

Formulary / Formulario

Healthy Advantage Plus HMO

2018

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.

MolinaHealthcare.com/Medicare

HealthyAdvantage*Plus*



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 (877) 644-0344; 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.

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).

Portugués

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

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակապակցման ծառայություններ: Ջանգահարեք 1-800-665-3086 (TTY (հեռատիպ) 711):

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ 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 ሊያገዝዎት 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 નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-3086 (TTY: 711).

Kru(Bassa language)

Dè dɛ nià kɛ dyédɛ gbo: ɔ jũ ké m [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò béin m 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່
ເສຍຄ່າ, ແມ່ນມີອັບໂຫຼດທ່ານ. ໂທ 1-800-665-3086 (TTY: 711).

Navajo

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

Nepali

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

Healthy Advantage Plus HMO

2018 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 00018238, Version Number 16

This formulary was updated on 11/2018. For more recent information or other questions, please contact us, Healthy Advantage Plus Member Services, at (800) 665-3086 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 Healthy Advantage Plus HMO.

This document includes list of the drugs (formulary) for our plan which is current as of 11/2018. 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, 2018, and from time to time during the year.

What is the Healthy Advantage Plus Comprehensive Formulary?

A formulary is a list of covered drugs selected by Healthy Advantage 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. Healthy Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Healthy Advantage 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 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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, 2018. To get updated information about the drugs covered by Healthy Advantage 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 102. 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?

Healthy Advantage 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:** Healthy Advantage Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Healthy Advantage Plus before you fill your prescriptions. If you don't get approval, Healthy Advantage Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Healthy Advantage Plus limits the amount of the drug that Healthy Advantage Plus will cover. For example, Healthy Advantage Plus provides 60 tablets per 30 days per prescription for Lyrica 300 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Healthy Advantage 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, Healthy Advantage Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Healthy Advantage 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 a document that explain our prior authorization restriction *or* step therapy restriction *or* 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 Healthy Advantage 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 Healthy Advantage Plus’s formulary?” on page iv 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 Healthy Advantage 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 Healthy Advantage 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 Healthy Advantage Plus.
- You can ask Healthy Advantage 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 Healthy Advantage Plus’s Formulary?

You can ask Healthy Advantage 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, Healthy Advantage 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, Healthy Advantage 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-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 98 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 long-term care residents, the dispensing pharmacy may override transition fill eligible rejects and Refill Too Soon rejects for new admissions. Level of Care Transition Fills are allowed up to a 31 days supply except for oral brand solids which are limited to 14 day fills with exceptions as required by CMS guidance. These drug claims would otherwise reject for being Non-formulary or formulary with utilization management edits.

Level of Care Transition Fills are allowed per calendar day, per Beneficiary, per drug, per pharmacy, per plan for a cumulative days supply.

For all Beneficiaries who experience a Level of Care Change, if a dose change results in an "early refill" or Refill Too Soon reject, the pharmacy may call the Pharmacy Help Desk to obtain an override.

For more information

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

If you have questions about Healthy Advantage 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>.

Healthy Advantage Plus's Formulary

The comprehensive formulary below provides coverage information about all the drugs covered by Healthy Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 102.

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 Healthy Advantage 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

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quality Limits

ST stands for Step Therapy criteria

** This prescription may be available only at certain pharmacies.*

“You can find information on what the symbols and abbreviations on this table mean by going to the end of this table.”

- “This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (800) 665-0898, 7 days a week, 8 a.m. – 8 p.m., local time. TTY users should call 711.”
- “We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.”
- *Plans that provide quantity limits for certain drugs must indicate the amount (days' supply or amount dispensed).*

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

Healthy Advantage Plus HMO

Formulario de 2018

(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 00018238, Version Number 16

Este formulario se actualizó en 11/2018. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, al Departamento de Servicios para Miembro, de Healthy Advantage Plus al (800) 665-3086 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", esto significa Healthy Advantage Plus.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan, el cual está vigente a partir del 11/2018. 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 2018 y de vez en cuando durante el año.

¿Qué es el formulario detallado de Healthy Advantage Plus?

Un formulario es una lista de los medicamentos cubiertos y seleccionados por Healthy Advantage 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. Healthy Advantage 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 Healthy Advantage 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 2018 que estaba cubierto a principios del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante la cobertura del año 2018, 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 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 2018. Comuníquese con nosotros para obtener información actualizada acerca de los

medicamentos cubiertos por Healthy Advantage 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 comienza 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 en qué categoría debe buscar, debería buscarlo en el índice que comienza en la página 102. 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?

Healthy Advantage 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:** Healthy Advantage Plus le requiere a usted y a su médico obtener una autorización previa para ciertos medicamentos. Esto significa que usted necesitará recibir aprobación de Healthy Advantage Plus antes de surtir sus recetas médicas. Si usted no recibe aprobación, es posible que Healthy Advantage Plus no cubra el medicamento.
- **Límite de cantidades:** Healthy Advantage Plus impone un límite de cantidades para determinados medicamentos que Healthy Advantage Plus cubre. Por ejemplo, Healthy Advantage Plus

proporciona 60 tabletas por 30 días por una receta médica de Lyrica 300 mg. Esto puede ser además de un suministro estándar de un mes o tres meses.

- **Terapia escalonada:** En algunos casos, Healthy Advantage 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 Healthy Advantage Plus no cubra el Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A no le ayuda, entonces Healthy Advantage Plus cubrirá el Medicamento B.

Puede verificar si su medicamento tiene algún requisito o límite adicionales buscando en el formulario que comienza 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 un documento en línea que explica nuestras restricciones de autorización previa *or* restricción de terapia escalonada *or* 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 Healthy Advantage 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 Healthy Advantage Plus?" en la página xii para obtener más 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 Healthy Advantage 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 Healthy Advantage Plus. Cuando usted reciba la lista, enséñesela a su médico y pida que le recete un medicamento semejante que esté cubierto por Healthy Advantage Plus.
- Usted puede pedirle a Healthy Advantage 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 Healthy Advantage Plus?

Usted puede pedir a Healthy Advantage 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 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, Healthy Advantage 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, Healthy Advantage 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 31 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 31 días, nosotros no pagaremos por estos medicamentos, aun si ha sido un miembro del plan durante menos de los 90 días.

Si usted se encuentra en un centro de atención a largo plazo, le permitiremos llenar su receta médica hasta 98 días si usted es miembro de 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 los residentes a largo plazo, la farmacia de dispensación puede anular el rechazo de elegibilidad de surtido de transición y el rechazo de Surtido Muy Temprano cuando es un ingreso nuevo. Los surtidos por Transición en Nivel de Cuidado se permiten para un suministro de 31 días, salvo cuando sea para sólidos orales de marca, los cuales se limitan a un surtido de 14 días con excepciones, según es requerido por las disposiciones de los CMS. Estos reclamos de medicamentos serían, de lo contrario, rechazados por no ser parte del formulario o por estar en el formulario con modificaciones de control en utilización.

Los surtidos por Transición en Nivel de Cuidado se permiten por un día natural, por beneficiario, por droga, por farmacia, por plan para un suministro de días acumulativos.

Para todo beneficiario que pase por un Cambio en Nivel de Cuidado, si el cambio en dosis causa un "surtido temprano" o un rechazo por Surtido Muy Pronto, la farmacia puede llamar a la Línea de Ayuda Técnica Farmacéutica para obtener una anulación.

Para obtener más información

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

Comuníquese con nosotros si tiene preguntas acerca de Healthy Advantage 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 Healthy Advantage Plus

El formulario detallado proporciona información de cobertura acerca de todos los medicamentos cubiertos por Healthy Advantage Plus. Si usted no puede encontrar su medicamento en la lista, consulte el índice que comienza en la página 102.

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 Healthy Advantage 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"

NM significa "Medicamento no disponible para servicio por correo"

PA significa "autorización previa"

QL significa "Límite de cantidades"

ST significa "criterio de terapia escalonada"

** Este medicamento recetado puede estar disponible solamente en ciertas farmacias.*

"Usted puede obtener información sobre el significado de los símbolos y abreviaciones de esta tabla en de esta tabla."

- "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 (800) 665-0898, 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."
- "Proporcionamos cobertura adicional para este medicamento recetado en la brecha de cobertura. Por favor, consulte nuestra Evidencia de Cobertura para obtener más información sobre esta cobertura."
- *Los planes que proporcionan límites de cantidad para determinados medicamentos deben indicar la cantidad (días de suministro o cantidad de dispensación).*

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

MOLINA_CY18_CORE eff 11/01/2018

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
COLCRYS TAB 0.6MG	3	QL (120 tabs / 30 days)
MITIGARE CAP 0.6MG	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	2	
ULORIC TAB 40MG	3	ST
ULORIC TAB 80MG	3	ST
NSAIDS		
<i>celecoxib cap 50 mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<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>	2	
<i>ketoprofen cap 75 mg</i>	2	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tab 750 mg</i>	2	
NAPRELAN TAB 750MG CR	4	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	5	
<i>naproxen susp 125 mg/5ml</i>	2	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
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 patches / 28 days)
BUTRANS DIS 7.5/HR	3	QL (8 patches / 28 days)
BUTRANS DIS 10MCG/HR	3	QL (8 patches / 28 days)
BUTRANS DIS 15MCG/HR	3	QL (4 patches / 28 days)
BUTRANS DIS 20MCG/HR	3	QL (4 patches / 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>	2	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>endocet tab 2.5-325</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	QL (120 lozenges / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	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>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	B/D
<i>hydromorphone hcl tab 2 mg</i>	2	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	2	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	2	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)

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

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	2	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	2	QL (450 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	2	QL (450 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
MORPHINE SUL INJ 150/30ML	4	B/D
<i>morphine sulfate inj 8 mg/ml</i>	4	B/D
<i>morphine sulfate inj 10 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	4	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	
<i>morphine sulfate tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	2	QL (60 tabs / 30 days)
NUCYNTA ER TAB 50MG	3	QL (120 tabs / 30 days)
NUCYNTA ER TAB 100MG	3	QL (120 tabs / 30 days)
NUCYNTA ER TAB 150MG	3	QL (60 tabs / 30 days)
NUCYNTA ER TAB 200MG	3	QL (60 tabs / 30 days)
NUCYNTA ER TAB 250MG	3	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	
<i>oxycodone hcl soln 5 mg/5ml</i>	2	
<i>oxycodone hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	3	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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

<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>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<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>neomycin sulfate tab 500 mg</i>	2	
<i>paromomycin sulfate cap 250 mg</i>	2	
<i>streptomycin sulfate for inj 1 gm</i>	2	
SULFADIAZINE TAB 500MG	4	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	5	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA TAB 200MG	5	
ALINIA SUS 100/5ML	5	
ALINIA TAB 500MG	5	
<i>atovaquone susp 750 mg/5ml</i>	5	

Drug Name	Drug Tier	Requirements/Limits
AZACTAM INJ 1GM	4	
AZACTAM INJ 2GM	4	
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	5	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>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<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 sod for inj 150 mg (colistin base activity)</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>daptomycin for iv soln 500 mg</i>	5	
EMVERM CHW 100MG	5	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
INVANZ INJ 1GM	4	
<i>ivermectin tab 3 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	5	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	5	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	
<i>linezolid tab 600 mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
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	
<i>praziquantel tab 600 mg</i>	2	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TAB 200MG	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	
<i>tigecycline for iv soln 50 mg</i>	5	
TIGECYCLINE INJ 50MG	5	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	5	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	5	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET INJ 5MG/ML	5	B/D
AMBISOME INJ 50MG	5	B/D
<i>amphotericin b for inj 50 mg</i>	2	B/D
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	
<i>caspofungin acetate for iv soln 50 mg</i>	5	
<i>caspofungin acetate for iv soln 70 mg</i>	5	
CASPOFUNGIN INJ 50MG	5	
CASPOFUNGIN INJ 70MG	5	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	2	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	2	
FLUCONAZOLE/ INJ NAACL 100	3	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>ketoconazole tab 200 mg</i>	2	PA
MYCAMINE INJ 50MG	5	
MYCAMINE INJ 100MG	5	
NOXAFIL SUS 40MG/ML	5	QL (630 mL / 30 days)
NOXAFIL TAB 100MG	5	QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	2	
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	5	
<i>voriconazole tab 50 mg</i>	5	
<i>voriconazole tab 200 mg</i>	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	
APTIVUS CAP 250MG	5	
APTIVUS SOL	5	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	5	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	5	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	5	
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
<i>didanosine delayed release capsule 200 mg</i>	2	
<i>didanosine delayed release capsule 250 mg</i>	2	
<i>didanosine delayed release capsule 400 mg</i>	2	
EDURANT TAB 25MG	5	
<i>efavirenz cap 50 mg</i>	2	
<i>efavirenz cap 200 mg</i>	5	
<i>efavirenz tab 600 mg</i>	5	
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	
FUZEON INJ 90MG	5	NM
INTELENCE TAB 25MG	4	NM
INTELENCE TAB 100MG	5	NM
INTELENCE TAB 200MG	5	NM
INVIRASE CAP 200MG	5	
INVIRASE TAB 500MG	5	
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	
ISENTRESS HD TAB 600MG	5	
ISENTRESS POW 100MG	5	
ISENTRESS TAB 400MG	5	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	
LEXIVA SUS 50MG/ML	4	
LEXIVA TAB 700MG	5	
<i>nevirapine susp 50 mg/5ml</i>	2	
<i>nevirapine tab 200 mg</i>	2	
<i>nevirapine tab er 24hr 100 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tab er 24hr 400 mg</i>	2	
NORVIR CAP 100MG	3	
NORVIR POW 100MG	3	
NORVIR SOL 80MG/ML	3	
NORVIR TAB 100MG	3	
PREZISTA SUS 100MG/ML	5	QL (400 mL / 30 days)
PREZISTA TAB 75MG	3	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	5	QL (240 tabs / 30 days)
PREZISTA TAB 600MG	5	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	5	QL (30 tabs / 30 days)
RESCRIPTOR TAB 100 MG	4	
RESCRIPTOR TAB 200MG	4	
RETROVIR INJ 10MG/ML	4	
REYATAZ POW 50MG	5	
<i>ritonavir tab 100 mg</i>	2	
SELZENTRY SOL 20MG/ML	5	
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	
SELZENTRY TAB 150MG	5	
SELZENTRY TAB 300MG	5	
<i>stavudine cap 15 mg</i>	2	
<i>stavudine cap 20 mg</i>	2	
<i>stavudine cap 30 mg</i>	2	
<i>stavudine cap 40 mg</i>	2	
SUSTIVA TAB 600MG	5	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	5	
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	5	
TIVICAY TAB 50MG	5	
TROGARZO INJ 150MG/ML	5	LA
TYBOST TAB 150MG	3	
VIDEX EC CAP 125MG	4	
VIDEX SOL 2GM	4	
VIDEX SOL 4GM	4	
VIRACEPT TAB 250MG	5	
VIRACEPT TAB 625MG	5	
VIRAMUNE SUS 50MG/5ML	4	
VIREAD POW 40MG/GM	5	
VIREAD TAB 150MG	5	
VIREAD TAB 200MG	5	
VIREAD TAB 250MG	5	
VIREAD TAB 300MG	5	
ZERIT SOL 1MG/ML	5	
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	2	
<i>zidovudine tab 300 mg</i>	2	

Drug Name Drug Tier Requirements/Limits

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	
ATRIPLA TAB	5	
BIKTARVY TAB	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DESCOVY TAB 200/25	5	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMFI LO TAB	5	
SYMFI TAB	5	
SYMTUZA TAB	5	
TRIUMEQ TAB	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

CAPASTAT SUL INJ 1GM	4	
<i>cycloserine cap 250 mg</i>	5	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	LA, PA

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Drug Name	Drug Tier	Requirements/Limits
TRECATOR TAB 250MG	4	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	B/D
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDE SOL .05MG/ML	5	
DAKLINZA TAB 30MG	5	PA
DAKLINZA TAB 60MG	5	PA
DAKLINZA TAB 90MG	5	PA
<i>entecavir tab 0.5 mg</i>	5	
<i>entecavir tab 1 mg</i>	5	
EPCLUSA TAB 400-100	5	PA
EPIVIR HBV SOL 5MG/ML	4	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
GANCICLOVIR INJ 500MG	2	B/D
<i>ganciclovir sodium for inj 500 mg</i>	2	B/D
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	2	
MAVYRET TAB 100-40MG	5	PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (1080 mL / year)
PEGASYS INJ	5	NM, PA
PEGASYS INJ 180MCG/M	5	NM, PA
PEGASYS INJ PROCLICK	5	NM, PA
REBETOL SOL 40MG/ML	5	NM
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	2	NM
<i>ribasphere tab 200mg</i>	2	NM
<i>ribasphere tab 400mg</i>	5	NM
<i>ribasphere tab 600mg</i>	5	NM
<i>ribavirin cap 200 mg</i>	2	NM
<i>ribavirin tab 200 mg</i>	2	NM
<i>rimantadine hydrochloride tab 100 mg</i>	2	
SOVALDI TAB 400MG	5	NM, PA
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	
VEMLIDY TAB 25MG	5	
VOSEVI TAB	5	PA
ZEPATIER TAB 50-100MG	5	PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
CEFACLOR ER TAB 500MG	4	
<i>cefaclor for susp 125 mg/5ml</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefaclor for susp 375 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefazolin sodium for inj 10 gm</i>	2	
<i>cefazolin sodium for inj 20 gm</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for inj 2 gm</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefotaxime sodium for inj 1 gm</i>	2	
<i>cefotaxime sodium for inj 2 gm</i>	2	
<i>cefotaxime sodium for inj 500 mg</i>	2	
<i>cefoxitin sodium for inj 10 gm</i>	2	
<i>cefoxitin sodium for iv soln 1 gm</i>	2	
<i>cefoxitin sodium for iv soln 2 gm</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	2	
<i>ceftazidime for inj 2 gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime for inj 6 gm</i>	2	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 7.5 gm</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
SUPRAX CAP 400MG	3	
SUPRAX CHW 100MG	4	
SUPRAX CHW 200MG	4	
SUPRAX SUS 500/5ML	3	
<i>tazicef inj 1gm</i>	2	
<i>tazicef inj 2gm</i>	2	
<i>tazicef inj 6gm</i>	2	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	2	
<i>azithromycin powd pack for susp 1 gm</i>	2	
<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>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID TAB 200MG	5	
<i>ery-tab tab 250mg ec</i>	2	
<i>ery-tab tab 333mg ec</i>	2	
<i>ery-tab tab 500mg ec</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN INJ 500MG	4	
<i>erythrocin tab 250mg</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (52 gm/100ml)</i>		
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<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>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
MOXIFLOXACIN INJ	4	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<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	
<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>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	2	
<i>ampicillin for susp 250 mg/5ml</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 10 gm</i>	2	
<i>ampicillin sodium for inj 125 mg</i>	2	
<i>ampicillin sodium for inj 250 mg</i>	2	
<i>ampicillin sodium for inj 500 mg</i>	2	
<i>ampicillin sodium for iv soln 1 gm</i>	2	
<i>ampicillin sodium for iv soln 2 gm</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
AUGMENTIN SUS 125/5ML	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>	2	
<i>nafcillin sodium for inj 2 gm</i>	2	
<i>nafcillin sodium for iv soln 1 gm</i>	2	
<i>nafcillin sodium for iv soln 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	5	
PEN G PROC INJ 600000	4	
PENICILL GK/ INJ DEX 2MU	4	
PENICILL GK/ INJ DEX 3MU	4	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm 2 (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm 2 (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm 2 (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm 2 (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	5	B/D
<i>busulfan inj 6 mg/ml</i>	5	B/D
CYCLOPHOSPH CAP 25MG	4	B/D
CYCLOPHOSPH CAP 50MG	4	B/D
<i>cyclophosphamide cap 25 mg</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide cap 50 mg</i>	2	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	B/D
<i>cyclophosphamide for inj 2 gm</i>	5	B/D
<i>cyclophosphamide for inj 500 mg</i>	5	B/D
<i>dacarbazine for inj 100 mg</i>	2	B/D
<i>dacarbazine for inj 200 mg</i>	2	B/D
EMCYT CAP 140MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
HEXALEN CAP 50MG	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide for inj 1 gm</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	B/D
LEUKERAN TAB 2MG	4	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	5	B/D
MUSTARGEN INJ 10MG	5	B/D
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	2	B/D
<i>doxorubicin hcl for inj 10 mg</i>	2	B/D
<i>doxorubicin hcl for inj 50 mg</i>	2	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	2	B/D
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	2	B/D
<i>bleomycin sulfate for inj 30 unit</i>	2	B/D
<i>mitomycin for iv soln 5 mg</i>	5	B/D
<i>mitomycin for iv soln 20 mg</i>	5	B/D
<i>mitomycin for iv soln 40 mg</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil inj 2.5g/50m</i>	2	B/D
<i>adrucil inj 5gm/100m</i>	2	B/D
<i>adrucil inj 500/10ml</i>	2	B/D
ALIMTA INJ 100MG	5	B/D
ALIMTA INJ 500MG	5	B/D
<i>azacitidine for inj 100 mg</i>	5	B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	B/D
<i>cytarabine inj 20 mg/ml</i>	2	B/D
<i>fludarabine phosphate for inj 50 mg</i>	2	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	2	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	5	B/D
<i>gemcitabine hcl for inj 2 gm</i>	5	B/D
<i>gemcitabine hcl for inj 200 mg</i>	5	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	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 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	B/D
PURIXAN SUS 20MG/ML	5	
TABLOID TAB 40MG	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	5	B/D
<i>docetaxel for inj conc 20 mg/ml</i>	5	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	B/D
DOCETAXEL INJ 20MG/2ML	5	B/D
DOCETAXEL INJ 80MG/4ML	5	B/D
DOCETAXEL INJ 80MG/8ML	5	B/D
DOCETAXEL INJ 160/8ML	5	B/D
DOCETAXEL INJ 160/16ML	5	B/D
DOCETAXEL INJ 200/10	5	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	B/D
TAXOTERE INJ 80MG/4ML	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<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>	2	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN INJ	5	NM, LA, PA
AVASTIN INJ 400/16ML	5	NM, LA, PA
BELEODAQ INJ 500MG	5	NM, PA
BORTEZOMIB INJ 3.5MG	5	PA
ERIVEDGE CAP 150MG	5	NM, LA, PA
FARYDAK CAP 10MG	5	LA, PA
FARYDAK CAP 15MG	5	LA, PA
FARYDAK CAP 20MG	5	LA, PA
HERCEPTIN INJ 150MG	5	PA
HERCEPTIN INJ 440MG	5	NM, PA
IBRANCE CAP 75MG	5	LA, PA
IBRANCE CAP 100MG	5	LA, PA
IBRANCE CAP 125MG	5	LA, PA
IDHIFA TAB 50MG	5	LA, PA
IDHIFA TAB 100MG	5	LA, PA
KADCYLA INJ 100MG	5	B/D, NM
KADCYLA INJ 160MG	5	B/D, NM
KEYTRUDA INJ 100MG/4M	5	PA
KEYTRUDA SOL 50MG	5	PA
KISQALI 200 PAK FEMARA	5	PA
KISQALI 400 PAK FEMARA	5	PA
KISQALI 600 PAK FEMARA	5	PA
KISQALI TAB 200DOSE	5	PA
KISQALI TAB 400DOSE	5	PA
KISQALI TAB 600DOSE	5	PA
LYNPARZA CAP 50MG	5	LA, PA
LYNPARZA TAB 100MG	5	LA, PA
LYNPARZA TAB 150MG	5	LA, PA
MYLOTARG INJ 4.5MG	5	LA, PA
NINLARO CAP 2.3MG	5	PA
NINLARO CAP 3MG	5	PA
NINLARO CAP 4MG	5	PA
ODOMZO CAP 200MG	5	LA, PA
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCELA	5	LA, PA
RUBRACA TAB 200MG	5	LA, PA
RUBRACA TAB 250MG	5	LA, PA
RUBRACA TAB 300MG	5	LA, PA
TECENTRIQ INJ 1200/20	5	LA, PA
TIBSOVO TAB 250MG	5	LA, PA

Drug Name	Drug Tier	Requirements/Limits
VELCADE INJ 3.5MG	5	NM, PA
VENCLEXTA TAB 10MG	4	LA, PA
VENCLEXTA TAB 50MG	4	LA, PA
VENCLEXTA TAB 100MG	5	LA, PA
VENCLEXTA TAB START PK	5	LA, PA
VERZENIO TAB 50MG	5	LA, PA
VERZENIO TAB 100MG	5	LA, PA
VERZENIO TAB 150MG	5	LA, PA
VERZENIO TAB 200MG	5	LA, PA
YERVOY INJ 50MG	5	NM, PA
YERVOY INJ 200MG	5	NM, PA
ZEJULA CAP 100MG	5	LA, PA
ZOLINZA CAP 100MG	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA TAB 60MG	5	LA, PA
<i>exemestane tab 25 mg</i>	2	
FARESTON TAB 60MG	5	
FASLODEX INJ 250/5ML	5	B/D
<i>flutamide cap 125 mg</i>	2	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	5	B/D
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol acetate susp 625 mg/5ml</i>	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	
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	NM, PA
TRELSTAR MIX INJ 11.25MG	5	NM, PA
XTANDI CAP 40MG	5	NM, LA, PA
ZYTIGA TAB 250MG	5	NM, LA, PA
ZYTIGA TAB 500MG	5	LA, PA

IMMUNOMODULATORS

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID CAP 2.5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	QL (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	5	QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	5	QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	5	QL (60 caps / 30 days), NM, PA
<i>KINASE INHIBITORS</i>		
AFINITOR DIS TAB 2MG	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	5	QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	5	QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	5	QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	LA, PA
ALUNBRIG PAK	5	LA, PA
ALUNBRIG TAB 30MG	5	LA, PA
ALUNBRIG TAB 90MG	5	LA, PA
ALUNBRIG TAB 180MG	5	LA, PA
BOSULIF TAB 100MG	5	NM, PA
BOSULIF TAB 400MG	5	PA
BOSULIF TAB 500MG	5	NM, PA
BRAFTOVI CAP 50MG	5	LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available
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Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAP 75MG	5	LA, PA
CABOMETYX TAB 20MG	5	QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 40MG	5	QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 60MG	5	QL (30 tabs / 30 days), LA, PA
CALQUENCE CAP 100MG	5	LA, PA
CAPRELSA TAB 100MG	5	LA, PA
CAPRELSA TAB 300MG	5	LA, PA
COMETRIQ KIT 60MG	5	LA, PA
COMETRIQ KIT 100MG	5	LA, PA
COMETRIQ KIT 140MG	5	LA, PA
COTELLIC TAB 20MG	5	LA, PA
GILOTRIF TAB 20MG	5	LA, PA
GILOTRIF TAB 30MG	5	LA, PA
GILOTRIF TAB 40MG	5	LA, PA
ICLUSIG TAB 15MG	5	LA, PA
ICLUSIG TAB 45MG	5	LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	LA, PA
IMBRUVICA CAP 140MG	5	LA, PA
IMBRUVICA TAB 140MG	5	LA, PA
IMBRUVICA TAB 280MG	5	LA, PA
IMBRUVICA TAB 420MG	5	LA, PA
IMBRUVICA TAB 560MG	5	LA, PA
INLYTA TAB 1MG	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA TAB 250MG	5	LA, PA
JAKAFI TAB 5MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	5	LA, PA
LENVIMA CAP 8 MG	5	LA, PA
LENVIMA CAP 10 MG	5	LA, PA
LENVIMA CAP 12MG	5	LA, PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 14 MG	5	LA, PA
LENVIMA CAP 18 MG	5	LA, PA
LENVIMA CAP 20 MG	5	LA, PA
LENVIMA CAP 24 MG	5	LA, PA
MEKINIST TAB 0.5MG	5	NM, LA, PA
MEKINIST TAB 2MG	5	NM, LA, PA
MEKTOVI TAB 15MG	5	LA, PA
NERLYNX TAB 40MG	5	LA, PA
NEXAVAR TAB 200MG	5	NM, LA, PA
RYDAPT CAP 25MG	5	PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA
SPRYCEL TAB 70MG	5	NM, PA
SPRYCEL TAB 80MG	5	NM, PA
SPRYCEL TAB 100MG	5	NM, PA
SPRYCEL TAB 140MG	5	NM, PA
STIVARGA TAB 40MG	5	NM, LA, PA
SUTENT CAP 12.5MG	5	NM, PA
SUTENT CAP 25MG	5	NM, PA
SUTENT CAP 37.5MG	5	NM, PA
SUTENT CAP 50MG	5	NM, PA
TAFINLAR CAP 50MG	5	NM, LA, PA
TAFINLAR CAP 75MG	5	NM, LA, PA
TAGRISSO TAB 40MG	5	LA, PA
TAGRISSO TAB 80MG	5	LA, PA
TARCEVA TAB 25MG	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	5	PA
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA
TYKERB TAB 250MG	5	NM, LA, PA
VOTRIENT TAB 200MG	5	NM, LA, PA
XALKORI CAP 200MG	5	NM, LA, PA
XALKORI CAP 250MG	5	NM, LA, PA
ZELBORAF TAB 240MG	5	NM, LA, PA
ZYDELIG TAB 100MG	5	LA, PA
ZYDELIG TAB 150MG	5	LA, PA
ZYKADIA CAP 150MG	5	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	5	NM, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea cap 500 mg</i>	2	
LONSURF TAB 15-6.14	5	PA
LONSURF TAB 20-8.19	5	PA
MATULANE CAP 50MG	5	LA
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	2	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	2	B/D, NM
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO INJ 3.5MG	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	
TRISENOX INJ 12MG/6ML	5	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	2	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	2	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	2	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	B/D
<i>oxaliplatin for iv inj 50 mg</i>	5	B/D
<i>oxaliplatin for iv inj 100 mg</i>	5	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	2	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	2	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane for inj 250 mg</i>	5	B/D
<i>dexrazoxane for inj 500 mg</i>	5	B/D
ELITEK INJ 1.5MG	5	B/D
ELITEK INJ 7.5MG	5	B/D
<i>leucovorin calcium for inj 50 mg</i>	2	B/D
<i>leucovorin calcium for inj 100 mg</i>	2	B/D
<i>leucovorin calcium for inj 200 mg</i>	2	B/D
<i>leucovorin calcium for inj 350 mg</i>	2	B/D
<i>leucovorin calcium for inj 500 mg</i>	2	B/D
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
LEVOLEUCOVOR INJ 175MG	5	B/D
LEVOLEUCOVOR SOL 250MG/25	5	B/D
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	5	B/D
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	2	B/D
<i>mesna inj 100 mg/ml</i>	2	B/D
MESNEX TAB 400MG	5	

TOPOISOMERASE INHIBITORS

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<i>toposar inj 1gm/50ml</i>	2	B/D
<i>toposar inj 100/5ml</i>	2	B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	5	B/D, NM
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	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 10-125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<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	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>eplerenone tab 50 mg</i>	2	
<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>	2	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	2	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	2	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 1 5-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil tab 1 5-40 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil tab 1 10-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil tab 1 10-40 mg</i>		
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 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	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
EDARBI TAB 40MG	4	
EDARBI TAB 80MG	4	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	4	PA; PA if 65 years and older
<i>disopyramide phosphate cap 150 mg</i>	4	PA; PA if 65 years and older
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	NM
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	2	
<i>mexiletine hcl cap 200 mg</i>	2	
<i>mexiletine hcl cap 250 mg</i>	2	
MULTAQ TAB 400MG	4	

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	2	
<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>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TAB 20MG ER	4	ST
ALTOPREV TAB 40MG ER	4	ST
ALTOPREV TAB 60MG ER	4	ST
<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>fluvastatin sodium cap 20 mg</i>	1	
<i>fluvastatin sodium cap 40 mg</i>	1	
<i>fluvastatin sodium tab er 24 hr 80 mg</i>	1	
LIVALO TAB 1MG	4	ST
LIVALO TAB 2MG	4	ST
LIVALO TAB 4MG	4	ST
<i>lovastatin tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tab 20 mg</i>	1	
<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)
ZYPITAMAG TAB 1MG	4	ST
ZYPITAMAG TAB 2MG	4	ST
ZYPITAMAG TAB 4MG	4	ST
ANTILIPEMICS, MISCELLANEOUS		
ANTARA CAP 30MG	4	
ANTARA CAP 90MG	4	
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tab 600 mg</i>	1	
JUXTAPID CAP 5MG	5	LA, PA
JUXTAPID CAP 10MG	5	LA, PA
JUXTAPID CAP 20MG	5	LA, PA
JUXTAPID CAP 30MG	5	LA, PA
JUXTAPID CAP 40MG	5	LA, PA
JUXTAPID CAP 60MG	5	LA, PA
KYNAMRO INJ 200MG/ML	5	NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
<i>niacor tab 500mg</i>	2	
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
PRALUENT INJ 75MG/ML	5	PA
PRALUENT INJ 150MG/ML	5	PA
<i>prevalite pow 4gm</i>	2	
<i>prevalite pow 4gm pk</i>	2	
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>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<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>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	2	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	2	
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	

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 2 mg/ml)</i>		
<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>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>afeditab tab 30mg cr</i>	2	
<i>afeditab tab 60mg cr</i>	2	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl 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>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la tab 180mg/24</i>	2	
<i>matzim la tab 240mg/24</i>	2	
<i>matzim la tab 300mg/24</i>	2	
<i>matzim la tab 360mg/24</i>	2	
<i>matzim la tab 420mg/24</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	5	
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 20 mg</i>	2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
NYMALIZE SOL 30/10ML	5	
<i>taztia xt cap 120mg/24</i>	2	
<i>taztia xt cap 180mg/24</i>	2	
<i>taztia xt cap 240mg/24</i>	2	
<i>taztia xt cap 300mg/24</i>	2	
<i>taztia xt cap 360mg/24</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	2	
<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>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digitek tab 0.25mg</i>	2	PA; PA if 65 years and older
<i>digitek tab 0.125mg</i>	2	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	2	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	PA; PA if 65 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA HCT TAB 150-12.5	4	
TEKTURNA HCT TAB 150-25MG	4	
TEKTURNA HCT TAB 300-12.5	4	
TEKTURNA HCT TAB 300-25MG	4	
TEKTURNA TAB 150MG	4	
TEKTURNA TAB 300MG	4	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorothiazide tab 250 mg</i>	2	
<i>chlorothiazide tab 500 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<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>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>methyclothiazide tab 5 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-252 mg</i>		
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>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>BIDIL TAB</i>	3	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
DEMSER CAP 250MG	5	
<i>hydralazine hcl inj 20 mg/ml</i>	2	
<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>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	LA, PA
NORTHERA CAP 200MG	5	LA, PA
NORTHERA CAP 300MG	5	LA, PA
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
NITRATES		
ISORDIL TAB 40MG	5	
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide dinitrate tab er 40 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<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>	2	
<i>minitran dis 0.2mg/hr</i>	2	
<i>minitran dis 0.4mg/hr</i>	2	
<i>minitran dis 0.6mg/hr</i>	2	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	

PULMONARY ARTERIAL HYPERTENSION

Drug Name	Drug Tier	Requirements/Limits
ADCIRCA TAB 20MG	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	5	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	5	NM, LA, PA
REMODULIN INJ 2.5MG/ML	5	NM, LA, PA
REMODULIN INJ 5MG/ML	5	NM, LA, PA
REMODULIN INJ 10MG/ML	5	NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	2	QL (90 tabs / 30 days), NM, PA
<i>tadalafil tab 20 mg (pah)</i>	5	QL (60 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NM, PA
VENTAVIS SOL 20MCG/ML	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<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>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	2	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	5	QL (180 tabs / 30 days)
APTIOM TAB 400MG	5	QL (90 tabs / 30 days)
APTIOM TAB 600MG	5	QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CELONTIN CAP 300MG	4	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL (120 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	2	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>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
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>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<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
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 2 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>epitol tab 200mg</i>	2	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FYCOMPA SUS 0.5MG/ML	5	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 8MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	5	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	2	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	4	
GABITRIL TAB 16MG	4	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
LYRICA CAP 25MG	3	QL (120 caps / 30 days)
LYRICA CAP 50MG	3	QL (120 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available 43
at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Drug Name	Drug Tier	Requirements/Limits
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	PA
ONFI TAB 10MG	5	PA
ONFI TAB 20MG	5	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
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
<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
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>roweepra tab 500mg</i>	2	
<i>roweepra tab 750mg</i>	2	
<i>roweepra tab 1000mg</i>	2	
<i>roweepra xr tab 500mg xr</i>	2	
<i>roweepra xr tab 750mg xr</i>	2	
SABRIL TAB 500MG	5	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>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	2	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	2	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	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	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

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<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>	2	QL (90 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<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
<i>clomipramine hcl cap 75 mg</i>	4	PA; PA if 65 years and older
<i>desipramine hcl tab 10 mg</i>	2	
<i>desipramine hcl tab 25 mg</i>	2	
<i>desipramine hcl tab 50 mg</i>	2	
<i>desipramine hcl tab 75 mg</i>	2	
<i>desipramine hcl tab 100 mg</i>	2	
<i>desipramine hcl tab 150 mg</i>	2	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<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 2 (base eq)</i>	2	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg 2 (base eq)</i>	2	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg 2 (base eq)</i>	2	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	4	QL (180 caps / 30 days)
FETZIMA CAP 40MG	4	QL (90 caps / 30 days)
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>	2	
<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>	2	
<i>maprotiline hcl tab 50 mg</i>	2	
<i>maprotiline hcl tab 75 mg</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<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>	2	
<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)
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	2	
<i>paroxetine hcl tab er 24hr 25 mg</i>	2	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	2	
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	2	
<i>protriptyline hcl tab 10 mg</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<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>	2	
<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)

Drug Name	Drug Tier	Requirements/Limits
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>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	2	
<i>venlafaxine hcl tab 37.5 mg</i>	2	
<i>venlafaxine hcl tab 50 mg</i>	2	
<i>venlafaxine hcl tab 75 mg</i>	2	
<i>venlafaxine hcl tab 100 mg</i>	2	
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>	2	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	4	PA; PA if 65 years and older
<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>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	5	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
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>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<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>ropinirole hydrochloride tab er 24hr 2 mg (base2 equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 4 mg (base2 equivalent)</i>		
<i>ropinirole hydrochloride tab er 24hr 6 mg (base2 equivalent)</i>		
<i>ropinirole hydrochloride tab er 24hr 8 mg (base2 equivalent)</i>		
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	3	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 65 years and older
ANTIPSYCHOTICS		
ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	5	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	5	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	5	QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	5	QL (1 injection / 28 days)
ARISTADA INJ 1064MG	5	QL (1 injection / 56 days)
ARISTADA INJ INITIO	5	
CHLORPROMAZ INJ 25MG/ML	4	
CHLORPROMAZ INJ 50MG/2ML	4	
<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 25 mg</i>	2	PA
<i>clozapine orally disintegrating tab 100 mg</i>	2	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	2	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	2	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	4	QL (60 tabs / 30 days)
FANAPT TAB 8MG	4	QL (60 tabs / 30 days)
FANAPT TAB 10MG	4	QL (60 tabs / 30 days)
FANAPT TAB 12MG	4	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<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>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	5	QL (1 injection / 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>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), LA, PA
NUPLAZID TAB 10MG	5	QL (30 tabs / 30 days), LA, PA
NUPLAZID TAB 17MG	5	QL (60 tabs / 30 days), LA, PA
<i>olanzapine for im inj 10 mg</i>	2	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	5	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 50 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	QL (120 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	5	QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	5	QL (360 tabs / 30 days)
REXULTI TAB 1MG	5	QL (90 tabs / 30 days)
REXULTI TAB 2MG	5	QL (60 tabs / 30 days)
REXULTI TAB 3MG	5	QL (30 tabs / 30 days)
REXULTI TAB 4MG	5	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	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	2	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

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tab 100 mg</i>	4	PA; PA if 65 years and older
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
VERSACLOZ SUS 50MG/ML	5	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
VRAYLAR CAP 1.5MG	5	QL (120 caps / 30 days), PA
VRAYLAR CAP 3MG	5	QL (60 caps / 30 days), PA
VRAYLAR CAP 4.5MG	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	2	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 2 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 2 10 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 2 15 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 2 20 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 2 25 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 2 30 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (144 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	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
<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 cap er 24hr 10 mg (la)</i>	2	QL (180 caps / 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs / 30 days)
RITALIN LA CAP 10MG	4	QL (180 caps / 30 days)
VYVANSE CAP 10MG	4	QL (60 caps / 30 days)
VYVANSE CAP 20MG	4	QL (60 caps / 30 days)
VYVANSE CAP 30MG	4	QL (60 caps / 30 days)
VYVANSE CAP 40MG	4	QL (30 caps / 30 days)
VYVANSE CAP 50MG	4	QL (30 caps / 30 days)
VYVANSE CAP 60MG	4	QL (30 caps / 30 days)
VYVANSE CAP 70MG	4	QL (30 caps / 30 days)
VYVANSE CHW 10MG	4	QL (60 tabs / 30 days)
VYVANSE CHW 20MG	4	QL (60 tabs / 30 days)
VYVANSE CHW 30MG	4	QL (60 tabs / 30 days)
VYVANSE CHW 40MG	4	QL (30 tabs / 30 days)
VYVANSE CHW 50MG	4	QL (30 tabs / 30 days)
VYVANSE CHW 60MG	4	QL (30 tabs / 30 days)

HYPNOTICS

Drug Name	Drug Tier	Requirements/Limits
<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	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
<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>	5	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>migergot sup 2/100</i>	5	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<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>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	QL (60 tabs / 30 days), LA, PA
AUSTEDO TAB 9MG	5	QL (120 tabs / 30 days), LA, PA
AUSTEDO TAB 12MG	5	QL (120 tabs / 30 days), LA, PA
GRALISE STAR MIS 300/600	4	
GRALISE TAB 300MG	4	QL (180 tabs / 30 days)
GRALISE TAB 600MG	4	QL (90 tabs / 30 days)
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	3	
LYRICA CR TAB 82.5MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	3	QL (60 tabs / 30 days), PA
NUDEXTA CAP 20-10MG	4	PA
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
SAVELLA MIS TITR PAK	4	
SAVELLA TAB 12.5MG	4	QL (480 tabs / 30 days)
SAVELLA TAB 25MG	4	QL (240 tabs / 30 days)
SAVELLA TAB 50MG	4	QL (120 tabs / 30 days)
SAVELLA TAB 100MG	4	QL (60 tabs / 30 days)
<i>tetrabenazine tab 12.5 mg</i>	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	NM, LA, PA
BETASERON INJ 0.3MG	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
TYSABRI INJ 300/15ML	5	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>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<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>	2	QL (150 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	2	QL (60 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	2	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	2	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	2	QL (60 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
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>	2	
<i>disulfiram tab 500 mg</i>	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl tab 50 mg</i>	2	
NARCAN SPR	3	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
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
VIVITROL INJ 380MG	5	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 TAB 50MG	5	PA
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
ANDROGEL GEL 1%(50MG)	4	QL (300 gm / 30 days), PA
ANDROGEL GEL 1.62%	3	QL (150 grams / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	2	PA
<i>oxandrolone tab 10 mg</i>	2	PA
TESTIM GEL 1%(50MG)	4	QL (300 grams / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (300 gm / 30 days), PA
VOGELXO GEL 1%(50MG)	4	QL (300 grams / 30 days), PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BASAGLAR INJ 100UNIT	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON INJ 2MG	3	QL (4 vials / 28 days)
BYDUREON INJ BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
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Drug Name	Drug Tier	Requirements/Limits
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	KwikPen
HUMULIN R INJ U-500	5	B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUC	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
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	
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide xl tab 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	1	QL (60 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
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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 2.5-1000	3	QL (60 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 oral soln 70 mg/75ml</i>	2	
<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)
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	B/D
<i>pamidronate disodium for inj 30 mg</i>	2	B/D
<i>pamidronate disodium for inj 90 mg</i>	2	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	B/D
PAMIDRONATE INJ 6MG/ML	3	B/D
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	5	B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	5	B/D, QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	
JADENU SPRKL GRA 90MG	5	LA, PA
JADENU SPRKL GRA 180MG	5	LA, PA
JADENU SPRKL GRA 360MG	5	LA, PA
JADENU TAB 90MG	5	LA, PA
JADENU TAB 180MG	5	LA, PA
JADENU TAB 360MG	5	LA, PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
SYPRINE CAP 250MG	5	
<i>trientine hcl cap 250 mg</i>	5	
CONTRACEPTIVES		
<i>alyacen tab 1/35</i>	2	
<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>	2	
<i>bekyree tab</i>	2	
<i>blisovi fe tab 1.5/30</i>	2	
<i>blisovi fe tab 1/20</i>	2	
<i>briellyn tab</i>	2	
<i>camila tab 0.35mg</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>dasetta tab 1/35</i>	2	
<i>dasetta 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>	2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
ELLA TAB 30MG	4	
<i>emoquette tab</i>	2	
<i>enpresse-28 tab</i>	2	
<i>enskyce tab</i>	2	
<i>errin tab 0.35mg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 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>	2	
<i>heather tab 0.35mg</i>	2	
<i>incassia tab 0.35mg</i>	2	
<i>introvale tab</i>	2	
<i>isibloom tab</i>	2	
<i>jolivette tab 0.35mg</i>	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	
<i>junel fe tab 1/20</i>	2	
<i>kariva tab 28 day</i>	2	
<i>kelnor 1/50 tab</i>	2	
<i>kelnor tab 1/35</i>	2	
<i>kimidess tab</i>	2	
<i>kurvelo tab 0.15/30</i>	2	
<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>	2	
<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-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>loryna tab 3-0.02mg</i>	2	
<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	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>mili tab 0.25/35</i>	2	
<i>mononessa tab</i>	2	
<i>myzilra tab</i>	2	
<i>necon tab 0.5/35</i>	2	
<i>necon tab 7/7/7</i>	2	
<i>nikki tab 3-0.02mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone & mestranol tab 1 mg-50 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.52 mg-30 mcg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	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>	2	
<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>	2	
<i>nortrel tab 1/35</i>	2	
<i>nortrel tab 7/7/7</i>	2	
NUVARING MIS	4	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	2	
<i>pimtrea tab</i>	2	
<i>pirmella tab 1/35</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>quasense tab</i>	2	
<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>	2	
<i>tri-lo- tab sprintec</i>	2	
<i>tri-mili tab</i>	2	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
<i>tri-vylibra tab</i>	2	
<i>trinessa lo tab</i>	2	
<i>trinessa tab</i>	2	
<i>trivora-28 tab</i>	2	
<i>tulana tab 0.35mg</i>	2	
<i>velivet pak</i>	2	
<i>vestura tab 3-0.02mg</i>	2	
<i>vienva tab 0.1-20</i>	2	
<i>viorele tab</i>	2	
<i>vyfemla tab 0.4-35</i>	2	
<i>vylibra tab 0.25-35</i>	2	
<i>zarah tab 3-0.03mg</i>	2	
<i>zenchent tab</i>	2	
<i>zovia 1/35e tab</i>	2	
<i>zovia 1/50e tab</i>	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
SYNAREL SOL 2MG/ML	5	NM
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	5	LA, PA
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA
CARBAGLU TAB 200MG	5	LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
CYSTADANE POW	5	LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
KUVAN POW 100MG	5	NM, LA, PA
KUVAN POW 500MG	5	NM, LA, PA
KUVAN TAB 100MG	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine inj 200 mg/ml</i>	2	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	B/D
<i>levocarnitine tab 330 mg</i>	2	B/D
LUMIZYME INJ 50MG	5	NM, LA, PA
<i>miglustat cap 100 mg</i>	5	PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
ORFADIN CAP 2MG	5	LA, PA
ORFADIN CAP 5MG	5	LA, PA
ORFADIN CAP 10MG	5	LA, PA
ORFADIN CAP 20MG	5	LA, PA
ORFADIN SUS 4MG/ML	5	LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA
ZAVESCA CAP 100MG	5	LA, PA
ESTROGENS		
DELESTROGEN INJ 10MG/ML	4	
<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 cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
<i>jinteli tab 1mg-5mcg</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	2	
DEXAMETHASON CON 1MG/ML	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
DEXPAK PAK 13 DAY	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone 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>	2	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	B/D
<i>methylprednisolone tab 4 mg</i>	2	B/D
<i>methylprednisolone tab 8 mg</i>	2	B/D
<i>methylprednisolone tab 16 mg</i>	2	B/D
<i>methylprednisolone tab 32 mg</i>	2	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>	2	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone oral soln 5 mg/5ml</i>	2	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	
SOLU-CORTEF INJ 250MG	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	4	NM, PA
GENOTROPIN INJ 0.4MG	5	NM, PA
GENOTROPIN INJ 0.6MG	5	NM, PA
GENOTROPIN INJ 0.8MG	5	NM, PA
GENOTROPIN INJ 1.2MG	5	NM, PA
GENOTROPIN INJ 1.4MG	5	NM, PA
GENOTROPIN INJ 1.6MG	5	NM, PA
GENOTROPIN INJ 1.8MG	5	NM, PA
GENOTROPIN INJ 1MG	5	NM, PA
GENOTROPIN INJ 2MG	5	NM, PA
GENOTROPIN INJ 5MG	5	NM, PA
GENOTROPIN INJ 12MG	5	NM, PA
NORDITROPIN INJ 5/1.5ML	5	NM, PA
NORDITROPIN INJ 10/1.5ML	5	NM, PA
NORDITROPIN INJ 15/1.5ML	5	NM, PA
NORDITROPIN INJ 30/3ML	5	NM, PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	B/D
FORTEO SOL 600/2.4	5	NM, PA
INCRELEX INJ 40MG/4ML	5	NM, LA, PA
KORLYM TAB 300MG	5	LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NM, PA
LUPR DEP-PED INJ 7.5MG	5	NM, PA
LUPR DEP-PED INJ 11.25MG	5	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
MIACALCIN INJ 200/ML	5	B/D
NATPARA INJ 25MCG	5	PA

Drug Name	Drug Tier	Requirements/Limits
NATPARA INJ 50MCG	5	PA
NATPARA INJ 75MCG	5	PA
NATPARA INJ 100MCG	5	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM, PA
PROLIA SOL 60MG/ML	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	2	
SANDOSTATIN KIT LAR 10MG	5	NM, PA
SANDOSTATIN KIT LAR 20MG	5	NM, PA
SANDOSTATIN KIT LAR 30MG	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	LA, PA
SIGNIFOR INJ 0.6MG/ML	5	LA, PA
SIGNIFOR INJ 0.9MG/ML	5	LA, PA
SOMATULINE INJ 60/0.2ML	5	PA
SOMATULINE INJ 90/0.3ML	5	PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA
XGEVA INJ	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	2	QL (540 packs / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	2	QL (180 packs / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	2	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	2	
THYROID AGENTS		
<i>levo-t tab 25mcg</i>	2	
<i>levo-t tab 50mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levo-t tab 75mcg</i>	2	
<i>levo-t tab 88mcg</i>	2	
<i>levo-t tab 100mcg</i>	2	
<i>levo-t tab 112mcg</i>	2	
<i>levo-t tab 125mcg</i>	2	
<i>levo-t tab 137mcg</i>	2	
<i>levo-t tab 150mcg</i>	2	
<i>levo-t tab 175mcg</i>	2	
<i>levo-t tab 200 mcg</i>	2	
<i>levo-t tab 300 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl tab 25mcg</i>	2	
<i>levoxyl tab 50mcg</i>	2	
<i>levoxyl tab 75mcg</i>	2	
<i>levoxyl tab 88mcg</i>	2	
<i>levoxyl tab 100mcg</i>	2	
<i>levoxyl tab 112mcg</i>	2	
<i>levoxyl tab 125mcg</i>	2	
<i>levoxyl tab 137mcg</i>	2	
<i>levoxyl tab 150mcg</i>	2	
<i>levoxyl tab 175mcg</i>	2	
<i>levoxyl tab 200mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
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	

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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
<i>unithroid tab 25mcg</i>	2	
<i>unithroid tab 50mcg</i>	2	
<i>unithroid tab 75mcg</i>	2	
<i>unithroid tab 88mcg</i>	2	
<i>unithroid tab 100mcg</i>	2	
<i>unithroid tab 112mcg</i>	2	
<i>unithroid tab 125mcg</i>	2	
<i>unithroid tab 150mcg</i>	2	
<i>unithroid tab 175mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	NM
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	NM
<i>desmopressin acetate tab 0.1 mg</i>	2	NM
<i>desmopressin acetate tab 0.2 mg</i>	2	NM
STIMATE SOL 1.5MG/ML	5	NM
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant capsule 40 mg</i>	2	B/D
<i>aprepitant capsule 80 mg</i>	2	B/D
<i>aprepitant capsule 125 mg</i>	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro sup 25mg</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	4	B/D
<i>granisetron hcl inj 0.1 mg/ml</i>	2	
<i>granisetron hcl inj 1 mg/ml</i>	2	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	2	
<i>granisetron hcl tab 1 mg</i>	2	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 (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl tab 4 mg</i>	2	B/D
<i>ondansetron hcl tab 8 mg</i>	2	B/D
<i>ondansetron hcl tab 24 mg</i>	2	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>prochlorperazine edisylate inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
<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 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
SANCUSO DIS 3.1MG	5	QL (4 patches / 30 days)
<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>	2	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	

H2-RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine for susp 40 mg/5ml</i>	2	
<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	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	2	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	2	
<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>	2	
<i>budesonide delayed release particles cap 3 mg</i>	5	
CANASA SUP 1000MG	4	
DELZICOL CAP 400MG	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
LAXATIVES		
<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	
KRISTALOSE PAK 10GM	4	
KRISTALOSE PAK 20GM	4	
<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	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>polyethylene glycol 3350 oral packet</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 oral powder</i>	2	
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte sol</i>	2	
MISCELLANEOUS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	5	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	2	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	5	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
GATTEX KIT 5MG	5	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>	2	
<i>misoprostol tab 200 mcg</i>	2	
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	PA
RELISTOR INJ 12/0.6ML	5	PA
<i>sucalfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
XIFAXAN TAB 550MG	5	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 25000	4	
ZENPEP CAP 40000	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	4	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DEXILANT CAP 60MG DR	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	2	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 caps / 30 days)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	2	QL (30 tabs / 30 days)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2	QL (30 tabs / 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>	1	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
PREVACID TAB 15MG STB	4	QL (30 tabs / 30 days)
PREVACID TAB 30MG STB	4	QL (30 tabs / 30 days)
PRILOSEC POW 2.5MG	3	
PRILOSEC POW 10MG	3	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tabs / 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>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
RAPAFLO CAP 4MG	4	ST
RAPAFLO CAP 8MG	4	ST
<i>tamsulosin hcl cap 0.4 mg</i>	2	

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	

URINARY ANTISPASMODICS

Drug Name	Drug Tier	Requirements/Limits
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
MYRBETRIQ TAB 25MG	4	QL (60 tabs / 30 days)
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>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tabs / 30 days)
OXYTROL DIS 3.9MG/24	4	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
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>	2	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>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>vandazole gel 0.75%</i>	2	
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 ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	2	NM
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	NM
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	2	NM
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	2	NM

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 100 mg/ml</i>	2	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	2	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	2	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	NM
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	NM
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	NM
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	NM
FRAGMIN INJ 2500/0.2	4	NM
FRAGMIN INJ 5000/0.2	4	NM
FRAGMIN INJ 7500/0.3	5	NM
FRAGMIN INJ 10000/ML	5	NM
FRAGMIN INJ 12500UNT	5	NM
FRAGMIN INJ 15000UNT	5	NM
FRAGMIN INJ 18000UNT	5	NM
FRAGMIN INJ 95000UNT	5	NM
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) 50 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	B/D
HEPARIN/NACL INJ 25000UNT	3	
<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	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	4	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	NM, PA
GRANIX INJ 480/0.8	5	NM, PA
MOZOBIL INJ	5	NM, PA
NEUPOGEN INJ 300/0.5	5	NM, PA
NEUPOGEN INJ 300MCG	5	NM, PA
NEUPOGEN INJ 480/0.8	5	NM, PA
NEUPOGEN INJ 480MCG	5	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	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
CINRYZE SOL 500 UNIT	5	QL (20 vials / 30 days), NM, LA, PA
ENDARI POW 5GM	5	LA, PA
FIRAZYR INJ 30MG/3ML	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	5	QL (30 vials / 30 days), LA, PA
HAEGARDA INJ 3000UNIT	5	QL (20 vials / 30 days), LA, PA
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA TAB 12.5MG	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
ZONTIVITY TAB 2.08MG	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA INJ 10/0.1ML	5	QL (2 syringes / 28 days), PA
HUMIRA INJ 10MG/0.2	5	QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	QL (2 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	5	QL (6 syringes / 28 days), PA
HUMIRA KIT 20MG/0.4	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEN INJ 40/0.4ML	5	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NM, PA
HUMIRA PEN INJ PS/UV	5	NM, PA
HUMIRA PEN KIT CD/UC/HS	5	PA
HUMIRA PEN KIT PS/UV	5	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
REMICADE INJ 100MG	5	NM, PA
TREXALL TAB 5MG	4	B/D
TREXALL TAB 7.5MG	4	B/D
TREXALL TAB 10MG	4	B/D
TREXALL TAB 15MG	4	B/D
XATMEP SOL 2.5MG/ML	4	B/D
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	5	QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	5	QL (30 tabs / 30 days), PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	5	NM, PA
CARIMUNE NF INJ 6GM	5	NM, PA
CARIMUNE NF INJ 12GM	5	NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NM, PA
FLEBOGAMMA INJ 10/100ML	5	NM, PA
FLEBOGAMMA INJ 10/200ML	5	NM, PA
FLEBOGAMMA INJ 20/200ML	5	NM, PA
FLEBOGAMMA INJ 20/400ML	5	NM, PA
FLEBOGAMMA INJ DIF 5%	5	NM, PA
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NM, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA
GAMMAGARD INJ 5GM/50ML	5	NM, PA
GAMMAGARD INJ 10GM/100	5	NM, PA
GAMMAGARD INJ 20GM/200	5	NM, PA
GAMMAGARD INJ 30GM/300	5	NM, PA
GAMMAGARD SD INJ 5GM HU	5	NM, PA
GAMMAGARD SD INJ 10GM HU	5	NM, PA
GAMMAKED INJ 1GM/10ML	5	NM, PA
GAMMAKED INJ 2.5GM/25	5	NM, PA
GAMMAKED INJ 5GM/50ML	5	NM, PA
GAMMAKED INJ 10GM/100	5	NM, PA
GAMMAKED INJ 20GM/200	5	NM, PA
GAMMAPLEX INJ 5%	5	NM, PA
GAMMAPLEX INJ 10%	5	NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NM, PA
GAMUNEX-C INJ 10GM/100	5	NM, PA
GAMUNEX-C INJ 20GM/200	5	NM, PA
GAMUNEX-C INJ 40/400ML	5	NM, PA
OCTAGAM INJ 1GM	5	NM, PA
OCTAGAM INJ 2.5GM	5	NM, PA
OCTAGAM INJ 2GM/20ML	5	NM, PA
OCTAGAM INJ 5GM	5	NM, PA
OCTAGAM INJ 5GM/50ML	5	NM, PA
OCTAGAM INJ 10/100ML	5	NM, PA
OCTAGAM INJ 10GM	5	NM, PA
OCTAGAM INJ 20/200ML	5	NM, PA
OCTAGAM INJ 25GM	5	NM, PA
PRIVIGEN INJ 5 GRAMS	5	NM, PA
PRIVIGEN INJ 10GRAMS	5	NM, PA
PRIVIGEN INJ 20GRAMS	5	NM, PA
PRIVIGEN INJ 40GRAMS	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
INTRON A INJ 10MU	5	B/D, NM
INTRON A INJ 18MU	5	B/D, NM
INTRON A INJ 25MU	5	B/D, NM
INTRON A INJ 50MU	5	B/D, NM
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ 100MG	4	B/D
<i>azathioprine tab 50 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 200MG/ML	5	PA
BENLYSTA INJ 400MG	5	NM, PA
<i>cyclosporine cap 25 mg</i>	2	B/D
<i>cyclosporine cap 100 mg</i>	2	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D
<i>cyclosporine modified cap 25 mg</i>	2	B/D
<i>cyclosporine modified cap 50 mg</i>	2	B/D
<i>cyclosporine modified cap 100 mg</i>	2	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D
<i>gengraf cap 25mg</i>	2	B/D
<i>gengraf cap 100mg</i>	2	B/D
<i>gengraf sol 100mg/ml</i>	2	B/D
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	B/D
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	B/D
NULOJIX INJ 250MG	5	B/D
RAPAMUNE SOL 1MG/ML	5	B/D
SANDIMMUNE SOL 100MG/ML	3	B/D
<i>sirolimus tab 0.5 mg</i>	2	B/D
<i>sirolimus tab 1 mg</i>	2	B/D
<i>sirolimus tab 2 mg</i>	5	B/D
<i>tacrolimus cap 0.5 mg</i>	2	B/D
<i>tacrolimus cap 1 mg</i>	2	B/D
<i>tacrolimus cap 5 mg</i>	2	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	

Drug Name	Drug Tier	Requirements/Limits
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 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	
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	
SHINGRIX INJ 50MCG	3	QL (2 vials per lifetime)
SYNAGIS INJ 50MG	5	NM
SYNAGIS INJ 100MG/ML	5	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		
<i>klor-con 8 tab 8meq er</i>	2	
<i>klor-con 10 tab 10meq er</i>	2	

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M15 TAB 15MEQ ER	3	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
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>	3	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
MG SO4/D5W INJ 20MG/ML	3	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrol inj</i>	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
<i>aminosyn ii inj 8.5/lyte</i>	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN INJ 8.5%	4	B/D
<i>aminosyn inj 8.5/lyte</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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
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
<i>hepatamine sol 8%</i>	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
PREMASOL SOL 10%	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%	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	2	
<i>dextrose inj 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB INJ /D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
<i>lactated ringer's solution</i>	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	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride inj 10 meq/50ml</i>	2	
<i>potassium chloride inj 10 meq/100ml</i>	2	
<i>potassium chloride inj 20 meq/50ml</i>	2	
<i>potassium chloride inj 20 meq/100ml</i>	2	
<i>potassium chloride inj 40 meq/100ml</i>	2	
<i>ringer's solution</i>	2	
<i>sodium chloride inj 0.45%</i>	2	
<i>sodium chloride inj 3%</i>	2	
<i>sodium chloride inj 5%</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	2	B/D
<i>calcitriol cap 0.25 mcg</i>	2	B/D
<i>calcitriol inj 1 mcg/ml</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
<i>doxercalciferol cap 0.5 mcg</i>	2	B/D
<i>doxercalciferol cap 1 mcg</i>	5	B/D
<i>doxercalciferol cap 2.5 mcg</i>	5	B/D
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
NIVA-PLUS TAB	2	
O-CAL FA TAB	2	
<i>paricalcitol cap 1 mcg</i>	2	B/D
<i>paricalcitol cap 2 mcg</i>	2	B/D
<i>paricalcitol cap 4 mcg</i>	2	B/D
PNV FOLIC AC TAB + IRON	2	
PNV PRENATAL TAB PLUS	2	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB LOW IRON	2	
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
PREPLUS TAB 27-1MG	2	
RAYALDEE CAP 30MCG	5	
TRICARE TAB PRENATAL	2	
VOL-PLUS TAB	2	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	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>	2	
<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>	2	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<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>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
DUREZOL EMU 0.05%	3	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
PROLENSA SOL 0.07%	3	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	2	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
PAZEO DRO 0.7%	3	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>metipranolol ophth soln 0.3%</i>	2	
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	3	
MISCELLANEOUS		
CYSTARAN SOL 0.44%	5	LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS EMU 0.05%	3	QL (64 single use 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>	2	B/D
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
CLARINEX SYP 0.5MG/ML	4	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	4	PA; PA if 65 years and older
<i>cyproheptadine hcl tab 4 mg</i>	4	PA; PA if 65 years and older
<i>desloratadine tab 5 mg</i>	2	
<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>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>olopatadine hcl nasal soln 0.6%</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>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tab 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 8 mg</i>	2	
BROVANA NEB 15MCG	5	B/D
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers / 30 days)
PERFOROMIST NEB 20MCG	5	B/D
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	B/D
<i>acetylcysteine inhal soln 20%</i>	2	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	PA
ESBRIET TAB 267MG	5	PA
ESBRIET TAB 801MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 50MG	5	PA
KALYDECO PAK 75MG	5	PA
KALYDECO TAB 150MG	5	PA
OFEV CAP 100MG	5	PA
OFEV CAP 150MG	5	PA
ORKAMBI GRA 100-125	5	PA
ORKAMBI GRA 150-188	5	PA
ORKAMBI TAB 100-125	5	PA
ORKAMBI TAB 200-125	5	PA
PROLASTIN-C INJ 1000MG	5	LA, PA
PROLASTIN-C INJ 1000MG	5	NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NM, PA
SYMDEKO TAB 100-150	5	LA, PA
XOLAIR SOL 150MG	5	NM, LA, PA
ZEMAIRA INJ 1000MG	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
OMNARIS SPR	4	QL (1 inhaler / 30 days)

STEROID INHALANTS

ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
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>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	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)
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Drug Name	Drug Tier	Requirements/Limits
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>	2	
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
THEO-24 CAP 300MG CR	4	
THEO-24 CAP 400MG ER	4	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 100 mg</i>	2	
<i>theophylline tab er 12hr 200 mg</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	

TOPICAL

DERMATOLOGY, ACNE

<i>amneesteem cap 10mg</i>	2	PA
<i>amneesteem cap 20mg</i>	2	PA
<i>amneesteem cap 40mg</i>	2	PA
<i>avita cre 0.025%</i>	2	PA
<i>avita gel 0.025%</i>	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>claravis cap 10mg</i>	2	PA
<i>claravis cap 20mg</i>	2	PA
<i>claravis cap 30mg</i>	2	PA
<i>claravis cap 40mg</i>	2	PA
<i>clindacin-p pad 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>myorisan cap 10mg</i>	2	PA
<i>myorisan cap 20mg</i>	2	PA
<i>myorisan cap 30mg</i>	2	PA
<i>myorisan cap 40mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tretinoin cream 0.1%</i>	2	PA
<i>tretinoin cream 0.05%</i>	2	PA
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin gel 0.01%</i>	2	PA
<i>tretinoin gel 0.025%</i>	2	PA
<i>zenatane cap 10mg</i>	2	PA
<i>zenatane cap 20mg</i>	2	PA
<i>zenatane cap 30mg</i>	2	PA
<i>zenatane cap 40mg</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	2	
<i>mupirocin oint 2%</i>	1	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLON CRE 85MG/GM	4	
SULFAMYLON PAK 5%	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>ketoconazole cream 2%</i>	2	
<i>nyamyc pow 100000</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystop pow 100000</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	5	PA
<i>acitretin cap 17.5 mg</i>	5	PA
<i>acitretin cap 25 mg</i>	5	PA
<i>calcipotriene cream 0.005%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	
<i>tazarotene cream 0.1%</i>	2	PA
TAZORAC CRE 0.05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate augmented cream 2 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
CORDRAN 80X3 TAP 4MCG/CM	4	
<i>desoximetasone cream 0.05%</i>	2	
<i>desoximetasone cream 0.25%</i>	2	
<i>desoximetasone gel 0.05%</i>	2	
<i>desoximetasone oint 0.05%</i>	2	
<i>desoximetasone oint 0.25%</i>	2	
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate cream 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone butyrate soln 0.1%</i>	2	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 1%</i>	2	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	2	
<i>hydrocortisone valerate oint 0.2%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
TACLONEX SUS	5	
TEXACORT SOL 2.5%	4	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	2	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium gel 1%</i>	2	PA
<i>doxepin hcl cream 5%</i>	2	
FINACEA AER 15%	4	
FINACEA GEL 15%	4	
<i>fluorouracil cream 5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>hydrocortisone rectal cream 2.5%</i>	2	
<i>imiquimod cream 3.75%</i>	5	
<i>imiquimod cream 5%</i>	2	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
NORITATE CRE 1%	5	
PANRETIN GEL 0.1%	5	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
<i>podofilox soln 0.5%</i>	2	
<i>procto-med cre hc 2.5%</i>	2	
<i>procto-pak cre 1%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
<i>rosadan cre 0.75%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	
<i>tacrolimus oint 0.03%</i>	2	
TARGRETIN GEL 1%	5	NM, PA
VALCHLOR GEL 0.016%	5	LA, PA
ZYCLARA CRE 3.75%	5	
ZYCLARA PUMP CRE 2.5%	5	
ZYCLARA PUMP CRE 3.75%	5	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	2	
REGANEX GEL 0.01%	5	PA
SANTYL OIN 250/GM	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
OTIC		
<i>acetic acid otic soln 2%</i>	2	
CIPRO HC SUS OTIC	4	
CIPRODEX SUS 0.3-0.1%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
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TRUE METRIX KIT METER	Part B	
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<i>acamprosate calcium tab delayed release 333 mg</i>	61	<i>adriamycin inj 20mg</i>	18
<i>acarbose tab 100 mg</i>	63	<i>adrucil inj 2.5g/50m</i>	18
<i>acarbose tab 25 mg</i>	63	<i>adrucil inj 500/10ml</i>	18
<i>acarbose tab 50 mg</i>	63	<i>adrucil inj 5gm/100m</i>	18
<i>acebutolol hcl cap 200 mg</i>	33	ADVAIR DISKU AER 100/50.....	95
<i>acebutolol hcl cap 400 mg</i>	33	ADVAIR DISKU AER 250/50.....	96
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ADVAIR DISKU AER 500/50.....	96
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ADVAIR HFA AER 115/21	96
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ADVAIR HFA AER 230/21	96
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ADVAIR HFA AER 45/21	96
<i>acetazolamide cap er 12hr 500 mg</i>	37	<i>afeditab tab 30mg cr</i>	35
<i>acetazolamide tab 125 mg</i>	37	<i>afeditab tab 60mg cr</i>	35
<i>acetazolamide tab 250 mg</i>	37	AFINITOR DIS TAB 2MG.....	22
<i>acetic acid irrigation soln 0.25%</i>	100	AFINITOR DIS TAB 3MG.....	22
<i>acetic acid otic soln 2%</i>	101	AFINITOR DIS TAB 5MG.....	22
<i>acetylcysteine inhal soln 10%</i>	94	AFINITOR TAB 10MG	22
<i>acetylcysteine inhal soln 20%</i>	94	AFINITOR TAB 2.5MG	22
<i>acitretin cap 10 mg</i>	97	AFINITOR TAB 5MG.....	22
<i>acitretin cap 17.5 mg</i>	97	AFINITOR TAB 7.5MG	22
<i>acitretin cap 25 mg</i>	97	<i>ala-cort cre 1%</i>	98
ACTHIB INJ.....	85	<i>ala-cort cre 2.5%</i>	98
ACTIMMUNE INJ 2MU/0.5.....	85	ALBENZA TAB 200MG	5
<i>acyclovir cap 200 mg</i>	12	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	93
<i>acyclovir sodium iv soln 50 mg/ml</i>	12	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	93
<i>acyclovir susp 200 mg/5ml</i>	12	<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	93
<i>acyclovir tab 400 mg</i>	12	<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	93
<i>acyclovir tab 800 mg</i>	12	<i>albuterol sulfate syrup 2 mg/5ml</i>	93
ADACEL INJ.....	85	<i>albuterol sulfate tab 2 mg</i>	93
		<i>albuterol sulfate tab 4 mg</i>	94
		<i>albuterol sulfate tab er 12hr 4 mg</i>	94
		<i>albuterol sulfate tab er 12hr 8 mg</i>	94
		<i>alclometasone dipropionate cream 0.05%</i>	98
		<i>alclometasone dipropionate oint 0.05%</i>	98

.....	98	AMINOSYN II INJ 10%.....	87
ALCOHOL SWABS	62	AMINOSYN II INJ 8.5%	87
ALDURAZYME INJ 2.9MG/5M	69	<i>aminosyn ii inj 8.5/lyte</i>	87
ALECENSA CAP 150MG	22	AMINOSYN INJ 10%	88
<i>alendronate sodium oral soln 70</i>		AMINOSYN INJ 8.5%	87
<i>mg/75ml</i>	65	<i>aminosyn inj 8.5/lyte</i>	87
<i>alendronate sodium tab 10 mg</i>	65	AMINOSYN M INJ 3.5%	88
<i>alendronate sodium tab 35 mg</i>	65	AMINOSYN-HBC INJ 7%.....	88
<i>alendronate sodium tab 40 mg</i>	65	AMINOSYN-PF INJ 10%.....	88
<i>alendronate sodium tab 5 mg</i>	65	AMINOSYN-PF INJ 7%	88
<i>alendronate sodium tab 70 mg</i>	65	AMINOSYN-RF INJ 5.2%	88
<i>alfuzosin hcl tab er 24hr 10 mg</i>	79	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
ALIMTA INJ 100MG	18	<i>mg/ml)</i>	30
ALIMTA INJ 500MG	18	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
ALINIA SUS 100/5ML	5	<i>mg/ml)</i>	30
ALINIA TAB 500MG	5	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>allopurinol tab 100 mg</i>	1	<i>mg/ml)</i>	30
<i>allopurinol tab 300 mg</i>	1	<i>amiodarone hcl tab 100 mg</i>	30
<i>alose tron hcl tab 0.5 mg (base equiv)</i> .	78	<i>amiodarone hcl tab 200 mg</i>	30
<i>alose tron hcl tab 1 mg (base equiv)</i>	78	<i>amiodarone hcl tab 400 mg</i>	30
ALPHAGAN P SOL 0.1%	91	AMITIZA CAP 24MCG	78
<i>alprazolam tab 0.25 mg</i>	40	AMITIZA CAP 8MCG.....	78
<i>alprazolam tab 0.5 mg</i>	40	<i>amitriptyline hcl tab 10 mg</i>	46
<i>alprazolam tab 1 mg</i>	40	<i>amitriptyline hcl tab 100 mg</i>	47
<i>alprazolam tab 2 mg</i>	40	<i>amitriptyline hcl tab 150 mg</i>	47
ALREX SUS 0.2%	91	<i>amitriptyline hcl tab 25 mg</i>	46
ALTOPREV TAB 20MG ER	31	<i>amitriptyline hcl tab 50 mg</i>	47
ALTOPREV TAB 40MG ER	31	<i>amitriptyline hcl tab 75 mg</i>	47
ALTOPREV TAB 60MG ER	31	<i>amlodipine besylate tab 10 mg (base</i>	
ALUNBRIG PAK	22	<i>equivalent)</i>	35
ALUNBRIG TAB 180MG	22	<i>amlodipine besylate tab 2.5 mg (base</i>	
ALUNBRIG TAB 30MG	22	<i>equivalent)</i>	35
ALUNBRIG TAB 90MG	22	<i>amlodipine besylate tab 5 mg (base</i>	
<i>alyacen tab 1/35</i>	66	<i>equivalent)</i>	35
<i>amantadine hcl cap 100 mg</i>	50	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>amantadine hcl syrup 50 mg/5ml</i>	50	<i>tab 10-10 mg</i>	35
<i>amantadine hcl tab 100 mg</i>	50	<i>amlodipine besylate-atorvastatin calcium</i>	
AMBISOME INJ 50MG	8	<i>tab 10-20 mg</i>	35
<i>amikacin sulfate inj 1 gm/4ml (250</i>		<i>amlodipine besylate-atorvastatin calcium</i>	
<i>mg/ml)</i>	5	<i>tab 10-40 mg</i>	35
<i>amikacin sulfate inj 500 mg/2ml (250</i>		<i>amlodipine besylate-atorvastatin calcium</i>	
<i>mg/ml)</i>	5	<i>tab 10-80 mg</i>	35
<i>amiloride & hydrochlorothiazide tab 5-50</i>		<i>amlodipine besylate-atorvastatin calcium</i>	
<i>mg</i>	37	<i>tab 2.5-10 mg</i>	35
<i>amiloride hcl tab 5 mg</i>	37	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>amino acid infusion 6%</i>	87	<i>tab 2.5-20 mg</i>	35
<i>aminophylline inj 25 mg/ml</i>	96	<i>amlodipine besylate-atorvastatin calcium</i>	
AMINOSYN 7% INJ /LYTES.....	87	<i>tab 2.5-40 mg</i>	35

<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	35	<i>amnesteam cap 40mg</i>	96
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	35	<i>amoxapine tab 100 mg</i>	47
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	35	<i>amoxapine tab 150 mg</i>	47
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	35	<i>amoxapine tab 25 mg</i>	47
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	26	<i>amoxapine tab 50 mg</i>	47
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	26	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	15
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	26	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	15
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	26	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	15
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	26	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	15
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	26	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	15
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	28	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	15
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	28	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	15
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	28	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	15
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	28	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	15
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	28	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	16
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	28	<i>amoxicillin (trihydrate) cap 250 mg</i>	16
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	28	<i>amoxicillin (trihydrate) cap 500 mg</i>	16
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	28	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	28	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	28	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	28	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	28	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	28	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	16
<i>amnesteam cap 10mg</i>	96	<i>amoxicillin (trihydrate) tab 500 mg</i>	16
<i>amnesteam cap 20mg</i>	96	<i>amoxicillin (trihydrate) tab 875 mg</i>	16
		<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	78
		<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	56
		<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	56
		<i>amphetamine-dextroamphetamine cap er</i>	

24hr 20 mg.....	56	ANDRODERM DIS 2MG/24HR.....	62
<i>amphetamine-dextroamphetamine cap er</i>		ANDRODERM DIS 4MG/24HR.....	62
24hr 25 mg.....	56	ANDROGEL GEL 1%(50MG).....	62
<i>amphetamine-dextroamphetamine cap er</i>		ANDROGEL GEL 1.62%.....	62
24hr 30 mg.....	56	ANORO ELLIPT AER 62.5-25.....	92
<i>amphetamine-dextroamphetamine cap er</i>		ANTARA CAP 30MG.....	32
24hr 5 mg.....	56	ANTARA CAP 90MG.....	32
<i>amphetamine-dextroamphetamine tab</i>		APOKYN INJ 10MG/ML.....	50
10 mg.....	56	<i>aprepitant capsule 125 mg</i>	75
<i>amphetamine-dextroamphetamine tab</i>		<i>aprepitant capsule 40 mg</i>	75
12.5 mg.....	56	<i>aprepitant capsule 80 mg</i>	75
<i>amphetamine-dextroamphetamine tab</i>		<i>aprepitant capsule therapy pack 80 &</i>	
15 mg.....	57	<i>125 mg</i>	75
<i>amphetamine-dextroamphetamine tab</i>		<i>apri tab</i>	66
20 mg.....	57	APRISO CAP 0.375GM.....	77
<i>amphetamine-dextroamphetamine tab</i>		APTIOM TAB 200MG.....	41
30 mg.....	57	APTIOM TAB 400MG.....	41
<i>amphetamine-dextroamphetamine tab 5</i>		APTIOM TAB 600MG.....	41
<i>mg</i>	56	APTIOM TAB 800MG.....	41
<i>amphetamine-dextroamphetamine tab</i>		APTIVUS CAP 250MG.....	9
7.5 mg.....	56	APTIVUS SOL.....	9
<i>amphotericin b for inj 50 mg</i>	8	ARALAST NP INJ 1000MG.....	94
<i>ampicillin & sulbactam sodium for inj 1.5</i>		ARALAST NP INJ 500MG.....	94
<i>(1-0.5) gm</i>	16	<i>aranelle tab</i>	66
<i>ampicillin & sulbactam sodium for inj 15</i>		ARCALYST INJ 220MG.....	85
<i>(10-5) gm</i>	16	<i>aripiprazole oral solution 1 mg/ml</i>	52
<i>ampicillin & sulbactam sodium for inj 3</i>		<i>aripiprazole orally disintegrating tab 10</i>	
<i>(2-1) gm</i>	16	<i>mg</i>	52
<i>ampicillin & sulbactam sodium for iv soln</i>		<i>aripiprazole orally disintegrating tab 15</i>	
<i>15 (10-5) gm</i>	16	<i>mg</i>	52
<i>ampicillin cap 250 mg</i>	16	<i>aripiprazole tab 10 mg</i>	52
<i>ampicillin cap 500 mg</i>	16	<i>aripiprazole tab 15 mg</i>	52
<i>ampicillin for susp 125 mg/5ml</i>	16	<i>aripiprazole tab 2 mg</i>	52
<i>ampicillin for susp 250 mg/5ml</i>	16	<i>aripiprazole tab 20 mg</i>	52
<i>ampicillin sodium for inj 1 gm</i>	16	<i>aripiprazole tab 30 mg</i>	52
<i>ampicillin sodium for inj 10 gm</i>	16	<i>aripiprazole tab 5 mg</i>	52
<i>ampicillin sodium for inj 125 mg</i>	16	ARISTADA INJ 1064MG.....	52
<i>ampicillin sodium for inj 2 gm</i>	16	ARISTADA INJ 441MG/1.....	52
<i>ampicillin sodium for inj 250 mg</i>	16	ARISTADA INJ 662MG/2.....	52
<i>ampicillin sodium for inj 500 mg</i>	16	ARISTADA INJ 882MG/3.....	52
<i>ampicillin sodium for iv soln 1 gm</i>	16	ARISTADA INJ INITIO.....	52
<i>ampicillin sodium for iv soln 10 gm</i>	16	<i>armodafinil tab 150 mg</i>	61
<i>ampicillin sodium for iv soln 2 gm</i>	16	<i>armodafinil tab 200 mg</i>	61
AMPYRA TAB 10MG.....	60	<i>armodafinil tab 250 mg</i>	61
ANADROL-50 TAB 50MG.....	62	<i>armodafinil tab 50 mg</i>	61
<i>anagrelide hcl cap 0.5 mg</i>	82	ARNUITY ELPT INH 100MCG.....	95
<i>anagrelide hcl cap 1 mg</i>	82	ARNUITY ELPT INH 200MCG.....	95
<i>anastrozole tab 1 mg</i>	21	ARNUITY ELPT INH 50MCG.....	95

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	83	AUSTEDO TAB 6MG	59
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	9	AUSTEDO TAB 9MG	59
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	9	AVASTIN INJ	20
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	9	AVASTIN INJ 400/16ML.....	20
<i>atenolol & chlorthalidone tab 100-25 mg</i>	33	<i>aviane tab</i>	66
<i>atenolol & chlorthalidone tab 50-25 mg</i>	33	<i>avita cre 0.025%</i>	96
<i>atenolol tab 100 mg</i>	33	<i>avita gel 0.025%</i>	96
<i>atenolol tab 25 mg</i>	33	<i>azacitidine for inj 100 mg</i>	18
<i>atenolol tab 50 mg</i>	33	AZACTAM INJ 1GM	6
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	57	AZACTAM INJ 2GM	6
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	57	AZACTAM/DEX INJ 1GM	6
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	57	AZACTAM/DEX INJ 2GM	6
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	57	AZASITE SOL 1%.....	90
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	57	AZATHIOPRINE INJ 100MG.....	85
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	57	<i>azathioprine tab 50 mg</i>	85
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	57	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	93
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	31	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	93
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	31	<i>azelastine hcl ophth soln 0.05%</i>	91
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	31	<i>azithromycin for susp 100 mg/5ml</i>	14
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	31	<i>azithromycin for susp 200 mg/5ml</i>	14
<i>atovaquone susp 750 mg/5ml</i>	5	<i>azithromycin iv for soln 500 mg</i>	14
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	8	<i>azithromycin powd pack for susp 1 gm</i>	14
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	8	<i>azithromycin tab 250 mg</i>	14
ATRIPLA TAB.....	11	<i>azithromycin tab 500 mg</i>	14
ATROVENT HFA AER 17MCG	92	<i>azithromycin tab 600 mg</i>	14
<i>abra tab 0.1-0.02</i>	66	AZOPT SUS 1% OP.....	91
AUGMENTIN SUS 125/5ML.....	16	<i>aztreonam for inj 1 gm</i>	6
AURYXIA TAB 210MG	73	<i>aztreonam for inj 2 gm</i>	6
AUSTEDO TAB 12MG	59	B	
		<i>bacitracin ophth oint 500 unit/gm</i>	90
		<i>bacitracin-polymyxin b ophth oint</i>	90
		<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	90
		<i>baclofen tab 10 mg</i>	60
		<i>baclofen tab 20 mg</i>	60
		<i>balsalazide disodium cap 750 mg</i>	77
		<i>balziva tab</i>	66
		BANZEL SUS 40MG/ML	41
		BANZEL TAB 200MG	41
		BANZEL TAB 400MG	41
		BARACLUDGE SOL .05MG/ML.....	12
		BASAGLAR INJ 100UNIT.....	62
		BCG VACCINE INJ	85
		BD ULTRAFINE INSULIN SYRINGE	62
		BD ULTRAFINE/NANO PEN NEEDLES ...	62
		<i>bekyree tab</i>	66

BELEODAQ INJ 500MG.....	20	<i>bethanechol chloride tab 25 mg</i>	79
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	26	<i>bethanechol chloride tab 5 mg</i>	79
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	26	<i>bethanechol chloride tab 50 mg</i>	79
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	26	BETOPTIC-S SUS 0.25% OP	92
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	26	BEVESPI AER 9-4.8MCG	92
<i>benazepril hcl tab 10 mg</i>	27	<i>bexarotene cap 75 mg</i>	24
<i>benazepril hcl tab 20 mg</i>	27	BEXSERO INJ.....	86
<i>benazepril hcl tab 40 mg</i>	27	<i>bicalutamide tab 50 mg</i>	21
<i>benazepril hcl tab 5 mg</i>	27	BICILLIN L-A INJ 1200000	16
BENDEKA INJ 100/4ML.....	17	BICILLIN L-A INJ 2400000	16
BENLYSTA INJ 120MG	85	BICILLIN L-A INJ 600000	16
BENLYSTA INJ 200MG/ML	85	BIDIL TAB	38
BENLYSTA INJ 400MG	85	BIKTARVY TAB.....	11
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	96	BILTRICIDE TAB 600MG.....	6
<i>benztropine mesylate inj 1 mg/ml</i>	50	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	33
<i>benztropine mesylate tab 0.5 mg</i>	50	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	33
<i>benztropine mesylate tab 1 mg</i>	50	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	33
<i>benztropine mesylate tab 2 mg</i>	50	<i>bisoprolol fumarate tab 10 mg</i>	33
BEPREVE DRO 1.5%.....	91	<i>bisoprolol fumarate tab 5 mg</i>	33
BESIVANCE SUS 0.6%.....	90	BIVIGAM INJ 10%	84
<i>betamethasone dipropionate augmented cream 0.05%</i>	98	<i>bleomycin sulfate for inj 15 unit</i>	18
<i>betamethasone dipropionate augmented gel 0.05%</i>	98	<i>bleomycin sulfate for inj 30 unit</i>	18
<i>betamethasone dipropionate augmented lotion 0.05%</i>	98	BLEPHAMIDE OIN S.O.P.	90
<i>betamethasone dipropionate augmented oint 0.05%</i>	98	<i>blisovi fe tab 1.5/30</i>	66
<i>betamethasone dipropionate cream 0.05%</i>	98	<i>blisovi fe tab 1/20</i>	66
<i>betamethasone dipropionate lotion 0.05%</i>	98	BOOSTRIX INJ	86
<i>betamethasone dipropionate oint 0.05%</i>	98	BORTEZOMIB INJ 3.5MG	20
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	98	BOSULIF TAB 100MG.....	22
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	98	BOSULIF TAB 400MG.....	22
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	98	BOSULIF TAB 500MG.....	22
BETASERON INJ 0.3MG.....	60	BRAFTOVI CAP 50MG.....	22
<i>betaxolol hcl ophth soln 0.5%</i>	91	BRAFTOVI CAP 75MG.....	23
<i>bethanechol chloride tab 10 mg</i>	79	BREO ELLIPTA INH 100-25	96
		BREO ELLIPTA INH 200-25	96
		<i>briellyn tab</i>	66
		BRILINTA TAB 60MG.....	83
		BRILINTA TAB 90MG.....	83
		<i>brimonidine tartrate ophth soln 0.15%</i> 92	
		<i>brimonidine tartrate ophth soln 0.2%</i> . 92	
		BRIVIACT INJ 50MG/5ML	41
		BRIVIACT SOL 10MG/ML	41
		BRIVIACT TAB 100MG.....	41
		BRIVIACT TAB 10MG	41
		BRIVIACT TAB 25MG	41
		BRIVIACT TAB 50MG	41

BRIVIACT TAB 75MG	41
<i>bromfenac sodium ophth soln 0.09%</i> <i>(base equiv) (once-daily)</i>	91
<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i>	50
<i>bromocriptine mesylate tab 2.5 mg (base</i> <i>equivalent)</i>	50
BROMSITE DRO 0.075%	91
BROVANA NEB 15MCG	94
<i>budesonide delayed release particles cap</i> <i>3 mg</i>	77
<i>budesonide inhalation susp 0.25 mg/2ml</i>	95
<i>budesonide inhalation susp 0.5 mg/2ml</i>	95
<i>bumetanide inj 0.25 mg/ml</i>	38
<i>bumetanide tab 0.5 mg</i>	38
<i>bumetanide tab 1 mg</i>	38
<i>bumetanide tab 2 mg</i>	38
<i>buprenorphine hcl sl tab 2 mg (base</i> <i>equiv)</i>	61
<i>buprenorphine hcl sl tab 8 mg (base</i> <i>equiv)</i>	61
<i>buprenorphine hcl-naloxone hcl sl tab 2-</i> <i>0.5 mg (base equiv)</i>	61
<i>buprenorphine hcl-naloxone hcl sl tab 8-</i> <i>2 mg (base equiv)</i>	61
<i>bupropion hcl (smoking deterrent) tab er</i> <i>12hr 150 mg</i>	61
<i>bupropion hcl tab 100 mg</i>	47
<i>bupropion hcl tab 75 mg</i>	47
<i>bupropion hcl tab er 12hr 100 mg</i>	47
<i>bupropion hcl tab er 12hr 150 mg</i>	47
<i>bupropion hcl tab er 12hr 200 mg</i>	47
<i>bupropion hcl tab er 24hr 150 mg</i>	47
<i>bupropion hcl tab er 24hr 300 mg</i>	47
<i>bupropion hcl tab 10 mg</i>	40
<i>bupropion hcl tab 15 mg</i>	40
<i>bupropion hcl tab 30 mg</i>	40
<i>bupropion hcl tab 5 mg</i>	40
<i>bupropion hcl tab 7.5 mg</i>	40
<i>busulfan inj 6 mg/ml</i>	17
<i>butorphanol tartrate inj 1 mg/ml</i>	2
<i>butorphanol tartrate inj 2 mg/ml</i>	2
BUTRANS DIS 10MCG/HR	2
BUTRANS DIS 15MCG/HR	2
BUTRANS DIS 20MCG/HR	2
BUTRANS DIS 5MCG/HR	2

BUTRANS DIS 7.5/HR	2
BYDUREON INJ 2MG	62
BYDUREON INJ BCISE.....	62
BYDUREON PEN INJ 2MG.....	62
BYETTA INJ 10MCG	63
BYETTA INJ 5MCG	63
BYSTOLIC TAB 10MG	34
BYSTOLIC TAB 2.5MG	34
BYSTOLIC TAB 20MG	34
BYSTOLIC TAB 5MG.....	34

C

<i>cabergoline tab 0.5 mg</i>	72
CABOMETYX TAB 20MG.....	23
CABOMETYX TAB 40MG.....	23
CABOMETYX TAB 60MG.....	23
<i>calcipotriene cream 0.005%</i>	97
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	98
<i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i>	72
<i>calcitriol cap 0.25 mcg</i>	89
<i>calcitriol cap 0.5 mcg</i>	89
<i>calcitriol inj 1 mcg/ml</i>	89
<i>calcitriol oral soln 1 mcg/ml</i>	89
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i>	73
<i>calcium acetate (phosphate binder) tab</i> <i>667 mg</i>	73
CALQUENCE CAP 100MG	23
<i>camila tab 0.35mg</i>	66
CANASA SUP 1000MG.....	77
CANCIDAS INJ 50MG	8
CANCIDAS INJ 70MG	8
<i>candesartan cilexetil tab 16 mg</i>	30
<i>candesartan cilexetil tab 32 mg</i>	30
<i>candesartan cilexetil tab 4 mg</i>	30
<i>candesartan cilexetil tab 8 mg</i>	30
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 16-12.5 mg</i>	29
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-12.5 mg</i>	29
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-25 mg</i>	29
CAPASTAT SUL INJ 1GM.....	11
CAPRELSA TAB 100MG.....	23
CAPRELSA TAB 300MG.....	23
<i>captopril & hydrochlorothiazide tab 25-15</i> <i>mg</i>	26

<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	26	<i>carboplatin iv soln 50 mg/5ml</i>	25
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	26	<i>carboplatin iv soln 600 mg/60ml</i>	25
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	26	CARIMUNE NF INJ 12GM	84
<i>captopril tab 100 mg</i>	27	CARIMUNE NF INJ 6GM	84
<i>captopril tab 12.5 mg</i>	27	<i>carisoprodol tab 350 mg</i>	60
<i>captopril tab 25 mg</i>	27	<i>carteolol hcl ophth soln 1%</i>	92
<i>captopril tab 50 mg</i>	27	<i>carvedilol phosphate cap er 24hr 10 mg</i>	34
CARBAGLU TAB 200MG.....	69	<i>carvedilol phosphate cap er 24hr 20 mg</i>	34
<i>carbamazepine cap er 12hr 100 mg</i>	41	<i>carvedilol phosphate cap er 24hr 40 mg</i>	34
<i>carbamazepine cap er 12hr 200 mg</i>	41	<i>carvedilol phosphate cap er 24hr 80 mg</i>	34
<i>carbamazepine cap er 12hr 300 mg</i>	41	<i>carvedilol tab 12.5 mg</i>	34
<i>carbamazepine chew tab 100 mg</i>	41	<i>carvedilol tab 25 mg</i>	34
<i>carbamazepine susp 100 mg/5ml</i>	41	<i>carvedilol tab 3.125 mg</i>	34
<i>carbamazepine tab 200 mg</i>	41	<i>carvedilol tab 6.25 mg</i>	34
<i>carbamazepine tab er 12hr 100 mg</i>	41	<i>casprofungin acetate for iv soln 50 mg</i> ...	8
<i>carbamazepine tab er 12hr 200 mg</i>	41	<i>casprofungin acetate for iv soln 70 mg</i> ...	8
<i>carbamazepine tab er 12hr 400 mg</i>	41	CASPOFUNGIN INJ 50MG	8
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	50	CASPOFUNGIN INJ 70MG	8
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	50	CAYSTON INH 75MG.....	6
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	50	<i>cefaclor cap 250 mg</i>	13
<i>carbidopa & levodopa tab 10-100 mg</i> ..	50	<i>cefaclor cap 500 mg</i>	13
<i>carbidopa & levodopa tab 25-100 mg</i> ..	50	CEFACLOR ER TAB 500MG	13
<i>carbidopa & levodopa tab 25-250 mg</i> ..	50	<i>cefaclor for susp 125 mg/5ml</i>	13
<i>carbidopa & levodopa tab er 25-100 mg</i>	50	<i>cefaclor for susp 250 mg/5ml</i>	13
<i>carbidopa & levodopa tab er 50-200 mg</i>	50	<i>cefaclor for susp 375 mg/5ml</i>	13
<i>carbidopa tab 25 mg</i>	50	<i>cefadroxil cap 500 mg</i>	13
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	50	<i>cefadroxil for susp 250 mg/5ml</i>	13
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	51	<i>cefadroxil for susp 500 mg/5ml</i>	13
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	51	<i>cefadroxil tab 1 gm</i>	13
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	51	CEFAZOLIN INJ 1GM/50ML	13
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	51	<i>cefazolin sodium for inj 1 gm</i>	13
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	51	<i>cefazolin sodium for inj 10 gm</i>	13
<i>carboplatin iv soln 150 mg/15ml</i>	25	<i>cefazolin sodium for inj 20 gm</i>	13
<i>carboplatin iv soln 450 mg/45ml</i>	25	<i>cefazolin sodium for inj 500 mg</i>	13
		<i>cefazolin sodium for iv soln 1 gm</i>	13
		CEFAZOLIN SOL.....	13
		<i>cefdinir cap 300 mg</i>	13
		<i>cefdinir for susp 125 mg/5ml</i>	13
		<i>cefdinir for susp 250 mg/5ml</i>	13
		<i>cefepime hcl for inj 1 gm</i>	13
		<i>cefepime hcl for inj 2 gm</i>	13
		<i>cefixime for susp 100 mg/5ml</i>	13
		<i>cefixime for susp 200 mg/5ml</i>	13
		<i>cefotaxime sodium for inj 1 gm</i>	13

<i>cefotaxime sodium for inj 2 gm</i>	13	CHANTIX TAB 0.5MG	61
<i>cefotaxime sodium for inj 500 mg</i>	13	CHANTIX TAB 1MG	61
<i>cefoxitin sodium for inj 10 gm</i>	13	CHEMET CAP 100MG.....	66
<i>cefoxitin sodium for iv soln 1 gm</i>	13	<i>chlorhexidine gluconate soln 0.12%..</i>	100
<i>cefoxitin sodium for iv soln 2 gm</i>	13	<i>chloroquine phosphate tab 250 mg</i>	9
<i>cefpodoxime proxetil for susp 100</i>		<i>chloroquine phosphate tab 500 mg</i>	9
<i>mg/5ml</i>	13	<i>chlorothiazide tab 250 mg</i>	38
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>		<i>chlorothiazide tab 500 mg</i>	38
.....	13	CHLORPROMAZ INJ 25MG/ML	52
<i>cefpodoxime proxetil tab 100 mg</i>	13	CHLORPROMAZ INJ 50MG/2ML	52
<i>cefpodoxime proxetil tab 200 mg</i>	13	<i>chlorpromazine hcl tab 10 mg</i>	52
<i>cefprozil for susp 125 mg/5ml</i>	13	<i>chlorpromazine hcl tab 100 mg</i>	52
<i>cefprozil for susp 250 mg/5ml</i>	13	<i>chlorpromazine hcl tab 200 mg</i>	52
<i>cefprozil tab 250 mg</i>	13	<i>chlorpromazine hcl tab 25 mg</i>	52
<i>cefprozil tab 500 mg</i>	13	<i>chlorpromazine hcl tab 50 mg</i>	52
<i>ceftazidime for inj 1 gm</i>	13	<i>chlorthalidone tab 25 mg</i>	38
<i>ceftazidime for inj 2 gm</i>	13	<i>chlorthalidone tab 50 mg</i>	38
<i>ceftazidime for inj 6 gm</i>	14	<i>cholestyramine light powder 4 gm/dose</i>	
CEFTAZIDIME/ SOL D5W 1GM	14	.....	32
CEFTAZIDIME/ SOL D5W 2GM	14	<i>cholestyramine light powder packets 4</i>	
<i>ceftriaxone sodium for inj 1 gm</i>	14	<i>gm</i>	32
<i>ceftriaxone sodium for inj 10 gm</i>	14	<i>cholestyramine powder 4 gm/dose</i>	32
<i>ceftriaxone sodium for inj 2 gm</i>	14	<i>cholestyramine powder packets 4 gm</i> .	32
<i>ceftriaxone sodium for inj 250 mg</i>	14	<i>choline fenofibrate cap dr 135 mg</i>	
<i>ceftriaxone sodium for inj 500 mg</i>	14	<i>(fenofibric acid equiv)</i>	32
<i>ceftriaxone sodium for iv soln 1 gm</i>	14	<i>choline fenofibrate cap dr 45 mg</i>	
<i>ceftriaxone sodium for iv soln 2 gm</i>	14	<i>(fenofibric acid equiv)</i>	32
<i>cefuroxime axetil tab 250 mg</i>	14	<i>ciclopirox gel 0.77%</i>	97
<i>cefuroxime axetil tab 500 mg</i>	14	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cefuroxime sodium for inj 7.5 gm</i>	14	<i>equiv)</i>	97
<i>cefuroxime sodium for inj 750 mg</i>	14	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	14	<i>equiv)</i>	97
<i>celecoxib cap 100 mg</i>	1	<i>ciclopirox shampoo 1%</i>	97
<i>celecoxib cap 200 mg</i>	1	<i>cilostazol tab 100 mg</i>	82
<i>celecoxib cap 400 mg</i>	1	<i>cilostazol tab 50 mg</i>	82
<i>celecoxib cap 50 mg</i>	1	CILOXAN OIN 0.3% OP	90
CELONTIN CAP 300MG	41	CIMDUO TAB 300-300	11
<i>cephalexin cap 250 mg</i>	14	CINRYZE SOL 500 UNIT	82
<i>cephalexin cap 500 mg</i>	14	CIPRO HC SUS OTIC.....	101
<i>cephalexin for susp 125 mg/5ml</i>	14	CIPRODEX SUS 0.3-0.1%.....	101
<i>cephalexin for susp 250 mg/5ml</i>	14	<i>ciprofloxacin 200 mg/100ml in d5w</i>	15
CERDELGA CAP 84MG.....	69	<i>ciprofloxacin 400 mg/200ml in d5w</i>	15
CEREZYME INJ 400UNIT	69	<i>ciprofloxacin for oral susp 250 mg/5ml</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		<i>(5%) (5 gm/100ml)</i>	15
<i>mg/5ml)</i>	93	<i>ciprofloxacin for oral susp 500 mg/5ml</i>	
<i>cevimeline hcl cap 30 mg</i>	100	<i>(10%) (10 gm/100ml)</i>	15
CHANTIX PAK 0.5& 1MG	61	<i>ciprofloxacin hcl ophth soln 0.3%</i>	90
CHANTIX PAK 1MG.....	61	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	

.....15	mg/2ml..... 6
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	<i>clindamycin phosphate iv soln 900</i>
.....15	<i>mg/6ml..... 6</i>
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	<i>clindamycin phosphate lotion 1% 96</i>
.....15	<i>clindamycin phosphate soln 1% 96</i>
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	<i>clindamycin phosphate swab 1%..... 96</i>
.....15	<i>clindamycin phosphate vaginal cream 2%</i>
<i>cisplatin inj 100 mg/100ml (1 mg/ml) .25</i>	..... 80
<i>cisplatin inj 200 mg/200ml (1 mg/ml) .25</i>	CLINDMYC/NAC INJ 300/50ML..... 6
<i>cisplatin inj 50 mg/50ml (1 mg/ml).....25</i>	CLINDMYC/NAC INJ 600/50ML..... 6
<i>citalopram hydrobromide oral soln 10</i>	CLINDMYC/NAC INJ 900/50ML..... 6
<i>mg/5ml .....47</i>	CLINIMIX INJ 2.75/D5W 88
<i>citalopram hydrobromide tab 10 mg</i>	CLINIMIX INJ 4.25/D10 88
<i>(base equiv).....47</i>	CLINIMIX INJ 4.25/D20 88
<i>citalopram hydrobromide tab 20 mg</i>	CLINIMIX INJ 4.25/D25 88
<i>(base equiv).....47</i>	CLINIMIX INJ 4.25/D5W 88
<i>citalopram hydrobromide tab 40 mg</i>	CLINIMIX INJ 5%/D15W 88
<i>(base equiv).....47</i>	CLINIMIX INJ 5%/D20W 88
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	CLINIMIX INJ 5%/D25W 88
.....18	<i>clomipramine hcl cap 25 mg 47</i>
<i>claravis cap 10mg .....96</i>	<i>clomipramine hcl cap 50 mg 47</i>
<i>claravis cap 20mg .....96</i>	<i>clomipramine hcl cap 75 mg 47</i>
<i>claravis cap 30mg .....96</i>	<i>clonazepam orally disintegrating tab</i>
<i>claravis cap 40mg .....96</i>	<i>0.125 mg 41</i>
CLARINEX SYP 0.5MG/ML.....93	<i>clonazepam orally disintegrating tab 0.25</i>
<i>clarithromycin for susp 125 mg/5ml ....14</i>	<i>mg 41</i>
<i>clarithromycin for susp 250 mg/5ml ....14</i>	<i>clonazepam orally disintegrating tab 0.5</i>
<i>clarithromycin tab 250 mg .....14</i>	<i>mg 41</i>
<i>clarithromycin tab 500 mg .....14</i>	<i>clonazepam orally disintegrating tab 1</i>
<i>clarithromycin tab er 24hr 500 mg .....14</i>	<i>mg 41</i>
<i>clindacin-p pad 1% .....96</i>	<i>clonazepam orally disintegrating tab 2</i>
<i>clindamycin hcl cap 150 mg 6</i>	<i>mg 41</i>
<i>clindamycin hcl cap 300 mg 6</i>	<i>clonazepam tab 0.5 mg 41</i>
<i>clindamycin hcl cap 75 mg 6</i>	<i>clonazepam tab 1 mg 41</i>
<i>clindamycin palmitate hcl for soln 75</i>	<i>clonazepam tab 2 mg 41</i>
<i>mg/5ml (base equiv)..... 6</i>	<i>clonidine hcl tab 0.1 mg 38</i>
<i>clindamycin phosphate gel 1% .....96</i>	<i>clonidine hcl tab 0.2 mg 38</i>
<i>clindamycin phosphate in d5w iv soln</i>	<i>clonidine hcl tab 0.3 mg 38</i>
<i>300 mg/50ml 6</i>	<i>clonidine td patch weekly 0.1 mg/24hr 38</i>
<i>clindamycin phosphate in d5w iv soln</i>	<i>clonidine td patch weekly 0.2 mg/24hr 38</i>
<i>600 mg/50ml 6</i>	<i>clonidine td patch weekly 0.3 mg/24hr 38</i>
<i>clindamycin phosphate in d5w iv soln</i>	<i>clopidogrel bisulfate tab 75 mg (base</i>
<i>900 mg/50ml 6</i>	<i>equiv)..... 83</i>
<i>clindamycin phosphate inj 300 mg/2ml. 6</i>	<i>clorazepate dipotassium tab 15 mg 41</i>
<i>clindamycin phosphate inj 600 mg/4ml. 6</i>	<i>clorazepate dipotassium tab 3.75 mg.. 41</i>
<i>clindamycin phosphate inj 9 gm/60ml .. 6</i>	<i>clorazepate dipotassium tab 7.5 mg ... 41</i>
<i>clindamycin phosphate inj 900 mg/6ml. 6</i>	<i>clotrimazole cream 1% 97</i>
<i>clindamycin phosphate iv soln 300</i>	<i>clotrimazole soln 1% 97</i>

<i>clotrimazole troche 10 mg</i>	100	COUMADIN TAB 7.5MG	80
<i>clozapine orally disintegrating tab 100 mg</i>	53	CREON CAP 12000UNT.....	78
<i>clozapine orally disintegrating tab 12.5 mg</i>	52	CREON CAP 24000UNT.....	78
<i>clozapine orally disintegrating tab 150 mg</i>	53	CREON CAP 3000UNIT	78
<i>clozapine orally disintegrating tab 200 mg</i>	53	CREON CAP 36000UNT.....	78
<i>clozapine orally disintegrating tab 25 mg</i>	53	CREON CAP 6000UNIT	78
<i>clozapine tab 100 mg</i>	53	CRIXIVAN CAP 200MG	9
<i>clozapine tab 200 mg</i>	53	CRIXIVAN CAP 400MG	9
<i>clozapine tab 25 mg</i>	53	<i>cromolyn sodium ophth soln 4%</i>	91
<i>clozapine tab 50 mg</i>	53	<i>cromolyn sodium oral conc 100 mg/5ml</i>	78
COARTEM TAB 20-120MG	9	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	94
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cryselle-28 tab 28 tabs</i>	66
COLCRYS TAB 0.6MG.....	1	<i>cyclafem tab 1/35</i>	66
<i>colesevelam hcl packet for susp 3.75 gm</i>	32	<i>cyclafem tab 7/7/7</i>	66
<i>colesevelam hcl tab 625 mg</i>	32	<i>cyclobenzaprine hcl tab 10 mg</i>	61
<i>colestipol hcl granule packets 5 gm</i>	32	<i>cyclobenzaprine hcl tab 5 mg</i>	60
<i>colestipol hcl granules 5 gm</i>	32	CYCLOPHOSPH CAP 25MG	17
<i>colestipol hcl tab 1 gm</i>	32	CYCLOPHOSPH CAP 50MG	17
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	6	<i>cyclophosphamide cap 25 mg</i>	17
COMBIGAN SOL 0.2/0.5%.....	92	<i>cyclophosphamide cap 50 mg</i>	18
COMBIVENT AER 20-100.....	92	<i>cyclophosphamide for inj 1 gm</i>	18
COMETRIQ KIT 100MG	23	<i>cyclophosphamide for inj 2 gm</i>	18
COMETRIQ KIT 140MG	23	<i>cyclophosphamide for inj 500 mg</i>	18
COMETRIQ KIT 60MG	23	<i>cycloserine cap 250 mg</i>	11
COMPLERA TAB	11	<i>cyclosporine cap 100 mg</i>	85
<i>compro sup 25mg</i>	75	<i>cyclosporine cap 25 mg</i>	85
<i>constulose sol 10gm/15</i>	77	<i>cyclosporine iv soln 50 mg/ml</i>	85
CORDRAN 80X3 TAP 4MCG/CM	98	<i>cyclosporine modified cap 100 mg</i>	85
CORLANOR TAB 5MG.....	39	<i>cyclosporine modified cap 25 mg</i>	85
CORLANOR TAB 7.5MG	39	<i>cyclosporine modified cap 50 mg</i>	85
<i>cortisone acetate tab 25 mg</i>	70	<i>cyclosporine modified oral soln 100 mg/ml</i>	85
COTELLIC TAB 20MG	23	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	93
COUMADIN TAB 10MG	80	<i>cyproheptadine hcl tab 4 mg</i>	93
COUMADIN TAB 1MG.....	80	CYSTADANE POW	69
COUMADIN TAB 2.5MG	80	CYSTAGON CAP 150MG.....	69
COUMADIN TAB 2MG.....	80	CYSTAGON CAP 50MG	69
COUMADIN TAB 3MG.....	80	CYSTARAN SOL 0.44%.....	92
COUMADIN TAB 4MG.....	80	<i>cytarabine inj 20 mg/ml</i>	18
COUMADIN TAB 5MG.....	80	D	
COUMADIN TAB 6MG.....	80	D10W/NACL INJ 0.2%	88
		D5W/LYTES INJ #48.....	88
		D5W/NACL INJ 0.3%	88
		<i>dacarbazine for inj 100 mg</i>	18
		<i>dacarbazine for inj 200 mg</i>	18
		DAKLINZA TAB 30MG	12

DAKLINZA TAB 60MG	12	<i>mg-30 mcg</i>	67
DAKLINZA TAB 90MG	12	<i>desoximetasone cream 0.05%</i>	98
<i>dalfampridine tab er 12hr 10 mg</i>	60	<i>desoximetasone cream 0.25%</i>	98
DALIRESP TAB 250MCG	94	<i>desoximetasone gel 0.05%.....</i>	98
DALIRESP TAB 500MCG	94	<i>desoximetasone oint 0.05%</i>	98
<i>danazol cap 100 mg</i>	69	<i>desoximetasone oint 0.25%</i>	98
<i>danazol cap 200 mg</i>	69	<i>desvenlafaxine succinate tab er 24hr 100</i>	
<i>danazol cap 50 mg</i>	69	<i>mg (base equiv).....</i>	47
<i>dantrolene sodium cap 100 mg.....</i>	61	<i>desvenlafaxine succinate tab er 24hr 25</i>	
<i>dantrolene sodium cap 25 mg</i>	61	<i>mg (base equiv).....</i>	47
<i>dantrolene sodium cap 50 mg</i>	61	<i>desvenlafaxine succinate tab er 24hr 50</i>	
<i>dapsone tab 100 mg</i>	6	<i>mg (base equiv).....</i>	47
<i>dapsone tab 25 mg</i>	6	DEXAMETHASON CON 1MG/ML	70
DAPTACEL INJ	86	<i>dexamethasone elixir 0.5 mg/5ml</i>	70
<i>daptomycin for iv soln 500 mg</i>	6	<i>dexamethasone sod phosphate</i>	
<i>darifenacin hydrobromide tab er 24hr 15</i>		<i>preservative free inj 10 mg/ml.....</i>	71
<i>mg (base equiv)</i>	80	<i>dexamethasone sodium phosphate inj 10</i>	
<i>darifenacin hydrobromide tab er 24hr 7.5</i>		<i>mg/ml</i>	71
<i>mg (base equiv)</i>	80	<i>dexamethasone sodium phosphate inj</i>	
<i>dasetta tab 1/35.....</i>	66	<i>100 mg/10ml.....</i>	71
<i>dasetta tab 7/7/7.....</i>	66	<i>dexamethasone sodium phosphate inj</i>	
<i>deblitane tab 0.35mg</i>	66	<i>120 mg/30ml.....</i>	71
DELESTROGEN INJ 10MG/ML.....	70	<i>dexamethasone sodium phosphate inj 20</i>	
<i>delyla tab 0.1-0.02</i>	66	<i>mg/5ml.....</i>	71
DELZICOL CAP 400MG	77	<i>dexamethasone sodium phosphate inj 4</i>	
DEMSER CAP 250MG	39	<i>mg/ml</i>	71
DEPEN TITRA TAB 250MG	66	<i>dexamethasone sodium phosphate ophth</i>	
DEPO-PROVERA INJ 400/ML.....	21	<i>soln 0.1%</i>	91
DESCOVY TAB 200/25	11	<i>dexamethasone soln 0.5 mg/5ml</i>	71
<i>desipramine hcl tab 10 mg.....</i>	47	<i>dexamethasone tab 0.5 mg</i>	71
<i>desipramine hcl tab 100 mg</i>	47	<i>dexamethasone tab 0.75 mg</i>	71
<i>desipramine hcl tab 150 mg</i>	47	<i>dexamethasone tab 1 mg.....</i>	71
<i>desipramine hcl tab 25 mg.....</i>	47	<i>dexamethasone tab 1.5 mg</i>	71
<i>desipramine hcl tab 50 mg.....</i>	47	<i>dexamethasone tab 2 mg.....</i>	71
<i>desipramine hcl tab 75 mg.....</i>	47	<i>dexamethasone tab 4 mg.....</i>	71
<i>desloratadine tab 5 mg.....</i>	93	<i>dexamethasone tab 6 mg.....</i>	71
<i>desmopressin acetate inj 4 mcg/ml</i>	75	<i>dexamethasone tab therapy pack 1.5 mg</i>	
<i>desmopressin acetate nasal spray soln</i>		<i>(51)</i>	71
<i>0.01%</i>	75	DEXILANT CAP 30MG DR.....	78
<i>desmopressin acetate nasal spray soln</i>		DEXILANT CAP 60MG DR.....	79
<i>0.01% (refrigerated)</i>	75	DEXPAK PAK 13 DAY	71
<i>desmopressin acetate tab 0.1 mg</i>	75	<i>dextrazoxane for inj 250 mg.....</i>	25
<i>desmopressin acetate tab 0.2 mg</i>	75	<i>dextrazoxane for inj 500 mg.....</i>	25
<i>desogest-eth estrad & eth estrad tab</i>		<i>dextrose 10% w/ sodium chloride 0.45%</i>	
<i>0.15-0.02/0.01 mg(21/5)</i>	66	<i>.....</i>	88
<i>desogest-ethin est tab 0.1-0.025/0.125-</i>		<i>dextrose 2.5% w/ sodium chloride</i>	
<i>0.025/0.15-0.025mg-mg</i>	66	<i>0.45%</i>	88
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>dextrose 5% in lactated ringers</i>	88

<i>dextrose 5% w/ sodium chloride 0.2%</i>	88	<i>didanosine delayed release capsule 250 mg</i>	9
<i>dextrose 5% w/ sodium chloride 0.225%</i>	88	<i>didanosine delayed release capsule 400 mg</i>	9
<i>dextrose 5% w/ sodium chloride 0.33%</i>	88	DIFICID TAB 200MG	14
<i>dextrose 5% w/ sodium chloride 0.45%</i>	88	<i>diflunisal tab 500 mg</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	88	<i>digitek tab 0.125mg</i>	37
<i>dextrose inj 10%</i>	88	<i>digitek tab 0.25mg</i>	37
<i>dextrose inj 5%</i>	88	<i>digoxin inj 0.25 mg/ml</i>	37
<i>dextrose inj 50%</i>	88	<i>digoxin oral soln 0.05 mg/ml</i>	37
<i>dextrose inj 70%</i>	88	<i>digoxin tab 125 mcg (0.125 mg)</i>	37
DIASTAT ACDL GEL 12.5-20	42	<i>digoxin tab 250 mcg (0.25 mg)</i>	37
DIASTAT ACDL GEL 5-10MG	42	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	58
DIASTAT PED GEL 2.5M GEL	42	<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	58
<i>diazepam con 5mg/ml</i>	42	DILANTIN CAP 100MG	42
<i>diazepam inj 5 mg/ml</i>	42	DILANTIN CAP 30MG	42
<i>diazepam oral soln 1 mg/ml</i>	42	DILANTIN CHW 50MG	42
<i>diazepam rectal gel delivery system 10 mg</i>	42	DILANTIN-125 SUS 125/5ML	42
<i>diazepam rectal gel delivery system 2.5 mg</i>	42	<i>diltiazem hcl cap er 12hr 120 mg</i>	35
<i>diazepam rectal gel delivery system 20 mg</i>	42	<i>diltiazem hcl cap er 12hr 60 mg</i>	35
<i>diazepam tab 10 mg</i>	42	<i>diltiazem hcl cap er 12hr 90 mg</i>	35
<i>diazepam tab 2 mg</i>	42	<i>diltiazem hcl cap er 24hr 120 mg</i>	35
<i>diazepam tab 5 mg</i>	42	<i>diltiazem hcl cap er 24hr 180 mg</i>	35
<i>diclofenac potassium tab 50 mg</i>	1	<i>diltiazem hcl cap er 24hr 240 mg</i>	35
<i>diclofenac sodium gel 1%</i>	99	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	35
<i>diclofenac sodium ophth soln 0.1%</i>	91	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	35
<i>diclofenac sodium tab delayed release 25 mg</i>	1	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	35
<i>diclofenac sodium tab delayed release 50 mg</i>	1	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	35
<i>diclofenac sodium tab delayed release 75 mg</i>	1	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	35
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	35
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	36
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	36
<i>dicloxacillin sodium cap 250 mg</i>	16	<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	36
<i>dicloxacillin sodium cap 500 mg</i>	16	<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	36
<i>dicyclomine hcl cap 10 mg</i>	76	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	36
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	76		
<i>dicyclomine hcl tab 20 mg</i>	76		
<i>didanosine delayed release capsule 200 mg</i>	9		

<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	36	DOCETAXEL INJ 20MG/2ML	19
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	36	DOCETAXEL INJ 80MG/4ML	19
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	36	DOCETAXEL INJ 80MG/8ML	19
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	36	<i>docetaxel soln for iv infusion 160 mg/16ml</i>	19
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	36	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	19
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	36	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	19
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	36	<i>dofetilide cap 125 mcg (0.125 mg)</i>	30
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	36	<i>dofetilide cap 250 mcg (0.25 mg)</i>	30
<i>diltiazem hcl tab 120 mg</i>	36	<i>dofetilide cap 500 mcg (0.5 mg)</i>	30
<i>diltiazem hcl tab 30 mg</i>	36	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	45
<i>diltiazem hcl tab 60 mg</i>	36	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	45
<i>diltiazem hcl tab 90 mg</i>	36	<i>donepezil hydrochloride tab 10 mg</i>	46
DIP/TET PED INJ 25-5LFU	86	<i>donepezil hydrochloride tab 23 mg</i>	46
<i>diphenhydramine hcl inj 50 mg/ml</i>	93	<i>donepezil hydrochloride tab 5 mg</i>	46
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	78	<i>dorzolamide hcl ophth soln 2%</i>	92
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	78	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	92
<i>disopyramide phosphate cap 100 mg</i>	30	<i>doxazosin mesylate tab 1 mg</i>	28
<i>disopyramide phosphate cap 150 mg</i>	30	<i>doxazosin mesylate tab 2 mg</i>	28
<i>disulfiram tab 250 mg</i>	61	<i>doxazosin mesylate tab 4 mg</i>	28
<i>disulfiram tab 500 mg</i>	61	<i>doxazosin mesylate tab 8 mg</i>	28
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	42	<i>doxepin hcl cap 10 mg</i>	47
<i>divalproex sodium tab delayed release 125 mg</i>	42	<i>doxepin hcl cap 100 mg</i>	48
<i>divalproex sodium tab delayed release 250 mg</i>	42	<i>doxepin hcl cap 150 mg</i>	48
<i>divalproex sodium tab delayed release 500 mg</i>	42	<i>doxepin hcl cap 25 mg</i>	48
<i>divalproex sodium tab er 24 hr 250 mg</i>	42	<i>doxepin hcl cap 50 mg</i>	48
<i>divalproex sodium tab er 24 hr 500 mg</i>	42	<i>doxepin hcl cap 75 mg</i>	48
<i>docetaxel for inj conc 20 mg/ml</i>	19	<i>doxepin hcl conc 10 mg/ml</i>	48
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	19	<i>doxepin hcl cream 5%</i>	99
DOCETAXEL INJ 160/16ML	19	<i>doxercalciferol cap 0.5 mcg</i>	89
DOCETAXEL INJ 160/8ML	19	<i>doxercalciferol cap 1 mcg</i>	89
DOCETAXEL INJ 200/10	19	<i>doxercalciferol cap 2.5 mcg</i>	89
		<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	89
		<i>doxorubicin hcl for inj 10 mg</i>	18
		<i>doxorubicin hcl for inj 50 mg</i>	18
		<i>doxorubicin hcl inj 2 mg/ml</i>	18
		<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	18
		<i>doxy 100 inj 100mg</i>	17
		<i>doxycycline hyclate cap 100 mg</i>	17
		<i>doxycycline hyclate cap 50 mg</i>	17
		<i>doxycycline hyclate for inj 100 mg</i>	17

<i>doxycycline hyclate tab 100 mg</i>	17
<i>doxycycline hyclate tab 20 mg</i>	17
<i>doxycycline monohydrate cap 100 mg</i> .	17
<i>doxycycline monohydrate cap 50 mg</i> ...	17
<i>doxycycline monohydrate tab 100 mg</i> .	17
<i>doxycycline monohydrate tab 150 mg</i> .	17
<i>doxycycline monohydrate tab 50 mg</i> ...	17
<i>doxycycline monohydrate tab 75 mg</i> ...	17
<i>dronabinol cap 10 mg</i>	75
<i>dronabinol cap 2.5 mg</i>	75
<i>dronabinol cap 5 mg</i>	75
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	67
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	67
DROXIA CAP 200MG.....	24
DROXIA CAP 300MG.....	24
DROXIA CAP 400MG.....	24
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	48
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	48
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	48
DUREZOL EMU 0.05%	91
<i>dutasteride cap 0.5 mg</i>	79
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	79
E	
EDARBI TAB 40MG.....	30
EDARBI TAB 80MG.....	30
EDURANT TAB 25MG	9
<i>efavirenz cap 200 mg</i>	9
<i>efavirenz cap 50 mg</i>	9
<i>efavirenz tab 600 mg</i>	9
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	58
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	58
ELIQUIS ST P TAB 5MG	80
ELIQUIS TAB 2.5MG	80
ELIQUIS TAB 5MG.....	80
ELITEK INJ 1.5MG.....	25
ELITEK INJ 7.5MG.....	25
ELLA TAB 30MG.....	67
EMCYT CAP 140MG	18
EMEND SUS 125MG.....	75
<i>emoquette tab</i>	67

EMSAM DIS 12MG/24H	48
EMSAM DIS 6MG/24HR	48
EMSAM DIS 9MG/24HR	48
EMTRIVA CAP 200MG.....	9
EMTRIVA SOL 10MG/ML	9
EMVERM CHW 100MG	6
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	26
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	26
<i>enalapril maleate tab 10 mg</i>	27
<i>enalapril maleate tab 2.5 mg</i>	27
<i>enalapril maleate tab 20 mg</i>	27
<i>enalapril maleate tab 5 mg</i>	27
ENDARI POW 5GM.....	82
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 2.5-325</i>	2
<i>endocet tab 5-325mg</i>	2
<i>endocet tab 7.5-325</i>	2
ENGERIX-B INJ 10/0.5ML.....	86
ENGERIX-B INJ 20MCG/ML.....	86
<i>enoxaparin sodium inj 100 mg/ml</i>	81
<i>enoxaparin sodium inj 120 mg/0.8ml.</i>	81
<i>enoxaparin sodium inj 150 mg/ml</i>	81
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	80
<i>enoxaparin sodium inj 300 mg/3ml</i>	81
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	80
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	80
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	80
<i>enpresse-28 tab</i>	67
<i>enskyce tab</i>	67
<i>entacapone tab 200 mg</i>	51
<i>entecavir tab 0.5 mg</i>	12
<i>entecavir tab 1 mg</i>	12
ENTRESTO TAB 24-26MG	29
ENTRESTO TAB 49-51MG	29
ENTRESTO TAB 97-103MG	29
<i>enulose sol 10gm/15</i>	77
EPCLUSA TAB 400-100	12
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	94
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	94
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	18
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	18
<i>epitol tab 200mg</i>	42

EPIVIR HBV SOL 5MG/ML.....	12
<i>eplerenone tab 25 mg</i>	28
<i>eplerenone tab 50 mg</i>	28
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	58
ERIVEDGE CAP 150MG	20
ERLEADA TAB 60MG.....	21
<i>errin tab 0.35mg</i>	67
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	6
<i>ery-tab tab 250mg ec</i>	14
<i>ery-tab tab 333mg ec</i>	14
<i>ery-tab tab 500mg ec</i>	14
ERYTHROCIN INJ 500MG	15
<i>erythrocin tab 250mg</i>	15
<i>erythromycin ethylsuccinate tab 400 mg</i>	15
<i>erythromycin gel 2%</i>	96
<i>erythromycin ophth oint 5 mg/gm</i>	90
<i>erythromycin pads 2%</i>	96
<i>erythromycin soln 2%</i>	96
<i>erythromycin tab 250 mg</i>	15
<i>erythromycin tab 500 mg</i>	15
<i>erythromycin w/ delayed release particles cap 250 mg</i>	15
ESBRIET CAP 267MG.....	94
ESBRIET TAB 267MG.....	94
ESBRIET TAB 801MG.....	94
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	48
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	48
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	48
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	48
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	79
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	79
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	79
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	79
<i>estradiol tab 0.5 mg</i>	70
<i>estradiol tab 1 mg</i>	70
<i>estradiol tab 2 mg</i>	70
<i>estradiol td patch weekly 0.025 mg/24hr</i>	70

<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	70
<i>estradiol td patch weekly 0.05 mg/24hr</i>	70
<i>estradiol td patch weekly 0.06 mg/24hr</i>	70
<i>estradiol td patch weekly 0.075 mg/24hr</i>	70
<i>estradiol td patch weekly 0.1 mg/24hr</i> ..	70
<i>estradiol vaginal cream 0.1 mg/gm</i>	70
<i>estradiol vaginal tab 10 mcg</i>	70
<i>estradiol valerate im in oil 20 mg/ml</i> ..	70
<i>estradiol valerate im in oil 40 mg/ml</i> ..	70
<i>eszopiclone tab 1 mg</i>	58
<i>eszopiclone tab 2 mg</i>	58
<i>eszopiclone tab 3 mg</i>	58
<i>ethambutol hcl tab 100 mg</i>	11
<i>ethambutol hcl tab 400 mg</i>	11
<i>ethosuximide cap 250 mg</i>	42
<i>ethosuximide soln 250 mg/5ml</i>	42
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	67
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	67
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	1
<i>etodolac tab 500 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	1
<i>etodolac tab er 24hr 500 mg</i>	1
<i>etodolac tab er 24hr 600 mg</i>	1
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> ..	26
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	26
EVOTAZ TAB 300-150.....	11
<i>exemestane tab 25 mg</i>	21
<i>ezetimibe tab 10 mg</i>	32
<i>ezetimibe-simvastatin tab 10-10 mg</i>	32
<i>ezetimibe-simvastatin tab 10-20 mg</i>	32
<i>ezetimibe-simvastatin tab 10-40 mg</i>	32
<i>ezetimibe-simvastatin tab 10-80 mg</i>	32
F	
FABRAZYME INJ 35MG	69
FABRAZYME INJ 5MG	69
<i>falmina tab</i>	67
<i>famciclovir tab 125 mg</i>	12
<i>famciclovir tab 250 mg</i>	12
<i>famciclovir tab 500 mg</i>	12

<i>famotidine for susp 40 mg/5ml</i>	77	<i>fentanyl citrate lozenge on a handle 800 mcg</i>	3
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	77	<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>famotidine inj 20 mg/2ml</i>	77	<i>fentanyl td patch 72hr 12 mcg/hr</i>	3
<i>famotidine inj 200 mg/20ml</i>	77	<i>fentanyl td patch 72hr 25 mcg/hr</i>	3
<i>famotidine inj 40 mg/4ml</i>	77	<i>fentanyl td patch 72hr 50 mcg/hr</i>	3
<i>famotidine tab 20 mg</i>	77	<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
<i>famotidine tab 40 mg</i>	77	FENTORA TAB 100MCG	3
FANAPT PAK	53	FENTORA TAB 200MCG	3
FANAPT TAB 10MG	53	FENTORA TAB 400MCG	3
FANAPT TAB 12MG	53	FENTORA TAB 600MCG	3
FANAPT TAB 1MG	53	FENTORA TAB 800MCG	3
FANAPT TAB 2MG	53	FETZIMA CAP 120MG	48
FANAPT TAB 4MG	53	FETZIMA CAP 20MG	48
FANAPT TAB 6MG	53	FETZIMA CAP 40MG	48
FANAPT TAB 8MG	53	FETZIMA CAP 80MG	48
FARESTON TAB 60MG	21	FETZIMA CAP TITRATIO	48
FARXIGA TAB 10MG	63	FIASP FLEX INJ TOUCH	63
FARXIGA TAB 5MG	63	FIASP INJ 100/ML	63
FARYDAK CAP 10MG	20	FINACEA AER 15%	99
FARYDAK CAP 15MG	20	FINACEA GEL 15%	99
FARYDAK CAP 20MG	20	<i>finasteride tab 5 mg</i>	79
FASLODEX INJ 250/5ML	21	FIRAZYR INJ 30MG/3ML	82
<i>fat emulsion iv soln 20%</i>	88	FLEBOGAMMA INJ 10/100ML	84
<i>felbamate susp 600 mg/5ml</i>	42	FLEBOGAMMA INJ 10/200ML	84
<i>felbamate tab 400 mg</i>	42	FLEBOGAMMA INJ 20/200ML	84
<i>felbamate tab 600 mg</i>	42	FLEBOGAMMA INJ 20/400ML	84
<i>felodipine tab er 24hr 10 mg</i>	36	FLEBOGAMMA INJ 5GM/50ML	84
<i>felodipine tab er 24hr 2.5 mg</i>	36	FLEBOGAMMA INJ DIF 5%	84
<i>felodipine tab er 24hr 5 mg</i>	36	<i>flecainide acetate tab 100 mg</i>	30
<i>femynor tab 0.25-35</i>	67	<i>flecainide acetate tab 150 mg</i>	30
<i>fenofibrate micronized cap 134 mg</i>	32	<i>flecainide acetate tab 50 mg</i>	30
<i>fenofibrate micronized cap 200 mg</i>	32	FLOVENT DISK AER 100MCG	95
<i>fenofibrate micronized cap 67 mg</i>	32	FLOVENT DISK AER 250MCG	95
<i>fenofibrate tab 145 mg</i>	32	FLOVENT DISK AER 50MCG	95
<i>fenofibrate tab 160 mg</i>	32	FLOVENT HFA AER 110MCG	95
<i>fenofibrate tab 48 mg</i>	32	FLOVENT HFA AER 220MCG	95
<i>fenofibrate tab 54 mg</i>	32	FLOVENT HFA AER 44MCG	95
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	3	<i>fluconazole for susp 10 mg/ml</i>	8
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	3	<i>fluconazole for susp 40 mg/ml</i>	8
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	<i>fluconazole in dextrose inj 200 mg/100ml</i>	8
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	3	<i>fluconazole in dextrose inj 400 mg/200ml</i>	8
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	3	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	8
		<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	8

<i>fluconazole tab 100 mg</i>	8	<i>fluphenazine hcl tab 10 mg</i>	53
<i>fluconazole tab 150 mg</i>	8	<i>fluphenazine hcl tab 2.5 mg</i>	53
<i>fluconazole tab 200 mg</i>	8	<i>fluphenazine hcl tab 5 mg</i>	53
<i>fluconazole tab 50 mg</i>	8	<i>flurbiprofen sodium ophth soln 0.03%</i>	91
FLUCONAZOLE/ INJ NACL 100	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> ...	98
<i>fludarabine phosphate inj 25 mg/ml</i>	18	<i>fluticasone propionate nasal susp 50</i>	
<i>fludrocortisone acetate tab 0.1 mg</i>	71	<i>mcg/act</i>	95
<i>flunisolide nasal soln 25 mcg/act</i>		<i>fluticasone propionate oint 0.005%</i>	98
<i>(0.025%)</i>	95	<i>fluvastatin sodium cap 20 mg</i>	31
<i>fluocinolone acetonide (otic) oil 0.01%</i>		<i>fluvastatin sodium cap 40 mg</i>	31
.....	101	<i>fluvastatin sodium tab er 24 hr 80 mg</i>	31
<i>fluocinolone acetonide cream 0.01%</i> ...	98	<i>fluvoxamine maleate tab 100 mg</i>	40
<i>fluocinolone acetonide cream 0.025%</i> .	98	<i>fluvoxamine maleate tab 25 mg</i>	40
<i>fluocinolone acetonide oil 0.01% (body</i>		<i>fluvoxamine maleate tab 50 mg</i>	40
<i>oil)</i>	98	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinolone acetonide oil 0.01% (scalp</i>		<i>10 mg/0.8ml</i>	81
<i>oil)</i>	98	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinolone acetonide oint 0.025%</i>	98	<i>2.5 mg/0.5ml</i>	81
<i>fluocinolone acetonide soln 0.01%</i>	98	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluocinonide cream 0.05%</i>	98	<i>mg/0.4ml</i>	81
<i>fluocinonide emulsified base cream</i>		<i>fondaparinux sodium subcutaneous inj</i>	
<i>0.05%</i>	98	<i>7.5 mg/0.6ml</i>	81
<i>fluocinonide gel 0.05%</i>	98	FORTEO SOL 600/2.4	72
<i>fluocinonide soln 0.05%</i>	98	FOSAMAX + D TAB 70-2800	65
<i>fluorometholone ophth susp 0.1%</i>	91	FOSAMAX + D TAB 70-5600	65
<i>fluorouracil cream 5%</i>	99	<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>fluorouracil iv soln 1 gm/20ml (50</i>		<i>equiv)</i>	9
<i>mg/ml)</i>	18	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluorouracil iv soln 2.5 gm/50ml (50</i>		<i>tab 10-12.5 mg</i>	27
<i>mg/ml)</i>	19	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluorouracil iv soln 5 gm/100ml (50</i>		<i>tab 20-12.5 mg</i>	27
<i>mg/ml)</i>	19	<i>fosinopril sodium tab 10 mg</i>	27
<i>fluorouracil iv soln 500 mg/10ml (50</i>		<i>fosinopril sodium tab 20 mg</i>	27
<i>mg/ml)</i>	19	<i>fosinopril sodium tab 40 mg</i>	27
<i>fluorouracil soln 2%</i>	100	FRAGMIN INJ 10000/ML.....	81
<i>fluorouracil soln 5%</i>	100	FRAGMIN INJ 12500UNT	81
<i>fluoxetine hcl cap 10 mg</i>	48	FRAGMIN INJ 15000UNT	81
<i>fluoxetine hcl cap 20 mg</i>	48	FRAGMIN INJ 18000UNT	81
<i>fluoxetine hcl cap 40 mg</i>	48	FRAGMIN INJ 2500/0.2	81
<i>fluoxetine hcl solution 20 mg/5ml</i>	48	FRAGMIN INJ 5000/0.2	81
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	53	FRAGMIN INJ 7500/0.3	81
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	53	FRAGMIN INJ 95000UNT	81
<i>fluphenazine hcl inj 2.5 mg/ml</i>	53	FREAMINE HBC INJ 6.9%	88
<i>fluphenazine hcl oral conc 5 mg/ml</i>	53	FREAMINE III INJ 10%.....	88
<i>fluphenazine hcl tab 1 mg</i>	53	<i>frovatriptan succinate tab 2.5 mg (base</i>	

<i>equivalent</i>)	59	GAMMAKED INJ 5GM/50ML.....	84
<i>furosemide inj 10 mg/ml</i>	38	GAMMAPLEX INJ 10%	84
<i>furosemide oral soln 10 mg/ml</i>	38	GAMMAPLEX INJ 5%.....	84
<i>furosemide oral soln 8 mg/ml</i>	38	GAMUNEX-C INJ 10GM/100	84
<i>furosemide tab 20 mg</i>	38	GAMUNEX-C INJ 1GM/10ML.....	84
<i>furosemide tab 40 mg</i>	38	GAMUNEX-C INJ 2.5GM/25.....	84
<i>furosemide tab 80 mg</i>	38	GAMUNEX-C INJ 20GM/200	84
FUZEON INJ 90MG	9	GAMUNEX-C INJ 40/400ML.....	84
FYCOMPA SUS 0.5MG/ML.....	42	GAMUNEX-C INJ 5GM/50ML.....	84
FYCOMPA TAB 10MG	43	GANCICLOVIR INJ 500MG	12
FYCOMPA TAB 12MG	43	<i>ganciclovir sodium for inj 500 mg</i>	12
FYCOMPA TAB 2MG	42	GARDASIL 9 INJ.....	86
FYCOMPA TAB 4MG	42	<i>gatifloxacin ophth soln 0.5%</i>	90
FYCOMPA TAB 6MG	42	GATTEX KIT 5MG	78
FYCOMPA TAB 8MG	43	GAUZE PADS 2	63
G		<i>gavilyte-c sol</i>	77
<i>gabapentin cap 100 mg</i>	43	<i>gavilyte-g sol</i>	77
<i>gabapentin cap 300 mg</i>	43	<i>gavilyte-n sol flav pk</i>	77
<i>gabapentin cap 400 mg</i>	43	<i>gemcitabine hcl for inj 1 gm</i>	19
<i>gabapentin oral soln 250 mg/5ml</i>	43	<i>gemcitabine hcl for inj 2 gm</i>	19
<i>gabapentin tab 600 mg</i>	43	<i>gemcitabine hcl for inj 200 mg</i>	19
<i>gabapentin tab 800 mg</i>	43	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
GABITRIL TAB 12MG	43	<i>mg/ml) (base equiv)</i>	19
GABITRIL TAB 16MG	43	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i>	19
<i>16 mg</i>	46	<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i>	19
<i>24 mg</i>	46	<i>gemfibrozil tab 600 mg</i>	33
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>generlac sol 10gm/15</i>	77
<i>mg</i>	46	<i>gengraf cap 100mg</i>	85
<i>galantamine hydrobromide oral soln 4</i>		<i>gengraf cap 25mg</i>	85
<i>mg/ml</i>	46	<i>gengraf sol 100mg/ml</i>	85
<i>galantamine hydrobromide tab 12 mg</i> .	46	GENOTROPIN INJ 0.2MG	72
<i>galantamine hydrobromide tab 4 mg</i> ...	46	GENOTROPIN INJ 0.4MG	72
<i>galantamine hydrobromide tab 8 mg</i> ...	46	GENOTROPIN INJ 0.6MG	72
GAMASTAN S/D INJ.....	84	GENOTROPIN INJ 0.8MG	72
GAMMAGARD INJ 10GM/100	84	GENOTROPIN INJ 1.2MG	72
GAMMAGARD INJ 1GM/10ML.....	84	GENOTROPIN INJ 1.4MG	72
GAMMAGARD INJ 2.5GM/25	84	GENOTROPIN INJ 1.6MG	72
GAMMAGARD INJ 20GM/200	84	GENOTROPIN INJ 1.8MG	72
GAMMAGARD INJ 30GM/300	84	GENOTROPIN INJ 12MG	72
GAMMAGARD INJ 5GM/50ML.....	84	GENOTROPIN INJ 1MG.....	72
GAMMAGARD SD INJ 10GM HU.....	84	GENOTROPIN INJ 2MG.....	72
GAMMAGARD SD INJ 5GM HU.....	84	GENOTROPIN INJ 5MG.....	72
GAMMAKED INJ 10GM/100.....	84	<i>gentak oin 0.3% op</i>	90
GAMMAKED INJ 1GM/10ML	84	<i>gentamicin in saline inj 0.8 mg/ml</i>	5
GAMMAKED INJ 2.5GM/25	84	<i>gentamicin in saline inj 1 mg/ml</i>	5
GAMMAKED INJ 20GM/200.....	84	<i>gentamicin in saline inj 1.2 mg/ml</i>	5

<i>gentamicin in saline inj 1.6 mg/ml</i>	5	<i>mg/ml)</i>	76
<i>gentamicin in saline inj 2 mg/ml</i>	5	<i>glycopyrrolate tab 1 mg</i>	76
<i>gentamicin sulfate cream 0.1%</i>	97	<i>glycopyrrolate tab 2 mg</i>	76
<i>gentamicin sulfate inj 10 mg/ml</i>	5	<i>glydo gel 2%</i>	99
<i>gentamicin sulfate inj 40 mg/ml</i>	5	GOLYTELY SOL.....	77
<i>gentamicin sulfate oint 0.1%</i>	97	GRALISE STAR MIS 300/600.....	59
<i>gentamicin sulfate ophth soln 0.3%</i>	90	GRALISE TAB 300MG.....	59
GENVOYA TAB.....	11	GRALISE TAB 600MG.....	59
GEODON INJ 20MG	53	<i>granisetron hcl inj 0.1 mg/ml</i>	75
<i>gildagia tab 0.4-35</i>	67	<i>granisetron hcl inj 1 mg/ml</i>	75
GILENYA CAP 0.5MG	60	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	75
GILOTRIF TAB 20MG	23	.....	75
GILOTRIF TAB 30MG	23	<i>granisetron hcl tab 1 mg</i>	75
GILOTRIF TAB 40MG	23	GRANIX INJ 300/0.5.....	82
<i>glatiramer acetate soln prefilled syringe</i>		GRANIX INJ 480/0.8.....	82
<i>20 mg/ml</i>	60	<i>griseofulvin microsize susp 125 mg/5ml</i> 8	
<i>glatiramer acetate soln prefilled syringe</i>		<i>griseofulvin microsize tab 500 mg</i>	8
<i>40 mg/ml</i>	60	<i>griseofulvin ultramicrosize tab 125 mg</i> ..	8
<i>glatopa inj 20mg/ml</i>	60	<i>griseofulvin ultramicrosize tab 250 mg</i> ..	8
<i>glatopa inj 40mg/ml</i>	60	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
GLEOSTINE CAP 100MG.....	18	<i>equiv)</i>	57
GLEOSTINE CAP 10MG	18	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
GLEOSTINE CAP 40MG	18	<i>equiv)</i>	57
<i>glimepiride tab 1 mg</i>	63	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
<i>glimepiride tab 2 mg</i>	63	<i>equiv)</i>	57
<i>glimepiride tab 4 mg</i>	63	<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
<i>glipizide tab 10 mg</i>	63	<i>equiv)</i>	57
<i>glipizide tab 5 mg</i>	63	H	
<i>glipizide tab er 24hr 10 mg</i>	63	HAEGARDA INJ 2000UNIT	82
<i>glipizide tab er 24hr 2.5 mg</i>	63	HAEGARDA INJ 3000UNIT	82
<i>glipizide tab er 24hr 5 mg</i>	63	<i>halobetasol propionate cream 0.05%</i> ..	99
<i>glipizide xl tab 10mg</i>	64	<i>halobetasol propionate oint 0.05%</i>	99
<i>glipizide xl tab 2.5mg</i>	64	<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>glipizide xl tab 5mg</i>	64	.....	53
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		<i>haloperidol decanoate im soln 50 mg/ml</i>	
.....	64	.....	53
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		<i>haloperidol lactate inj 5 mg/ml</i>	53
.....	64	<i>haloperidol lactate oral conc 2 mg/ml</i> .	53
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	64	<i>haloperidol tab 0.5 mg</i>	53
GLUCAGEN INJ HYPOKIT.....	72	<i>haloperidol tab 1 mg</i>	53
GLUCAGON KIT 1MG	72	<i>haloperidol tab 10 mg</i>	53
<i>glyburide micronized tab 1.5 mg</i>	64	<i>haloperidol tab 2 mg</i>	53
<i>glyburide micronized tab 3 mg</i>	64	<i>haloperidol tab 20 mg</i>	53
<i>glyburide micronized tab 6 mg</i>	64	<i>haloperidol tab 5 mg</i>	53
<i>glyburide tab 1.25 mg</i>	64	HARVONI TAB 90-400MG	12
<i>glyburide tab 2.5 mg</i>	64	HAVRIX INJ 1440UNIT	86
<i>glyburide tab 5 mg</i>	64	HAVRIX INJ 720UNIT	86
<i>glycopyrrolate inj 4 mg/20ml (0.2</i>		<i>heather tab 0.35mg</i>	67

HEP SOD/NAACL INJ 25000UNT.....	81	<i>mg</i>	3
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	81	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	81	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3
<i>heparin sodium (porcine) 50 unit/ml in d5w</i>	81	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	81	<i>hydrocortisone butyrate cream 0.1%</i> ..	99
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	81	<i>hydrocortisone butyrate oint 0.1%</i>	99
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	81	<i>hydrocortisone butyrate soln 0.1%</i>	99
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	81	<i>hydrocortisone cream 1%</i>	99
HEPARIN/NAACL INJ 25000UNT.....	81	<i>hydrocortisone cream 2.5%</i>	99
<i>hepatamine sol 8%</i>	88	<i>hydrocortisone enema 100 mg/60ml</i> ..	77
HERCEPTIN INJ 150MG.....	20	<i>hydrocortisone lotion 2.5%</i>	99
HERCEPTIN INJ 440MG.....	20	<i>hydrocortisone oint 1%</i>	99
HETLIOZ CAP 20MG	58	<i>hydrocortisone oint 2.5%</i>	99
HEXALEN CAP 50MG.....	18	<i>hydrocortisone rectal cream 2.5%</i>	100
HIBERIX SOL 10MCG.....	86	<i>hydrocortisone tab 10 mg</i>	71
HUMIRA INJ 10/0.1ML	83	<i>hydrocortisone tab 20 mg</i>	71
HUMIRA INJ 10MG/0.2	83	<i>hydrocortisone tab 5 mg</i>	71
HUMIRA INJ 20/0.2ML	83	<i>hydrocortisone valerate cream 0.2%</i> ..	99
HUMIRA INJ 40/0.4ML	83	<i>hydrocortisone valerate oint 0.2%</i>	99
HUMIRA KIT 20MG/0.4	83	<i>hydromorphone hcl liqd 1 mg/ml</i>	3
HUMIRA KIT 40MG/0.8	83	<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	3
HUMIRA PEDIA INJ CROHNS.....	83	<i>hydromorphone hcl tab 2 mg</i>	3
HUMIRA PEN INJ 40/0.4ML.....	83	<i>hydromorphone hcl tab 4 mg</i>	3
HUMIRA PEN INJ 40MG/0.8	83	<i>hydromorphone hcl tab 8 mg</i>	3
HUMIRA PEN INJ CD/UC/HS	83	<i>hydroxychloroquine sulfate tab 200 mg</i>	83
HUMIRA PEN INJ PS/UV	83	<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	21
HUMIRA PEN KIT CD/UC/HS	83	<i>hydroxyurea cap 500 mg</i>	25
HUMIRA PEN KIT PS/UV	83	<i>hydroxyzine hcl im soln 25 mg/ml</i>	93
HUMULIN R INJ U-500	63	<i>hydroxyzine hcl im soln 50 mg/ml</i>	93
<i>hydralazine hcl inj 20 mg/ml</i>	39	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	93
<i>hydralazine hcl tab 10 mg</i>	39	<i>hydroxyzine hcl tab 10 mg</i>	93
<i>hydralazine hcl tab 100 mg</i>	39	<i>hydroxyzine hcl tab 25 mg</i>	93
<i>hydralazine hcl tab 25 mg</i>	39	<i>hydroxyzine hcl tab 50 mg</i>	93
<i>hydralazine hcl tab 50 mg</i>	39	<i>hydroxyzine pamoate cap 25 mg</i>	93
<i>hydrochlorothiazide cap 12.5 mg</i>	38	<i>hydroxyzine pamoate cap 50 mg</i>	93
<i>hydrochlorothiazide tab 12.5 mg</i>	38	HYSINGLA ER TAB 100 MG	3
<i>hydrochlorothiazide tab 25 mg</i>	38	HYSINGLA ER TAB 120 MG	4
<i>hydrochlorothiazide tab 50 mg</i>	38	HYSINGLA ER TAB 20 MG.....	3
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	HYSINGLA ER TAB 30 MG.....	3
<i>hydrocodone-acetaminophen tab 10-325</i>		HYSINGLA ER TAB 40 MG.....	3
		HYSINGLA ER TAB 60 MG.....	3
		HYSINGLA ER TAB 80 MG.....	3

I	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	65
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	65
IBRANCE CAP 100MG	20
IBRANCE CAP 125MG	20
IBRANCE CAP 75MG	20
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1
<i>ibuprofen tab 600 mg</i>	1
<i>ibuprofen tab 800 mg</i>	1
ICLUSIG TAB 15MG.....	23
ICLUSIG TAB 45MG.....	23
IDHIFA TAB 100MG.....	20
IDHIFA TAB 50MG.....	20
IFEX INJ 3GM	18
<i>ifosfamide for inj 1 gm</i>	18
IFOSFAMIDE INJ 3GM.....	18
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	18
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	18
ILEVRO DRO 0.3% OP	91
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	23
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	23
IMBRUVICA CAP 140MG.....	23
IMBRUVICA CAP 70MG	23
IMBRUVICA TAB 140MG.....	23
IMBRUVICA TAB 280MG.....	23
IMBRUVICA TAB 420MG.....	23
IMBRUVICA TAB 560MG.....	23
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	6
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	6
<i>imipramine hcl tab 10 mg</i>	48
<i>imipramine hcl tab 25 mg</i>	48
<i>imipramine hcl tab 50 mg</i>	48
<i>imiquimod cream 3.75%</i>	100
<i>imiquimod cream 5%</i>	100
IMOVAX RABIE INJ 2.5/ML.....	86
<i>incassia tab 0.35mg</i>	67
INCRELEX INJ 40MG/4ML.....	72
INCRUSE ELPT INH 62.5MCG.....	92
<i>indapamide tab 1.25 mg</i>	38
<i>indapamide tab 2.5 mg</i>	38
INFANRIX INJ	86
INLYTA TAB 1MG.....	23
INLYTA TAB 5MG.....	23
INSULIN PEN NEEDLE	63
INSULIN SAFETY NEEDLES	63
INSULIN SYRINGE	63
INTELENCE TAB 100MG	9
INTELENCE TAB 200MG	9
INTELENCE TAB 25MG	9
INTRALIPID INJ 30%	88
INTRON A INJ 10MU	85
INTRON A INJ 18MU	85
INTRON A INJ 25MU	85
INTRON A INJ 50MU	85
<i>introvale tab</i>	67
INVANZ INJ 1GM.....	6
INVEGA SUST INJ 117/0.75.....	53
INVEGA SUST INJ 156MG/ML.....	53
INVEGA SUST INJ 234/1.5	54
INVEGA SUST INJ 39/0.25	53
INVEGA SUST INJ 78/0.5ML	53
INVEGA TRINZ INJ 273MG.....	54
INVEGA TRINZ INJ 410MG.....	54
INVEGA TRINZ INJ 546MG.....	54
INVEGA TRINZ INJ 819MG.....	54
INVIRASE CAP 200MG	9
INVIRASE TAB 500MG	9
INVOKAMET TAB 150-1000	64
INVOKAMET TAB 150-500	64
INVOKAMET TAB 50-1000	64
INVOKAMET TAB 50-500MG	64
INVOKAMET XR TAB 150-1000.....	64
INVOKAMET XR TAB 150-500	64
INVOKAMET XR TAB 50-1000	64
INVOKAMET XR TAB 50-500MG.....	64
INVOKANA TAB 100MG	64
INVOKANA TAB 300MG	64
IONOSOL-MB INJ /D5W	88
IPOL INJ INACTIVE	86
<i>ipratropium bromide inhal soln 0.02%</i>	92
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	93
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	93
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	92
<i>irbesartan tab 150 mg</i>	30

<i>irbesartan tab 300 mg</i>	30
<i>irbesartan tab 75 mg</i>	30
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	29
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	29
IRESSA TAB 250MG	23
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	26
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	26
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	26
ISENTRESS CHW 100MG	9
ISENTRESS CHW 25MG	9
ISENTRESS HD TAB 600MG	9
ISENTRESS POW 100MG	9
ISENTRESS TAB 400MG	9
<i>isibloom tab</i>	67
ISOLYTE-P INJ /D5W	88
ISOLYTE-S INJ	88
<i>isoniazid inj 100 mg/ml</i>	11
<i>isoniazid syrup 50 mg/5ml</i>	11
<i>isoniazid tab 100 mg</i>	11
<i>isoniazid tab 300 mg</i>	11
ISORDIL TAB 40MG	39
<i>isosorbide dinitrate tab 10 mg</i>	39
<i>isosorbide dinitrate tab 20 mg</i>	39
<i>isosorbide dinitrate tab 30 mg</i>	39
<i>isosorbide dinitrate tab 5 mg</i>	39
<i>isosorbide dinitrate tab er 40 mg</i>	39
<i>isosorbide mononitrate tab 10 mg</i>	39
<i>isosorbide mononitrate tab 20 mg</i>	39
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	39
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	39
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	39
<i>isotretinoin cap 10 mg</i>	97
<i>isotretinoin cap 20 mg</i>	97
<i>isotretinoin cap 30 mg</i>	97
<i>isotretinoin cap 40 mg</i>	97
<i>isradipine cap 2.5 mg</i>	36
<i>isradipine cap 5 mg</i>	36
<i>itraconazole cap 100 mg</i>	8
<i>ivermectin tab 3 mg</i>	6
IXIARO INJ	86

J

JADENU SPRKL GRA 180MG	66
JADENU SPRKL GRA 360MG	66
JADENU SPRKL GRA 90MG	66
JADENU TAB 180MG	66
JADENU TAB 360MG	66
JADENU TAB 90MG	66
JAKAFI TAB 10MG	23
JAKAFI TAB 15MG	23
JAKAFI TAB 20MG	23
JAKAFI TAB 25MG	23
JAKAFI TAB 5MG	23
<i>jantoven tab 10mg</i>	81
<i>jantoven tab 1mg</i>	81
<i>jantoven tab 2.5mg</i>	81
<i>jantoven tab 2mg</i>	81
<i>jantoven tab 3mg</i>	81
<i>jantoven tab 4mg</i>	81
<i>jantoven tab 5mg</i>	81
<i>jantoven tab 6mg</i>	81
<i>jantoven tab 7.5mg</i>	81
JANUMET TAB 50-1000	64
JANUMET TAB 50-500MG	64
JANUMET XR TAB 100-1000	64
JANUMET XR TAB 50-1000	64
JANUMET XR TAB 50-500MG	64
JANUVIA TAB 100MG	64
JANUVIA TAB 25MG	64
JANUVIA TAB 50MG	64
JENTADUETO TAB 2.5-1000	64
JENTADUETO TAB 2.5-500	64
JENTADUETO TAB 2.5-850	64
JENTADUETO TAB XR	64
<i>jinteli tab 1mg-5mcg</i>	70
<i>jolivette tab 0.35mg</i>	67
<i>juleber tab</i>	67
JULUCA TAB 50-25MG	11
<i>junel 1.5/30 tab</i>	67
<i>junel 1/20 tab</i>	67
<i>junel fe tab 1.5/30</i>	67
<i>junel fe tab 1/20</i>	67
JUXTAPID CAP 10MG	33
JUXTAPID CAP 20MG	33
JUXTAPID CAP 30MG	33
JUXTAPID CAP 40MG	33
JUXTAPID CAP 5MG	33
JUXTAPID CAP 60MG	33

K	
KADCYLA INJ 100MG	20
KADCYLA INJ 160MG	20
KALETRA TAB 100-25MG	11
KALETRA TAB 200-50MG	11
KALYDECO PAK 50MG.....	95
KALYDECO PAK 75MG.....	95
KALYDECO TAB 150MG.....	95
<i>kariva tab 28 day.....</i>	<i>67</i>
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....</i>	<i>88</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj.....</i>	<i>89</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj.....</i>	<i>89</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.....</i>	<i>89</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj.....</i>	<i>89</i>
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	<i>89</i>
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj.....</i>	<i>89</i>
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.....</i>	<i>89</i>
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj.....</i>	<i>89</i>
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj.....</i>	<i>89</i>
KCL/D5W/NACL INJ 0.15/0.2.....	89
KCL/D5W/NACL INJ 0.3/0.9%	89
<i>kelnor 1/50 tab</i>	<i>67</i>
<i>kelnor tab 1/35</i>	<i>67</i>
<i>ketoconazole cream 2%.....</i>	<i>97</i>
<i>ketoconazole shampoo 2%.....</i>	<i>98</i>
<i>ketoconazole tab 200 mg</i>	<i>8</i>
<i>ketoprofen cap 50 mg</i>	<i>1</i>
<i>ketoprofen cap 75 mg</i>	<i>1</i>
<i>ketorolac tromethamine ophth soln 0.4%</i>	<i>91</i>
<i>ketorolac tromethamine ophth soln 0.5%</i>	<i>91</i>
KEYTRUDA INJ 100MG/4M	20
KEYTRUDA SOL 50MG	20
<i>kimidess tab.....</i>	<i>67</i>
KINRIX INJ.....	86
KISQALI 200 PAK FEMARA	20
KISQALI 400 PAK FEMARA	20
KISQALI 600 PAK FEMARA	20
KISQALI TAB 200DOSE.....	20
KISQALI TAB 400DOSE	20
KISQALI TAB 600DOSE	20
<i>klor-con 10 tab 10meq er.....</i>	<i>86</i>
<i>klor-con 8 tab 8meq er</i>	<i>86</i>
KLOR-CON M15 TAB 15MEQ ER.....	87
KORLYM TAB 300MG.....	72
KRISTALOSE PAK 10GM	77
KRISTALOSE PAK 20GM	77
<i>kurvelo tab 0.15/30.....</i>	<i>67</i>
KUVAN POW 100MG	69
KUVAN POW 500MG	69
KUVAN TAB 100MG	69
KYNAMRO INJ 200MG/ML	33
L	
<i>labetalol hcl tab 100 mg.....</i>	<i>34</i>
<i>labetalol hcl tab 200 mg.....</i>	<i>34</i>
<i>labetalol hcl tab 300 mg.....</i>	<i>34</i>
<i>lactated ringer's solution</i>	<i>89</i>
<i>lactic acid (ammonium lactate) cream 12%</i>	<i>100</i>
<i>lactic acid (ammonium lactate) lotion 12%</i>	<i>100</i>
<i>lactulose (encephalopathy) solution 10 gm/15ml.....</i>	<i>77</i>
<i>lactulose solution 10 gm/15ml</i>	<i>77</i>
<i>lamivudine oral soln 10 mg/ml.....</i>	<i>9</i>
<i>lamivudine tab 100 mg (hbv).....</i>	<i>12</i>
<i>lamivudine tab 150 mg</i>	<i>9</i>
<i>lamivudine tab 300 mg</i>	<i>9</i>
<i>lamivudine-zidovudine tab 150-300 mg</i>	<i>11</i>
<i>lamotrigine orally disintegrating tab 100 mg</i>	<i>43</i>
<i>lamotrigine orally disintegrating tab 200 mg</i>	<i>43</i>
<i>lamotrigine orally disintegrating tab 25 mg</i>	<i>43</i>
<i>lamotrigine orally disintegrating tab 50 mg</i>	<i>43</i>
<i>lamotrigine tab 100 mg.....</i>	<i>43</i>
<i>lamotrigine tab 150 mg.....</i>	<i>43</i>
<i>lamotrigine tab 200 mg.....</i>	<i>43</i>
<i>lamotrigine tab 25 mg</i>	<i>43</i>
<i>lamotrigine tab chewable dispersible 25 mg</i>	<i>43</i>
<i>lamotrigine tab chewable dispersible 5 mg</i>	<i>43</i>
<i>lamotrigine tab er 24hr 100 mg</i>	<i>43</i>

<i>lamotrigine tab er 24hr 200 mg</i>	43	<i>leuprolide acetate inj kit 5 mg/ml</i>	21
<i>lamotrigine tab er 24hr 25 mg</i>	43	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>	
<i>lamotrigine tab er 24hr 250 mg</i>	43	<i>(base equiv)</i>	94
<i>lamotrigine tab er 24hr 300 mg</i>	43	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>	
<i>lamotrigine tab er 24hr 50 mg</i>	43	<i>(base equiv)</i>	94
<i>lansoprazole cap delayed release 15 mg</i>		<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
.....	79	<i>(base equiv)</i>	94
<i>lansoprazole cap delayed release 30 mg</i>		<i>levalbuterol hcl soln nebu conc 1.25</i>	
.....	79	<i>mg/0.5ml (base equiv)</i>	94
<i>lansoprazole tab delayed release orally</i>		<i>levalbuterol tartrate inhal aerosol 45</i>	
<i>disintegrating 15 mg</i>	79	<i>mcg/act (base equiv)</i>	94
<i>lansoprazole tab delayed release orally</i>		LEVEMIR INJ.....	63
<i>disintegrating 30 mg</i>	79	LEVEMIR INJ FLEXTOUC	63
<i>larin fe tab 1.5/30</i>	67	<i>levetiracetam in sodium chloride iv soln</i>	
<i>larin fe tab 1/20</i>	67	<i>1000 mg/100ml</i>	43
<i>larin tab 1.5/30</i>	67	<i>levetiracetam in sodium chloride iv soln</i>	
<i>larin tab 1/20</i>	67	<i>1500 mg/100ml</i>	43
LASTACRAFT SOL 0.25%	91	<i>levetiracetam in sodium chloride iv soln</i>	
<i>latanoprost ophth soln 0.005%</i>	92	<i>500 mg/100ml</i>	43
LATUDA TAB 120MG.....	54	<i>levetiracetam inj 500 mg/5ml (100</i>	
LATUDA TAB 20MG	54	<i>mg/ml)</i>	43
LATUDA TAB 40MG	54	<i>levetiracetam oral soln 100 mg/ml</i>	43
LATUDA TAB 60MG	54	<i>levetiracetam tab 1000 mg</i>	43
LATUDA TAB 80MG	54	<i>levetiracetam tab 250 mg</i>	43
<i>leflunomide tab 10 mg</i>	83	<i>levetiracetam tab 500 mg</i>	43
<i>leflunomide tab 20 mg</i>	83	<i>levetiracetam tab 750 mg</i>	43
LENVIMA CAP 10 MG	23	<i>levetiracetam tab er 24hr 500 mg</i>	43
LENVIMA CAP 12MG	23	<i>levetiracetam tab er 24hr 750 mg</i>	43
LENVIMA CAP 14 MG	24	<i>levobunolol hcl ophth soln 0.5%</i>	92
LENVIMA CAP 18 MG	24	<i>levocarnitine inj 200 mg/ml</i>	70
LENVIMA CAP 20 MG	24	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	
LENVIMA CAP 24 MG	24	.....	70
LENVIMA CAP 4MG.....	23	<i>levocarnitine tab 330 mg</i>	70
LENVIMA CAP 8 MG.....	23	<i>levocetirizine dihydrochloride soln 2.5</i>	
<i>lessina tab</i>	67	<i>mg/5ml (0.5 mg/ml)</i>	93
LETAIRIS TAB 10MG.....	40	<i>levocetirizine dihydrochloride tab 5 mg</i>	93
LETAIRIS TAB 5MG	40	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	
<i>letrozole tab 2.5 mg</i>	21	.....	15
<i>leucovorin calcium for inj 100 mg</i>	25	<i>levofloxacin in d5w iv soln 500</i>	
<i>leucovorin calcium for inj 200 mg</i>	25	<i>mg/100ml</i>	15
<i>leucovorin calcium for inj 350 mg</i>	25	<i>levofloxacin in d5w iv soln 750</i>	
<i>leucovorin calcium for inj 50 mg</i>	25	<i>mg/150ml</i>	15
<i>leucovorin calcium for inj 500 mg</i>	25	<i>levofloxacin iv soln 25 mg/ml</i>	15
<i>leucovorin calcium tab 10 mg</i>	25	<i>levofloxacin oral soln 25 mg/ml</i>	15
<i>leucovorin calcium tab 15 mg</i>	25	<i>levofloxacin tab 250 mg</i>	15
<i>leucovorin calcium tab 25 mg</i>	25	<i>levofloxacin tab 500 mg</i>	15
<i>leucovorin calcium tab 5 mg</i>	25	<i>levofloxacin tab 750 mg</i>	15
LEUKERAN TAB 2MG.....	18	LEVOLEUCOVOR INJ 175MG	25

LEVOLEUCOVOR SOL 250MG/25	25	levoxyl tab 25mcg	74
levoleucovorin calcium for iv inj 50 mg (base equiv)	25	levoxyl tab 50mcg	74
levoleucovorin calcium inj 175 mg/17.5ml (base equiv)	26	levoxyl tab 75mcg	74
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	26	levoxyl tab 88mcg	74
levonest tab	67	LEXIVA SUS 50MG/ML	9
levonorgestrel & ethinyl estradiol (91- day) tab 0.15-0.03 mg	67	LEXIVA TAB 700MG	9
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	67	lidocaine hcl gel 2%	99
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	67	lidocaine hcl local inj 0.5%	5
levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg	67	lidocaine hcl local inj 1%	5
levora-28 tab 0.15/30	67	lidocaine hcl local inj 2%	5
levo-t tab 100mcg	74	lidocaine hcl local preservative free (pf) inj 0.5%	5
levo-t tab 112mcg	74	lidocaine hcl local preservative free (pf) inj 1%	5
levo-t tab 125mcg	74	lidocaine hcl local preservative free (pf) inj 1.5%	5
levo-t tab 137mcg	74	lidocaine hcl soln 4%	99
levo-t tab 150mcg	74	lidocaine hcl viscous soln 2%	100
levo-t tab 175mcg	74	lidocaine oint 5%	99
levo-t tab 200 mcg	74	lidocaine patch 5%	99
levo-t tab 25mcg	73	lidocaine-prilocaine cream 2.5-2.5% ...	99
levo-t tab 300 mcg	74	linezolid for susp 100 mg/5ml	6
levo-t tab 50mcg	73	linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	6
levo-t tab 75mcg	74	linezolid iv soln 600 mg/300ml (2 mg/ml)	6
levo-t tab 88mcg	74	linezolid tab 600 mg	6
levothyroxine sodium tab 100 mcg	74	LINZESS CAP 145MCG	78
levothyroxine sodium tab 112 mcg	74	LINZESS CAP 290MCG	78
levothyroxine sodium tab 125 mcg	74	LINZESS CAP 72MCG	78
levothyroxine sodium tab 137 mcg	74	liothyronine sodium tab 25 mcg	74
levothyroxine sodium tab 150 mcg	74	liothyronine sodium tab 5 mcg	74
levothyroxine sodium tab 175 mcg	74	liothyronine sodium tab 50 mcg	74
levothyroxine sodium tab 200 mcg	74	lisinopril & hydrochlorothiazide tab 10- 12.5 mg	27
levothyroxine sodium tab 25 mcg	74	lisinopril & hydrochlorothiazide tab 20- 12.5 mg	27
levothyroxine sodium tab 300 mcg	74	lisinopril & hydrochlorothiazide tab 20-25 mg	27
levothyroxine sodium tab 50 mcg	74	lisinopril tab 10 mg	27
levothyroxine sodium tab 75 mcg	74	lisinopril tab 2.5 mg	27
levothyroxine sodium tab 88 mcg	74	lisinopril tab 20 mg	27
levoxyl tab 100mcg	74	lisinopril tab 30 mg	27
levoxyl tab 112mcg	74	lisinopril tab 40 mg	27
levoxyl tab 125mcg	74	lisinopril tab 5 mg	27
levoxyl tab 137mcg	74	lithium carbonate cap 150 mg	59
levoxyl tab 150mcg	74	lithium carbonate cap 300 mg	59
levoxyl tab 175mcg	74	lithium carbonate cap 600 mg	60
levoxyl tab 200mcg	74		

<i>lithium carbonate tab 300 mg</i>	60	LYNPARZA TAB 100MG.....	20
<i>lithium carbonate tab er 300 mg</i>	60	LYNPARZA TAB 150MG.....	20
<i>lithium carbonate tab er 450 mg</i>	60	LYRICA CAP 100MG.....	44
LITHIUM SOL 8MEQ/5ML.....	60	LYRICA CAP 150MG.....	44
LIVALO TAB 1MG.....	31	LYRICA CAP 200MG.....	44
LIVALO TAB 2MG.....	31	LYRICA CAP 225MG.....	44
LIVALO TAB 4MG.....	31	LYRICA CAP 25MG.....	43
LONSURF TAB 15-6.14.....	25	LYRICA CAP 300MG.....	44
LONSURF TAB 20-8.19.....	25	LYRICA CAP 50MG.....	43
<i>loperamide hcl cap 2 mg</i>	78	LYRICA CAP 75MG.....	44
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	11	LYRICA CR TAB 165MG.....	60
<i>lorazepam conc 2 mg/ml</i>	40	LYRICA CR TAB 330MG.....	60
<i>lorazepam inj 2 mg/ml</i>	41	LYRICA CR TAB 82.5MG.....	60
<i>lorazepam inj 4 mg/ml</i>	41	LYRICA SOL 20MG/ML.....	44
<i>lorazepam tab 0.5 mg</i>	41	LYSODREN TAB 500MG.....	21
<i>lorazepam tab 1 mg</i>	41	<i>lyza tab 0.35mg</i>	68
<i>lorazepam tab 2 mg</i>	41	M	
<i>loryna tab 3-0.02mg</i>	68	<i>mafenide acetate packet for topical soln</i> <i>5% (50 gm)</i>	97
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	29	MAGNESIUM SU INJ 20/500ML.....	87
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	29	MAGNESIUM SU INJ 2GM/50ML.....	87
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	29	MAGNESIUM SU INJ 40G/1000.....	87
<i>losartan potassium tab 100 mg</i>	30	MAGNESIUM SU INJ 4G/100ML.....	87
<i>losartan potassium tab 25 mg</i>	30	MAGNESIUM SU INJ 80MG/ML.....	87
<i>losartan potassium tab 50 mg</i>	30	<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	87
LOTEMAX GEL 0.5%.....	91	<i>magnesium sulfate inj 50%</i>	87
LOTEMAX OIN 0.5%.....	91	<i>magnesium sulfate iv soln 2 gm/50ml</i> <i>(40 mg/ml)</i>	87
LOTEMAX SUS 0.5%.....	91	<i>magnesium sulfate iv soln 20 gm/500ml</i> <i>(40 mg/ml)</i>	87
<i>lovastatin tab 10 mg</i>	31	<i>magnesium sulfate iv soln 4 gm/100ml</i> <i>(40 mg/ml)</i>	87
<i>lovastatin tab 20 mg</i>	32	<i>magnesium sulfate iv soln 4 gm/50ml</i> <i>(80 mg/ml)</i>	87
<i>lovastatin tab 40 mg</i>	32	<i>magnesium sulfate iv soln 40 gm/1000ml</i> <i>(40 mg/ml)</i>	87
<i>loxapine succinate cap 10 mg</i>	54	<i>malathion lotion 0.5%</i>	100
<i>loxapine succinate cap 25 mg</i>	54	<i>maprotiline hcl tab 25 mg</i>	48
<i>loxapine succinate cap 5 mg</i>	54	<i>maprotiline hcl tab 50 mg</i>	48
<i>loxapine succinate cap 50 mg</i>	54	<i>maprotiline hcl tab 75 mg</i>	48
LUMIGAN SOL 0.01%.....	92	<i>marlissa tab 0.15/30</i>	68
LUMIZYME INJ 50MG.....	70	MARPLAN TAB 10MG.....	48
LUPR DEP-PED INJ 11.25MG.....	72	MATULANE CAP 50MG.....	25
LUPR DEP-PED INJ 15MG.....	72	<i>matzim la tab 180mg/24</i>	36
LUPR DEP-PED INJ 3M 30MG.....	72	<i>matzim la tab 240mg/24</i>	36
LUPR DEP-PED INJ 7.5MG.....	72	<i>matzim la tab 300mg/24</i>	36
LUPRON DEPOT INJ 11.25MG.....	21	<i>matzim la tab 360mg/24</i>	36
LUPRON DEPOT INJ 3.75MG.....	21		
<i>lutera tab</i>	68		
LYNPARZA CAP 50MG.....	20		

<i>matzim la tab 420mg/24</i>	36	<i>metformin hcl tab er 24hr 500 mg</i>	65
<i>MAVYRET TAB 100-40MG</i>	12	<i>metformin hcl tab er 24hr 750 mg</i>	65
<i>meclizine hcl tab 12.5 mg</i>	75	<i>methadone con 10mg/ml</i>	4
<i>meclizine hcl tab 25 mg</i>	75	<i>methadone hcl soln 10 mg/5ml</i>	4
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	68	<i>methadone hcl soln 5 mg/5ml</i>	4
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	68	<i>methadone hcl tab 10 mg</i>	4
<i>medroxyprogesterone acetate tab 10 mg</i>	73	<i>methadone hcl tab 5 mg</i>	4
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	73	<i>methazolamide tab 25 mg</i>	38
<i>medroxyprogesterone acetate tab 5 mg</i>	73	<i>methazolamide tab 50 mg</i>	38
<i>mefloquine hcl tab 250 mg</i>	9	<i>methenamine hippurate tab 1 gm</i>	7
<i>megestrol acetate susp 40 mg/ml</i>	21	<i>methimazole tab 10 mg</i>	74
<i>megestrol acetate susp 625 mg/5ml</i> ...	21	<i>methimazole tab 5 mg</i>	74
<i>megestrol acetate tab 20 mg</i>	21	<i>methocarbamol tab 500 mg</i>	61
<i>megestrol acetate tab 40 mg</i>	21	<i>methocarbamol tab 750 mg</i>	61
<i>MEKINIST TAB 0.5MG</i>	24	<i>methotrexate sodium for inj 1 gm</i>	19
<i>MEKINIST TAB 2MG</i>	24	<i>methotrexate sodium inj 250 mg/10ml</i> <i>(25 mg/ml)</i>	19
<i>MEKTOVI TAB 15MG</i>	24	<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	19
<i>meloxicam tab 15 mg</i>	1	<i>methotrexate sodium inj pf 1000</i> <i>mg/40ml (25 mg/ml)</i>	19
<i>meloxicam tab 7.5 mg</i>	1	<i>methotrexate sodium inj pf 250 mg/10ml</i> <i>(25 mg/ml)</i>	19
<i>melphalan hcl for inj 50 mg (base equiv)</i>	18	<i>methotrexate sodium inj pf 50 mg/2ml</i> <i>(25 mg/ml)</i>	19
<i>memantine hcl cap er 24hr 14 mg</i>	46	<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	83
<i>memantine hcl cap er 24hr 21 mg</i>	46	<i>methyclothiazide tab 5 mg</i>	38
<i>memantine hcl cap er 24hr 28 mg</i>	46	<i>methylphenidate hcl cap er 24hr 10 mg</i> <i>(la)</i>	57
<i>memantine hcl cap er 24hr 7 mg</i>	46	<i>methylphenidate hcl chew tab 10 mg</i> ..	57
<i>memantine hcl oral solution 2 mg/ml</i> ..	46	<i>methylphenidate hcl chew tab 2.5 mg</i> ..	57
<i>memantine hcl tab 10 mg</i>	46	<i>methylphenidate hcl chew tab 5 mg</i> ...	57
<i>memantine hcl tab 5 mg</i>	46	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	57
<i>MENACTRA INJ</i>	86	<i>methylphenidate hcl soln 5 mg/5ml</i>	57
<i>MENVEO INJ</i>	86	<i>methylphenidate hcl tab 10 mg</i>	57
<i>mercaptapurine tab 50 mg</i>	19	<i>methylphenidate hcl tab 20 mg</i>	57
<i>meropenem iv for soln 1 gm</i>	7	<i>methylphenidate hcl tab 5 mg</i>	57
<i>meropenem iv for soln 500 mg</i>	7	<i>methylphenidate hcl tab er 10 mg</i>	57
<i>mesalamine enema 4 gm</i>	77	<i>methylphenidate hcl tab er 20 mg</i>	57
<i>mesalamine rectal enema 4 gm &</i> <i>cleanser wipe kit</i>	77	<i>methylprednisolone acetate inj susp 40</i> <i>mg/ml</i>	71
<i>mesalamine tab delayed release 800 mg</i>	77	<i>methylprednisolone acetate inj susp 80</i> <i>mg/ml</i>	71
<i>mesna inj 100 mg/ml</i>	26	<i>methylprednisolone sod succ for inj 1000</i> <i>mg (base equiv)</i>	71
<i>MESNEX TAB 400MG</i>	26	<i>methylprednisolone sod succ for inj 125</i> <i>mg (base equiv)</i>	71
<i>metformin hcl tab 1000 mg</i>	65		
<i>metformin hcl tab 500 mg</i>	64		
<i>metformin hcl tab 850 mg</i>	65		

<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	71	<i>mexiletine hcl cap 150 mg</i>	30
<i>methylprednisolone tab 16 mg</i>	71	<i>mexiletine hcl cap 200 mg</i>	30
<i>methylprednisolone tab 32 mg</i>	71	<i>mexiletine hcl cap 250 mg</i>	30
<i>methylprednisolone tab 4 mg</i>	71	MG SO4/D5W INJ 10MG/ML.....	87
<i>methylprednisolone tab 8 mg</i>	71	MG SO4/D5W INJ 20MG/ML.....	87
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	71	MIACALCIN INJ 200/ML.....	72
<i>metipranolol ophth soln 0.3%</i>	92	<i>midodrine hcl tab 10 mg</i>	39
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	75	<i>midodrine hcl tab 2.5 mg</i>	39
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	76	<i>midodrine hcl tab 5 mg</i>	39
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	76	<i>migergot sup 2/100</i>	59
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	76	<i>miglustat cap 100 mg</i>	70
<i>metolazone tab 10 mg</i>	38	<i>mili tab 0.25/35</i>	68
<i>metolazone tab 2.5 mg</i>	38	<i>minitran dis 0.1mg/hr</i>	39
<i>metolazone tab 5 mg</i>	38	<i>minitran dis 0.2mg/hr</i>	39
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	33	<i>minitran dis 0.4mg/hr</i>	39
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	33	<i>minitran dis 0.6mg/hr</i>	39
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	33	<i>minocycline hcl cap 100 mg</i>	17
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	34	<i>minocycline hcl cap 50 mg</i>	17
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	34	<i>minocycline hcl cap 75 mg</i>	17
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	34	<i>minoxidil tab 10 mg</i>	39
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	34	<i>minoxidil tab 2.5 mg</i>	39
<i>metoprolol tartrate iv soln 5 mg/5ml</i> ...	34	<i>mirtazapine orally disintegrating tab 15 mg</i>	49
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	34	<i>mirtazapine orally disintegrating tab 30 mg</i>	49
<i>metoprolol tartrate tab 100 mg</i>	34	<i>mirtazapine orally disintegrating tab 45 mg</i>	49
<i>metoprolol tartrate tab 25 mg</i>	34	<i>mirtazapine tab 15 mg</i>	49
<i>metoprolol tartrate tab 50 mg</i>	34	<i>mirtazapine tab 30 mg</i>	49
<i>metronidazole cream 0.75%</i>	100	<i>mirtazapine tab 45 mg</i>	49
<i>metronidazole gel 0.75%</i>	100	<i>mirtazapine tab 7.5 mg</i>	49
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	7	<i>misoprostol tab 100 mcg</i>	78
<i>metronidazole lotion 0.75%</i>	100	<i>misoprostol tab 200 mcg</i>	78
<i>metronidazole tab 250 mg</i>	7	MITIGARE CAP 0.6MG	1
<i>metronidazole tab 500 mg</i>	7	<i>mitomycin for iv soln 20 mg</i>	18
<i>metronidazole vaginal gel 0.75%</i>	80	<i>mitomycin for iv soln 40 mg</i>	18
		<i>mitomycin for iv soln 5 mg</i>	18
		<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	25
		<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	25
		<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	25
		M-M-R II INJ.....	86
		<i>modafinil tab 100 mg</i>	61
		<i>modafinil tab 200 mg</i>	61
		<i>moexipril hcl tab 15 mg</i>	27
		<i>moexipril hcl tab 7.5 mg</i>	27

<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	27
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	27
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	27
<i>mometasone furoate cream 0.1%</i>	99
<i>mometasone furoate oint 0.1%</i>	99
<i>mometasone furoate solution 0.1% (lotion)</i>	99
<i>mononessa tab</i>	68
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	94
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	94
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	94
<i>montelukast sodium tab 10 mg (base equiv)</i>	94
MORPHINE SUL INJ 10MG/ML	4
MORPHINE SUL INJ 150/30ML	4
MORPHINE SUL INJ 2MG/ML	4
MORPHINE SUL INJ 4MG/ML	4
MORPHINE SUL INJ 5MG/ML	4
MORPHINE SUL INJ 8MG/ML	4
<i>morphine sulfate inj 10 mg/ml</i>	4
<i>morphine sulfate inj 8 mg/ml</i>	4
<i>morphine sulfate iv soln 1 mg/ml</i>	4
<i>morphine sulfate iv soln pf 10 mg/ml</i> ...	4
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4
<i>morphine sulfate oral soln 10 mg/5ml</i> ..	4
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	4
<i>morphine sulfate oral soln 20 mg/5ml</i> ..	4
<i>morphine sulfate tab 15 mg</i>	4
<i>morphine sulfate tab 30 mg</i>	4
<i>morphine sulfate tab er 100 mg</i>	4
<i>morphine sulfate tab er 15 mg</i>	4
<i>morphine sulfate tab er 200 mg</i>	4
<i>morphine sulfate tab er 30 mg</i>	4
<i>morphine sulfate tab er 60 mg</i>	4
MOVANTIK TAB 12.5MG	78
MOVANTIK TAB 25MG	78
MOVIPREP SOL	77
MOXEZA SOL 0.5%	90
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	15

<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	90
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	15
MOXIFLOXACIN INJ	15
MOZOBIL INJ	82
MULTAQ TAB 400MG	30
<i>mupirocin oint 2%</i>	97
MUSTARGEN INJ 10MG	18
MYCAMINE INJ 100MG	8
MYCAMINE INJ 50MG	8
<i>mycophenolate mofetil cap 250 mg</i>	85
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	85
<i>mycophenolate mofetil tab 500 mg</i>	85
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	85
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	85
MYLOTARG INJ 4.5MG	20
<i>myorisan cap 10mg</i>	97
<i>myorisan cap 20mg</i>	97
<i>myorisan cap 30mg</i>	97
<i>myorisan cap 40mg</i>	97
MYRBETRIQ TAB 25MG	80
MYRBETRIQ TAB 50MG	80
<i>myzilra tab</i>	68

N

<i>nabumetone tab 500 mg</i>	1
<i>nabumetone tab 750 mg</i>	2
<i>nadolol tab 20 mg</i>	34
<i>nadolol tab 40 mg</i>	34
<i>nadolol tab 80 mg</i>	34
<i>nafcillin sodium for inj 1 gm</i>	16
<i>nafcillin sodium for inj 2 gm</i>	16
<i>nafcillin sodium for iv soln 1 gm</i>	16
<i>nafcillin sodium for iv soln 10 gm</i>	16
<i>nafcillin sodium for iv soln 2 gm</i>	16
NAGLAZYME INJ 1MG/ML	70
<i>nalbuphine hcl inj 10 mg/ml</i>	2
<i>nalbuphine hcl inj 20 mg/ml</i>	2
<i>naloxone hcl inj 0.4 mg/ml</i>	61
<i>naloxone hcl inj 4 mg/10ml</i>	61
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	61
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	61
<i>naltrexone hcl tab 50 mg</i>	62
NAMENDA XR CAP 14MG	46

NAMENDA XR CAP 21MG.....	46	<i>neomycin-polymyxin-hc ophth susp....</i>	90
NAMENDA XR CAP 28MG.....	46	<i>neomycin-polymyxin-hc otic soln 1%</i>	101
NAMENDA XR CAP 7MG	46	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
NAMENDA XR CAP TITRATIO	46	<i>mg/ml-10000 unit/ml-1%</i>	101
NAMZARIC CAP.....	46	NEPHRAMINE INJ 5.4%	88
NAMZARIC CAP 14-10MG.....	46	NERLYNX TAB 40MG	24
NAMZARIC CAP 21-10MG.....	46	NEUPOGEN INJ 300/0.5	82
NAMZARIC CAP 28-10MG.....	46	NEUPOGEN INJ 300MCG.....	82
NAMZARIC CAP 7-10MG.....	46	NEUPOGEN INJ 480/0.8	82
NAPRELAN TAB 750MG CR	2	NEUPOGEN INJ 480MCG.....	82
<i>naproxen dr tab 375mg</i>	2	NEUPRO DIS 1MG/24HR.....	51
<i>naproxen dr tab 500mg</i>	2	NEUPRO DIS 2MG/24HR.....	51
<i>naproxen sodium tab 275 mg</i>	2	NEUPRO DIS 3MG/24HR.....	51
<i>naproxen sodium tab 550 mg</i>	2	NEUPRO DIS 4MG/24HR.....	51
<i>naproxen sodium tab er 24hr 375 mg</i>		NEUPRO DIS 6MG/24HR.....	51
<i>(base equiv).....</i>	2	NEUPRO DIS 8MG/24HR.....	51
<i>naproxen susp 125 mg/5ml.....</i>	2	<i>nevirapine susp 50 mg/5ml</i>	9
<i>naproxen tab 250 mg</i>	2	<i>nevirapine tab 200 mg.....</i>	9
<i>naproxen tab 375 mg</i>	2	<i>nevirapine tab er 24hr 100 mg.....</i>	9
<i>naproxen tab 500 mg</i>	2	<i>nevirapine tab er 24hr 400 mg.....</i>	10
<i>naratriptan hcl tab 1 mg (base equiv)..</i>	59	NEXAVAR TAB 200MG	24
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		<i>niacin tab er 1000 mg</i>	
.....	59	<i>(antihyperlipidemic)</i>	33
NARCAN SPR.....	62	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
NATACYN SUS 5% OP	90	.....	33
<i>nateglinide tab 120 mg.....</i>	65	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
<i>nateglinide tab 60 mg</i>	65	.....	33
NATPARA INJ 100MCG	73	<i>niacor tab 500mg.....</i>	33
NATPARA INJ 25MCG.....	72	<i>nicardipine hcl cap 20 mg.....</i>	36
NATPARA INJ 50MCG.....	73	<i>nicardipine hcl cap 30 mg.....</i>	36
NATPARA INJ 75MCG.....	73	NICOTROL INH	62
NEBUPENT INH 300MG	7	NICOTROL NS SPR 10MG/ML	62
<i>necon tab 0.5/35</i>	68	<i>nifedipine tab er 24hr 30 mg</i>	36
<i>necon tab 7/7/7.....</i>	68	<i>nifedipine tab er 24hr 60 mg</i>	36
<i>nefazodone hcl tab 100 mg</i>	49	<i>nifedipine tab er 24hr 90 mg</i>	36
<i>nefazodone hcl tab 150 mg</i>	49	<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>nefazodone hcl tab 200 mg</i>	49	<i>mg</i>	36
<i>nefazodone hcl tab 250 mg</i>	49	<i>nifedipine tab er 24hr osmotic release 60</i>	
<i>nefazodone hcl tab 50 mg</i>	49	<i>mg</i>	36
<i>neomycin sulfate tab 500 mg</i>	5	<i>nifedipine tab er 24hr osmotic release 90</i>	
<i>neomycin-bacitrac zn-polymyx</i>		<i>mg</i>	36
<i>5(3.5)mg-400unt-10000unt op oin</i>	91	<i>nikki tab 3-0.02mg.....</i>	68
<i>neomycin-polymy-gramicid op sol 1.75-</i>		<i>nilutamide tab 150 mg.....</i>	21
<i>10000-0.025mg-unt-mg/ml</i>	91	<i>nimodipine cap 30 mg</i>	36
<i>neomycin-polymyxin-dexamethasone</i>		NINLARO CAP 2.3MG	20
<i>ophth oint 0.1%</i>	90	NINLARO CAP 3MG.....	20
<i>neomycin-polymyxin-dexamethasone</i>		NINLARO CAP 4MG	20
<i>ophth susp 0.1%</i>	90	NIPENT INJ 10MG.....	19

<i>nisoldipine tab er 24hr 17 mg</i>	36	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	68
<i>nisoldipine tab er 24hr 20 mg</i>	36	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	68
<i>nisoldipine tab er 24hr 25.5 mg</i>	36	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	68
<i>nisoldipine tab er 24hr 30 mg</i>	37	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	68
<i>nisoldipine tab er 24hr 34 mg</i>	37	NORITATE CRE 1%.....	100
<i>nisoldipine tab er 24hr 40 mg</i>	37	<i>norlyroc tab 0.35mg</i>	68
<i>nisoldipine tab er 24hr 8.5 mg</i>	36	NORMOSOL -M INJ /D5W	89
NITRO-BID OIN 2%	39	NORMOSOL -R INJ /D5W.....	89
NITRO-DUR DIS 0.3MG/HR	39	NORMOSOL-R INJ PH 7.4	89
NITRO-DUR DIS 0.8MG/HR	39	NORPACE CAP 100MG CR.....	31
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	7	NORPACE CAP 150MG CR.....	31
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	7	NORTHERA CAP 100MG.....	39
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	7	NORTHERA CAP 200MG.....	39
<i>nitroglycerin sl tab 0.3 mg</i>	39	NORTHERA CAP 300MG.....	39
<i>nitroglycerin sl tab 0.4 mg</i>	39	<i>nortrel tab 0.5/35</i>	68
<i>nitroglycerin sl tab 0.6 mg</i>	39	<i>nortrel tab 1/35</i>	68
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	39	<i>nortrel tab 7/7/7</i>	68
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	39	<i>nortriptyline hcl cap 10 mg</i>	49
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	39	<i>nortriptyline hcl cap 25 mg</i>	49
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	39	<i>nortriptyline hcl cap 50 mg</i>	49
NIVA-PLUS TAB	90	<i>nortriptyline hcl cap 75 mg</i>	49
NORDITROPIN INJ 10/1.5ML	72	<i>nortriptyline hcl soln 10 mg/5ml</i>	49
NORDITROPIN INJ 15/1.5ML	72	NORVIR CAP 100MG	10
NORDITROPIN INJ 30/3ML.....	72	NORVIR POW 100MG	10
NORDITROPIN INJ 5/1.5ML.....	72	NORVIR SOL 80MG/ML.....	10
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	68	NORVIR TAB 100MG	10
<i>norethindrone & mestranol tab 1 mg-50 mcg</i>	68	NOVOLIN INJ 70/30.....	63
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	68	NOVOLIN N INJ U-100	63
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	68	NOVOLIN R INJ U-100	63
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	68	NOVOLOG INJ 100/ML	63
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	68	NOVOLOG INJ FLEXPEN.....	63
<i>norethindrone acetate tab 5 mg</i>	73	NOVOLOG INJ PENFILL	63
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	70	NOVOLOG MIX INJ 70/30	63
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	68	NOVOLOG MIX INJ FLEXPEN	63
<i>norethindrone tab 0.35 mg</i>	68	NOXAFIL SUS 40MG/ML	8
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	68	NOXAFIL TAB 100MG.....	8
		NUCYNTA ER TAB 100MG	4
		NUCYNTA ER TAB 150MG	4
		NUCYNTA ER TAB 200MG	4
		NUCYNTA ER TAB 250MG	4
		NUCYNTA ER TAB 50MG	4
		NUEDEXTA CAP 20-10MG	60
		NULOJIX INJ 250MG	85
		NULYTELY SOL FLAV PKS	77

NUPLAZID CAP 34MG	54	.....	54
NUPLAZID TAB 10MG	54	<i>olanzapine tab 10 mg</i>	54
NUPLAZID TAB 17MG	54	<i>olanzapine tab 15 mg</i>	54
NUVARING MIS.....	68	<i>olanzapine tab 2.5 mg</i>	54
<i>nyamyc pow 100000</i>	97	<i>olanzapine tab 20 mg</i>	54
NYMALIZE SOL 30/10ML.....	37	<i>olanzapine tab 5 mg</i>	54
<i>nystatin cream 100000 unit/gm</i>	97	<i>olanzapine tab 7.5 mg</i>	54
<i>nystatin oint 100000 unit/gm</i>	97	<i>olmesartan medoxomil tab 20 mg</i>	30
<i>nystatin susp 100000 unit/ml</i>	100	<i>olmesartan medoxomil tab 40 mg</i>	30
<i>nystatin tab 500000 unit</i>	8	<i>olmesartan medoxomil tab 5 mg</i>	30
<i>nystatin topical powder 100000 unit/gm</i>	97	<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> ...	29
<i>nystop pow 100000</i>	97	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> ...	29
○		<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	29
O-CAL FA TAB	90	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	29
OCTAGAM INJ 10/100ML.....	84	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	29
OCTAGAM INJ 10GM.....	84	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> .	29
OCTAGAM INJ 1GM	84	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	29
OCTAGAM INJ 2.5GM.....	84	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> ...	29
OCTAGAM INJ 20/200ML.....	84	<i>olopatadine hcl nasal soln 0.6%</i>	93
OCTAGAM INJ 25GM.....	84	<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	91
OCTAGAM INJ 2GM/20ML.....	84	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	91
OCTAGAM INJ 5GM	84	<i>omega-3-acid ethyl esters cap 1 gm</i> ...	33
OCTAGAM INJ 5GM/50ML.....	84	<i>omeprazole cap delayed release 10 mg</i>	79
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	73	<i>omeprazole cap delayed release 20 mg</i>	79
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	73	<i>omeprazole cap delayed release 40 mg</i>	79
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	73	OMNARIS SPR.....	95
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	73	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	76
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	73	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	76
ODEFSEY TAB.....	11	<i>ondansetron hcl oral soln 4 mg/5ml</i>	76
ODOMZO CAP 200MG	20	<i>ondansetron hcl tab 24 mg</i>	76
OFEV CAP 100MG	95	<i>ondansetron hcl tab 4 mg</i>	76
OFEV CAP 150MG	95	<i>ondansetron hcl tab 8 mg</i>	76
<i>ofloxacin ophth soln 0.3%</i>	91	<i>ondansetron orally disintegrating tab 4 mg</i>	76
<i>ofloxacin otic soln 0.3%</i>	101	<i>ondansetron orally disintegrating tab 8</i>	
<i>olanzapine for im inj 10 mg</i>	54		
<i>olanzapine orally disintegrating tab 10 mg</i>	54		
<i>olanzapine orally disintegrating tab 15 mg</i>	54		
<i>olanzapine orally disintegrating tab 20 mg</i>	54		
<i>olanzapine orally disintegrating tab 5 mg</i>			

<i>mg</i>	76
ONFI SUS 2.5MG/ML	44
ONFI TAB 10MG.....	44
ONFI TAB 20MG.....	44
OPSUMIT TAB 10MG.....	40
ORFADIN CAP 10MG.....	70
ORFADIN CAP 20MG.....	70
ORFADIN CAP 2MG	70
ORFADIN CAP 5MG	70
ORFADIN SUS 4MG/ML.....	70
ORKAMBI GRA 100-125	95
ORKAMBI GRA 150-188	95
ORKAMBI TAB 100-125	95
ORKAMBI TAB 200-125	95
<i>orsythia tab</i>	68
<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>oseltamivir phosphate for susp 6 mg/ml (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>	17
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	16
<i>oxaliplatin for iv inj 100 mg</i>	25
<i>oxaliplatin for iv inj 50 mg</i>	25
<i>oxaliplatin iv soln 100 mg/20ml</i>	25
<i>oxaliplatin iv soln 50 mg/10ml</i>	25
<i>oxandrolone tab 10 mg</i>	62
<i>oxandrolone tab 2.5 mg</i>	62
<i>oxaprozin tab 600 mg</i>	2
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	44
<i>oxcarbazepine tab 150 mg</i>	44
<i>oxcarbazepine tab 300 mg</i>	44
<i>oxcarbazepine tab 600 mg</i>	44
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	80
<i>oxybutynin chloride tab 5 mg</i>	80
<i>oxybutynin chloride tab er 24hr 10 mg</i>	80
<i>oxybutynin chloride tab er 24hr 15 mg</i>	80
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	80
<i>oxycodone hcl cap 5 mg</i>	4
<i>oxycodone hcl conc 100 mg/5ml (20</i>	

<i>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 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
OXYCONTIN TAB 10MG CR	4
OXYCONTIN TAB 15MG CR	5
OXYCONTIN TAB 20MG CR	5
OXYCONTIN TAB 30MG CR	5
OXYCONTIN TAB 40MG CR	5
OXYCONTIN TAB 60MG CR	5
OXYCONTIN TAB 80MG CR	5
OXYTROL DIS 3.9MG/24	80
OZEMPIC INJ 2/1.5ML.....	63

P

<i>pacerone tab 100mg</i>	31
<i>pacerone tab 200mg</i>	31
<i>pacerone tab 400mg</i>	31
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	19
<i>paliperidone tab er 24hr 1.5 mg</i>	54
<i>paliperidone tab er 24hr 3 mg</i>	54
<i>paliperidone tab er 24hr 6 mg</i>	54
<i>paliperidone tab er 24hr 9 mg</i>	54
<i>pamidronate disodium for inj 30 mg</i> ...	65
<i>pamidronate disodium for inj 90 mg</i> ...	65
<i>pamidronate disodium iv soln 3 mg/ml</i>	65
<i>pamidronate disodium iv soln 9 mg/ml</i>	65
PAMIDRONATE INJ 6MG/ML.....	65
PANRETIN GEL 0.1%	100
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	79

<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	79	<i>perindopril erbumine tab 4 mg</i>	27
<i>paricalcitol cap 1 mcg</i>	90	<i>perindopril erbumine tab 8 mg</i>	27
<i>paricalcitol cap 2 mcg</i>	90	<i>perlogard sol 0.12%</i>	100
<i>paricalcitol cap 4 mcg</i>	90	<i>permethrin cream 5%</i>	100
<i>paromomycin sulfate cap 250 mg</i>	5	<i>perphenazine tab 16 mg</i>	54
<i>paroxetine hcl tab 10 mg</i>	49	<i>perphenazine tab 2 mg</i>	54
<i>paroxetine hcl tab 20 mg</i>	49	<i>perphenazine tab 4 mg</i>	54
<i>paroxetine hcl tab 30 mg</i>	49	<i>perphenazine tab 8 mg</i>	54
<i>paroxetine hcl tab 40 mg</i>	49	<i>phenelzine sulfate tab 15 mg</i>	49
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	49	PHENOBARB INJ 65MG/ML	44
<i>paroxetine hcl tab er 24hr 25 mg</i>	49	<i>phenobarbital elixir 20 mg/5ml</i>	44
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	49	<i>phenobarbital sodium inj 130 mg/ml</i> ..	44
PASER GRA 4GM	11	<i>phenobarbital tab 100 mg</i>	44
PAXIL SUS 10MG/5ML	49	<i>phenobarbital tab 15 mg</i>	44
PAZEO DRO 0.7%	91	<i>phenobarbital tab 16.2 mg</i>	44
PEDIARIX INJ 0.5ML	86	<i>phenobarbital tab 30 mg</i>	44
PEDVAX HIB INJ	86	<i>phenobarbital tab 32.4 mg</i>	44
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	77	<i>phenobarbital tab 60 mg</i>	44
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	77	<i>phenobarbital tab 64.8 mg</i>	44
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	77	<i>phenobarbital tab 97.2 mg</i>	44
PEGANONE TAB 250MG	44	PHENYTEK CAP 200MG	44
PEGASYS INJ	12	PHENYTEK CAP 300MG	44
PEGASYS INJ 180MCG/M	12	<i>phenytoin chew tab 50 mg</i>	44
PEGASYS INJ PROCLICK	12	<i>phenytoin sodium extended cap 100 mg</i>	44
PEN G PROC INJ 600000	17	<i>phenytoin sodium extended cap 200 mg</i>	44
PENICILL GK/ INJ DEX 2MU	17	<i>phenytoin sodium extended cap 300 mg</i>	44
PENICILL GK/ INJ DEX 3MU	17	<i>phenytoin sodium inj 50 mg/ml</i>	44
<i>penicillin g potassium for inj 20000000 unit</i>	17	<i>phenytoin susp 125 mg/5ml</i>	44
<i>penicillin g potassium for inj 5000000 unit</i>	17	<i>philith tab 0.4-35</i>	68
<i>penicillin g sodium for inj 5000000 unit</i>	17	PHOSPHOLINE SOL 0.125%OP	92
<i>penicillin v potassium for soln 125 mg/5ml</i>	17	PICATO GEL 0.015%	100
<i>penicillin v potassium for soln 250 mg/5ml</i>	17	PICATO GEL 0.05%	100
<i>penicillin v potassium tab 250 mg</i>	17	<i>pilocarpine hcl ophth soln 1%</i>	92
<i>penicillin v potassium tab 500 mg</i>	17	<i>pilocarpine hcl ophth soln 2%</i>	92
PENTACEL INJ	86	<i>pilocarpine hcl ophth soln 4%</i>	92
PENTAM 300 INJ 300MG	7	<i>pilocarpine hcl tab 5 mg</i>	100
<i>pentoxifylline tab er 400 mg</i>	82	<i>pilocarpine hcl tab 7.5 mg</i>	100
PERFOROMIST NEB 20MCG	94	<i>pimozide tab 1 mg</i>	54
<i>perindopril erbumine tab 2 mg</i>	27	<i>pimozide tab 2 mg</i>	54
		<i>pimtreea tab</i>	68
		<i>pindolol tab 10 mg</i>	34
		<i>pindolol tab 5 mg</i>	34
		<i>pioglitazone hcl tab 15 mg (base equiv)</i>	65
		<i>pioglitazone hcl tab 30 mg (base equiv)</i>	65

.....65	meq/15ml) 87
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	<i>potassium chloride powder packet 20</i>
.....65	<i>meq 87</i>
PIPER/TAZOBA INJ 12-1.5GM.....17	<i>potassium chloride tab er 10 meq 87</i>
<i>piperacillin sod-tazobactam na for inj</i>	<i>potassium chloride tab er 20 meq (1500</i>
<i>3.375 gm (3-0.375 gm).....17</i>	<i>mg)..... 87</i>
<i>piperacillin sod-tazobactam sod for inj</i>	<i>potassium chloride tab er 8 meq (600</i>
<i>2.25 gm (2-0.25 gm) .....17</i>	<i>mg) 87</i>
<i>piperacillin sod-tazobactam sod for inj</i>	<i>potassium citrate tab er 10 meq (1080</i>
<i>4.5 gm (4-0.5 gm).....17</i>	<i>mg) 79</i>
<i>piperacillin sod-tazobactam sod for inj</i>	<i>potassium citrate tab er 15 meq (1620</i>
<i>40.5 gm (36-4.5 gm) .....17</i>	<i>mg) 79</i>
<i>pirmella tab 1/35 .....68</i>	<i>potassium citrate tab er 5 meq (540 mg)</i>
<i>piroxicam cap 10 mg 2</i>	..... 79
<i>piroxicam cap 20 mg 2</i>	PRADAXA CAP 110MG 81
PLASMA-LYTE INJ -148 .....89	PRADAXA CAP 150MG 81
PLASMA-LYTE INJ -A .....89	PRADAXA CAP 75MG..... 81
PNV FOLIC AC TAB + IRON .....90	PRALUENT INJ 150MG/ML 33
PNV PRENATAL TAB PLUS .....90	PRALUENT INJ 75MG/ML 33
<i>podofilox soln 0.5% 100</i>	<i>pramipexole dihydrochloride tab 0.125</i>
<i>polyethylene glycol 3350 oral packet...77</i>	<i>mg 51</i>
<i>polyethylene glycol 3350 oral powder..78</i>	<i>pramipexole dihydrochloride tab 0.25 mg</i>
<i>polymyxin b-trimethoprim ophth soln</i>	..... 51
<i>10000 unit/ml-0.1% .....91</i>	<i>pramipexole dihydrochloride tab 0.5 mg</i>
POMALYST CAP 1MG .....22	..... 51
POMALYST CAP 2MG .....22	<i>pramipexole dihydrochloride tab 0.75 mg</i>
POMALYST CAP 3MG .....22	..... 51
POMALYST CAP 4MG .....22	<i>pramipexole dihydrochloride tab 1 mg 51</i>
<i>portia-28 tab.....69</i>	<i>pramipexole dihydrochloride tab 1.5 mg</i>
<i>potassium chloride 20 meq/l (0.15%) in</i>	..... 51
<i>dextrose 5% inj.....89</i>	<i>pramipexole dihydrochloride tab er 24hr</i>
<i>potassium chloride 40 meq/l (0.3%) in</i>	<i>0.375 mg 51</i>
<i>dextrose 5% inj.....89</i>	<i>pramipexole dihydrochloride tab er 24hr</i>
<i>potassium chloride cap er 10 meq.....87</i>	<i>0.75 mg 51</i>
<i>potassium chloride cap er 8 meq .....87</i>	<i>pramipexole dihydrochloride tab er 24hr</i>
<i>potassium chloride inj 10 meq/100ml..89</i>	<i>1.5 mg..... 51</i>
<i>potassium chloride inj 10 meq/50ml....89</i>	<i>pramipexole dihydrochloride tab er 24hr</i>
<i>potassium chloride inj 2 meq/ml .....89</i>	<i>2.25 mg 51</i>
<i>potassium chloride inj 20 meq/100ml..89</i>	<i>pramipexole dihydrochloride tab er 24hr</i>
<i>potassium chloride inj 20 meq/50ml....89</i>	<i>3 mg 51</i>
<i>potassium chloride inj 40 meq/100ml..89</i>	<i>pramipexole dihydrochloride tab er 24hr</i>
<i>potassium chloride microencapsulated</i>	<i>3.75 mg 51</i>
<i>crys er tab 10 meq.....87</i>	<i>pramipexole dihydrochloride tab er 24hr</i>
<i>potassium chloride microencapsulated</i>	<i>4.5 mg..... 51</i>
<i>crys er tab 20 meq.....87</i>	<i>prasugrel hcl tab 10 mg (base equiv).. 83</i>
<i>potassium chloride oral soln 10% (20</i>	<i>prasugrel hcl tab 5 mg (base equiv) ... 83</i>
<i>meq/15ml).....87</i>	<i>pravastatin sodium tab 10 mg 32</i>
<i>potassium chloride oral soln 20% (40</i>	<i>pravastatin sodium tab 20 mg 32</i>

<i>pravastatin sodium tab 40 mg</i>	32	PREZISTA TAB 75MG	10
<i>pravastatin sodium tab 80 mg</i>	32	PREZISTA TAB 800MG	10
<i>praziquantel tab 600 mg</i>	7	PRIFTIN TAB 150MG	11
<i>prazosin hcl cap 1 mg</i>	28	PRILOSEC POW 10MG.....	79
<i>prazosin hcl cap 2 mg</i>	28	PRILOSEC POW 2.5MG.....	79
<i>prazosin hcl cap 5 mg</i>	28	PRIMAQUINE TAB 26.3MG	9
PRED SOD PHO SOL 1% OP	91	<i>primidone tab 250 mg</i>	44
<i>prednisolone acetate ophth susp 1% ...</i>	91	<i>primidone tab 50 mg</i>	44
<i>prednisolone sod phosph oral soln 6.7</i>		PRIVIGEN INJ 10GRAMS	84
<i>mg/5ml (5 mg/5ml base).....</i>	71	PRIVIGEN INJ 20GRAMS	84
<i>prednisolone sod phosphate oral soln 15</i>		PRIVIGEN INJ 40GRAMS	84
<i>mg/5ml (base equiv).....</i>	71	PRIVIGEN INJ 5 GRAMS	84
<i>prednisolone sodium phosphate oral soln</i>		<i>probenecid tab 500 mg</i>	1
<i>25 mg/5ml (base eq)</i>	71	PROCALAMINE INJ 3%.....	88
<i>prednisolone syrup 15 mg/5ml (usp</i>		<i>prochlorperazine edisylate inj 5 mg/ml</i>	76
<i>solution equivalent).....</i>	71	<i>prochlorperazine maleate tab 10 mg</i>	
PREDNISON CON 5MG/ML.....	72	<i>(base equivalent)</i>	76
<i>prednisone oral soln 5 mg/5ml</i>	72	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prednisone tab 1 mg</i>	72	<i>equivalent)</i>	76
<i>prednisone tab 10 mg</i>	72	<i>prochlorperazine suppos 25 mg.....</i>	76
<i>prednisone tab 2.5 mg</i>	72	PROCRIT INJ 10000/ML.....	82
<i>prednisone tab 20 mg</i>	72	PROCRIT INJ 2000/ML	82
<i>prednisone tab 5 mg</i>	72	PROCRIT INJ 20000/ML.....	82
<i>prednisone tab 50 mg</i>	72	PROCRIT INJ 3000/ML	82
<i>prednisone tab therapy pack 10 mg (21)</i>		PROCRIT INJ 4000/ML	82
<i>.....</i>	72	PROCRIT INJ 40000/ML.....	82
<i>prednisone tab therapy pack 10 mg (48)</i>		<i>procto-med cre hc 2.5%</i>	100
<i>.....</i>	72	<i>procto-pak cre 1%</i>	100
<i>prednisone tab therapy pack 5 mg (21)</i>		<i>proctozone cre -hc 2.5%.....</i>	100
<i>.....</i>	72	PROGLYCEM SUS 50MG/ML	72
<i>prednisone tab therapy pack 5 mg (48)</i>		PROLASTIN-C INJ 1000MG	95
<i>.....</i>	72	PROLENSA SOL 0.07%.....	91
PREMASOL SOL 10%.....	88	PROLIA SOL 60MG/ML	73
PRENATAL TAB 27-1MG	90	PROMACTA TAB 12.5MG.....	82
PRENATAL TAB PLUS	90	PROMACTA TAB 25MG	82
PRENATAL VIT TAB LOW IRON.....	90	PROMACTA TAB 50MG	82
<i>prenatal vitamin/folic acid > 0.8 mg</i>		PROMACTA TAB 75MG	82
<i>(generic)</i>	90	<i>promethazine hcl inj 25 mg/ml</i>	76
PREPLUS TAB 27-1MG	90	<i>promethazine hcl inj 50 mg/ml</i>	76
PREVACID TAB 15MG STB.....	79	<i>promethazine hcl syrup 6.25 mg/5ml..</i>	76
PREVACID TAB 30MG STB.....	79	<i>promethazine hcl tab 12.5 mg</i>	76
<i>prevalite pow 4gm</i>	33	<i>promethazine hcl tab 25 mg</i>	76
<i>prevalite pow 4gm pk.....</i>	33	<i>promethazine hcl tab 50 mg</i>	76
<i>previfem tab</i>	69	<i>propafenone hcl cap er 12hr 225 mg ..</i>	31
PREZCOBIX TAB 800-150	11	<i>propafenone hcl cap er 12hr 325 mg ..</i>	31
PREZISTA SUS 100MG/ML.....	10	<i>propafenone hcl cap er 12hr 425 mg ..</i>	31
PREZISTA TAB 150MG	10	<i>propafenone hcl tab 150 mg</i>	31
PREZISTA TAB 600MG	10	<i>propafenone hcl tab 225 mg</i>	31

<i>propafenone hcl tab 300 mg</i>	31
<i>proparacaine hcl ophth soln 0.5%</i>	92
<i>propranolol & hydrochlorothiazide tab</i> <i>40-25 mg</i>	33
<i>propranolol & hydrochlorothiazide tab</i> <i>80-25 mg</i>	33
<i>propranolol hcl cap er 24hr 120 mg</i>	34
<i>propranolol hcl cap er 24hr 160 mg</i>	34
<i>propranolol hcl cap er 24hr 60 mg</i>	34
<i>propranolol hcl cap er 24hr 80 mg</i>	34
<i>propranolol hcl inj 1 mg/ml</i>	34
<i>propranolol hcl oral soln 20 mg/5ml</i>	34
<i>propranolol hcl oral soln 40 mg/5ml</i>	34
<i>propranolol hcl tab 10 mg</i>	34
<i>propranolol hcl tab 20 mg</i>	34
<i>propranolol hcl tab 40 mg</i>	34
<i>propranolol hcl tab 60 mg</i>	34
<i>propranolol hcl tab 80 mg</i>	34
<i>propylthiouracil tab 50 mg</i>	74
PROQUAD INJ.....	86
PROSOL INJ 20%	88
<i>protriptyline hcl tab 10 mg</i>	49
<i>protriptyline hcl tab 5 mg</i>	49
PULMICORT INH 180MCG.....	95
PULMICORT INH 90MCG	95
PULMOZYME SOL 1MG/ML.....	95
PURIXAN SUS 20MG/ML.....	19
<i>pyrazinamide tab 500 mg</i>	11
<i>pyridostigmine bromide tab 60 mg</i>	60

Q

QUADRACEL INJ	86
<i>quasense tab</i>	69
<i>quetiapine fumarate tab 100 mg</i>	55
<i>quetiapine fumarate tab 200 mg</i>	55
<i>quetiapine fumarate tab 25 mg</i>	54
<i>quetiapine fumarate tab 300 mg</i>	55
<i>quetiapine fumarate tab 400 mg</i>	55
<i>quetiapine fumarate tab 50 mg</i>	55
<i>quetiapine fumarate tab er 24hr 150 mg</i>	55
<i>quetiapine fumarate tab er 24hr 200 mg</i>	55
<i>quetiapine fumarate tab er 24hr 300 mg</i>	55
<i>quetiapine fumarate tab er 24hr 400 mg</i>	55
<i>quetiapine fumarate tab er 24hr 50 mg</i>	55

<i>quinapril hcl tab 10 mg</i>	27
<i>quinapril hcl tab 20 mg</i>	27
<i>quinapril hcl tab 40 mg</i>	27
<i>quinapril hcl tab 5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	27
<i>quinidine gluconate tab er 324 mg</i>	31
<i>quinidine sulfate tab 200 mg</i>	31
<i>quinidine sulfate tab 300 mg</i>	31
<i>quinine sulfate cap 324 mg</i>	9

R

RABAVERT INJ	86
<i>rabeprazole sodium ec tab 20 mg</i>	79
<i>raloxifene hcl tab 60 mg</i>	73
<i>ramipril cap 1.25 mg</i>	27
<i>ramipril cap 10 mg</i>	28
<i>ramipril cap 2.5 mg</i>	27
<i>ramipril cap 5 mg</i>	28
RANEXA TAB 1000MG	39
RANEXA TAB 500MG.....	39
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	77
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	77
<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i>	77
<i>ranitidine hcl tab 150 mg</i>	77
<i>ranitidine hcl tab 300 mg</i>	77
RAPAFLO CAP 4MG	79
RAPAFLO CAP 8MG	79
RAPAMUNE SOL 1MG/ML.....	85
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	51
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	51
RAYALDEE CAP 30MCG	90
REBETOL SOL 40MG/ML.....	12
<i>reclipsen tab</i>	69
RECOMBIVA HB INJ 10MCG/ML.....	86
RECOMBIVA HB INJ 5MCG/0.5	86
RECOMBIVA-HB INJ 40MCG/ML.....	86
REGANEX GEL 0.01%	100
RELENZA MIS DISKHALE.....	12
RELISTOR INJ 12/0.6ML.....	78

RELISTOR INJ 8/0.4ML	78	RISPERDAL INJ 25MG	55
REMICADE INJ 100MG	83	RISPERDAL INJ 37.5MG	55
REMODULIN INJ 10MG/ML	40	RISPERDAL INJ 50MG	55
REMODULIN INJ 1MG/ML	40	<i>risperidone orally disintegrating tab 0.25</i>	
REMODULIN INJ 2.5MG/ML	40	<i>mg</i>	55
REMODULIN INJ 5MG/ML	40	<i>risperidone orally disintegrating tab 0.5</i>	
<i>repaglinide tab 0.5 mg</i>	65	<i>mg</i>	55
<i>repaglinide tab 1 mg</i>	65	<i>risperidone orally disintegrating tab 1 mg</i>	
<i>repaglinide tab 2 mg</i>	65	.....	55
RESCRIPTOR TAB 100 MG	10	<i>risperidone orally disintegrating tab 2 mg</i>	
RESCRIPTOR TAB 200MG	10	.....	55
RESTASIS EMU 0.05%	92	<i>risperidone orally disintegrating tab 3 mg</i>	
RESTASIS MUL EMU 0.05%	92	.....	55
RETROVIR INJ 10MG/ML	10	<i>risperidone orally disintegrating tab 4 mg</i>	
REVLIMID CAP 10MG	22	.....	55
REVLIMID CAP 15MG	22	<i>risperidone soln 1 mg/ml</i>	55
REVLIMID CAP 2.5MG	22	<i>risperidone tab 0.25 mg</i>	55
REVLIMID CAP 20MG	22	<i>risperidone tab 0.5 mg</i>	55
REVLIMID CAP 25MG	22	<i>risperidone tab 1 mg</i>	55
REVLIMID CAP 5MG	22	<i>risperidone tab 2 mg</i>	55
REXULTI TAB 0.25MG	55	<i>risperidone tab 3 mg</i>	55
REXULTI TAB 0.5MG	55	<i>risperidone tab 4 mg</i>	55
REXULTI TAB 1MG	55	RITALIN LA CAP 10MG	57
REXULTI TAB 2MG	55	<i>ritonavir tab 100 mg</i>	10
REXULTI TAB 3MG	55	RITUXAN INJ 100MG	20
REXULTI TAB 4MG	55	RITUXAN INJ 500MG	20
REYATAZ POW 50MG	10	RITUXAN INJ HYCELA	20
<i>ribasphere cap 200mg</i>	12	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i>ribasphere tab 200mg</i>	12	<i>equivalent)</i>	46
<i>ribasphere tab 400mg</i>	12	<i>rivastigmine tartrate cap 3 mg (base</i>	
<i>ribasphere tab 600mg</i>	12	<i>equivalent)</i>	46
<i>ribavirin cap 200 mg</i>	12	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>ribavirin tab 200 mg</i>	12	<i>equivalent)</i>	46
<i>rifabutin cap 150 mg</i>	11	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>rifampin cap 150 mg</i>	11	<i>equivalent)</i>	46
<i>rifampin cap 300 mg</i>	11	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	
<i>rifampin for inj 600 mg</i>	11	.....	46
RIFATER TAB	11	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>riluzole tab 50 mg</i>	60	.....	46
<i>rimantadine hydrochloride tab 100 mg</i>	12	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>ringer's solution</i>	89	.....	46
<i>risedronate sodium tab 150 mg</i>	65	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risedronate sodium tab 30 mg</i>	65	<i>tab 10 mg (base eq)</i>	59
<i>risedronate sodium tab 35 mg</i>	65	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risedronate sodium tab 5 mg</i>	65	<i>tab 5 mg (base eq)</i>	59
<i>risedronate sodium tab delayed release</i>		<i>rizatriptan benzoate tab 10 mg (base</i>	
<i>35 mg</i>	65	<i>equivalent)</i>	59
RISPERDAL INJ 12.5MG	55	<i>rizatriptan benzoate tab 5 mg (base</i>	

<i>equivalent</i>)	59	SAVELLA TAB 25MG.....	60
<i>ropinirole hydrochloride tab 0.25 mg</i> ...	51	SAVELLA TAB 50MG.....	60
<i>ropinirole hydrochloride tab 0.5 mg</i>	51	<i>scopolamine td patch 72hr 1 mg/3days</i>	
<i>ropinirole hydrochloride tab 1 mg</i>	51	.....	76
<i>ropinirole hydrochloride tab 2 mg</i>	51	<i>selegiline hcl cap 5 mg</i>	52
<i>ropinirole hydrochloride tab 3 mg</i>	51	<i>selegiline hcl tab 5 mg</i>	52
<i>ropinirole hydrochloride tab 4 mg</i>	51	<i>selenium sulfide lotion 2.5%</i>	98
<i>ropinirole hydrochloride tab 5 mg</i>	51	SELZENTRY SOL 20MG/ML	10
<i>ropinirole hydrochloride tab er 24hr 12</i>		SELZENTRY TAB 150MG.....	10
<i>mg (base equivalent)</i>	52	SELZENTRY TAB 25MG.....	10
<i>ropinirole hydrochloride tab er 24hr 2 mg</i>		SELZENTRY TAB 300MG.....	10
<i>(base equivalent)</i>	51	SELZENTRY TAB 75MG.....	10
<i>ropinirole hydrochloride tab er 24hr 4 mg</i>		SENSIPAR TAB 30MG.....	66
<i>(base equivalent)</i>	52	SENSIPAR TAB 60MG.....	66
<i>ropinirole hydrochloride tab er 24hr 6 mg</i>		SENSIPAR TAB 90MG.....	66
<i>(base equivalent)</i>	52	SEREVENT DIS AER 50MCG	94
<i>ropinirole hydrochloride tab er 24hr 8 mg</i>		<i>sertraline hcl oral concentrate for</i>	
<i>(base equivalent)</i>	52	<i>solution 20 mg/ml</i>	49
<i>rosadan cre 0.75%</i>	100	<i>sertraline hcl tab 100 mg</i>	49
<i>rosuvastatin calcium tab 10 mg</i>	32	<i>sertraline hcl tab 25 mg</i>	49
<i>rosuvastatin calcium tab 20 mg</i>	32	<i>sertraline hcl tab 50 mg</i>	49
<i>rosuvastatin calcium tab 40 mg</i>	32	<i>sevelamer carbonate packet 0.8 gm</i> ...	73
<i>rosuvastatin calcium tab 5 mg</i>	32	<i>sevelamer carbonate packet 2.4 gm</i> ...	73
ROTARIX SUS.....	86	<i>sevelamer carbonate tab 800 mg</i>	73
ROTATEQ SOL	86	<i>sharobel tab 0.35mg</i>	69
<i>roweepra tab 1000mg</i>	45	SHINGRIX INJ 50MCG.....	86
<i>roweepra tab 500mg</i>	45	SIGNIFOR INJ 0.3MG/ML.....	73
<i>roweepra tab 750mg</i>	45	SIGNIFOR INJ 0.6MG/ML.....	73
<i>roweepra xr tab 500mg xr</i>	45	SIGNIFOR INJ 0.9MG/ML.....	73
<i>roweepra xr tab 750mg xr</i>	45	<i>sildenafil citrate tab 20 mg</i>	40
RUBRACA TAB 200MG	20	SILENOR TAB 3MG	58
RUBRACA TAB 250MG	20	SILENOR TAB 6MG	58
RUBRACA TAB 300MG	20	<i>silver sulfadiazine cream 1%</i>	97
RYDAPT CAP 25MG.....	24	SIMBRINZA SUS 1-0.2%.....	92
S		<i>simvastatin tab 10 mg</i>	32
SABRIL TAB 500MG.....	45	<i>simvastatin tab 20 mg</i>	32
SANCUSO DIS 3.1MG	76	<i>simvastatin tab 40 mg</i>	32
SANDIMMUNE SOL 100MG/ML.....	85	<i>simvastatin tab 5 mg</i>	32
SANDOSTATIN KIT LAR 10MG	73	<i>simvastatin tab 80 mg</i>	32
SANDOSTATIN KIT LAR 20MG	73	<i>sirolimus tab 0.5 mg</i>	85
SANDOSTATIN KIT LAR 30MG	73	<i>sirolimus tab 1 mg</i>	85
SANTYL OIN 250/GM.....	100	<i>sirolimus tab 2 mg</i>	85
SAPHRIS SUB 10MG.....	55	SIRTURO TAB 100MG	11
SAPHRIS SUB 2.5MG.....	55	SIVEXTRO INJ 200MG.....	7
SAPHRIS SUB 5MG.....	55	SIVEXTRO TAB 200MG.....	7
SAVELLA MIS TITR PAK	60	<i>sodium chloride inj 0.45%</i>	89
SAVELLA TAB 100MG	60	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	
SAVELLA TAB 12.5MG	60	.....	87

<i>sodium chloride inj 3%</i>	89	SPRYCEL TAB 50MG.....	24
<i>sodium chloride inj 5%</i>	89	SPRYCEL TAB 70MG.....	24
<i>sodium chloride irrigation soln 0.9%</i> .	100	SPRYCEL TAB 80MG.....	24
<i>sodium chloride iv soln 0.9%</i>	89	<i>ssd cre 1%</i>	97
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		<i>stavudine cap 15 mg</i>	10
<i>mg/ml soln</i>	87	<i>stavudine cap 20 mg</i>	10
<i>sodium phenylbutyrate oral powder 3</i>		<i>stavudine cap 30 mg</i>	10
<i>gm/teaspoonful</i>	70	<i>stavudine cap 40 mg</i>	10
<i>sodium phenylbutyrate tab 500 mg</i>	70	STIMATE SOL 1.5MG/ML	75
<i>sodium polystyrene sulfonate oral susp</i>		STIVARGA TAB 40MG	24
<i>15 gm/60ml</i>	66	<i>streptomycin sulfate for inj 1 gm</i>	5
<i>sodium polystyrene sulfonate powder</i> ..	66	STRIBILD TAB.....	11
SOLIQUA INJ 100/33.....	63	SUBOXONE MIS 12-3MG	62
SOLTAMOX SOL 10MG/5ML	21	SUBOXONE MIS 2-0.5MG	62
SOLU-CORTEF INJ 250MG	72	SUBOXONE MIS 4-1MG	62
SOMATULINE INJ 120/.5ML.....	73	SUBOXONE MIS 8-2MG	62
SOMATULINE INJ 60/0.2ML.....	73	<i>sucralfate tab 1 gm</i>	78
SOMATULINE INJ 90/0.3ML.....	73	<i>sulfacetamide sodium lotion 10% (acne)</i>	
SOMAVERT INJ 10MG	73	.....	97
SOMAVERT INJ 15MG	73	<i>sulfacetamide sodium ophth oint 10%</i>	91
SOMAVERT INJ 20MG	73	<i>sulfacetamide sodium ophth soln 10%</i>	91
SOMAVERT INJ 25MG	73	<i>sulfacetamide sodium-prednisolone</i>	
SOMAVERT INJ 30MG	73	<i>ophth soln 10-0.23(0.25)%</i>	90
<i>sorine tab 120mg</i>	31	SULFADIAZINE TAB 500MG	5
<i>sorine tab 160mg</i>	31	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>sorine tab 240mg</i>	31	<i>400-80 mg/5ml</i>	7
<i>sorine tab 80mg</i>	31	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>sotalol hcl (afib/af) tab 120 mg</i>	31	<i>200-40 mg/5ml</i>	7
<i>sotalol hcl (afib/af) tab 160 mg</i>	31	<i>sulfamethoxazole-trimethoprim tab 400-</i>	
<i>sotalol hcl (afib/af) tab 80 mg</i>	31	<i>80 mg</i>	7
<i>sotalol hcl tab 120 mg</i>	31	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>sotalol hcl tab 160 mg</i>	31	<i>160 mg</i>	7
<i>sotalol hcl tab 240 mg</i>	31	SULFAMYLON CRE 85MG/GM	97
<i>sotalol hcl tab 80 mg</i>	31	SULFAMYLON PAK 5%	97
SOVALDI TAB 400MG	12	<i>sulfasalazine tab 500 mg</i>	77
<i>spironolactone & hydrochlorothiazide tab</i>		<i>sulfasalazine tab delayed release 500 mg</i>	
<i>25-25 mg</i>	38	.....	77
<i>spironolactone tab 100 mg</i>	28	<i>sulindac tab 150 mg</i>	2
<i>spironolactone tab 25 mg</i>	28	<i>sulindac tab 200 mg</i>	2
<i>spironolactone tab 50 mg</i>	28	<i>sumatriptan nasal spray 20 mg/act</i>	59
<i>sprintec 28 tab 28 day</i>	69	<i>sumatriptan nasal spray 5 mg/act</i>	59
SPRITAM TAB 1000MG.....	45	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	59
SPRITAM TAB 250MG	45	<i>sumatriptan succinate solution auto-</i>	
SPRITAM TAB 500MG	45	<i>injector 4 mg/0.5ml</i>	59
SPRITAM TAB 750MG	45	<i>sumatriptan succinate solution auto-</i>	
SPRYCEL TAB 100MG	24	<i>injector 6 mg/0.5ml</i>	59
SPRYCEL TAB 140MG	24	<i>sumatriptan succinate solution cartridge</i>	
SPRYCEL TAB 20MG	24	<i>4 mg/0.5ml</i>	59

<i>sumatriptan succinate solution cartridge</i>				<i>tacrolimus cap 1 mg</i>	85
<i>6 mg/0.5ml</i>	59			<i>tacrolimus cap 5 mg</i>	85
<i>sumatriptan succinate solution prefilled</i>				<i>tacrolimus oint 0.03%</i>	100
<i>syringe 6 mg/0.5ml</i>	59			<i>tacrolimus oint 0.1%</i>	100
<i>sumatriptan succinate tab 100 mg</i>	59			<i>tadalafil tab 20 mg (pah)</i>	40
<i>sumatriptan succinate tab 25 mg</i>	59			TAFINLAR CAP 50MG	24
<i>sumatriptan succinate tab 50 mg</i>	59			TAFINLAR CAP 75MG	24
SUPRAX CAP 400MG.....	14			TAGRISO TAB 40MG	24
SUPRAX CHW 100MG	14			TAGRISO TAB 80MG	24
SUPRAX CHW 200MG	14			<i>tamoxifen citrate tab 10 mg (base</i>	
SUPRAX SUS 500/5ML.....	14			<i>equivalent)</i>	21
SUPREP BOWEL SOL PREP KIT	78			<i>tamoxifen citrate tab 20 mg (base</i>	
SUSTIVA TAB 600MG	10			<i>equivalent)</i>	21
SUTENT CAP 12.5MG.....	24			<i>tamsulosin hcl cap 0.4 mg</i>	79
SUTENT CAP 25MG	24			TARCEVA TAB 100MG	24
SUTENT CAP 37.5MG.....	24			TARCEVA TAB 150MG	24
SUTENT CAP 50MG	24			TARCEVA TAB 25MG	24
SYLATRON KIT 200MCG.....	25			TARGRETIN GEL 1%	100
SYLATRON KIT 300MCG.....	25			<i>tarina fe tab 1/20</i>	69
SYLATRON KIT 600MCG.....	25			TASIGNA CAP 150MG	24
SYMBICORT AER 160-4.5	96			TASIGNA CAP 200MG	24
SYMBICORT AER 80-4.5.....	96			TASIGNA CAP 50MG	24
SYMDEKO TAB 100-150	95			TAXOTERE INJ 80MG/4ML	19
SYMFI LO TAB	11			<i>tazarotene cream 0.1%</i>	98
SYMFI TAB	11			<i>tazicef inj 1gm</i>	14
SYMTUZA TAB	11			<i>tazicef inj 2gm</i>	14
SYNAGIS INJ 100MG/ML.....	86			<i>tazicef inj 6gm</i>	14
SYNAGIS INJ 50MG	86			TAZORAC CRE 0.05%	98
SYNAREL SOL 2MG/ML	69			<i>taztia xt cap 120mg/24</i>	37
SYNERCID INJ 500MG	7			<i>taztia xt cap 180mg/24</i>	37
SYNRIBO INJ 3.5MG.....	25			<i>taztia xt cap 240mg/24</i>	37
SYNTHROID TAB 100MCG	74			<i>taztia xt cap 300mg/24</i>	37
SYNTHROID TAB 112MCG	74			<i>taztia xt cap 360mg/24</i>	37
SYNTHROID TAB 125MCG	74			TECENTRIQ INJ 1200/20	20
SYNTHROID TAB 137MCG	75			TEFLARO INJ 400MG.....	14
SYNTHROID TAB 150MCG	75			TEFLARO INJ 600MG.....	14
SYNTHROID TAB 175MCG	75			TEGRETOL SUS 100/5ML.....	45
SYNTHROID TAB 200MCG	75			TEGRETOL TAB 200MG	45
SYNTHROID TAB 25MCG.....	74			TEGRETOL-XR TAB 100MG	45
SYNTHROID TAB 300MCG	75			TEGRETOL-XR TAB 200MG	45
SYNTHROID TAB 50MCG.....	74			TEGRETOL-XR TAB 400MG	45
SYNTHROID TAB 75MCG.....	74			TEKTURNA HCT TAB 150-12.5	37
SYNTHROID TAB 88MCG.....	74			TEKTURNA HCT TAB 150-25MG.....	37
SYPRINE CAP 250MG.....	66			TEKTURNA HCT TAB 300-12.5	37
T				TEKTURNA HCT TAB 300-25MG.....	37
TABLOID TAB 40MG	19			TEKTURNA TAB 150MG	37
TACLONEX SUS	99			TEKTURNA TAB 300MG	37
<i>tacrolimus cap 0.5 mg</i>	85			<i>telmisartan tab 20 mg</i>	30

<i>telmisartan tab 40 mg</i>	30	THALOMID CAP 150MG	22
<i>telmisartan tab 80 mg</i>	30	THALOMID CAP 200MG	22
<i>telmisartan-amlodipine tab 40-10 mg</i> ..	29	THALOMID CAP 50MG	22
<i>telmisartan-amlodipine tab 40-5 mg</i> ...	29	THEO-24 CAP 100MG CR	96
<i>telmisartan-amlodipine tab 80-10 mg</i> ..	29	THEO-24 CAP 200MG CR	96
<i>telmisartan-amlodipine tab 80-5 mg</i> ...	29	THEO-24 CAP 300MG CR	96
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	29	THEO-24 CAP 400MG ER	96
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	29	<i>theophylline soln 80 mg/15ml</i>	96
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	29	<i>theophylline tab er 12hr 100 mg</i>	96
<i>temazepam cap 15 mg</i>	58	<i>theophylline tab er 12hr 200 mg</i>	96
<i>temazepam cap 7.5 mg</i>	58	<i>theophylline tab er 12hr 300 mg</i>	96
TENIVAC INJ 5-2LF	86	<i>theophylline tab er 12hr 450 mg</i>	96
<i>tenofovir disoproxil fumarate tab 300 mg</i>	10	<i>theophylline tab er 24hr 400 mg</i>	96
<i>terazosin hcl cap 1 mg (base equivalent)</i>	28	<i>theophylline tab er 24hr 600 mg</i>	96
<i>terazosin hcl cap 10 mg (base equivalent)</i>	28	<i>thioridazine hcl tab 10 mg</i>	55
<i>terazosin hcl cap 2 mg (base equivalent)</i>	28	<i>thioridazine hcl tab 100 mg</i>	56
<i>terazosin hcl cap 5 mg (base equivalent)</i>	28	<i>thioridazine hcl tab 25 mg</i>	55
<i>terbinafine hcl tab 250 mg</i>	8	<i>thioridazine hcl tab 50 mg</i>	55
<i>terbutaline sulfate tab 2.5 mg</i>	94	<i>thiothixene cap 1 mg</i>	56
<i>terbutaline sulfate tab 5 mg</i>	94	<i>thiothixene cap 10 mg</i>	56
<i>terconazole vaginal cream 0.4%</i>	80	<i>thiothixene cap 2 mg</i>	56
<i>terconazole vaginal cream 0.8%</i>	80	<i>thiothixene cap 5 mg</i>	56
<i>terconazole vaginal suppos 80 mg</i>	80	<i>tiagabine hcl tab 12 mg</i>	45
TESTIM GEL 1%(50MG)	62	<i>tiagabine hcl tab 16 mg</i>	45
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	62	<i>tiagabine hcl tab 2 mg</i>	45
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	62	<i>tiagabine hcl tab 4 mg</i>	45
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	62	TIBSOVO TAB 250MG	20
<i>testosterone td gel 12.5 mg/act (1%)</i> ..	62	<i>tigecycline for iv soln 50 mg</i>	7
<i>testosterone td gel 25 mg/2.5gm (1%)</i> ..	62	TIGECYCLINE INJ 50MG	7
<i>testosterone td gel 50 mg/5gm (1%)</i> ..	62	<i>timolol maleate ophth gel forming soln 0.25%</i>	92
TET/DIP TOX INJ 2-2 LF	86	<i>timolol maleate ophth gel forming soln 0.5%</i>	92
<i>tetrabenazine tab 12.5 mg</i>	60	<i>timolol maleate ophth soln 0.25%</i>	92
<i>tetrabenazine tab 25 mg</i>	60	<i>timolol maleate ophth soln 0.5%</i>	92
<i>tetracycline hcl cap 250 mg</i>	17	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	92
<i>tetracycline hcl cap 500 mg</i>	17	<i>timolol maleate tab 10 mg</i>	35
TEXACORT SOL 2.5%	99	<i>timolol maleate tab 20 mg</i>	35
THALOMID CAP 100MG	22	<i>timolol maleate tab 5 mg</i>	35
		TIVICAY TAB 10MG	10
		TIVICAY TAB 25MG	10
		TIVICAY TAB 50MG	10
		<i>tizanidine hcl tab 2 mg (base equivalent)</i>	61
		<i>tizanidine hcl tab 4 mg (base equivalent)</i>	61
		TOBRADEX OIN 0.3-0.1%	90

TOBRADEX ST SUS 0.3-0.05	90	<i>tranexamic acid tab 650 mg</i>	83
<i>tobramycin nebu soln 300 mg/5ml</i>	5	TRANSDERM-SC DIS 1.5MG.....	76
<i>tobramycin ophth soln 0.3%</i>	91	<i>tranylcypromine sulfate tab 10 mg</i>	49
<i>tobramycin sulfate for inj 1.2 gm</i>	5	TRAVASOL INJ 10%.....	88
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	5	TRAVATAN Z DRO 0.004%	92
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	5	<i>trazodone hcl tab 100 mg</i>	49
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	5	<i>trazodone hcl tab 150 mg</i>	49
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	5	<i>trazodone hcl tab 50 mg</i>	49
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	90	TRECATOR TAB 250MG	12
<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	80	TRELEGY AER ELLIPTA	92
<i>tolterodine tartrate cap er 24hr 4 mg</i> ..	80	TRELSTAR MIX INJ 11.25MG.....	21
<i>tolterodine tartrate tab 1 mg</i>	80	TRELSTAR MIX INJ 3.75MG	21
<i>tolterodine tartrate tab 2 mg</i>	80	TRESIBA FLEX INJ 100UNIT.....	63
<i>topiramate sprinkle cap 15 mg</i>	45	TRESIBA FLEX INJ 200UNIT.....	63
<i>topiramate sprinkle cap 25 mg</i>	45	<i>tretinoin cap 10 mg</i>	25
<i>topiramate tab 100 mg</i>	45	<i>tretinoin cream 0.025%</i>	97
<i>topiramate tab 200 mg</i>	45	<i>tretinoin cream 0.05%</i>	97
<i>topiramate tab 25 mg</i>	45	<i>tretinoin cream 0.1%</i>	97
<i>topiramate tab 50 mg</i>	45	<i>tretinoin gel 0.01%</i>	97
<i>toposar inj 100/5ml</i>	26	<i>tretinoin gel 0.025%</i>	97
<i>toposar inj 1gm/50ml</i>	26	TREXALL TAB 10MG.....	83
<i>topotecan hcl for inj 4 mg (base equiv)</i> 26		TREXALL TAB 15MG.....	83
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	26	TREXALL TAB 5MG	83
TOPOTECAN INJ 4MG/4ML	26	TREXALL TAB 7.5MG.....	83
<i>toremide tab 10 mg</i>	38	<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	99
<i>toremide tab 100 mg</i>	38	<i>triamcinolone acetonide cream 0.025%</i>	99
<i>toremide tab 20 mg</i>	38	<i>triamcinolone acetonide cream 0.1%</i> ..	99
<i>toremide tab 5 mg</i>	38	<i>triamcinolone acetonide cream 0.5%</i> ..	99
TOVIAZ TAB 4MG	80	<i>triamcinolone acetonide dental paste 0.1%</i>	100
TOVIAZ TAB 8MG.....	80	<i>triamcinolone acetonide lotion 0.025%</i> 99	
<i>tpn electrol inj</i>	87	<i>triamcinolone acetonide lotion 0.1%</i> ...	99
TRACLEER TAB 125MG	40	<i>triamcinolone acetonide oint 0.025%</i> ..	99
TRACLEER TAB 62.5MG	40	<i>triamcinolone acetonide oint 0.1%</i>	99
TRADJENTA TAB 5MG	65	<i>triamcinolone acetonide oint 0.5%</i>	99
<i>tramadol hcl tab 50 mg</i>	2	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	38
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	38
<i>trandolapril tab 1 mg</i>	28	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	38
<i>trandolapril tab 2 mg</i>	28	TRICARE TAB PRENATAL	90
<i>trandolapril tab 4 mg</i>	28	<i>trientine hcl cap 250 mg</i>	66
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	82	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	56
		<i>trifluoperazine hcl tab 10 mg (base</i>	

<i>equivalent</i>)	56
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	56
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	56
<i>trifluridine ophth soln 1%</i>	91
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	52
<i>trihexyphenidyl hcl tab 2 mg</i>	52
<i>trihexyphenidyl hcl tab 5 mg</i>	52
<i>tri-legest tab fe</i>	69
<i>tri-lo- tab sprintec</i>	69
<i>trilyte sol</i>	78
<i>trimethoprim tab 100 mg</i>	7
<i>tri-mili tab</i>	69
<i>trimipramine maleate cap 100 mg</i>	49
<i>trimipramine maleate cap 25 mg</i>	49
<i>trimipramine maleate cap 50 mg</i>	49
<i>trinessa lo tab</i>	69
<i>trinessa tab</i>	69
TRINTELLIX TAB 10MG	50
TRINTELLIX TAB 20MG	50
TRINTELLIX TAB 5MG.....	49
<i>tri-previfem tab</i>	69
TRISENOX INJ 12MG/6ML	25
<i>tri-sprintec tab</i>	69
TRIUMEQ TAB.....	11
<i>trivora-28 tab</i>	69
<i>tri-vylibra tab</i>	69
TROGARZO INJ 150MG/ML.....	10
TROPHAMINE INJ 10%	88
<i>trospium chloride tab 20 mg</i>	80
TRUE METRIX KIT AIR	101
TRUE METRIX KIT METER.....	101
TRUE METRIX TES GLUCOSE	101
TRULICITY INJ 0.75/0.5.....	63
TRULICITY INJ 1.5/0.5	63
TRUMENBA INJ	86
TRUVADA TAB 100-150	11
TRUVADA TAB 133-200	11
TRUVADA TAB 167-250	11
TRUVADA TAB 200-300	11
<i>tulana tab 0.35mg</i>	69
TWINRIX INJ	86
TYBOST TAB 150MG.....	10
TYKERB TAB 250MG	24
TYPHIM VI INJ	86
TYSABRI INJ 300/15ML.....	60

U

ULORIC TAB 40MG	1
ULORIC TAB 80MG	1
<i>unithroid tab 100mcg</i>	75
<i>unithroid tab 112mcg</i>	75
<i>unithroid tab 125mcg</i>	75
<i>unithroid tab 150mcg</i>	75
<i>unithroid tab 175mcg</i>	75
<i>unithroid tab 200mcg</i>	75
<i>unithroid tab 25mcg</i>	75
<i>unithroid tab 300mcg</i>	75
<i>unithroid tab 50mcg</i>	75
<i>unithroid tab 75mcg</i>	75
<i>unithroid tab 88mcg</i>	75
<i>ursodiol cap 300 mg</i>	78
<i>ursodiol tab 250 mg</i>	78
<i>ursodiol tab 500 mg</i>	78

V

<i>valacyclovir hcl tab 1 gm</i>	12
<i>valacyclovir hcl tab 500 mg</i>	12
VALCHLOR GEL 0.016%	100
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	12
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	13
<i>valproate sodium inj 100 mg/ml</i>	45
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	45
<i>valproic acid cap 250 mg</i>	45
<i>valsartan tab 160 mg</i>	30
<i>valsartan tab 320 mg</i>	30
<i>valsartan tab 40 mg</i>	30
<i>valsartan tab 80 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	29
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	7
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	7
<i>vancomycin hcl for iv soln 1 gm (base</i>	

<i>equivalent)</i>	7	<i>verapamil hcl tab 40 mg</i>	37
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	7	<i>verapamil hcl tab 80 mg</i>	37
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	7	<i>verapamil hcl tab er 120 mg</i>	37
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	7	<i>verapamil hcl tab er 180 mg</i>	37
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	7	<i>verapamil hcl tab er 240 mg</i>	37
VANCOMYCIN INJ 1 GM	8	VERSACLOZ SUS 50MG/ML.....	56
VANCOMYCIN INJ 500MG.....	8	VERZENIO TAB 100MG.....	21
VANCOMYCIN INJ 750MG.....	8	VERZENIO TAB 150MG.....	21
<i>vandazole gel 0.75%</i>	80	VERZENIO TAB 200MG.....	21
VAQTA INJ 25/0.5ML.....	86	VERZENIO TAB 50MG	21
VAQTA INJ 50UNT/ML.....	86	VESICARE TAB 10MG.....	80
VARIVAX INJ	86	VESICARE TAB 5MG.....	80
VASCEPA CAP 0.5GM.....	33	<i>vestura tab 3-0.02mg</i>	69
VASCEPA CAP 1GM	33	VICTOZA INJ 18MG/3ML	63
VELCADE INJ 3.5MG.....	21	VIDEX EC CAP 125MG.....	10
<i>velivet pak</i>	69	VIDEX SOL 2GM.....	10
VEMLIDY TAB 25MG	13	VIDEX SOL 4GM.....	10
VENCLEXTA TAB 100MG	21	<i>vienva tab 0.1-20</i>	69
VENCLEXTA TAB 10MG	21	<i>vigabatrin powd pack 500 mg</i>	45
VENCLEXTA TAB 50MG	21	VIIBRYD KIT STARTER.....	50
VENCLEXTA TAB START PK	21	VIIBRYD TAB 10MG	50
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	50	VIIBRYD TAB 20MG	50
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	50	VIIBRYD TAB 40MG	50
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	50	VIMPAT INJ 200MG/20.....	45
<i>venlafaxine hcl tab 100 mg</i>	50	VIMPAT SOL 10MG/ML.....	45
<i>venlafaxine hcl tab 25 mg</i>	50	VIMPAT TAB 100MG.....	45
<i>venlafaxine hcl tab 37.5 mg</i>	50	VIMPAT TAB 150MG.....	45
<i>venlafaxine hcl tab 50 mg</i>	50	VIMPAT TAB 200MG.....	45
<i>venlafaxine hcl tab 75 mg</i>	50	VIMPAT TAB 50MG	45
VENTAVIS SOL 10MCG/ML.....	40	<i>vinblastine sulfat inj 1 mg/ml</i>	19
VENTAVIS SOL 20MCG/ML.....	40	<i>vincasar pfs inj 1mg/ml</i>	20
VENTOLIN HFA AER.....	94	<i>vincristine sulfat iv soln 1 mg/ml</i>	20
<i>verapamil hcl cap er 24hr 100 mg</i>	37	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	20
<i>verapamil hcl cap er 24hr 120 mg</i>	37	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	20
<i>verapamil hcl cap er 24hr 180 mg</i>	37	<i>viorele tab</i>	69
<i>verapamil hcl cap er 24hr 200 mg</i>	37	VIRACEPT TAB 250MG	10
<i>verapamil hcl cap er 24hr 240 mg</i>	37	VIRACEPT TAB 625MG	10
<i>verapamil hcl cap er 24hr 300 mg</i>	37	VIRAMUNE SUS 50MG/5ML.....	10
<i>verapamil hcl cap er 24hr 360 mg</i>	37	VIREAD POW 40MG/GM	10
<i>verapamil hcl iv soln 2.5 mg/ml</i>	37	VIREAD TAB 150MG	10
<i>verapamil hcl tab 120 mg</i>	37	VIREAD TAB 200MG	10
		VIREAD TAB 250MG	10
		VIREAD TAB 300MG	10
		VIVITROL INJ 380MG.....	62
		VOGELXO GEL 1%(50MG)	62
		VOL-PLUS TAB.....	90

<i>voriconazole for inj 200 mg</i>	8	XELJANZ TAB 10MG.....	83
<i>voriconazole for susp 40 mg/ml</i>	8	XELJANZ TAB 5MG	83
<i>voriconazole tab 200 mg</i>	8	XELJANZ XR TAB 11MG	84
<i>voriconazole tab 50 mg</i>	8	XGEVA INJ	73
VOSEVI TAB	13	XIFAXAN TAB 550MG.....	78
VOTRIENT TAB 200MG	24	XIGDUO XR TAB 10-1000.....	65
VRAYLAR CAP 1.5-3MG.....	56	XIGDUO XR TAB 10-500MG	65
VRAYLAR CAP 1.5MG	56	XIGDUO XR TAB 2.5-1000.....	65
VRAYLAR CAP 3MG.....	56	XIGDUO XR TAB 5-1000MG	65
VRAYLAR CAP 4.5MG.....	56	XIGDUO XR TAB 5-500MG	65
VRAYLAR CAP 6MG.....	56	XOLAIR SOL 150MG	95
<i>vyfemla tab 0.4-35</i>	69	XTANDI CAP 40MG	21
<i>vylibra tab 0.25-35</i>	69	XULTOPHY INJ 100/3.6	63
VYVANSE CAP 10MG.....	57	XYREM SOL 500MG/ML	61
VYVANSE CAP 20MG.....	57	Y	
VYVANSE CAP 30MG.....	57	YERVOY INJ 200MG	21
VYVANSE CAP 40MG.....	57	YERVOY INJ 50MG	21
VYVANSE CAP 50MG.....	57	YF-VAX INJ.....	86
VYVANSE CAP 60MG.....	57	Z	
VYVANSE CAP 70MG.....	57	<i>zafirlukast tab 10 mg</i>	94
VYVANSE CHW 10MG	57	<i>zafirlukast tab 20 mg</i>	94
VYVANSE CHW 20MG	57	<i>zarah tab 3-0.03mg</i>	69
VYVANSE CHW 30MG	57	ZAVESCA CAP 100MG	70
VYVANSE CHW 40MG	57	ZEJULA CAP 100MG.....	21
VYVANSE CHW 50MG	57	ZELBORAF TAB 240MG.....	24
VYVANSE CHW 60MG	57	ZEMAIRA INJ 1000MG.....	95
W		<i>zenatane cap 10mg</i>	97
<i>warfarin sodium tab 1 mg</i>	81	<i>zenatane cap 20mg</i>	97
<i>warfarin sodium tab 10 mg</i>	82	<i>zenatane cap 30mg</i>	97
<i>warfarin sodium tab 2 mg</i>	81	<i>zenatane cap 40mg</i>	97
<i>warfarin sodium tab 2.5 mg</i>	81	<i>zenchent tab</i>	69
<i>warfarin sodium tab 3 mg</i>	81	ZENPEP CAP 10000UNT.....	78
<i>warfarin sodium tab 4 mg</i>	81	ZENPEP CAP 15000UNT.....	78
<i>warfarin sodium tab 5 mg</i>	82	ZENPEP CAP 20000UNT.....	78
<i>warfarin sodium tab 6 mg</i>	82	ZENPEP CAP 25000	78
<i>warfarin sodium tab 7.5 mg</i>	82	ZENPEP CAP 3000UNIT	78
<i>water for irrigation, sterile irrigation soln</i>	100	ZENPEP CAP 40000	78
WELCHOL PAK 3.75GM	33	ZENPEP CAP 40000UNT.....	78
WELCHOL TAB 625MG	33	ZENPEP CAP 5000UNIT	78
X		ZEPATIER TAB 50-100MG.....	13
XALKORI CAP 200MG	24	ZERIT SOL 1MG/ML.....	10
XALKORI CAP 250MG	24	<i>zidovudine cap 100 mg</i>	10
XARELTO STAR TAB 15/20MG.....	82	<i>zidovudine syrup 10 mg/ml</i>	10
XARELTO TAB 10MG.....	82	<i>zidovudine tab 300 mg</i>	10
XARELTO TAB 15MG.....	82	<i>ziprasidone hcl cap 20 mg</i>	56
XARELTO TAB 20MG.....	82	<i>ziprasidone hcl cap 40 mg</i>	56
XATMEP SOL 2.5MG/ML	83	<i>ziprasidone hcl cap 60 mg</i>	56
		<i>ziprasidone hcl cap 80 mg</i>	56

ZIRGAN GEL 0.15%	91	ZORTRESS TAB 0.75MG	85
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	65	ZOSTAVAX INJ.....	86
<i>zoledronic acid iv soln 5 mg/100ml</i>	66	<i>zovia 1/35e tab</i>	69
ZOLINZA CAP 100MG	21	<i>zovia 1/50e tab</i>	69
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	59	ZYCLARA CRE 3.75%.....	100
<i>zolmitriptan orally disintegrating tab 5 mg</i>	59	ZYCLARA PUMP CRE 2.5%	100
<i>zolmitriptan tab 2.5 mg</i>	59	ZYCLARA PUMP CRE 3.75%	100
<i>zolmitriptan tab 5 mg</i>	59	ZYDELIG TAB 100MG.....	24
<i>zolpidem tartrate tab 10 mg</i>	58	ZYDELIG TAB 150MG.....	24
<i>zolpidem tartrate tab 5 mg</i>	58	ZYKADIA CAP 150MG.....	24
<i>zonisamide cap 100 mg</i>	45	ZYLET SUS 0.5-0.3%.....	90
<i>zonisamide cap 25 mg</i>	45	ZYPITAMAG TAB 1MG	32
<i>zonisamide cap 50 mg</i>	45	ZYPITAMAG TAB 2MG	32
ZONTIVITY TAB 2.08MG	83	ZYPITAMAG TAB 4MG	32
ZORTRESS TAB 0.25MG.....	85	ZYPREXA RELP INJ 210MG.....	56
ZORTRESS TAB 0.5MG	85	ZYPREXA RELP INJ 300MG.....	56
		ZYPREXA RELP INJ 405MG.....	56
		ZYTIGA TAB 250MG.....	21
		ZYTIGA TAB 500MG.....	21

Healthy Advantage Plus HMO is a Health Plan with a Medicare Contract. Enrollment in Healthy Advantage Plus depends on contract renewal.

Other Providers are Available in Our Network.

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.

Healthy Advantage Plus HMO es un plan de salud con un contrato con Medicare. La inscripción en Healthy Advantage Plus depende de la renovación del contrato.

Otros proveedores están disponibles en nuestra red.

Esta información está disponible en otros formatos, como braille, letra grande y audio.

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

This formulary was updated on 11/2018. For more recent information or other questions, please contact us, Healthy Advantage Plus Member Services, at (800) 665-0898 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 11/2018. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, el Departamento de Servicios para Miembros, de Healthy Advantage Plus al (800) 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.

HealthyAdvantage*Plus*



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7 days a week, 8 a.m. – 8 p.m. local time

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