCOMYCIN INJ 750MG 7
VANDAZOLE GEL 0.75%78
VAQTA INJ 25/0.5ML84
VAQTA INJ 50UNT/ML84
VARIVAX INJ84
VASCEPA CAP 0.5GM32
VASCEPA CAP 1GM32
VELCADE INJ 3.5MG21
velivet pak66
VEMLIDY TAB 25MG12
VENCLEXTA TAB 100MG21

VENCLEXTA TAB 10MG 21
VENCLEXTA TAB 50MG 21
VENCLEXTA TAB START PK 21
venlafaxine hcl cap er 24hr 150 mg
(base equivalent) 48
venlafaxine hcl cap er 24hr 37.5 mg
(base equivalent) 48
venlafaxine hcl cap er 24hr 75 mg (base
equivalent) 48
venlafaxine hcl tab 100 mg 48
venlafaxine hcl tab 25 mg 48
venlafaxine hcl tab 37.5 mg 48
venlafaxine hcl tab 50 mg 48
venlafaxine hcl tab 75 mg 48
VENTAVIS SOL 10MCG/ML 38
VENTAVIS SOL 20MCG/ML 38
VENTOLIN HFA AER 92
verapamil hcl cap er 24hr 100 mg 35
verapamil hcl cap er 24hr 120 mg 35
verapamil hcl cap er 24hr 180 mg 35
verapamil hcl cap er 24hr 200 mg 35
verapamil hcl cap er 24hr 240 mg 35
verapamil hcl cap er 24hr 300 mg 35
VERAPAMIL HCL CAP ER 24HR 360 MG 35
verapamil hcl iv soln 2.5 mg/ml 35
verapamil hcl tab 120 mg 35
verapamil hcl tab 40 mg 35
verapamil hcl tab 80 mg 35
verapamil hcl tab er 120 mg 35
verapamil hcl tab er 180 mg 35
verapamil hcl tab er 240 mg 35
VERSACLOZ SUS 50MG/ML 54
VESICARE TAB 10MG 78
VESICARE TAB 5MG 78
VICTOZA INJ 18MG/3ML 61
VIDEX SOL 2GM 10
VIDEX SOL 4GM 10
vienva tab 0.1-20 67
vigabatrin powd pack 500 mg 44
VIGAMOX DRO 0.5% 89
VIIBRYD KIT STARTER 48
VIIBRYD TAB 10MG 48
VIIBRYD TAB 20MG 48
VIIBRYD TAB 40MG 48
VIMPAT INJ 200MG/20 44
VIMPAT SOL 10MG/ML 44
VIMPAT TAB 100MG 44
VIMPAT TAB 150MG 44

VIMPAT TAB 200MG	44	XARELTO TAB 10MG	79
VIMPAT TAB 50MG	44	XARELTO TAB 15MG	79
<i>vinblastine sulfate inj 1 mg/ml</i>	20	XARELTO TAB 20MG	79
<i>vincasar pfs inj 1mg/ml</i>	20	XATMEP SOL 2.5MG/ML	81
<i>vincristine sulfate iv soln 1 mg/ml</i>	20	XELJANZ TAB 5MG	81
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	20	XELJANZ XR TAB 11MG	81
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	20	XGEVA INJ	71
<i>viorele tab</i>	67	XIFAXAN TAB 550MG	76
VIRACEPT TAB 250MG	10	XIGDUO XR TAB 10-1000	63
VIRACEPT TAB 625MG	10	XIGDUO XR TAB 10-500MG	63
VIRAMUNE SUS 50MG/5ML	10	XIGDUO XR TAB 5-1000MG	63
VIREAD POW 40MG/GM	10	XIGDUO XR TAB 5-500MG	63
VIREAD TAB 150MG	10	XOLAIR SOL 150MG	92
VIREAD TAB 200MG	10	XTANDI CAP 40MG	21
VIREAD TAB 250MG	10	XYREM SOL 500MG/ML	59
VIREAD TAB 300MG	10	Y	
<i>voriconazole for inj 200 mg</i>	8	YERVOY INJ 200MG	21
<i>voriconazole for susp 40 mg/ml</i>	8	YERVOY INJ 50MG	21
<i>voriconazole tab 200 mg</i>	8	YF-VAX INJ	84
<i>voriconazole tab 50 mg</i>	8	Z	
VOSEVI TAB	12	<i>zafirlukast tab 10 mg</i>	92
VOTRIENT TAB 200MG	23	<i>zafirlukast tab 20 mg</i>	92
VRAYLAR CAP 1.5-3MG	54	ZAVESCA CAP 100MG	67
VRAYLAR CAP 1.5MG	54	ZEJULA CAP 100MG	21
VRAYLAR CAP 3MG	54	ZELBORAF TAB 240MG	23
VRAYLAR CAP 4.5MG	54	ZEMAIRA INJ 1000MG	92
VRAYLAR CAP 6MG	54	<i>zenatane cap 30mg</i>	94
<i>vyfemla tab 0.4-35</i>	67	<i>zenchent tab</i>	67
W		ZENPEP CAP 10000UNT	76
<i>warfarin sodium tab 1 mg</i>	79	ZENPEP CAP 15000UNT	76
<i>warfarin sodium tab 10 mg</i>	79	ZENPEP CAP 20000UNT	76
<i>warfarin sodium tab 2 mg</i>	79	ZENPEP CAP 25000UNT	76
<i>warfarin sodium tab 2.5 mg</i>	79	ZENPEP CAP 3000UNIT	76
<i>warfarin sodium tab 3 mg</i>	79	ZENPEP CAP 40000UNT	76
<i>warfarin sodium tab 4 mg</i>	79	ZENPEP CAP 5000UNIT	76
<i>warfarin sodium tab 5 mg</i>	79	ZEPATIER TAB 50-100MG	12
<i>warfarin sodium tab 6 mg</i>	79	ZERIT SOL 1MG/ML	10
<i>warfarin sodium tab 7.5 mg</i>	79	ZIAGEN SOL 20MG/ML	10
WATER FOR IRRIGATION, STERILE		<i>zidovudine cap 100 mg</i>	10
IRRIGATION SOLN	98	<i>zidovudine syrup 10 mg/ml</i>	10
WELCHOL PAK 3.75GM	32	<i>zidovudine tab 300 mg</i>	10
WELCHOL TAB 625MG	32	<i>ziprasidone hcl cap 20 mg</i>	55
X		<i>ziprasidone hcl cap 40 mg</i>	55
XALKORI CAP 200MG	23	<i>ziprasidone hcl cap 60 mg</i>	55
XALKORI CAP 250MG	23	<i>ziprasidone hcl cap 80 mg</i>	55
XARELTO STAR TAB 15/20MG	79	ZIRGAN GEL 0.15%	89
		<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	63

<i>zoledronic acid iv soln 5 mg/100ml</i>	63	ZORTRESS TAB 0.25MG	83
<i>zoledronic inj 4mg</i>	63	ZORTRESS TAB 0.5MG	83
ZOLINZA CAP 100MG	21	ZORTRESS TAB 0.75MG	83
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	58	ZOSTAVAX INJ	84
<i>zolmitriptan orally disintegrating tab 5 mg</i>	58	<i>zovia 1/35e tab</i>	67
<i>zolmitriptan tab 2.5 mg</i>	58	<i>zovia 1/50e tab</i>	67
<i>zolmitriptan tab 5 mg</i>	58	ZYDELIG TAB 100MG	23
<i>zolpidem tartrate tab 10 mg</i>	57	ZYDELIG TAB 150MG	23
<i>zolpidem tartrate tab 5 mg</i>	57	ZYKADIA CAP 150MG	23
<i>zonisamide cap 100 mg</i>	44	ZYLET SUS 0.5-0.3%	88
<i>zonisamide cap 25 mg</i>	44	ZYPREXA RELP INJ 210MG	55
<i>zonisamide cap 50 mg</i>	44	ZYPREXA RELP INJ 300MG	55
ZONTIVITY TAB 2.08MG	80	ZYPREXA RELP INJ 405MG	55
		ZYTIGA TAB 250MG	21
		ZYTIGA TAB 500MG	21

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal.

This information is available in other formats such as Braille, large print and audio.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Molina Medicare Options Plus HMO SNP es un plan de salud con un contrato con Medicare y un contrato con el programa estatal de Medicaid. La inscripción en Molina Medicare Options Plus depende de la renovación del contrato.

Esta información está disponible en otros formatos, que incluyen Braille, letra grande y audio.

El formulario, red de farmacias o red de proveedores puede cambiar en cualquier momento. Usted recibirá una notificación cuando sea necesario.

This formulary was updated on 11/2017. For more recent information or other questions, please contact us, Molina Medicare Options Plus Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit www.molinahealthcare.com/medicare.

Este formulario se actualizó en 11/2017. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, al Departamento de Servicios para Miembros, de Molina Medicare Options Plus al (888) 665-1328 o para usuarios del servicio TTY al 711, los 7 días de la semana de 8:00 a. m. a 8:00 p. m., hora local. O bien, visite www.molinahealthcare.com/medicare.



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