

Formulary/Formulario

Healthy Advantage HMO SNP
Healthy Advantage Plus HMO

2015

(List of Covered Drugs)/(Lista de medicinas cubiertas)



HealthyAdvantage*Plus*

HealthyAdvantage

Healthy Advantage HMO SNP Healthy Advantage Plus HMO 2015 Comprehensive Formulary

(List of Covered Drugs)

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

Formulary ID 00015131 Version 17

This formulary was updated on 11/01/2015. For more recent information or other questions, please contact Healthy Advantage/Healthy Advantage Plus Member Services at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit www.uhealthplan.utah.edu/healthy_advantage.html.

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/Healthy Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2015. 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, 2016, and from time to time during the year.

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

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

What is the Healthy Advantage/Healthy Advantage Plus Comprehensive Formulary?

A formulary is a list of covered drugs selected by Healthy Advantage/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/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/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 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 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 11/01/2015. To get updated information about the drugs covered by Healthy Advantage/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 86. 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/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/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/Healthy Advantage Plus before you fill your prescriptions. If you don't get approval, Healthy Advantage/Healthy Advantage Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Healthy Advantage/Healthy Advantage Plus limits the amount of the drug that Healthy Advantage/Healthy Advantage Plus will cover. For example, Healthy Advantage/Healthy Advantage Plus provides 9 tablets per 30 days per prescription for Imitrex (sumatriptan). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Healthy Advantage/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/Healthy Advantage Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Healthy Advantage/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 documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Healthy Advantage/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/Healthy Advantage Plus 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/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/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/Healthy Advantage Plus.
- You can ask Healthy Advantage/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/Healthy Advantage Plus' Formulary?

You can ask Healthy Advantage/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/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/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, tiering or utilization restriction exception. **When you request a formulary, tiering 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 we have provided you with 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

For more information

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

If you have questions about Healthy Advantage/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/Healthy Advantage Plus' Formulary

The comprehensive formulary below provides coverage information about all the drugs covered by Healthy Advantage/Healthy Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 86.

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

The information in the Requirements/Limits column tells you if Healthy Advantage/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

STC 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 bottom of each page or the beginning of this table.

- LA - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (888) 665-1328, 7 days a week, 8 a.m. – 8 p.m., local time. TTY users should call 711.
- QL - Quantity Limits for certain drugs are indicated below on the drug table under the Requirements/Limits column.

Healthy Advantage HMO SNP Healthy Advantage Plus HMO Formulario detallado de 2015

(Lista de los medicamentos cubiertos)

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

Formulary ID 00015131 Version 17

Este formulario se actualizó 11/01/2015. Para información más reciente o si tiene otras preguntas, por favor comuníquese con el Departamento de Servicios para Miembros de Healthy Advantage / Healthy Advantage Plus al (888) 665-1328 o los usuarios del servicio TTY marquen 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. O bien, visite nuestra página web www.uhealthplan.utah.edu/healthy_advantage.html.

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

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros” o “nuestro”, significa Molina Healthcare. Cuando se refiere al “plan” o “nuestro plan”, significa Healthy Advantage / Healthy Advantage Plus.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, el cual está vigente a partir del 11/01/2015. Comuníquese con nosotros para recibir un formulario actualizado. Nuestra información de contacto y la última fecha de actualización del formulario aparece 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, lista de medicamentos cubiertos, red de farmacias o copagos / coseguro pueden cambiar el 1.º de enero del 2016 y de vez en cuando durante el año.

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

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.

¿Qué es el Formulario detallado de Healthy Advantage / Healthy Advantage Plus?

Un formulario es una lista de los medicamentos cubiertos y seleccionados por Healthy Advantage / 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. Generalmente, Healthy Advantage / Healthy Advantage Plus cubrirá los medicamentos incluidos en el formulario siempre y cuando sean médicamente necesarios, las recetas médicas se surtan en una farmacia que participa en la red de Healthy Advantage / Healthy Advantage Plus y cuando se respetan 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 2015 que estaba cubierto a principios del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante la cobertura del año 2015, 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 que estaban disponibles cuando usted eligió nuestro plan durante el resto del año de cobertura, salvo en los casos cuando usted puede ahorrar dinero adicional o nosotros podemos asegurar su seguridad.

Si nosotros quitamos medicamentos de nuestro formulario, o añadimos una autorización previa, límites de cantidades o restricciones de terapia escalonada a un medicamento, o si movemos un medicamento a una categoría de costo compartido más alto, nosotros debemos notificarle a los miembros afectados acerca del cambio por lo menos 60 días antes de que el cambio entre en vigor; o en el momento en que el miembro solicite surtir su medicamento de nuevo y en dicho momento, el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Alimentos y Medicamentos (FDA, pór sus siglas en inglés) determina que un medicamento en nuestro formulario es inseguro o el fabricante del medicamento quita el medicamento del mercado, nosotros inmediatamente quitaremos el medicamento de nuestro formulario y proporcionaremos un aviso a nuestros miembros que usan el medicamento. El formulario adjunto está actualizado a partir del 11/01/2015. Comuníquese con nosotros para obtener información actualizada acerca de los medicamentos cubiertos por Healthy Advantage / 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 empieza en la página 1. Los medicamentos en este formulario están agrupados en categorías según el tipo de condición médica que el medicamento trata. Por ejemplo, los medicamentos utilizados para el tratamiento de una condición del corazón se enumeran bajo la categoría, “medicamentos cardiovasculares”. Si usted conoce el propósito de su medicamento, vea el nombre de la categoría en la lista que empieza más adelante. Después vea bajo el nombre de la categoría de su medicamento.

Lista alfabética

Si no está seguro de la categoría, busque su medicamento usando el índice que empieza en la página 86. El índice le proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Se incluyen en el índice ambos medicamentos genéricos y de marca registrada. 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. Pase a la página enumerada en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Healthy Advantage / Healthy Advantage Plus cubre ambos medicamentos genéricos y 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 / Healthy Advantage Plus le requiere a usted y a su médico que obtengan una autorización previa para determinados medicamentos. Esto significa que usted tiene que recibir aprobación por Healthy Advantage / Healthy Advantage Plus antes de surtir sus recetas médicas. Si usted no recibe aprobación, es posible que Healthy Advantage / Healthy Advantage Plus no cubra el medicamento.
- **Límite de cantidades:** Healthy Advantage / Healthy Advantage Plus impone un límite de cantidades para determinados medicamentos que Healthy Advantage / Healthy Advantage Plus cubre. Por ejemplo, Healthy Advantage / Healthy Advantage Plus proporciona 9 tabletas para 30 días por cada receta médica de Imitrex (sumatriptan). Esto puede ser además de un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, Healthy Advantage / 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 ambos Medicamento A y Medicamento B se usan como tratamiento para su condición médica, es posible que Healthy Advantage / Healthy Advantage Plus no cubra el Medicamento B a menos que primero intente el Medicamento A. Si el Medicamento A no le ayuda, entonces Healthy Advantage / Healthy Advantage Plus cubrirá el Medicamento B.

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

Puede pedirle a Healthy Advantage / 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. Vea la sección, “¿Cómo solicito una excepción del formulario de Healthy Advantage / Healthy Advantage Plus?” en la página iv para obtener 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 / Healthy Advantage Plus no cubre su medicamento, usted tendrá dos opciones:

- Puede pedir una lista de los medicamentos semejantes que están cubiertos por Healthy Advantage / Healthy Advantage Plus al Departamento de Servicios para Miembros. Cuando usted reciba la lista, enséñasela a su médico y pida que le recete un medicamento semejante que está cubierto por Healthy Advantage / Healthy Advantage Plus.

- Puede pedirle a Healthy Advantage / 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 del formulario de Healthy Advantage / Healthy Advantage Plus?

Usted puede pedirle a Healthy Advantage / Healthy Advantage Plus que permita 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 / Healthy Advantage Plus impone límites sobre las cantidades del medicamento que podemos cubrir. 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 / 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 de formulario, categoría o restricción en utilización. **Cuando solicita una excepción de formulario, categoría o restricción en utilización, usted debe presentar una declaración de su proveedor recetador o médico apoyando 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 se autoriza su petición para acelerar la decisión, debemos darle la determinación, a más tardar, en 24 horas después de haber recibido 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 miembro nuevo o continuo de 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 que hable con su médico para determinar el curso de acción adecuado, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días de ser un miembro de 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 un suministro provisional 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 90 días.

Si usted es un residente en un centro de atención médica a largo plazo, nosotros le permitiremos surtir su receta médica de nuevo hasta que le hayamos proporcionado un suministro de transición de 91 días, de acuerdo con el incremento de dispensación (a menos que usted tenga una receta médica escrita para menos días). Cubriremos más de una renovación de estos medicamentos durante los primeros 90 días de su membresía en nuestro plan. Si usted necesita un medicamento que no está incluido en nuestro formulario o si su capacidad para obtener su medicamento está limitada, pero ya han transcurrido los primeros 90 días de su membresía con el plan, nosotros cubriremos un suministro de emergencia de 31 días para ese medicamento (a menos que tenga una receta médica para menos días) mientras que usted solicita una excepción de formulario.

Se consideran excepciones en situaciones donde está pasando por un cambio en el nivel de cuidado que usted recibe, si usted también requiere ser trasladado de un centro de cuidados a otro. En dichas circunstancias, usted será elegible para una excepción provisional una sola vez, aun si han transcurrido los primeros 90 días de su membresía con el plan.

Para obtener más información

Para obtener más información detallada sobre su cobertura de medicamentos recetados de Healthy Advantage / 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 / Healthy Advantage Plus. Nuestra información de contacto y la última fecha de actualización del formulario aparece 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 / Healthy Advantage Plus

El formulario detallado a continuación proporciona información de cobertura acerca de todos los medicamentos cubiertos por Healthy Advantage / Healthy Advantage Plus. Si usted no puede encontrar su medicamento en la lista, consulte el índice que comienza en la página 86.

La primera columna de la gráfica indica el nombre del medicamento (*drug name*). Los medicamentos de marca registrada están en mayúsculas (p. ej. CLEOCINE) y los medicamentos genéricos están en minúsculas con letra cursiva (p. ej. *clindamycin*).

La información en la columna Requerimientos / Límites (*Requirements/Limits*) indica si Healthy Advantage / Healthy Advantage Plus tiene algún requerimiento especial para la cobertura de 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 se puede enviar por correo.

PA significa Autorización previa

QL significa Límite de cantidades.

STC significa Criterio de terapia escalonada.

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

Usted puede obtener información sobre el significado de los símbolos y abreviaciones de esta tabla en la parte inferior de cada página o al principio de cada tabla.

- LA - Este medicamento puede estar disponible solamente en ciertas farmacias. Para obtener más información, consulte su Directorio de farmacias o comuníquese con el Departamento de Servicios para Miembros al (888) 665-1328, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. Los usuarios de TTY deben llamar al 711.
- QL - los límites de cantidades para determinados medicamentos se indican en la tabla de medicamentos a continuación en la columna, Requerimientos / Límites.

MOLINA_CY15_4T_STND eff 11/01/2015

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>	1	
COLCRYS TAB 0.6MG	2	QL (120 tabs / 30 days)
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	ST
ULORIC TAB 80MG	2	ST

NSAIDS

<i>celecoxib cap 50 mg</i>	1	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	1	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	1	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	1	QL (60 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab sr 24hr 100 mg</i>	1	
<i>diflunisal tab 500 mg</i>	1	
<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 sr 24hr 400 mg</i>	1	
<i>etodolac tab sr 24hr 500 mg</i>	1	
<i>etodolac tab sr 24hr 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<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	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<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/1</i>		QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

<i>DURAMORPH INJ 0.5MG/ML</i>	1	B/D
<i>DURAMORPH INJ 1MG/ML</i>	1	B/D
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	4	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	4	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	4	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	4	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	4	QL (120 tabs / 30 days), PA
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl preservative free (pf) inj 101 mg/ml</i>		B/D
<i>hydromorphone hcl tab 2 mg</i>	1	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (270 tabs / 30 days)
LAZANDA SPR 100MCG	4	QL (30 bottles / 30 days), PA
LAZANDA SPR 400MCG	4	QL (30 bottles / 30 days), PA
<i>methadone con 10mg/ml</i>	1	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (600 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (600 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	1	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	1	B/D
MORPHINE SUL INJ 4MG/ML	1	B/D
MORPHINE SUL INJ 8MG/ML	1	B/D
<i>morphine sulfate beads cap sr 24hr 30 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 45 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 60 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 75 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 90 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 120 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 10 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 20 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 30 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 50 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 60 mg</i>	1	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 80 mg</i>	4	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 100 mg</i>	4	QL (60 caps / 30 days)
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	B/D

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>morphine sulfate inj pf 1 mg/ml</i>	1	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	1	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	1	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	1	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	1	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	1	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML 1 (20 MG/ML)	1	
MORPHINE SULFATE TAB 15 MG	1	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	1	QL (180 tabs / 30 days)
<i>morphine sulfate tab cr 15 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 30 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 60 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 200 mg</i>	1	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>roxicet sol 5-325/5</i>	2	QL (1800 mL / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
<i>gentam/nacl inj 0.9mg/ml</i>	1	
<i>gentam/nacl inj 1.4mg/ml</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
<i>sulfadiazine tab 500mg</i>	3	
<i>tobra/nacl inj 80/0.9</i>	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	4	B/D, NM
<i>tobramycin sulfate for inj 1.2 gm</i>	1	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	1	
<i>tobramycin sulfate inj 10 mg/ml</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	3	
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	4	
AZACTAM INJ 1GM	3	
AZACTAM INJ 2GM	3	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
BILTRICIDE TAB 600MG	2	
CAYSTON INH 75MG	4	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	1	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	1	
<i>colistimethate sodium for inj 150 mg</i>	1	
CUBICIN SOL 500MG	4	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DARAPRIM TAB 25MG	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
INVANZ INJ 1GM	3	
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid iv soln 2 mg/ml</i>	4	
LINEZOLID TAB 600 MG	4	
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	3	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	PA; 90 day limit if >64 yr
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	PA; 90 day limit if >64 yr
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	PA; 90 day limit if >64 yr
PENTAM 300 INJ 300MG	3	
SIVEXTRO INJ 200MG	4	
SIVEXTRO TAB 200MG	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	4	
<i>trimethoprim tab 100 mg</i>	1	
TYGACIL INJ 50MG	4	
<i>vancomycin hcl cap 125 mg</i>	4	
<i>vancomycin hcl cap 250 mg</i>	4	
<i>vancomycin hcl for inj 10 gm</i>	1	
<i>vancomycin hcl for inj 500 mg</i>	1	
<i>vancomycin hcl for inj 1000 mg</i>	1	
<i>vancomycin hcl for inj 5000 mg</i>	1	
<i>vancomycin inj 750mg</i>	1	
ZYVOX SUS 100MG/5M	4	
ZYVOX TAB 600MG	4	
ANTIFUNGALS		
ABELCET INJ 5MG/ML	4	B/D
AMBISOME INJ 50MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b for inj 50 mg</i>	1	B/D
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
ERAXIS INJ 50MG	4	
ERAXIS INJ 100MG	4	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	1	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>flucytosine cap 250 mg</i>	4	
<i>flucytosine cap 500 mg</i>	4	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	PA
MYCAMINE INJ 50MG	4	
MYCAMINE INJ 100MG	4	
NOXAFIL SUS 40MG/ML	4	
NOXAFIL TAB 100MG	4	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	4	
<i>voriconazole tab 50 mg</i>	4	
<i>voriconazole tab 200 mg</i>	4	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	2	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	2	
<i>quinine sulfate cap 324 mg</i>	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
APTIVUS CAP 250MG	4	

Drug Name	Drug Tier	Requirements/Limits
APTIVUS SOL	4	
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	
<i>didanosine delayed release capsule 125 mg</i>	1	
<i>didanosine delayed release capsule 200 mg</i>	1	
<i>didanosine delayed release capsule 250 mg</i>	1	
<i>didanosine delayed release capsule 400 mg</i>	1	
EDURANT TAB 25MG	4	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	2	
FUZEON INJ 90MG	4	NM
INTELENCE TAB 25MG	3	
INTELENCE TAB 100MG	4	
INTELENCE TAB 200MG	4	
INVIRASE CAP 200MG	3	
INVIRASE TAB 500MG	4	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	4	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	4	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	4	
NEVIRAPINE SUSP 50 MG/5ML	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab sr 24hr 400 mg</i>	1	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	4	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	4	
PREZISTA TAB 800MG	4	
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
RETROVIR INJ 10MG/ML	2	
REYATAZ CAP 150MG	4	
REYATAZ CAP 200MG	4	
REYATAZ CAP 300MG	4	
REYATAZ POW 50MG	4	
SELZENTRY TAB 150MG	4	
SELZENTRY TAB 300MG	4	

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 B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
<i>stavudine for oral soln 1 mg/ml</i>	1	
SUSTIVA CAP 50MG	2	
SUSTIVA CAP 200MG	2	
SUSTIVA TAB 600MG	4	
TIVICAY TAB 50MG	4	
TYBOST TAB 150MG	3	
VIDEX SOL 2GM	3	
VIDEX SOL 4GM	3	
VIRACEPT TAB 250MG	4	
VIRACEPT TAB 625MG	4	
VIRAMUNE XR TAB 100MG	3	
VIREAD POW 40MG/GM	4	
VIREAD TAB 150MG	4	
VIREAD TAB 200MG	4	
VIREAD TAB 250MG	4	
VIREAD TAB 300MG	4	
VITEKTA TAB 85MG	4	
VITEKTA TAB 150MG	4	
ZIAGEN SOL 20MG/ML	3	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	4	
ATRIPLA TAB	4	
COMPLERA TAB	4	
EPZICOM TAB 600-300	4	
EVOTAZ TAB 300-150	4	
KALETRA SOL	4	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
PREZCOBIX TAB 800-150	4	
STRIBILD TAB	4	
TRIUMEQ TAB	4	
TRUVADA TAB 200-300	4	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
CAPASTAT SUL INJ 1GM	4	
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>paser gra 4gm</i>	2	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
RIFATER TAB	3	
SIRTURO TAB 100MG	4	LA, PA
TRECTOR TAB 250MG	3	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	1	B/D
<i>acyclovir sodium for inj 1000 mg</i>	1	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	B/D
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	4	
BARACLUDE SOL .05MG/ML	2	
<i>entecavir tab 0.5 mg</i>	4	
<i>entecavir tab 1 mg</i>	4	
EPIVIR HBV SOL 5MG/ML	3	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>ganciclovir sodium for inj 500 mg</i>	1	B/D
HARVONI TAB 90-400MG	4	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>moderiba pak 600/day</i>	4	NM, PA
<i>moderiba pak 800/day</i>	4	NM, PA
<i>moderiba pak 1000/day</i>	4	NM, PA
<i>moderiba pak 1200/day</i>	4	NM, PA
OLYSIO CAP 150MG	4	NM, PA
REBETOL SOL 40MG/ML	4	NM, PA
RELENZA MIS DISKHALE	2	
<i>ribapak pak 600/day</i>	4	NM, PA
<i>ribapak pak 800/day</i>	4	NM, PA
<i>ribapak pak 1000/day</i>	4	NM, PA
<i>ribapak pak 1200/day</i>	4	NM, PA
<i>ribasphere cap 200mg</i>	1	NM, PA

PA - Prior Authorization available at mail-order 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>ribasphere tab 200mg</i>	1	NM, PA
<i>ribasphere tab 400mg</i>	1	NM, PA
<i>ribasphere tab 600mg</i>	4	NM, PA
<i>ribavirin cap 200 mg</i>	1	NM, PA
<i>ribavirin tab 200 mg</i>	1	NM, PA
<i>rimantadine hydrochloride tab 100 mg</i>	1	
SOVALDI TAB 400MG	4	NM, PA
TAMIFLU CAP 30MG	2	
TAMIFLU CAP 45MG	2	
TAMIFLU CAP 75MG	2	
TAMIFLU SUS 6MG/ML	2	
TYZEKA TAB 600MG	4	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALCYTE SOL 50MG/ML	4	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	4	
VICTRELIS CAP 200MG	4	NM, PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor er tab 500mg</i>	2	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefazolin inj 1gm/50ml</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 20 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for iv soln 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefotaxime sodium for inj 1 gm</i>	1	
<i>cefotaxime sodium for inj 2 gm</i>	1	
<i>cefotaxime sodium for inj 500 mg</i>	1	
<i>cefoxitin sodium for inj 10 gm</i>	1	
<i>cefoxitin sodium for iv soln 1 gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium for iv soln 2 gm</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>ceftazidime for inj 1 gm</i>	1	
<i>ceftazidime for inj 2 gm</i>	1	
<i>ceftazidime for inj 6 gm</i>	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cefuroxime inj 7.5gm</i>	1	
<i>cefuroxime sodium for inj 1.5 gm</i>	1	
<i>cefuroxime sodium for inj 7.5 gm</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	1	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
SUPRAX CAP 400MG	2	
<i>suprax chw 100mg</i>	3	
<i>suprax chw 200mg</i>	3	
<i>suprax sus 100/5ml</i>	2	
<i>suprax sus 200/5ml</i>	2	
SUPRAX SUS 500/5ML	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	3	
TEFLARO INJ 600MG	3	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	1	
<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>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab sr 24hr 500 mg</i>	1	
DIFICID TAB 200MG	4	
<i>e.e.s. 400 tab 400mg</i>	1	
E.E.S. GRAN SUS 200/5ML	3	
<i>ery-tab tab 250mg ec</i>	3	
<i>ery-tab tab 333mg ec</i>	3	
<i>ery-tab tab 500mg ec</i>	3	
ERYPED SUS 200/5ML	3	
ERYPED SUS 400/5ML	3	
<i>erythrocin inj 500mg</i>	3	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
ZMAX SUS 2GM	2	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (51 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	1	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 10001 mg(base eq)</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<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 1-0.5 gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 10-5 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1-0.51 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 2-1 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 1 gm</i>	1	
<i>ampicillin sodium for iv soln 2 gm</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
BICILLIN L-A INJ 600000	3	
BICILLIN L-A INJ 1200000	3	
BICILLIN L-A INJ 2400000	3	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for inj 10 gm</i>	4	
<i>nafcillin sodium for iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	4	
<i>oxacillin sodium for inj 1 gm</i>	1	
<i>oxacillin sodium for inj 2 gm</i>	1	
<i>oxacillin sodium for inj 10 gm</i>	4	
<i>pen g proc inj 600000</i>	2	
PENICILL GK/ INJ DEX 2MU	3	
PENICILL GK/ INJ DEX 3MU	3	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 2-0.25 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 4-0.5 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 36-4.5 gm</i>	1	
TETRACYCLINES		
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
VIBRAMYCIN SYP 50MG/5ML	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	3	B/D
CYCLOPHOSPH CAP 25MG	3	B/D
CYCLOPHOSPH CAP 50MG	3	B/D
<i>cyclophosphamide for inj 1 gm</i>	1	B/D
<i>cyclophosphamide for inj 2 gm</i>	1	B/D
<i>cyclophosphamide for inj 500 mg</i>	1	B/D
<i>dacarbazine for inj 100 mg</i>	1	B/D
<i>dacarbazine for inj 200 mg</i>	1	B/D
EMCYT CAP 140MG	3	
GLEOSTINE CAP 10MG	3	
GLEOSTINE CAP 40MG	3	
GLEOSTINE CAP 100MG	3	
HEXALEN CAP 50MG	4	
IFEX INJ 3GM	3	B/D
<i>ifosfamide for inj 1 gm</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	B/D
LEUKERAN TAB 2MG	3	
LOMUSTINE CAP 10 MG	1	
LOMUSTINE CAP 40 MG	1	
LOMUSTINE CAP 100 MG	1	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	4	B/D
MUSTARGEN INJ 10MG	3	B/D
TREANDA INJ 25MG	4	B/D, NM
TREANDA INJ 45/0.5ML	4	B/D, NM
TREANDA INJ 100MG	4	B/D, NM
TREANDA INJ 180/2ML	4	B/D, NM

ANTHRACYCLINES

<i>adriamyc inj 50mg</i>	1	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	1	B/D
<i>doxorubicin hcl for inj 50 mg</i>	1	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 4 mg/ml</i>	4	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	1	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	1	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	4	B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	4	B/D
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	1	B/D
<i>bleomycin sulfate for inj 30 unit</i>	1	B/D
<i>mitomycin for iv soln 5 mg</i>	1	B/D
<i>mitomycin for iv soln 20 mg</i>	1	B/D
<i>mitomycin for iv soln 40 mg</i>	1	B/D
ANTIMETABOLITES		
<i>adrucil inj 500/10ml</i>	1	B/D
ALIMTA INJ 100MG	4	B/D
ALIMTA INJ 500MG	4	B/D
<i>azacitidine for inj 100 mg</i>	4	B/D, NM
<i>cladribine inj 1 mg/ml</i>	4	B/D
<i>cytarabine inj 20 mg/ml</i>	1	B/D
<i>fludarabine phosphate for inj 50 mg</i>	1	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	1	B/D
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	4	B/D
<i>gemcitabine hcl for inj 2 gm</i>	4	B/D
<i>gemcitabine hcl for inj 200 mg</i>	4	B/D
GEMCITABINE INJ 1GM	4	B/D
GEMCITABINE INJ 2GM	4	B/D
GEMCITABINE INJ 200MG	4	B/D
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	B/D
<i>methotrexate sodium inj 25 mg/ml</i>	1	B/D
<i>methotrexate sodium inj pf 25 mg/ml</i>	1	B/D
NIPENT INJ 10MG	4	B/D
PURIXAN SUS 20MG/ML	4	
TABLOID TAB 40MG	3	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL FOR INJ CONC 20 MG/ML	4	B/D
DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML)	4	B/D
DOCETAXEL INJ 20MG/2ML	1	B/D
DOCETAXEL INJ 80MG/8ML	4	B/D
<i>docetaxel inj 140/7ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL INJ 160/16ML	4	B/D
DOCETAXEL INJ 200MG/20	4	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine inj 1mg/ml</i>	2	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	4	B/D, NM
AVASTIN INJ 400/16ML	4	B/D, NM
ERIVEDGE CAP 150MG	4	NM, LA, PA
FARYDAK CAP 10MG	4	NM, LA, PA
FARYDAK CAP 15MG	4	NM, LA, PA
FARYDAK CAP 20MG	4	NM, LA, PA
HERCEPTIN INJ 440MG	4	B/D, NM
IBRANCE CAP 75MG	4	NM, LA, PA
IBRANCE CAP 100MG	4	NM, LA, PA
IBRANCE CAP 125MG	4	NM, LA, PA
ISTODAX INJ 10MG	4	B/D, NM
KADCYLA INJ 100MG	4	B/D, NM
KADCYLA INJ 160MG	4	B/D, NM
LYNPARZA CAP 50MG	4	NM, PA
PROLEUKIN INJ 22MU	4	B/D, NM
RITUXAN INJ 500MG	4	NM, PA
VELCADE INJ 3.5MG	4	B/D, NM
ZOLINZA CAP 100MG	4	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	
DEPO-PROVERA INJ 400/ML	3	B/D
<i>exemestane tab 25 mg</i>	1	
FARESTON TAB 60MG	4	
FASLODEX INJ 250MG	4	B/D
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	NM, PA
LUPR DEP-PED INJ 7.5MG	4	NM, PA
LUPR DEP-PED INJ 11.25MG	4	NM, PA
LUPR DEP-PED INJ 15MG	4	NM, PA
LUPR DEP-PED INJ 30MG	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INJ 3.75MG	4	NM, PA
LUPRON DEPOT INJ 11.25MG	4	NM, PA
LYSODREN TAB 500MG	2	
MEGACE ES SUS 625/5ML	4	PA
<i>megestrol acetate susp 40 mg/ml</i>	3	PA; PA for age 65 or older
MEGESTROL ACETATE SUSP 625 MG/5ML	4	PA
<i>megestrol acetate tab 20 mg</i>	3	PA; PA for age 65 or older
<i>megestrol acetate tab 40 mg</i>	3	PA; PA for age 65 or older
NILANDRON TAB 150MG	4	
SOLTAMOX SOL 10MG/5ML	3	
<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	4	NM, PA
TRELSTAR MIX INJ 11.25MG	4	NM, PA
XTANDI CAP 40MG	4	NM, LA, PA
ZYTIGA TAB 250MG	4	NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	4	NM, PA
AFINITOR DIS TAB 3MG	4	NM, PA
AFINITOR DIS TAB 5MG	4	NM, PA
AFINITOR TAB 2.5MG	4	NM, PA
AFINITOR TAB 5MG	4	NM, PA
AFINITOR TAB 7.5MG	4	NM, PA
AFINITOR TAB 10MG	4	NM, PA
BOSULIF TAB 100MG	4	NM, PA
BOSULIF TAB 500MG	4	NM, PA
CAPRELSA TAB 100MG	4	NM, LA, PA
CAPRELSA TAB 300MG	4	NM, LA, PA
COMETRIQ KIT 60MG	4	NM, PA
COMETRIQ KIT 100MG	4	NM, PA
COMETRIQ KIT 140MG	4	NM, PA
GILOTRIF TAB 20MG	4	NM, LA, PA
GILOTRIF TAB 30MG	4	NM, LA, PA
GILOTRIF TAB 40MG	4	NM, LA, PA
GLEEVEC TAB 100MG	4	NM, PA
GLEEVEC TAB 400MG	4	NM, PA
ICLUSIG TAB 15MG	4	NM, LA, PA
ICLUSIG TAB 45MG	4	NM, LA, PA
IMBRUVICA CAP 140MG	4	NM, LA, PA
INLYTA TAB 1MG	4	NM, LA, PA
INLYTA TAB 5MG	4	NM, LA, PA
IRESSA TAB 250MG	4	NM, LA, PA
JAKAFI TAB 5MG	4	NM, LA, PA
JAKAFI TAB 10MG	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 15MG	4	NM, LA, PA
JAKAFI TAB 20MG	4	NM, LA, PA
JAKAFI TAB 25MG	4	NM, LA, PA
LENVIMA CAP 10MG	4	NM, LA, PA
LENVIMA CAP 14MG	4	NM, LA, PA
LENVIMA CAP 20MG	4	NM, LA, PA
LENVIMA CAP 24MG	4	NM, LA, PA
MEKINIST TAB 0.5MG	4	NM, PA
MEKINIST TAB 2MG	4	NM, PA
NEXAVAR TAB 200MG	4	NM, LA, PA
SPRYCEL TAB 20MG	4	NM, PA
SPRYCEL TAB 50MG	4	NM, PA
SPRYCEL TAB 70MG	4	NM, PA
SPRYCEL TAB 80MG	4	NM, PA
SPRYCEL TAB 100MG	4	NM, PA
SPRYCEL TAB 140MG	4	NM, PA
STIVARGA TAB 40MG	4	NM, LA, PA
SUTENT CAP 12.5MG	4	NM, PA
SUTENT CAP 25MG	4	NM, PA
SUTENT CAP 37.5MG	4	NM, PA
SUTENT CAP 50MG	4	NM, PA
TAFINLAR CAP 50MG	4	NM, PA
TAFINLAR CAP 75MG	4	NM, PA
TARCEVA TAB 25MG	4	NM, PA
TARCEVA TAB 100MG	4	NM, PA
TARCEVA TAB 150MG	4	NM, PA
TASIGNA CAP 150MG	4	NM, PA
TASIGNA CAP 200MG	4	NM, PA
TYKERB TAB 250MG	4	NM, LA, PA
VOTRIENT TAB 200MG	4	NM, PA
XALKORI CAP 200MG	4	NM, LA, PA
XALKORI CAP 250MG	4	NM, LA, PA
ZELBORAF TAB 240MG	4	NM, LA, PA
ZYDELIG TAB 100MG	4	NM, LA, PA
ZYDELIG TAB 150MG	4	NM, LA, PA
ZYKADIA CAP 150MG	4	NM, LA, PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	4	NM, PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	
MATULANE CAP 50MG	4	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	B/D, NM
POMALYST CAP 1MG	4	NM, LA, PA
POMALYST CAP 2MG	4	NM, LA, PA
POMALYST CAP 3MG	4	NM, LA, PA
POMALYST CAP 4MG	4	NM, LA, PA
SYLATRON KIT 200MCG	4	NM, PA
SYLATRON KIT 300MCG	4	NM, PA
SYLATRON KIT 600MCG	4	NM, PA
TARGRETIN CAP 75MG	4	NM, PA
<i>tretinoin cap 10 mg</i>	4	
TRISENOX SOL 10MG/10M	4	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	1	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	1	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	1	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	1	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	B/D
<i>oxaliplatin for iv inj 50 mg</i>	4	B/D
<i>oxaliplatin for iv inj 100 mg</i>	4	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline for inj 500 mg</i>	4	B/D
<i>dexrazoxane for inj 250 mg</i>	4	B/D
ELITEK INJ 1.5MG	4	B/D
ELITEK INJ 7.5MG	4	B/D
<i>leucovorin calcium for inj 50 mg</i>	1	B/D
<i>leucovorin calcium for inj 100 mg</i>	1	B/D
<i>leucovorin calcium for inj 200 mg</i>	1	B/D
<i>leucovorin calcium for inj 350 mg</i>	1	B/D
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>leucovorin inj calcium</i>	1	B/D
<i>mesna inj 100 mg/ml</i>	1	B/D
MESNEX TAB 400MG	4	
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	1	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D
<i>toposar inj 1gm/50ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl for inj 4 mg</i>	4	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>	1	
<i>eplerenone tab 50 mg</i>	1	
<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>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl cap 1 mg</i>	1	
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (60 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
AZOR TAB 5-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	2	
BENICAR HCT TAB 20-12.5	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-25MG	2	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-25MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-12.5	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-25MG	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR TAB 5MG	2	QL (60 tabs / 30 days)
BENICAR TAB 20MG	2	QL (30 tabs / 30 days)
BENICAR TAB 40MG	2	
<i>losartan potassium tab 25 mg</i>	1	QL (60 tabs / 30 days)

PA - Prior Authorization available at mail-order 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>losartan potassium tab 50 mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium tab 100 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	3	PA; PA for age 65 or older
<i>disopyramide phosphate cap 150 mg</i>	3	PA; PA for age 65 or older
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	3	
NORPACE CAP 100MG CR	3	PA; PA for age 65 or older
NORPACE CAP 150MG CR	3	PA; PA for age 65 or older
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	1	
<i>propafenone hcl cap sr 12hr 225 mg</i>	1	
<i>propafenone hcl cap sr 12hr 325 mg</i>	1	
<i>propafenone hcl cap sr 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine gluconate tab cr 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afI) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
TIKOSYN CAP 125MCG	3	NM
TIKOSYN CAP 250MCG	3	NM
TIKOSYN CAP 500MCG	3	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
CRESTOR TAB 5MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 10MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 20MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 40MG	2	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	1	QL (120 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid1 equiv)</i>		
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
<i>niacin tab cr 500 mg (antihyperlipidemic)</i>	1	QL (90 tabs / 30 days)
<i>niacin tab cr 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab cr 1000 mg (antihyperlipidemic)</i>	1	
<i>niacor tab 500mg</i>	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
VASCEPA CAP 1GM	3	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	
ZETIA TAB 10MG	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<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>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<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>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	

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Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TAB 20MG	3	
<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>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab sr 24hr 25 mg</i>	1	QL (60 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 50 mg</i>	1	QL (60 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 100 mg</i>	1	QL (45 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 200 mg</i>	1	
<i>metoprolol tartrate inj 1 mg/ml</i>	1	
<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>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap sr 24hr 60 mg</i>	1	
<i>propranolol hcl cap sr 24hr 80 mg</i>	1	
<i>propranolol hcl cap sr 24hr 120 mg</i>	1	
<i>propranolol hcl cap sr 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab tab 30mg cr</i>	1	QL (60 tabs / 30 days)
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg</i>	1	QL (45 tabs / 30 days)
<i>amlodipine besylate tab 5 mg</i>	1	QL (45 tabs / 30 days)
<i>amlodipine besylate tab 10 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 60 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 90 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 120 mg</i>	1	
<i>diltiazem hcl cap sr 24hr 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap sr 24hr 180 mg</i>	1	
<i>diltiazem hcl cap sr 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltzac cap 120mg/24</i>	1	
<i>diltzac cap 180mg/24</i>	1	
<i>diltzac cap 240mg/24</i>	1	
<i>diltzac cap 300mg/24</i>	1	
<i>felodipine tab sr 24hr 2.5 mg</i>	1	QL (30 tabs / 30 days)
<i>felodipine tab sr 24hr 5 mg</i>	1	QL (60 tabs / 30 days)
<i>felodipine tab sr 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedical xl tab 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedical xl tab 60mg</i>	1	
<i>nifedipine tab sr 24hr 30 mg</i>	1	QL (60 tabs / 30 days)
<i>nifedipine tab sr 24hr 60 mg</i>	1	
<i>nifedipine tab sr 24hr 90 mg</i>	1	
<i>nifedipine tab sr 24hr osmotic release 30 mg</i>	1	QL (30 tabs / 30 days)
<i>nifedipine tab sr 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab sr 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NYMALIZE SOL 60/20ML	4	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg/24</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap sr 24hr 100 mg</i>	1	
<i>verapamil hcl cap sr 24hr 120 mg</i>	1	
<i>verapamil hcl cap sr 24hr 180 mg</i>	1	
<i>verapamil hcl cap sr 24hr 200 mg</i>	1	
<i>verapamil hcl cap sr 24hr 240 mg</i>	1	
<i>verapamil hcl cap sr 24hr 300 mg</i>	1	
VERAPAMIL HCL CAP SR 24HR 360 MG	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<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 cr 120 mg</i>	1	
<i>verapamil hcl tab cr 180 mg</i>	1	
<i>verapamil hcl tab cr 240 mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digitek tab 0.25mg</i>	1	PA
<i>digitek tab 0.125mg</i>	1	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	1	
DIGOXIN ORAL SOLN 0.05 MG/ML	1	PA; PA for age 65 or older
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	PA; PA for age 65 or older
LANOXIN TAB 0.25MG	2	PA; PA for age 65 or older
LANOXIN TAB 0.125MG	2	QL (30 tabs / 30 days)
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKAMLO TAB 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 150-10MG	2	QL (30 tabs / 30 days)
TEKURNA HCT TAB 150-12.5	2	QL (30 tabs / 30 days)
TEKURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)
TEKURNA HCT TAB 300-12.5	2	QL (30 tabs / 30 days)
TEKURNA HCT TAB 300-25MG	2	
TEKURNA TAB 150MG	2	QL (30 tabs / 30 days)
TEKURNA TAB 300MG	2	
DIURETICS		
<i>acetazolamide cap sr 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	2	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
EDECIN TAB 25MG	3	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide sol 8mg/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>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-251 mg</i>		
<i>toremide inj 20mg/2ml</i>	1	
<i>toremide inj 50mg/5ml</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-251 mg</i>		
<i>triamterene & hydrochlorothiazide tab 37.5-251 mg</i>		
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	1	
DEMSEER CAP 250MG	4	
<i>hydralazine hcl inj 20 mg/ml</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
RANEXA TAB 500MG	2	
RANEXA TAB 1000MG	2	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab cr 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	1	
<i>minitran dis 0.1mg/hr</i>	1	
<i>minitran dis 0.2mg/hr</i>	1	
<i>minitran dis 0.4mg/hr</i>	1	
<i>minitran dis 0.6mg/hr</i>	1	
<i>nitro-bid oin 2%</i>	2	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
NITROLINGUAL SPR PUMPSRA	2	
NITROSTAT SUB 0.3MG	2	
NITROSTAT SUB 0.4MG	2	
NITROSTAT SUB 0.6MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADCIRCA TAB 20MG	4	QL (60 tabs / 30 days), NM, PA
ADEMPAS TAB 0.5MG	4	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1.5MG	4	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1MG	4	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2.5MG	4	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2MG	4	QL (90 tabs / 30 days), NM, PA
LETAIRIS TAB 5MG	4	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	4	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	4	B/D, NM, LA
REMODULIN INJ 2.5MG/ML	4	B/D, NM, LA
REMODULIN INJ 5MG/ML	4	B/D, NM, LA
REMODULIN INJ 10MG/ML	4	B/D, NM, LA
REVATIO SUS 10MG/ML	4	QL (2 bottles / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	4	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	4	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	4	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam con 1 mg/ml</i>	1	QL (300 mL / 30 days)
<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>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>lorazepam con 2mg/ml</i>	1	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	1	
<i>lorazepam inj 4 mg/ml</i>	1	

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<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	3	QL (180 tabs / 30 days)
APTIOM TAB 400MG	3	QL (90 tabs / 30 days)
APTIOM TAB 600MG	3	QL (60 tabs / 30 days)
APTIOM TAB 800MG	3	QL (30 tabs / 30 days)
BANZEL SUS 40MG/ML	4	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	4	PA
<i>carbamazepine cap sr 12hr 100 mg</i>	1	
<i>carbamazepine cap sr 12hr 200 mg</i>	1	
<i>carbamazepine cap sr 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab sr 12hr 200 mg</i>	1	
<i>carbamazepine tab sr 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	QL (1200 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (2400 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (4800 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (600 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (1200 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (600 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 30 days), PA
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 30 days), PA
<i>diazepam inj 5 mg/ml</i>	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	1	
<i>diazepam soln 1 mg/ml</i>	1	QL (1200 mL / 30 days), PA
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 30 days), PA

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<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 30 days), PA
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 30 days), PA
<i>dilantin cap 30mg</i>	2	
<i>dilantin cap 100mg</i>	2	
<i>dilantin chw 50mg</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium cap sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 250 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	4	
FYCOMPA TAB 2MG	3	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	3	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	3	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	3	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	3	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	3	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>	1	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	1	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<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>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab sr 24hr 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab sr 24hr 50 mg</i>	1	
<i>lamotrigine tab sr 24hr 100 mg</i>	1	
<i>lamotrigine tab sr 24hr 200 mg</i>	1	
<i>lamotrigine tab sr 24hr 250 mg</i>	1	
<i>lamotrigine tab sr 24hr 300 mg</i>	1	
LEVETIRACETA INJ 5MG/ML	3	
LEVETIRACETA INJ 10MG/ML	3	
LEVETIRACETA INJ 15MG/ML	3	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab sr 24hr 500 mg</i>	1	
<i>levetiracetam tab sr 24hr 750 mg</i>	1	
LYRICA CAP 25MG	2	QL (120 caps / 30 days)
LYRICA CAP 50MG	2	QL (120 caps / 30 days)
LYRICA CAP 75MG	2	QL (120 caps / 30 days)
LYRICA CAP 100MG	2	QL (120 caps / 30 days)
LYRICA CAP 150MG	2	QL (120 caps / 30 days)
LYRICA CAP 200MG	2	QL (90 caps / 30 days)
LYRICA CAP 225MG	2	QL (60 caps / 30 days)
LYRICA CAP 300MG	2	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	2	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	3	PA
ONFI TAB 10MG	3	PA
ONFI TAB 20MG	3	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
PHENOBARB INJ 65MG/ML	3	PA; PA for age 65 or older
<i>phenobarbital elixir 20 mg/5ml</i>	3	PA; PA for age 65 or older
<i>phenobarbital sodium inj 130 mg/ml</i>	3	PA; PA for age 65 or older
<i>phenobarbital tab 15 mg</i>	3	PA; PA for age 65 or older
<i>phenobarbital tab 16.2 mg</i>	3	PA; PA for age 65 or older
<i>phenobarbital tab 30 mg</i>	3	PA; PA for age 65 or older
<i>phenobarbital tab 32.4 mg</i>	3	PA; PA for age 65 or older

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 60 mg</i>	3	PA; PA for age 65 or older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA for age 65 or older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA for age 65 or older
<i>phenobarbital tab 100 mg</i>	3	PA; PA for age 65 or older
<i>phenytek cap 200mg</i>	2	
<i>phenytek cap 300mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
POTIGA TAB 50MG	3	
POTIGA TAB 200MG	3	QL (180 tabs / 30 days)
POTIGA TAB 300MG	3	QL (90 tabs / 30 days)
POTIGA TAB 400MG	3	QL (90 tabs / 30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
SABRIL POW 500MG	4	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	4	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<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>	1	
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
VIMPAT INJ 200MG/20	3	
VIMPAT SOL 10MG/ML	3	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	3	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	3	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 150MG	3	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	3	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	QL (30 patches / 30 days)
EXELON DIS 9.5MG/24	3	QL (30 patches / 30 days)
EXELON DIS 13.3/24	3	QL (30 patches / 30 days)
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl tab 5 mg</i>	1	PA; PA if <30 yr
MEMANTINE HCL TAB 10 MG	1	PA; PA if <30 yr
NAMENDA SOL 10MG/5ML	2	PA; PA if <30 yr
NAMENDA TAB 5MG	3	PA; PA if <30 yr
NAMENDA TAB 10MG	3	PA; PA if <30 yr
NAMENDA XR CAP 7MG	3	PA; PA if <30 yr
NAMENDA XR CAP 14MG	3	PA; PA if <30 yr
NAMENDA XR CAP 21MG	3	PA; PA if <30 yr
NAMENDA XR CAP 28MG	3	PA; PA if <30 yr
NAMENDA XR CAP TITRATIO	3	PA; PA if <30 yr
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 28-10MG	3	
<i>rivastigmine tartrate cap 1.5 mg</i>	1	
<i>rivastigmine tartrate cap 3 mg</i>	1	
<i>rivastigmine tartrate cap 4.5 mg</i>	1	
<i>rivastigmine tartrate cap 6 mg</i>	1	
RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	1	QL (30 patches / 30 days)
RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	1	QL (30 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR1		QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	3	PA; PA for age 65 or older
<i>amitriptyline hcl tab 25 mg</i>	3	PA; PA for age 65 or older
<i>amitriptyline hcl tab 50 mg</i>	3	PA; PA for age 65 or older
<i>amitriptyline hcl tab 75 mg</i>	3	PA; PA for age 65 or older
<i>amitriptyline hcl tab 100 mg</i>	3	PA; PA for age 65 or older
<i>amitriptyline hcl tab 150 mg</i>	3	PA; PA for age 65 or older
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
BRINTELLIX TAB 5MG	3	QL (120 tabs / 30 days)
BRINTELLIX TAB 10MG	3	QL (60 tabs / 30 days)
BRINTELLIX TAB 20MG	3	QL (30 tabs / 30 days)
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab sr 12hr 100 mg</i>	1	
<i>bupropion hcl tab sr 12hr 150 mg</i>	1	
<i>bupropion hcl tab sr 12hr 200 mg</i>	1	
<i>bupropion hcl tab sr 24hr 150 mg</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl tab sr 24hr 300 mg</i>	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<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>	3	PA; PA for age 65 or older
<i>clomipramine hcl cap 50 mg</i>	3	PA; PA for age 65 or older
<i>clomipramine hcl cap 75 mg</i>	3	PA; PA for age 65 or older
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	3	PA; PA for age 65 or older
<i>doxepin hcl cap 25 mg</i>	3	PA; PA for age 65 or older
<i>doxepin hcl cap 50 mg</i>	3	PA; PA for age 65 or older
<i>doxepin hcl cap 75 mg</i>	3	PA; PA for age 65 or older
<i>doxepin hcl cap 100 mg</i>	3	PA; PA for age 65 or older
<i>doxepin hcl cap 150 mg</i>	3	PA; PA for age 65 or older
<i>doxepin hcl conc 10 mg/ml</i>	3	PA; PA for age 65 or older
<i>duloxetine hcl enteric coated pellets cap 20 mg1</i>		QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg1</i>		QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg1</i>		QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	4	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	4	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	4	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	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	3	QL (180 caps / 30 days)
FETZIMA CAP 40MG	3	QL (90 caps / 30 days)
FETZIMA CAP 80MG	3	QL (30 caps / 30 days)
FETZIMA CAP 120MG	3	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	3	
<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>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>imipramine hcl tab 10 mg</i>	3	PA; PA for age 65 or older
<i>imipramine hcl tab 25 mg</i>	3	PA; PA for age 65 or older
<i>imipramine hcl tab 50 mg</i>	3	PA; PA for age 65 or older
<i>maprotiline hcl tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	3	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<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>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<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>	1	
<i>paroxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	1	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	3	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	1	
PRISTIQ TAB 25MG	2	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	2	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	2	QL (30 tabs / 30 days)
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>sertraline hcl oral conc 20 mg/ml</i>	1	
<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	
SURMONTIL CAP 25MG	3	QL (240 caps / 30 days), PA; PA for age 65 or older
SURMONTIL CAP 50MG	3	QL (120 caps / 30 days), PA; PA for age 65 or older
SURMONTIL CAP 100MG	3	QL (60 caps / 30 days), PA; PA for age 65 or older
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl tab 150 mg</i>	1	
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	1	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	1	
<i>venlafaxine hcl tab 37.5 mg</i>	1	
<i>venlafaxine hcl tab 50 mg</i>	1	
<i>venlafaxine hcl tab 75 mg</i>	1	
<i>venlafaxine hcl tab 100 mg</i>	1	
VIIBRYD KIT	3	
VIIBRYD KIT STARTER	3	
VIIBRYD TAB 10MG	3	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	3	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	3	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	4	NM, LA, PA
AZILECT TAB 0.5MG	2	
AZILECT TAB 1MG	2	
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	3	PA; PA for age 65 or older
<i>benztropine mesylate tab 1 mg</i>	3	PA; PA for age 65 or older
<i>benztropine mesylate tab 2 mg</i>	3	PA; PA for age 65 or older
<i>bromocriptine mesylate cap 5 mg</i>	1	
<i>bromocriptine mesylate tab 2.5 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab cr 25-100 mg</i>	1	
<i>carbidopa & levodopa tab cr 50-200 mg</i>	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	1	

Drug Name	Drug Tier	Requirements/Limits
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	1	
<i>entacapone tab 200 mg</i>	1	
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	2	PA; PA for age 65 or older
<i>trihexyphenidyl hcl tab 2 mg</i>	2	PA; PA for age 65 or older
<i>trihexyphenidyl hcl tab 5 mg</i>	2	PA; PA for age 65 or older
ANTIPSYCHOTICS		
ABILIFY DISC TAB 10MG	4	QL (60 tabs / 30 days)
ABILIFY DISC TAB 15MG	4	QL (60 tabs / 30 days)
ABILIFY INJ 9.75MG	3	QL (4 mL / 1 day)
ABILIFY MAIN INJ 300MG	4	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	4	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	4	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	4	QL (1 vial / 28 days)
ABILIFY SOL 1MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY TAB 2MG	4	QL (30 tabs / 30 days)
ABILIFY TAB 5MG	4	QL (30 tabs / 30 days)
ABILIFY TAB 10MG	4	QL (30 tabs / 30 days)
ABILIFY TAB 15MG	4	QL (30 tabs / 30 days)
ABILIFY TAB 20MG	4	QL (30 tabs / 30 days)
ABILIFY TAB 30MG	4	QL (30 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole tab 2 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	4	QL (30 tabs / 30 days)
<i>chlorpromaz inj 50mg/2ml</i>	3	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	1	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	1	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	1	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	1	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	1	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	1	QL (135 tabs / 30 days)
FANAPT PAK	3	ST
FANAPT TAB 1MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 2MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 4MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 6MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 8MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 10MG	3	QL (60 tabs / 30 days), ST

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 12MG	3	QL (60 tabs / 30 days), ST
FAZACLO TAB 12.5/ODT	3	PA
FAZACLO TAB 25MG ODT	3	PA
FAZACLO TAB 100/ODT	3	QL (270 tabs / 30 days), PA
FAZACLO TAB 150MG	3	QL (180 tabs / 30 days), PA
FAZACLO TAB 200MG	3	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
GEODON INJ 20MG	3	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
INVEGA SUST INJ 39/0.25	3	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	4	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	4	QL (1 injection / 28 days)
INVEGA TAB 1.5MG	4	QL (30 tabs / 30 days)
INVEGA TAB 3MG	4	QL (30 tabs / 30 days)
INVEGA TAB 6MG	4	QL (60 tabs / 30 days)
INVEGA TAB 9MG	4	QL (30 tabs / 30 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>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine for im inj 10 mg</i>	1	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	1	QL (60 tabs / 30 days)
ORAP TAB 1MG	3	
ORAP TAB 2MG	3	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	1	QL (90 tabs / 30 days)
REXULTI TAB 0.5MG	4	QL (180 tabs / 30 days), ST
REXULTI TAB 0.25MG	4	QL (360 tabs / 30 days), ST
REXULTI TAB 1MG	4	QL (90 tabs / 30 days), ST
REXULTI TAB 2MG	4	QL (60 tabs / 30 days), ST
REXULTI TAB 3MG	4	QL (30 tabs / 30 days), ST
REXULTI TAB 4MG	4	QL (30 tabs / 30 days), ST
RISPERDAL INJ 12.5MG	3	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	3	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	4	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 3 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	1	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	1	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	1	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	3	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	3	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	3	QL (60 tabs / 30 days)
SEROQUEL XR TAB 50MG	3	QL (120 tabs / 30 days)
SEROQUEL XR TAB 150MG	3	QL (30 tabs / 30 days)
SEROQUEL XR TAB 200MG	3	QL (30 tabs / 30 days)
SEROQUEL XR TAB 300MG	3	QL (60 tabs / 30 days)
SEROQUEL XR TAB 400MG	3	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	3	PA; PA for age 65 or older
<i>thioridazine hcl tab 25 mg</i>	3	PA; PA for age 65 or older
<i>thioridazine hcl tab 50 mg</i>	3	PA; PA for age 65 or older
<i>thioridazine hcl tab 100 mg</i>	3	PA; PA for age 65 or older
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg</i>	1	
<i>trifluoperazine hcl tab 2 mg</i>	1	
<i>trifluoperazine hcl tab 5 mg</i>	1	
<i>trifluoperazine hcl tab 10 mg</i>	1	
VERSACLOZ SUS 50MG/ML	4	QL (600 mL / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	1	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	1	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	B/D
ZYPREXA RELP INJ 300MG	4	B/D
ZYPREXA RELP INJ 405MG	4	B/D
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	1	QL (90 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>guanfacine hcl tab sr 24hr 1 mg (base equiv)</i>	3	
<i>guanfacine hcl tab sr 24hr 2 mg (base equiv)</i>	3	
<i>guanfacine hcl tab sr 24hr 3 mg (base equiv)</i>	3	
<i>guanfacine hcl tab sr 24hr 4 mg (base equiv)</i>	3	
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab cr 10 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab cr 20 mg</i>	1	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	3	QL (120 caps / 30 days)
STRATTERA CAP 18MG	3	QL (120 caps / 30 days)
STRATTERA CAP 25MG	3	QL (120 caps / 30 days)
STRATTERA CAP 40MG	3	QL (60 caps / 30 days)
STRATTERA CAP 60MG	3	QL (30 caps / 30 days)
STRATTERA CAP 80MG	3	QL (30 caps / 30 days)
STRATTERA CAP 100MG	3	QL (30 caps / 30 days)
HYPNOTICS		
ROZEREM TAB 8MG	3	QL (30 tabs / 30 days)
SILENOR TAB 3MG	2	QL (60 tabs / 30 days)
SILENOR TAB 6MG	2	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	1	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
<i>temazepam cap 15 mg</i>	1	QL (60 caps / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate tab 5 mg</i>	3	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate tab 10 mg</i>	3	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
MIGRAINE		

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Drug Name	Drug Tier	Requirements/Limits
<i>cafergot tab 1-100mg</i>	3	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (9 tabs / 30 days)
RELPAK TAB 20MG	2	QL (12 tabs / 30 days)
RELPAK TAB 40MG	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate orally disintegrating tab 5 mg</i>	1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate orally disintegrating tab 10 mg</i>	1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg</i>	1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg</i>	1	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	1	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	1	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	1	QL (6 mL / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	1	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	1	QL (6 mL / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (6 mL / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (9 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 30 days)
MISCELLANEOUS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab cr 300 mg</i>	1	
<i>lithium carbonate tab cr 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	2	
NUEDEXTA CAP 20-10MG	2	PA
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>riluzole tab 50 mg</i>	1	
TETRABENAZINE TAB 12.5 MG	4	QL (240 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TETRABENAZINE TAB 25 MG	4	QL (120 tabs / 30 days), NM, PA
XENAZINE TAB 12.5MG	4	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE TAB 25MG	4	QL (120 tabs / 30 days), NM, LA, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	4	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 20MG/ML	4	QL (30 syringes / 30 days), NM, PA
COPAXONE INJ 40MG/ML	4	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	4	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	QL (30 syringes / 30 days), NM, PA
TYSABRI INJ 300/15ML	4	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	3	PA; PA for age 65 or older
<i>cyclobenzaprine hcl tab 10 mg</i>	3	PA; PA for age 65 or older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
NARCOLEPSY/CATAPLEXY		
NUVIGIL TAB 50MG	3	QL (150 tabs / 30 days), PA
NUVIGIL TAB 150MG	3	QL (60 tabs / 30 days), PA
NUVIGIL TAB 200MG	3	QL (30 tabs / 30 days), PA
NUVIGIL TAB 250MG	3	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	4	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg1 (base equiv)</i>	1	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days), PA
<i>buproban tab 150mg</i>	1	
CHANTIX PAK 0.5& 1MG	3	PA
CHANTIX PAK 1MG	3	PA
CHANTIX TAB 0.5MG	3	PA
CHANTIX TAB 1MG	3	PA
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 1 mg/ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NICOTROL INH	3	
NICOTROL NS SPR 10MG/ML	3	
SUBOXONE MIS 2-0.5MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 4-1MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 8-2MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 12-3MG	3	QL (2 boxes / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM DIS 2MG/24HR	3	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	3	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	1	PA
<i>oxandrolone tab 10 mg</i>	1	PA
TESTIM GEL 1%(50MG)	2	QL (300 grams / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	4	B/D
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS INJ 100/ML	2	
LANTUS INJ SOLOSTAR	2	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTUOC	2	
NOVOLIN INJ 70/30	2	RELION not covered
NOVOLIN N INJ U-100	2	RELION not covered
NOVOLIN R INJ U-100	2	RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SYMLINPEN 60 INJ 1000MCG	3	QL (8 pens / 30 days), PA
SYMLINPEN 120 INJ 1000MCG	3	QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	2	
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	2	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
FARXIGA TAB 5MG	2	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	2	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 sr 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab sr 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab sr 24hr 10 mg</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)
INVOKAMET TAB 50-500MG	2	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	2	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	2	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	2	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	2	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	2	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	2	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 100MG	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab sr 24hr 500 mg</i>	1	QL (120 tabs / 30 days)
<i>metformin hcl tab sr 24hr 750 mg</i>	1	QL (60 tabs / 30 days)
<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)
RIOMET SOL	3	QL (946 mL / 30 days)
TRADJENTA TAB 5MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tabs / 28 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	B/D
<i>pamidronate inj 6mg/ml</i>	1	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
ZOMETA INJ 4MG/100	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	2	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	4	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	4	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	3	
DEPEN TITRA TAB 250MG	4	

Drug Name	Drug Tier	Requirements/Limits
EXJADE TAB 125MG	4	NM, LA, PA
EXJADE TAB 250MG	4	NM, LA, PA
EXJADE TAB 500MG	4	NM, LA, PA
<i>kionex pow</i>	1	
<i>kionex sus 15gm/60</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sps sus 15gm/60</i>	1	
SYPRINE CAP 250MG	4	
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	
<i>aubra tab 0.1-0.02</i>	1	
<i>aviane tab</i>	1	
<i>balziva tab</i>	1	
<i>briellyn tab</i>	1	
<i>camila tab 0.35mg</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>deblitane tab 0.35mg</i>	1	
<i>delyla tab 0.1-0.02</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 1 mcg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	1	
ELLA TAB 30MG	2	
<i>emoquette tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>falmina tab</i>	1	
<i>gildagia tab 0.4-35</i>	1	
<i>gildess tab 1.5/30</i>	1	
<i>heather tab 0.35mg</i>	1	
<i>introvale tab</i>	1	
JOLIVETTE TAB 0.35MG	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe tab 1.5/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe tab 1/20</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kimidess tab</i>	1	
<i>larin fe tab 1.5/30</i>	1	
<i>larin fe tab 1/20</i>	1	
<i>larin tab 1.5/30</i>	1	
<i>larin tab 1/20</i>	1	
<i>lessina tab</i>	1	
<i>levonest tab</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-201 mcg</i>	1	
<i>levonorgestrel tab 0.75 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
<i>loryna tab 3-0.02mg</i>	1	
<i>low-ogestrel tab</i>	1	
<i>lutra tab</i>	1	
<i>lyza tab 0.35mg</i>	1	
<i>marlissa tab 0.15/30</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	
<i>microgestin tab 1.5/30</i>	1	
<i>microgestin tab 1/20</i>	1	
<i>microgestin tab fe1.5/30</i>	1	
<i>microgestin tab fe 1/20</i>	1	
MONONESSA TAB	1	
<i>my way tab 1.5mg</i>	1	
<i>myzilra tab</i>	1	
<i>necon tab 0.5/35</i>	1	
<i>necon tab 1/35</i>	1	
NECON TAB 1/50-28	1	
NECON TAB 7/7/7	1	
<i>necon tab 10/11-28</i>	2	
<i>next choice tab 1.5mg</i>	1	
<i>nikki tab 3-0.02mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
NORETHINDRONE TAB 0.35 MG	1	

Drug Name	Drug Tier	Requirements/Limits
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	1	
<i>norgestimate-eth estrad tab</i> <i>0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc tab 0.35mg</i>	1	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
NUVARING MIS	3	
<i>orsythia tab</i>	1	
<i>philith tab 0.4-35</i>	1	
<i>pimtrea tab</i>	1	
<i>pirmella tab 1/35</i>	1	
<i>portia-28 tab</i>	1	
<i>previfem tab</i>	1	
<i>quasense tab</i>	1	
<i>reclipsen tab</i>	1	
<i>sharobel tab 0.35mg</i>	1	
SOLIA TAB	1	
<i>sprintec 28 tab 28 day</i>	1	
<i>syeda tab 3-0.03mg</i>	1	
<i>tri-legest tab fe</i>	1	
<i>tri-previfem tab</i>	1	
<i>tri-sprintec tab</i>	1	
TRINESSA TAB	1	
<i>trivora-28 tab</i>	1	
<i>velivet pak</i>	1	
<i>viorele tab</i>	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>zarah tab 3-0.03mg</i>	1	
<i>zenchent tab</i>	1	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	4	
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	4	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	4	NM, LA, PA
CARBAGLU TAB 200MG	4	NM, LA, PA
CERDELGA CAP 84MG	4	NM, PA
CEREZYME INJ 200UNIT	4	NM, PA
CEREZYME INJ 400UNIT	4	NM, PA
CYSTADANE POW	4	NM
CYSTAGON CAP 50MG	3	NM, PA
CYSTAGON CAP 150MG	3	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INJ 5MG	4	NM, PA
FABRAZYME INJ 35MG	4	NM, PA
KUVAN POW 100MG	4	NM, PA
KUVAN POW 500MG	4	NM, PA
KUVAN TAB 100MG	4	NM, PA
<i>levocarnitine inj 200 mg/ml</i>	1	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	B/D
<i>levocarnitine tab 330 mg</i>	1	B/D
LUMIZYME INJ 50MG	4	NM, PA
MYOZYME INJ 50MG	4	NM, PA
NAGLAZYME INJ 1MG/ML	4	NM, LA, PA
ORFADIN CAP 2MG	4	NM, PA
ORFADIN CAP 5MG	4	NM, PA
ORFADIN CAP 10MG	4	NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	NM
ZAVESCA CAP 100MG	4	NM, LA, PA
ESTROGENS		
COMBIPATCH DIS .05/.14	3	PA; PA for age 65 or older
COMBIPATCH DIS .05/.25	3	PA; PA for age 65 or older
<i>estradiol tab 0.5 mg</i>	3	PA; PA for age 65 or older
<i>estradiol tab 1 mg</i>	3	PA; PA for age 65 or older
<i>estradiol tab 2 mg</i>	3	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	3	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	3	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	3	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	3	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	3	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3	PA; PA for age 65 or older
ESTRADIOL VALERATE IM IN OIL 10 MG/ML	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
ESTRADIOL VALERATE IM IN OIL 40 MG/ML	1	
PREMARIN VAG CRE 0.625MG	3	
VAGIFEM TAB 10MCG	3	
GLUCOCORTICOIDS		
<i>a-hydrocort inj 100mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cortisone acetate tab 25 mg</i>	1	
<i>dexamethason con 1mg/ml</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<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>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	B/D
<i>methylprednisolone sodium succinate for inj 401 mg</i>		B/D
<i>methylprednisolone sodium succinate for inj 125 mg</i>	1	B/D
<i>methylprednisolone sodium succinate for inj 1000 mg</i>	1	B/D
<i>methylprednisolone tab 4 mg</i>	1	B/D
<i>methylprednisolone tab 4 mg dose pack</i>	1	B/D
<i>methylprednisolone tab 8 mg</i>	1	B/D
<i>methylprednisolone tab 16 mg</i>	1	B/D
<i>methylprednisolone tab 32 mg</i>	1	B/D
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	B/D
<i>prednisone con 5mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral soln 5 mg/5ml</i>	1	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 5 mg dose pack</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 10 mg dose pack</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
SOLU-CORTEF INJ 250MG	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
NORDITROPIN INJ 5/1.5ML	4	NM, PA
NORDITROPIN INJ 10/1.5ML	4	NM, PA
NORDITROPIN INJ 15/1.5ML	4	NM, PA
NORDITROPIN INJ 30/3ML	4	NM, PA
TEV-TROPIN INJ 5MG	4	NM, PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTICAL SPR 200/ACT	2	
INCRELEX INJ 40MG/4ML	4	NM, LA, PA
<i>methylergonovine maleate tab 0.2 mg</i>	1	
MIACALCIN INJ 200/ML	3	B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	NM, PA
PROLIA SOL 60MG/ML	3	QL (1 syringe / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	1	
SANDOSTATIN KIT LAR 10MG	4	NM, PA
SANDOSTATIN KIT LAR 20MG	4	NM, PA
SANDOSTATIN KIT LAR 30MG	4	NM, PA
SOMATULINE INJ 60/0.2ML	4	NM, PA
SOMATULINE INJ 90/0.3ML	4	NM, PA
SOMATULINE INJ 120/.5ML	4	NM, PA
SOMAVERT INJ 10MG	4	NM, LA, PA
SOMAVERT INJ 15MG	4	NM, LA, PA
SOMAVERT INJ 20MG	4	NM, LA, PA
SOMAVERT INJ 25MG	4	NM, LA, PA
SOMAVERT INJ 30MG	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
XGEVA INJ	4	NM, PA
PARATHYROID HORMONES		
FORTEO SOL 600/2.4	4	QL (1 pen / 28 days), NM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg1 (169 mg ca)</i>		
FOSRENOL CHW 500MG	4	
FOSRENOL CHW 750MG	4	
FOSRENOL CHW 1000MG	4	
PHOSLYRA SOL	2	
RENVELA PAK 0.8GM	4	
RENVELA PAK 2.4GM	4	
RENVELA TAB 800MG	2	
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>	1	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
LEVOXYL TAB 25MCG	1	
LEVOXYL TAB 50MCG	1	
LEVOXYL TAB 75MCG	1	
LEVOXYL TAB 88MCG	1	
LEVOXYL TAB 100MCG	1	
LEVOXYL TAB 112MCG	1	
LEVOXYL TAB 125MCG	1	
LEVOXYL TAB 137MCG	1	
LEVOXYL TAB 150MCG	1	
LEVOXYL TAB 175MCG	1	
LEVOXYL TAB 200MCG	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
UNITHROID TAB 25MCG	1	
UNITHROID TAB 50MCG	1	
UNITHROID TAB 75MCG	1	
UNITHROID TAB 88MCG	1	
UNITHROID TAB 100MCG	1	
UNITHROID TAB 112MCG	1	
UNITHROID TAB 125MCG	1	
UNITHROID TAB 150MCG	1	
UNITHROID TAB 175MCG	1	
UNITHROID TAB 200MCG	1	
UNITHROID TAB 300MCG	1	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
GASTROINTESTINAL		
ANTIEMETICS		
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	3	B/D

Drug Name	Drug Tier	Requirements/Limits
EMEND CAP 80MG	3	B/D
EMEND CAP 125MG	3	B/D
EMEND PAK 80 & 125	3	B/D
<i>granisetron hcl inj 0.1 mg/ml</i>	1	
<i>granisetron hcl inj 1 mg/ml</i>	1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	
<i>granisetron hcl tab 1 mg</i>	1	B/D
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl inj 5 mg/ml</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl tab 4 mg</i>	1	B/D
<i>ondansetron hcl tab 8 mg</i>	1	B/D
<i>ondansetron hcl tab 24 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	1	B/D
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	
<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>	1	
<i>promethazine hcl inj 25 mg/ml</i>	3	PA; PA for age 65 or older
<i>promethazine hcl inj 50 mg/ml</i>	3	PA; PA for age 65 or older
TRANSDERM-SC DIS 1MG	3	QL (10 patches / 30 days), PA; PA for age 65 or older
ANTISPASMODICS		
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	

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<i>famotidine inj 20 mg/2ml</i>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<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>	1	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	2	
ASACOL HD TAB 800MG	3	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide cap sr 24hr 3 mg</i>	4	
CANASA SUP 1000MG	3	
DELZICOL CAP 400MG	3	
DIPENTUM CAP 250MG	4	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
HYDROCORTISONE ENEMA 100 MG/60ML	1	
LIALDA TAB 1.2GM	3	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
PENTASA CAP 250MG CR	3	
PENTASA CAP 500MG CR	3	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfazine ec tab 500mg</i>	1	
UCERIS TAB 9MG	4	
LAXATIVES		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	1	
<i>constulose sol 10gm/15</i>	1	
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
GOLYTELY SOL	2	
<i>lactulose</i>	1	
MOVIPREP SOL	3	
NULYTELY SOL FLAV PKS	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	1	

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
RELISTOR INJ 8/0.4ML	3	PA
RELISTOR INJ 12/0.6ML	3	PA
RELISTOR KIT 12/0.6ML	3	PA
SUPREP BOWEL SOL PREP	3	
<i>trilyte sol</i>	1	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	4	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	4	PA
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LINZESS CAP 145MCG	2	QL (60 caps / 30 days)
LINZESS CAP 290MCG	2	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	1	
LOTRONEX TAB 0.5MG	4	PA
LOTRONEX TAB 1MG	4	PA
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOVANTIK TAB 12.5MG	2	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	2	QL (30 tabs / 30 days)
SUCRAID SOL 8500/ML	4	
<i>sucalfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
XIFAXAN TAB 550MG	4	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
PROTON PUMP INHIBITORS		

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 B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Tier	Requirements/Limits
DEXILANT CAP 30MG DR	2	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	2	QL (30 caps / 30 days)
<i>esomepra mag cap 40mg dr</i>	1	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	
NEXIUM CAP 20MG	2	QL (30 caps / 30 days)
NEXIUM CAP 40MG	2	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	2	
NEXIUM GRA 5MG DR	2	
NEXIUM GRA 10MG DR	2	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	2	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	2	QL (30 packets / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab sr 24hr 10 mg</i>	1	QL (30 tabs / 30 days)
AVODART CAP 0.5MG	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
JALYN CAP	2	QL (30 caps / 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
POTASSIUM CITRATE TAB CR 5 MEQ (540 MG)	1	
POTASSIUM CITRATE TAB CR 10 MEQ (1080 MG)	1	

URINARY ANTISPASMODICS

MYRBETRIQ TAB 25MG	3	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	1	QL (60 tabs / 30 days)
TOLTERODINE TARTRATE CAP SR 24HR 2 MG	1	QL (30 caps / 30 days)
TOLTERODINE TARTRATE CAP SR 24HR 4 MG	1	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	2	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	1	QL (60 tabs / 30 days)
VESICARE TAB 5MG	3	QL (30 tabs / 30 days)
VESICARE TAB 10MG	3	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VANDAZOLE GEL 0.75%	1	
<i>zazole cre 0.4%</i>	1	
ZAZOLE CRE 0.8%	1	

HEMATOLOGIC

ANTICOAGULANTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	4	
HEP SOD/D5W INJ 25000UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	B/D
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	2	
PRADAXA CAP 150MG	2	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	4	NM, PA
GRANIX INJ 480/0.8	4	NM, PA
LEUKINE INJ 250MCG	4	NM, PA
MOZOBIL INJ	4	NM, PA
NEUMEGA INJ 5MG	4	NM
NEUPOGEN INJ 300/0.5	4	NM, PA
NEUPOGEN INJ 300MCG	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJ 480/0.8	4	NM, PA
NEUPOGEN INJ 480MCG	4	NM, PA
PROCRIT INJ 2000/ML	2	NM, PA
PROCRIT INJ 3000/ML	2	NM, PA
PROCRIT INJ 4000/ML	2	NM, PA
PROCRIT INJ 10000/ML	2	NM, PA
PROCRIT INJ 20000/ML	4	NM, PA
PROCRIT INJ 40000/ML	4	NM, PA

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
CINRYZE SOL 500 UNIT	4	NM, LA, PA
FIRAZYR INJ 30MG/3ML	4	NM, PA
<i>pentoxifylline tab cr 400 mg</i>	1	
PROMACTA TAB 12.5MG	4	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	4	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	4	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	4	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid inj 100 mg/ml</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	

PLATELET AGGREGATION INHIBITORS

AGGRENOX CAP 25-200MG	3	
ASPIRIN-DIPYRIDAMOLE CAP SR 12HR 25-2001 MG		
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
ZONTIVITY TAB 2.08MG	3	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

CIMZIA KIT	4	NM, PA
CIMZIA KIT STARTER	4	NM, PA
CIMZIA PREFL KIT 200MG/ML	4	NM, PA
HUMIRA INJ 10MG/0.2	4	NM, PA
HUMIRA KIT 20MG/0.4	4	NM, PA
HUMIRA KIT 40MG/0.8	4	NM, PA
HUMIRA PEN INJ 40MG/0.8	4	NM, PA
HUMIRA PEN INJ CROHNS	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ PSORIASI	4	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
REMICADE INJ 100MG	4	NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	4	NM, PA
CARIMUNE NF INJ 3GM	4	NM, PA
CARIMUNE NF INJ 6GM	4	NM, PA
CARIMUNE NF INJ 12GM	4	NM, PA
FLEBOGAMMA INJ 5%	4	NM, PA
FLEBOGAMMA INJ 10/200ML	4	NM, PA
FLEBOGAMMA INJ 20/400ML	4	NM, PA
FLEBOGAMMA INJ DIF 5%	4	NM, PA
FLEBOGAMMA INJ DIF 10%	4	NM, PA
GAMASTAN S/D INJ	2	B/D, NM
GAMMAGARD INJ 1GM/10ML	4	NM, PA
GAMMAGARD INJ 2.5GM/25	4	NM, PA
GAMMAGARD INJ 5GM/50ML	4	NM, PA
GAMMAGARD INJ 10GM/100	4	NM, PA
GAMMAGARD INJ 20GM/200	4	NM, PA
GAMMAGARD INJ 30GM/300	4	NM, PA
GAMMAGARD SD INJ 2.5GM HU	4	NM, PA
GAMMAGARD SD INJ 5GM HU	4	NM, PA
GAMMAGARD SD INJ 10GM HU	4	NM, PA
GAMMAKED INJ 1GM/10ML	4	NM, PA
GAMMAKED INJ 2.5GM/25	4	NM, PA
GAMMAKED INJ 5GM/50ML	4	NM, PA
GAMMAKED INJ 10GM/100	4	NM, PA
GAMMAKED INJ 20GM/200	4	NM, PA
GAMMAPLEX INJ 2.5GM	4	NM, PA
GAMMAPLEX INJ 5GM	4	NM, PA
GAMMAPLEX INJ 10GM	4	NM, PA
GAMUNEX-C INJ 1GM/10ML	4	NM, PA
GAMUNEX-C INJ 2.5GM/25	4	NM, PA
GAMUNEX-C INJ 5GM/50ML	4	NM, PA
GAMUNEX-C INJ 10GM/100	4	NM, PA
GAMUNEX-C INJ 20GM/200	4	NM, PA
GAMUNEX-C INJ 40/400ML	4	NM, PA
OCTAGAM INJ 1GM	4	NM, PA
OCTAGAM INJ 2.5GM	4	NM, PA
OCTAGAM INJ 2GM/20ML	4	NM, PA
OCTAGAM INJ 5GM	4	NM, PA
OCTAGAM INJ 10GM	4	NM, PA
OCTAGAM INJ 25GM	4	NM, PA
PRIVIGEN INJ 5 GRAMS	4	NM, PA

PA - Prior Authorization available at mail-order QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
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Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INJ 10GRAMS	4	NM, PA
PRIVIGEN INJ 20GRAMS	4	NM, PA
PRIVIGEN INJ 40GRAMS	4	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	4	NM, LA, PA
ARCALYST INJ 220MG	4	NM, PA
INTRON A INJ 10MU	4	B/D, NM
INTRON A INJ 18MU	4	B/D, NM
INTRON A INJ 25MU	4	B/D, NM
INTRON A INJ 50MU	4	B/D, NM
PEG-INTRON KIT 50MCG	4	NM, PA
PEG-INTRON KIT 50MCG RP	4	NM, PA
PEG-INTRON KIT 80MCG RP	4	NM, PA
PEG-INTRON KIT 120 RP	4	NM, PA
PEG-INTRON KIT 150 RP	4	NM, PA
PEGINTRON KIT 80MCG	4	NM, PA
PEGINTRON KIT 120MCG	4	NM, PA
PEGINTRON KIT 150MCG	4	NM, PA
REVLIMID CAP 2.5MG	4	NM, LA, PA
REVLIMID CAP 5MG	4	NM, LA, PA
REVLIMID CAP 10MG	4	NM, LA, PA
REVLIMID CAP 15MG	4	NM, LA, PA
REVLIMID CAP 20MG	4	NM, LA, PA
REVLIMID CAP 25MG	4	NM, LA, PA
THALOMID CAP 50MG	4	NM, PA
THALOMID CAP 100MG	4	NM, PA
THALOMID CAP 150MG	4	NM, PA
THALOMID CAP 200MG	4	NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	1	B/D
<i>cyclosporine cap 25 mg</i>	1	B/D
<i>cyclosporine cap 100 mg</i>	1	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	1	B/D
<i>cyclosporine modified cap 25 mg</i>	1	B/D
<i>cyclosporine modified cap 50 mg</i>	1	B/D
<i>cyclosporine modified cap 100 mg</i>	1	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	B/D
<i>gengraf cap 25mg</i>	1	B/D
<i>gengraf cap 100mg</i>	1	B/D
<i>gengraf sol 100mg/ml</i>	1	B/D
<i>mycophenolate mofetil cap 250 mg</i>	1	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	4	B/D
<i>mycophenolate mofetil tab 500 mg</i>	1	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
NEORAL CAP 25MG	2	B/D
NEORAL CAP 100MG	2	B/D
NEORAL SOL 100MG/ML	2	B/D
NULOJIX INJ 250MG	4	B/D
PROGRAF CAP 0.5MG	3	B/D
PROGRAF CAP 1MG	3	B/D
PROGRAF CAP 5MG	4	B/D
RAPAMUNE SOL 1MG/ML	4	B/D
SANDIMMUNE CAP 25MG	2	B/D
SANDIMMUNE CAP 100MG	2	B/D
SANDIMMUNE SOL 100MG/ML	2	B/D
<i>sirolimus tab 0.5 mg</i>	1	B/D
SIROLIMUS TAB 1 MG	1	B/D
SIROLIMUS TAB 2 MG	4	B/D
<i>tacrolimus cap 0.5 mg</i>	1	B/D
<i>tacrolimus cap 1 mg</i>	1	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D
ZORTRESS TAB 0.5MG	4	B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	4	B/D
VACCINES		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE INJ	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
CERVARIX INJ	2	
COMVAX INJ	2	
DAPTACEL INJ	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B INJ 10/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL 9 INJ	2	
GARDASIL INJ	2	
HAVRIX INJ 720UNIT	2	
HAVRIX INJ 1440UNIT	2	
HIBERIX SOL 10MCG	2	
IMOVAX RABIE INJ 2.5/ML	2	
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENOMUNE INJ A/C/Y/W	2	
MENVEO INJ	2	

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
RABAVERT INJ	2	
RECOMBIVA HB INJ 5MCG/0.5	2	B/D
RECOMBIVA HB INJ 10MCG/ML	2	B/D
RECOMBIVA-HB INJ 40MCG/ML	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
SYNAGIS INJ 50MG	4	NM
SYNAGIS INJ 100MG/ML	4	NM
TENIVAC INJ 5-2LF	2	B/D
TET/DIP TOX INJ 2-2 LF	2	B/D
TETANUS TOX INJ 5LF ADS	2	B/D
TRUMENBA INJ	2	
TWINRIX INJ	2	
TYPHIM VI INJ	2	
VAQTA INJ 25/0.5ML	2	
VAQTA INJ 50UNT/ML	2	
VARIVAX INJ	2	
YF-VAX INJ	2	
ZOSTAVAX INJ	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8 TAB 8MEQ ER	1	
KLOR-CON 10 TAB 10MEQ ER	1	
<i>klor-con m15 tab 15meq er</i>	1	
<i>klor-con pow 20meq</i>	1	
MAGNESIUM SU INJ 20/500ML	2	
MAGNESIUM SU INJ 80MG/ML	2	
<i>magnesium sulfate inj 50%</i>	1	
MAGNESIUM SULFATE INJ 50%	1	
MG SO4/D5W INJ 10MG/ML	2	
MG SO4/D5W INJ 20MG/ML	2	
<i>potassium chloride cap cr 8 meq</i>	1	
<i>potassium chloride cap cr 10 meq</i>	1	
<i>potassium chloride microencapsulated crys cr tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys cr tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab cr 8 meq (600 mg)</i>	1	
POTASSIUM CHLORIDE TAB CR 10 MEQ	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE TAB CR 20 MEQ (1500 MG)	1	
SODIUM CHLORIDE	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	1	
TPN ELECTROL INJ	3	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	1	B/D
AMINOSYN 7% INJ /LYTES	3	B/D
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 8.5/LYTE	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN INJ 8.5%	3	B/D
AMINOSYN INJ 8.5/LYTE	3	B/D
AMINOSYN INJ 10%	3	B/D
AMINOSYN M INJ 3.5%	3	B/D
AMINOSYN-HBC INJ 7%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF INJ 5.2%	3	B/D
CLINIMIX INJ 2.75/D5W	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
CLINIMIX INJ 4.25/D25	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 5%/D25W	3	B/D
FAT EMULSION IV SOLN 20%	2	B/D
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 10%	3	B/D
HEPATAMINE SOL 8%	3	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE INJ 5.4%	3	B/D
<i>premasol sol 10%</i>	3	B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
<i>travasol inj 10%</i>	3	B/D
TROPHAMINE INJ 10%	3	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	2	
D5W/NACL INJ 0.3%	1	
D10W/NACL INJ 0.2%	2	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	1	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5% IN LACTATED RINGERS	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	1	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE INJ 5%	1	
DEXTROSE INJ 10%	1	
DEXTROSE INJ 50%	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-B/ INJ D5W	3	
IONOSOL-MB INJ /D5W	3	
ISOLYTE-P INJ /D5W	3	
<i>isolyte-s inj</i>	3	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	1	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	1	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	1	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	1	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	1	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	1	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	1	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	1	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	2	
LACTATED RINGER'S SOLUTION	1	
<i>normosol -m inj /d5w</i>	1	
NORMOSOL -R INJ /D5W	3	
NORMOSOL-R INJ PH 7.4	3	
PLASMA-LYTE INJ 56/D5W	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	1	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	1	
<i>potassium chloride inj 2 meq/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride inj 10 meq/50 ml</i>	1	
POTASSIUM CHLORIDE INJ 10 MEQ/100 ML	1	
<i>potassium chloride inj 20 meq/50 ml</i>	1	
POTASSIUM CHLORIDE INJ 20 MEQ/100 ML	1	
<i>potassium chloride inj 40 meq/100 ml</i>	1	
RINGER'S SOLUTION	1	
SODIUM CHLORIDE	1	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	1	B/D
<i>calcitriol cap 0.25 mcg</i>	1	B/D
<i>calcitriol inj 1 mcg/ml</i>	1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>paricalcitol cap 1 mcg</i>	1	B/D
<i>paricalcitol cap 2 mcg</i>	1	B/D
<i>paricalcitol cap 4 mcg</i>	1	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>blephamide oin s.o.p.</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
CILOXAN OIN 0.3% OP	2	
<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>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>ilotycin oin op</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MOXEZA SOL 0.5%	2	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	2	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	2	
BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	1	
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
FLUOROMETHOLONE OPHTH SUSP 0.1%	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	2	
LOTEMAX OIN 0.5%	2	
LOTEMAX SUS 0.5%	2	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
<i>pred sod pho sol 1% op</i>	2	
PREDNISOLONE ACETATE OPHTH SUSP 1%	1	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	2	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACFT SOL 0.25%	3	
PATADAY SOL 0.2%	2	
PATANOL SOL 0.1% OP	2	
PAZEO DRO 0.7%	2	
ANTIGLAUCOMA		

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Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P SOL 0.1%	2	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
ISTALOL SOL 0.5% OP	2	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LEVOBUNOLOL HCL OPHTH SOLN 0.25%	1	
LUMIGAN SOL 0.01%	2	
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	2	
PILOCARPINE HCL OPHTH SOLN 1%	1	
PILOCARPINE HCL OPHTH SOLN 2%	1	
PILOCARPINE HCL OPHTH SOLN 4%	1	
SIMBRINZA SUS 1-0.2%	2	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN1 0.5%	1	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN1 0.25%	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	2	
MISCELLANEOUS		
<i>naphazoline hcl ophth soln 0.1%</i>	1	
PROLENSA SOL 0.07%	2	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS EMU 0.05%	2	QL (64 vials / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL (1 inhaler / 30 days)
COMBIVENT AER RESPIMAT	3	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 inhalers / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA CAP HANDIHLR	2	QL (30 caps / 30 days)
SPIRIVA SPR RESPIMAT	2	QL (1 inhaler / 30 days)
TUDORZA PRES AER 400/ACT	2	QL (1 inhaler / 30 days)
TUDORZA PRES AER 400/ACT	2	QL (2 inhalers / 30 days)

ANTI-HISTAMINES

ASTEPRO SPR 0.15%	2	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	3	PA
<i>hydroxyzine hcl im soln 50 mg/ml</i>	3	PA
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	PA; PA for age 65 or older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; PA for age 65 or older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; PA for age 65 or older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; PA for age 65 or older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; PA for age 65 or older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; PA for age 65 or older
<i>hydroxyzine pamoate cap 100 mg</i>	2	PA; PA for age 65 or older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	

BETA AGONISTS

<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base 1 equiv)</i>	1	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base 1 equiv)</i>	1	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab sr 12hr 4 mg</i>	1	
<i>albuterol sulfate tab sr 12hr 8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FORADIL CAP AEROLIZE	2	QL (60 caps / 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	B/D
PERFOROMIST NEB 20MCG	3	B/D
PROAIR HFA AER	2	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
XOPENEX HFA AER	2	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	B/D
<i>acetylcysteine inhal soln 20%</i>	1	B/D
ARALAST NP INJ 400MG	4	NM, LA, PA
ARALAST NP INJ 500MG	4	NM, LA, PA
ARALAST NP INJ 800MG	4	NM, LA, PA
ARALAST NP INJ 1000MG	4	NM, LA, PA
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
DALIRESP TAB 500MCG	3	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	
ORKAMBI TAB 200-125	4	NM, PA
PROLASTIN-C INJ 1000MG	4	NM, LA, PA
PULMOZYME SOL 1MG/ML	4	B/D, NM
XOLAIR SOL 150MG	4	NM, LA, PA
ZEMAIRA INJ 1000MG	4	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 30 days)
NASONEX SPR 50MCG/AC	2	QL (2 bottles / 30 days)
STEROID INHALANTS		
ASMANEX 14 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 60 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 120 AER 220MCG	2	QL (2 inhalers / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	B/D
FLOVENT DISK AER 50MCG	2	QL (2 inhalers / 30 days)
FLOVENT DISK AER 100MCG	2	QL (2 inhalers / 30 days)
FLOVENT DISK AER 250MCG	2	QL (4 inhalers / 30 days)
FLOVENT HFA AER 44MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	2	QL (2 inhalers / 30 days)
QVAR AER 40MCG	2	QL (1 inhaler / 30 days)
QVAR AER 80MCG	2	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	2	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 250/50	2	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 500/50	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 200-25	2	QL (1 inhaler / 30 days)
DULERA AER 100-5MCG	3	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	3	QL (1 inhaler / 30 days)
SYMBICORT AER 80-4.5	2	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	2	QL (1 inhaler / 30 days)
XANTHINES		
<i>aminophylline inj 25 mg/ml</i>	1	
<i>elixophyllin elx 80/15ml</i>	3	
<i>theo-24 cap 100mg cr</i>	3	
<i>theo-24 cap 200mg cr</i>	3	
<i>theo-24 cap 300mg cr</i>	3	
<i>theo-24 cap 400mg er</i>	3	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab sr 12hr 100 mg</i>	1	
<i>theophylline tab sr 12hr 200 mg</i>	1	
<i>theophylline tab sr 12hr 300 mg</i>	1	
<i>theophylline tab sr 12hr 450 mg</i>	1	
<i>theophylline tab sr 24hr 400 mg</i>	1	
<i>theophylline tab sr 24hr 600 mg</i>	1	
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>amnestem cap 10mg</i>	1	
<i>amnestem cap 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amnesteem cap 40mg</i>	1	
AVITA CRE 0.025%	1	
AVITA GEL 0.025%	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>claravis cap 10mg</i>	1	
<i>claravis cap 20mg</i>	1	
<i>claravis cap 30mg</i>	1	
<i>claravis cap 40mg</i>	1	
<i>clindamax gel 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>myorisan cap 10mg</i>	1	
<i>myorisan cap 20mg</i>	1	
<i>myorisan cap 40mg</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	
<i>tretinoin cream 0.05%</i>	1	
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
<i>zenatane cap 10mg</i>	1	
<i>zenatane cap 20mg</i>	1	
<i>zenatane cap 30mg</i>	1	
<i>zenatane cap 40mg</i>	1	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
SILVER SULFADIAZINE CREAM 1%	1	
SSD CRE 1%	1	
SULFAMYLON CRE 85MG/GM	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder</i>	1	
<i>nystop pow 100000</i>	1	
DERMATOLOGY, ANTIPRURITIC		
<i>hydrocortisone rectal cream 2.5%</i>	1	
<i>procto-pak cre 1%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	
PRUDOXIN CRE 5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	4	PA
<i>acitretin cap 17.5 mg</i>	4	PA
<i>acitretin cap 25 mg</i>	4	PA
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitrene oin 0.005%</i>	1	
8-MOP CAP 10MG	3	
TAZORAC CRE 0.1%	3	PA
TAZORAC CRE 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala cort cre 1%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
<i>amcinonide oin 0.1%</i>	3	
<i>betamethasone dipropionate augmented cream 1 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 1 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate cream 0.1%</i>	1	
<i>betamethasone valerate lotion 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
<i>clobetasol e cre 0.05%</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>cormax scalp sol 0.05%</i>	1	
DESONIDE CREAM 0.05%	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
DESOXIMETASONE OINT 0.05%	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>diflorasone diacetate cream 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
<i>fluocin acet oil scalp</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
LOKARA LOT 0.05%	1	
<i>mometasone furoate cream 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>texacort sol 2.5%</i>	3	
<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>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine patch 5%</i>	1	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ELIDEL CRE 1%	3	PA
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
<i>laclotion lot 12%</i>	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
PANRETIN GEL 0.1%	4	
<i>podofilox soln 0.5%</i>	1	
<i>rosadan cre 0.75%</i>	1	
TARGRETIN GEL 1%	4	NM, PA
VALCHLOR GEL 0.016%	4	NM, LA, PA
VOLTAREN GEL 1%	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	3	
EURAX LOT 10%	3	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	1	
REGANEX GEL 0.01%	4	PA

Drug Name	Drug Tier	Requirements/Limits
SANTYL OIN 250/GM	3	
SODIUM CHLORIDE	1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CIPRODEX SUS 0.3-0.1%	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT METER	0	NM
TRUE METRIX TES	0	NM
TRUERESULT KIT SYSTEM	0	NM
TRUETEST TES	0	NM

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8

8-MOP CAP 10MG82

A

abacavir sulfate tab 300 mg (base equiv)
..... 7

abacavir sulfate-lamivudine-zidovudine
tab 300-150-300 mg 9

ABELCET INJ 5MG/ML..... 6

ABILIFY DISC TAB 10MG.....43

ABILIFY DISC TAB 15MG.....43

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ABILIFY MAIN INJ 300MG43

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acarbose tab 25 mg52

acarbose tab 50 mg52

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acebutolol hcl cap 400 mg27

acetaminophen w/ codeine soln 120-12
mg/5ml 2

acetaminophen w/ codeine tab 300-15 mg
..... 2

acetaminophen w/ codeine tab 300-30 mg
..... 2

acetaminophen w/ codeine tab 300-60 mg
..... 2

acetazolamide cap sr 12hr 500 mg.....30

acetazolamide tab 125 mg30

acetazolamide tab 250 mg30

acetic acid 2% in aluminum acetate otic
soln.....85

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acetylcysteine inhal soln 20%.....79

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acyclovir cap 200 mg..... 10

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acyclovir sodium for inj 1000 mg 10

acyclovir sodium for inj 500 mg 10

acyclovir sodium iv soln 50 mg/ml..... 10

acyclovir susp 200 mg/5ml..... 10

acyclovir tab 400 mg 10

acyclovir tab 800 mg 10

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ADVAIR DISKU AER 250/50 80

ADVAIR DISKU AER 500/50 80

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afeditab tab 30mg cr 28

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AFINITOR TAB 2.5MG 19

AFINITOR TAB 5MG 19

AFINITOR TAB 7.5MG 19

AGGRENOX CAP 25-200MG 68

a-hydrocort inj 100mg 57

ala cort cre 1% 82

ALBENZA TAB 200MG 5

albuterol sulfate soln nebu 0.083% (2.5
mg/3ml) 78

albuterol sulfate soln nebu 0.5% (5
mg/ml) 78

albuterol sulfate soln nebu 0.63 mg/3ml

<i>(base equiv)</i>	78	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	30
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	78	<i>amiloride hcl tab 5 mg</i>	31
<i>albuterol sulfate syrup 2 mg/5ml</i>	78	<i>amino acid infusion 6%</i>	73
<i>albuterol sulfate tab 2 mg</i>	78	<i>aminophylline inj 25 mg/ml</i>	80
<i>albuterol sulfate tab 4 mg</i>	78	AMINOSYN 7% INJ /LYTES	73
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<i>alendronate sodium tab 35 mg</i>	53	AMINOSYN M INJ 3.5%	73
<i>alendronate sodium tab 40 mg</i>	53	AMINOSYN-HBC INJ 7%.....	73
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<i>alendronate sodium tab 70 mg</i>	53	AMINOSYN-PF INJ 7%	73
<i>alfuzosin hcl tab sr 24hr 10 mg</i>	65	AMINOSYN-RF INJ 5.2%	73
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ALIMTA INJ 500MG	17	<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	25
ALINIA SUS 100/5ML	5	<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	25
ALINIA TAB 500MG	5	<i>amiodarone hcl tab 100 mg</i>	25
<i>allopurinol tab 100 mg</i>	1	<i>amiodarone hcl tab 200 mg</i>	25
<i>allopurinol tab 300 mg</i>	1	<i>amiodarone hcl tab 400 mg</i>	25
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<i>alprazolam con 1 mg/ml</i>	33	<i>amitriptyline hcl tab 100 mg</i>	39
<i>alprazolam tab 0.25 mg</i>	33	<i>amitriptyline hcl tab 150 mg</i>	39
<i>alprazolam tab 0.5 mg</i>	33	<i>amitriptyline hcl tab 25 mg</i>	39
<i>alprazolam tab 1 mg</i>	33	<i>amitriptyline hcl tab 50 mg</i>	39
<i>alprazolam tab 2 mg</i>	33	<i>amitriptyline hcl tab 75 mg</i>	39
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<i>altavera tab</i>	54	<i>amlodipine besylate tab 2.5 mg</i>	28
<i>amantadine hcl cap 100 mg</i>	42	<i>amlodipine besylate tab 5 mg</i>	28
<i>amantadine hcl syrup 50 mg/5ml</i>	42	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	22
<i>amantadine hcl tab 100 mg</i>	42	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	22
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<i>amcinonide lotion 0.1%</i>	82	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	22
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<i>amifostine crystalline for inj 500 mg</i>	21		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4		

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<i>amlodipine besylate-valsartan tab 10-160 mg</i>	24	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	14
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	24	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	14
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	24	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	14
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<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	24	<i>amoxicillin (trihydrate) tab 500 mg</i>	14
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	24	<i>amoxicillin (trihydrate) tab 875 mg</i>	14
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	24	<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	47
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<i>amnesteem cap 20mg</i>	80	<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	48
<i>amnesteem cap 40mg</i>	81	<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	48
<i>amoxapine tab 100 mg</i>	39	<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	48
<i>amoxapine tab 150 mg</i>	39	<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	47
<i>amoxapine tab 25 mg</i>	39	<i>amphetamine-dextroamphetamine tab 10 mg</i>	48
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<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	14	<i>amphetamine-dextroamphetamine tab 30 mg</i>	48
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	14	<i>amphetamine-dextroamphetamine tab 5 mg</i>	48
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<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	14	<i>amphotericin b for inj 50 mg</i>	7
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	14	<i>ampicillin & sulbactam sodium for inj 1-0.5 gm</i>	14
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	14	<i>ampicillin & sulbactam sodium for inj 10-5 gm</i>	14
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<i>ampicillin sodium for inj 250 mg</i>	15	<i>atenolol tab 50 mg</i>	27
<i>ampicillin sodium for inj 500 mg</i>	15	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	26
<i>ampicillin sodium for iv soln 1 gm</i>	15	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	26
<i>ampicillin sodium for iv soln 10 gm</i>	15	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	26
<i>ampicillin sodium for iv soln 2 gm</i>	15	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	26
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<i>anagrelide hcl cap 1 mg</i>	68	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	7
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ARALAST NP INJ 500MG	79	AZACTAM/DEX INJ 1GM	5
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<i>aranelle tab</i>	54	<i>azathioprine tab 50 mg</i>	70
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<i>aripiprazole tab 2 mg</i>	44		
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<i>bromfenac sodium ophth soln 0.09%</i>	
<i>(base equivalent)</i>	76
<i>bromocriptine mesylate cap 5 mg</i>	42
<i>bromocriptine mesylate tab 2.5 mg</i>	42
<i>budesonide cap sr 24hr 3 mg</i>	63
<i>budesonide inhalation susp 0.25 mg/2ml</i>	
.....	80
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	80
<i>bumetanide inj 0.25 mg/ml</i>	31
<i>bumetanide tab 0.5 mg</i>	31
<i>bumetanide tab 1 mg</i>	31
<i>bumetanide tab 2 mg</i>	31
<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>equiv)</i>	50
<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>equiv)</i>	50
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>2-0.5 mg (base equiv)</i>	51
<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>mg (base equiv)</i>	51
<i>buproban tab 150mg</i>	51
<i>bupropion hcl tab 100 mg</i>	39
<i>bupropion hcl tab 75 mg</i>	39

<i>bupropion hcl tab sr 12hr 100 mg</i>	39
<i>bupropion hcl tab sr 12hr 150 mg</i>	39
<i>bupropion hcl tab sr 12hr 200 mg</i>	39
<i>bupropion hcl tab sr 24hr 150 mg</i>	39
<i>bupropion hcl tab sr 24hr 300 mg</i>	39
<i>bupirone hcl tab 10 mg</i>	33
<i>bupirone hcl tab 15 mg</i>	33
<i>bupirone hcl tab 30 mg</i>	33
<i>bupirone hcl tab 5 mg</i>	33
<i>bupirone hcl tab 7.5 mg</i>	33
BUSULFEX INJ 6MG/ML	16
<i>butorphanol tartrate inj 1 mg/ml</i>	2
<i>butorphanol tartrate inj 2 mg/ml</i>	2
BYSTOLIC TAB 10MG	27
BYSTOLIC TAB 2.5MG	27
BYSTOLIC TAB 20MG	28
BYSTOLIC TAB 5MG	27

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<i>cabergoline tab 0.5 mg</i>	59
<i>cafergot tab 1-100mg</i>	49
<i>calcipotriene cream 0.005%</i>	82
<i>calcipotriene oint 0.005%</i>	82
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
.....	82
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
.....	59
<i>calcitrene oin 0.005%</i>	82
<i>calcitriol cap 0.25 mcg</i>	75
<i>calcitriol cap 0.5 mcg</i>	75
<i>calcitriol inj 1 mcg/ml</i>	75
<i>calcitriol oral soln 1 mcg/ml</i>	75
<i>calcium acetate (phosphate binder) cap</i>	
<i>667 mg (169 mg ca)</i>	60
<i>camila tab 0.35mg</i>	54
CANASA SUP 1000MG	63
CANCIDAS INJ 50MG	7
CANCIDAS INJ 70MG	7
CAPASTAT SUL INJ 1GM	9
CAPRELSA TAB 100MG	19
CAPRELSA TAB 300MG	19
<i>captopril & hydrochlorothiazide tab 25-15</i>	
<i>mg</i>	22
<i>captopril & hydrochlorothiazide tab 25-25</i>	
<i>mg</i>	22
<i>captopril & hydrochlorothiazide tab 50-15</i>	
<i>mg</i>	22
<i>captopril & hydrochlorothiazide tab 50-25</i>	
<i>mg</i>	22

<i>captopril tab 100 mg</i>	23	<i>carvedilol tab 3.125 mg</i>	28
<i>captopril tab 12.5 mg</i>	22	<i>carvedilol tab 6.25 mg</i>	28
<i>captopril tab 25 mg</i>	22	CAYSTON INH 75MG	5
<i>captopril tab 50 mg</i>	23	<i>cefaclor cap 250 mg</i>	11
CARBAGLU TAB 200MG	56	<i>cefaclor cap 500 mg</i>	11
<i>carbamazepine cap sr 12hr 100 mg</i>	34	<i>cefaclor er tab 500mg</i>	11
<i>carbamazepine cap sr 12hr 200 mg</i>	34	<i>cefaclor for susp 125 mg/5ml</i>	11
<i>carbamazepine cap sr 12hr 300 mg</i>	34	<i>cefaclor for susp 250 mg/5ml</i>	11
<i>carbamazepine chew tab 100 mg</i>	34	<i>cefaclor for susp 375 mg/5ml</i>	11
<i>carbamazepine susp 100 mg/5ml</i>	34	<i>cefadroxil cap 500 mg</i>	11
<i>carbamazepine tab 200 mg</i>	34	<i>cefadroxil for susp 250 mg/5ml</i>	11
<i>carbamazepine tab sr 12hr 200 mg</i>	34	<i>cefadroxil for susp 500 mg/5ml</i>	11
<i>carbamazepine tab sr 12hr 400 mg</i>	34	<i>cefadroxil tab 1 gm</i>	11
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	42	<i>cefazolin inj 1gm/50ml</i>	11
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	42	<i>cefazolin sodium for inj 1 gm</i>	11
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	42	<i>cefazolin sodium for inj 10 gm</i>	11
<i>carbidopa & levodopa tab 10-100 mg</i> ..	42	<i>cefazolin sodium for inj 20 gm</i>	11
<i>carbidopa & levodopa tab 25-100 mg</i> ..	42	<i>cefazolin sodium for inj 500 mg</i>	11
<i>carbidopa & levodopa tab 25-250 mg</i> ..	42	<i>cefazolin sodium for iv soln 1 gm</i>	11
<i>carbidopa & levodopa tab cr 25-100 mg</i>	42	<i>cefdinir cap 300 mg</i>	11
<i>carbidopa & levodopa tab cr 50-200 mg</i>	42	<i>cefdinir for susp 125 mg/5ml</i>	11
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	42	<i>cefdinir for susp 250 mg/5ml</i>	11
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	43	<i>cefepime hcl for inj 1 gm</i>	11
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	43	<i>cefepime hcl for inj 2 gm</i>	11
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	43	<i>cefixime for susp 100 mg/5ml</i>	11
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	43	<i>cefixime for susp 200 mg/5ml</i>	11
<i>carboplatin iv soln 150 mg/15ml</i>	21	<i>cefotaxime sodium for inj 1 gm</i>	11
<i>carboplatin iv soln 450 mg/45ml</i>	21	<i>cefotaxime sodium for inj 2 gm</i>	11
<i>carboplatin iv soln 50 mg/5ml</i>	21	<i>cefotaxime sodium for inj 500 mg</i>	11
<i>carboplatin iv soln 600 mg/60ml</i>	21	<i>cefoxitin sodium for inj 10 gm</i>	11
CARIMUNE NF INJ 12GM	69	<i>cefoxitin sodium for iv soln 1 gm</i>	11
CARIMUNE NF INJ 3GM	69	<i>cefoxitin sodium for iv soln 2 gm</i>	12
CARIMUNE NF INJ 6GM	69	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	12
<i>carteolol hcl ophth soln 1%</i>	77	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	12
<i>carvedilol tab 12.5 mg</i>	28	<i>cefpodoxime proxetil tab 100 mg</i>	12
<i>carvedilol tab 25 mg</i>	28	<i>cefpodoxime proxetil tab 200 mg</i>	12
		<i>cefprozil for susp 125 mg/5ml</i>	12
		<i>cefprozil for susp 250 mg/5ml</i>	12
		<i>cefprozil tab 250 mg</i>	12
		<i>cefprozil tab 500 mg</i>	12
		<i>ceftazidime for inj 1 gm</i>	12
		<i>ceftazidime for inj 2 gm</i>	12
		<i>ceftazidime for inj 6 gm</i>	12
		CEFTAZIDIME/ SOL D5W 1GM	12
		CEFTAZIDIME/ SOL D5W 2GM	12
		<i>ceftriaxone sodium for inj 1 gm</i>	12

<i>ceftriaxone sodium for inj 10 gm</i>	12	.....	26
<i>ceftriaxone sodium for inj 2 gm</i>	12	<i>cholestyramine powder 4 gm/dose</i>	26
<i>ceftriaxone sodium for inj 250 mg</i>	12	<i>cholestyramine powder packets 4 gm</i> .	26
<i>ceftriaxone sodium for inj 500 mg</i>	12	<i>choline fenofibrate cap dr 135 mg</i>	
<i>ceftriaxone sodium for iv soln 1 gm</i>	12	<i>(fenofibric acid equiv)</i>	26
<i>ceftriaxone sodium for iv soln 2 gm</i>	12	<i>choline fenofibrate cap dr 45 mg</i>	
<i>cefuroxime axetil tab 250 mg</i>	12	<i>(fenofibric acid equiv)</i>	26
<i>cefuroxime axetil tab 500 mg</i>	12	<i>ciclopirox gel 0.77%</i>	81
<i>cefuroxime inj 7.5gm</i>	12	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cefuroxime sodium for inj 1.5 gm</i>	12	<i>equiv)</i>	81
<i>cefuroxime sodium for inj 7.5 gm</i>	12	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>cefuroxime sodium for inj 750 mg</i>	12	<i>equiv)</i>	81
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	12	<i>ciclopirox shampoo 1%</i>	81
<i>celecoxib cap 100 mg</i>	1	<i>cilostazol tab 100 mg</i>	68
<i>celecoxib cap 200 mg</i>	1	<i>cilostazol tab 50 mg</i>	68
<i>celecoxib cap 400 mg</i>	1	CILOXAN OIN 0.3% OP	75
<i>celecoxib cap 50 mg</i>	1	CIMZIA KIT	68
CELONTIN CAP 300MG	34	CIMZIA KIT STARTER	68
<i>cephalexin cap 250 mg</i>	12	CIMZIA PREFL KIT 200MG/ML.....	68
<i>cephalexin cap 500 mg</i>	12	CINRYZE SOL 500 UNIT	68
<i>cephalexin for susp 125 mg/5ml</i>	12	CIPRODEX SUS 0.3-0.1%.....	85
<i>cephalexin for susp 250 mg/5ml</i>	12	<i>ciprofloxacin 200 mg/100ml in d5w</i>	13
CERDELGA CAP 84MG.....	56	<i>ciprofloxacin 400 mg/200ml in d5w</i>	13
CEREZYME INJ 200UNIT	56	<i>ciprofloxacin for oral susp 250 mg/5ml</i>	
CEREZYME INJ 400UNIT	56	<i>(5%) (5 gm/100ml)</i>	13
CERVARIX INJ	71	<i>ciprofloxacin for oral susp 500 mg/5ml</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		<i>(10%) (10 gm/100ml)</i>	13
<i>mg/5ml)</i>	78	<i>ciprofloxacin hcl ophth soln 0.3%</i>	75
<i>cevimeline hcl cap 30 mg</i>	85	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	
CHANTIX PAK 0.5& 1MG	51	.....	13
CHANTIX PAK 1MG.....	51	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	
CHANTIX TAB 0.5MG.....	51	.....	13
CHANTIX TAB 1MG.....	51	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	
CHEMET CAP 100MG	53	.....	13
<i>chlorhexidine gluconate soln 0.12%</i>	85	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	
<i>chloroquine phosphate tab 250 mg</i>	7	.....	13
<i>chloroquine phosphate tab 500 mg</i>	7	<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	
<i>chlorothiazide tab 250 mg</i>	31	.....	13
<i>chlorothiazide tab 500 mg</i>	31	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	
<i>chlorpromaz inj 50mg/2ml</i>	44	.....	13
<i>chlorpromazine hcl tab 10 mg</i>	44	<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	
<i>chlorpromazine hcl tab 100 mg</i>	44	<i>1000 mg(base eq)</i>	13
<i>chlorpromazine hcl tab 200 mg</i>	44	<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	
<i>chlorpromazine hcl tab 25 mg</i>	44	<i>500 mg (base eq)</i>	13
<i>chlorpromazine hcl tab 50 mg</i>	44	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> . 21	
<i>chlorthalidone tab 25 mg</i>	31	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> . 21	
<i>chlorthalidone tab 50 mg</i>	31	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> 21	
<i>cholestyramine light powder packets 4 gm</i>		<i>citalopram hydrobromide oral soln 10</i>	

<i>mg/5ml</i>	39	<i>clobetasol propionate cream 0.05%</i>	83
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	39	<i>clobetasol propionate gel 0.05%</i>	83
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	39	<i>clobetasol propionate oint 0.05%</i>	83
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	39	<i>clobetasol propionate soln 0.05%</i>	83
<i>cladribine inj 1 mg/ml</i>	17	<i>clomipramine hcl cap 25 mg</i>	39
<i>claravis cap 10mg</i>	81	<i>clomipramine hcl cap 50 mg</i>	39
<i>claravis cap 20mg</i>	81	<i>clomipramine hcl cap 75 mg</i>	39
<i>claravis cap 30mg</i>	81	<i>clonazepam orally disintegrating tab 0.125 mg</i>	34
<i>claravis cap 40mg</i>	81	<i>clonazepam orally disintegrating tab 0.25 mg</i>	34
<i>clarithromycin for susp 125 mg/5ml</i>	13	<i>clonazepam orally disintegrating tab 0.5 mg</i>	34
<i>clarithromycin for susp 250 mg/5ml</i>	13	<i>clonazepam orally disintegrating tab 1 mg</i>	34
<i>clarithromycin tab 250 mg</i>	13	<i>clonazepam orally disintegrating tab 2 mg</i>	34
<i>clarithromycin tab 500 mg</i>	13	<i>clonazepam tab 0.5 mg</i>	34
<i>clarithromycin tab sr 24hr 500 mg</i>	13	<i>clonazepam tab 1 mg</i>	34
<i>clindamax gel 1%</i>	81	<i>clonazepam tab 2 mg</i>	34
<i>clindamycin hcl cap 150 mg</i>	5	<i>clonidine hcl tab 0.1 mg</i>	32
<i>clindamycin hcl cap 300 mg</i>	5	<i>clonidine hcl tab 0.2 mg</i>	32
<i>clindamycin hcl cap 75 mg</i>	5	<i>clonidine hcl tab 0.3 mg</i>	32
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	5	<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	32
<i>clindamycin phosphate gel 1%</i>	81	<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	32
<i>clindamycin phosphate inj 300 mg/2ml</i> ..	5	<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	32
<i>clindamycin phosphate inj 600 mg/4ml</i> ..	5	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	68
<i>clindamycin phosphate inj 9 gm/60ml</i> ..	5	<i>clorazepate dipotassium tab 15 mg</i>	34
<i>clindamycin phosphate inj 900 mg/6ml</i> ..	5	<i>clorazepate dipotassium tab 3.75 mg</i> ..	34
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	5	<i>clorazepate dipotassium tab 7.5 mg</i> ...	34
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	5	<i>clotrimazole cream 1%</i>	81
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	5	<i>clotrimazole soln 1%</i>	81
<i>clindamycin phosphate lotion 1%</i>	81	<i>clotrimazole troche 10 mg</i>	85
<i>clindamycin phosphate soln 1%</i>	81	CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	44
<i>clindamycin phosphate swab 1%</i>	81	CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	44
<i>clindamycin phosphate vaginal cream 2%</i>	66	CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	44
CLINIMIX INJ 2.75/D5W	73	CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	44
CLINIMIX INJ 4.25/D10	73	CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	44
CLINIMIX INJ 4.25/D20	73	<i>clozapine tab 100 mg</i>	44
CLINIMIX INJ 4.25/D25	73		
CLINIMIX INJ 4.25/D5W	73		
CLINIMIX INJ 5%/D15W	73		
CLINIMIX INJ 5%/D20W	73		
CLINIMIX INJ 5%/D25W	73		
<i>clobetasol e cre 0.05%</i>	83		

<i>clozapine tab 200 mg</i>	44	.....	64
<i>clozapine tab 25 mg</i>	44	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
<i>clozapine tab 50 mg</i>	44	.....	79
COARTEM TAB 20-120MG	7	<i>cryselle-28 tab 28 tabs</i>	54
<i>colchicine w/ probenecid tab 0.5-500 mg</i>		CUBICIN SOL 500MG	5
.....	1	CUVPOSA SOL 1MG/5ML	62
COLCRYS TAB 0.6MG.....	1	<i>cyclafem tab 1/35</i>	54
<i>colestipol hcl granule packets 5 gm</i>	26	<i>cyclafem tab 7/7/7</i>	54
<i>colestipol hcl granules 5 gm</i>	26	<i>cyclobenzaprine hcl tab 10 mg</i>	50
<i>colestipol hcl tab 1 gm</i>	26	<i>cyclobenzaprine hcl tab 5 mg</i>	50
<i>colistimethate sodium for inj 150 mg</i>	5	CYCLOPHOSPH CAP 25MG	16
COMBIGAN SOL 0.2/0.5%.....	77	CYCLOPHOSPH CAP 50MG	16
COMBIPATCH DIS .05/.14.....	57	<i>cyclophosphamide for inj 1 gm</i>	16
COMBIPATCH DIS .05/.25.....	57	<i>cyclophosphamide for inj 2 gm</i>	16
COMBIVENT AER RESPIMAT	77	<i>cyclophosphamide for inj 500 mg</i>	16
COMETRIQ KIT 100MG	19	<i>cycloserine cap 250 mg</i>	9
COMETRIQ KIT 140MG	19	<i>cyclosporine cap 100 mg</i>	70
COMETRIQ KIT 60MG	19	<i>cyclosporine cap 25 mg</i>	70
COMPLERA TAB	9	<i>cyclosporine iv soln 50 mg/ml</i>	70
<i>compro sup 25mg</i>	61	<i>cyclosporine modified cap 100 mg</i>	70
COMVAX INJ.....	71	<i>cyclosporine modified cap 25 mg</i>	70
<i>constulose sol 10gm/15</i>	63	<i>cyclosporine modified cap 50 mg</i>	70
COPAXONE INJ 20MG/ML	50	<i>cyclosporine modified oral soln 100 mg/ml</i>	
COPAXONE INJ 40MG/ML	50	.....	70
<i>cormax scalp sol 0.05%</i>	83	CYSTADANE POW	56
<i>cortisone acetate tab 25 mg</i>	58	CYSTAGON CAP 150MG.....	56
COUMADIN TAB 10MG	66	CYSTAGON CAP 50MG	56
COUMADIN TAB 1MG.....	66	<i>cytarabine inj 20 mg/ml</i>	17
COUMADIN TAB 2.5MG	66	D	
COUMADIN TAB 2MG.....	66	D10W/NAACL INJ 0.2%	73
COUMADIN TAB 3MG.....	66	D5W/LYTES INJ #48.....	73
COUMADIN TAB 4MG.....	66	D5W/NAACL INJ 0.3%	73
COUMADIN TAB 5MG.....	66	<i>dacarbazine for inj 100 mg</i>	16
COUMADIN TAB 6MG.....	66	<i>dacarbazine for inj 200 mg</i>	16
COUMADIN TAB 7.5MG	66	DALIRESP TAB 500MCG	79
CREON CAP 12000UNT	64	<i>danazol cap 100 mg</i>	56
CREON CAP 24000UNT	64	<i>danazol cap 200 mg</i>	56
CREON CAP 3000UNIT.....	64	<i>danazol cap 50 mg</i>	56
CREON CAP 36000UNT	64	<i>dantrolene sodium cap 100 mg</i>	50
CREON CAP 6000UNIT	64	<i>dantrolene sodium cap 25 mg</i>	50
CRESTOR TAB 10MG	26	<i>dantrolene sodium cap 50 mg</i>	50
CRESTOR TAB 20MG	26	<i>dapsone tab 100 mg</i>	5
CRESTOR TAB 40MG	26	<i>dapsone tab 25 mg</i>	5
CRESTOR TAB 5MG	26	DAPTACEL INJ	71
CRIXIVAN CAP 200MG	8	DARAPRIM TAB 25MG	6
CRIXIVAN CAP 400MG	8	<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	
<i>cromolyn sodium ophth soln 4%</i>	76	.....	16
<i>cromolyn sodium oral conc 100 mg/5ml</i>		<i>deblitane tab 0.35mg</i>	54

<i>delyla tab 0.1-0.02</i>	54	<i>dexamethasone tab 0.5 mg</i>	58
DELZICOL CAP 400MG	63	<i>dexamethasone tab 0.75 mg</i>	58
DEMSER CAP 250MG	32	<i>dexamethasone tab 1 mg</i>	58
DENAVIR CRE 1%	82	<i>dexamethasone tab 1.5 mg</i>	58
DEPEN TITRA TAB 250MG	53	<i>dexamethasone tab 2 mg</i>	58
DEPO-PROVERA INJ 400/ML	18	<i>dexamethasone tab 4 mg</i>	58
<i>desipramine hcl tab 10 mg</i>	39	<i>dexamethasone tab 6 mg</i>	58
<i>desipramine hcl tab 100 mg</i>	39	DEXILANT CAP 30MG DR.....	65
<i>desipramine hcl tab 150 mg</i>	40	DEXILANT CAP 60MG DR.....	65
<i>desipramine hcl tab 25 mg</i>	39	<i>dexrazoxane for inj 250 mg</i>	21
<i>desipramine hcl tab 50 mg</i>	39	DEXTROSE 10% W/ SODIUM CHLORIDE	
<i>desipramine hcl tab 75 mg</i>	39	0.45%	74
<i>desmopressin acetate inj 4 mcg/ml</i>	61	DEXTROSE 2.5% W/ SODIUM CHLORIDE	
DESMOPRESSIN ACETATE NASAL SOLN		0.45%	73
0.01% (REFRIGERATED).....	61	DEXTROSE 5% IN LACTATED RINGERS	74
<i>desmopressin acetate nasal spray soln</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
0.01%	61	0.2%	74
<i>desmopressin acetate nasal spray soln</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
0.01% (refrigerated)	61	0.225%	74
<i>desmopressin acetate tab 0.1 mg</i>	61	DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>desmopressin acetate tab 0.2 mg</i>	61	0.33%	74
<i>desogest-eth estrad & eth estrad tab</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
0.15-0.02/0.01 mg(21/5)	54	0.45%	74
<i>desogestrel & ethinyl estradiol tab 0.15</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>mg-30 mcg</i>	54	0.9%	74
DESONIDE CREAM 0.05%	83	DEXTROSE INJ 10%	74
<i>desonide lotion 0.05%</i>	83	DEXTROSE INJ 5%	74
<i>desonide oint 0.05%</i>	83	DEXTROSE INJ 50%	74
<i>desoximetasone cream 0.05%</i>	83	<i>dextrose inj 70%</i>	74
<i>desoximetasone cream 0.25%</i>	83	<i>diazepam con 5mg/ml</i>	34
<i>desoximetasone gel 0.05%</i>	83	<i>diazepam inj 5 mg/ml</i>	34
DESOXIMETASONE OINT 0.05%	83	DIAZEPAM RECTAL GEL DELIVERY	
<i>desoximetasone oint 0.25%</i>	83	SYSTEM 10 MG	34
<i>dexamethason con 1mg/ml</i>	58	DIAZEPAM RECTAL GEL DELIVERY	
<i>dexamethasone elixir 0.5 mg/5ml</i>	58	SYSTEM 2.5 MG	34
<i>dexamethasone sod phosphate</i>		DIAZEPAM RECTAL GEL DELIVERY	
<i>preservative free inj 10 mg/ml</i>	58	SYSTEM 20 MG	34
<i>dexamethasone sodium phosphate inj 10</i>		<i>diazepam soln 1 mg/ml</i>	34
<i>mg/ml</i>	58	<i>diazepam tab 10 mg</i>	35
<i>dexamethasone sodium phosphate inj 100</i>		<i>diazepam tab 2 mg</i>	34
<i>mg/10ml</i>	58	<i>diazepam tab 5 mg</i>	35
<i>dexamethasone sodium phosphate inj 120</i>		<i>diclofenac potassium tab 50 mg</i>	1
<i>mg/30ml</i>	58	<i>diclofenac sodium ophth soln 0.1%</i>	76
<i>dexamethasone sodium phosphate inj 20</i>		<i>diclofenac sodium tab delayed release 25</i>	
<i>mg/5ml</i>	58	<i>mg</i>	1
<i>dexamethasone sodium phosphate ophth</i>		<i>diclofenac sodium tab delayed release 50</i>	
<i>soln 0.1%</i>	76	<i>mg</i>	1
<i>dexamethasone soln 0.5 mg/5ml</i>	58	<i>diclofenac sodium tab delayed release 75</i>	

mg.....	1	sr 24hr 120 mg.....	29
diclofenac sodium tab sr 24hr 100 mg ..	1	diltiazem hcl extended release beads cap	
dicloxacillin sodium cap 250 mg.....	15	sr 24hr 180 mg.....	29
dicloxacillin sodium cap 500 mg.....	15	diltiazem hcl extended release beads cap	
dicyclomine hcl cap 10 mg.....	62	sr 24hr 240 mg.....	29
dicyclomine hcl oral soln 10 mg/5ml....	62	diltiazem hcl extended release beads cap	
dicyclomine hcl tab 20 mg.....	62	sr 24hr 300 mg.....	29
didanosine delayed release capsule 125		diltiazem hcl extended release beads cap	
mg.....	8	sr 24hr 360 mg.....	29
didanosine delayed release capsule 200		diltiazem hcl extended release beads cap	
mg.....	8	sr 24hr 420 mg.....	29
didanosine delayed release capsule 250		diltiazem hcl iv soln 125 mg/25ml (5	
mg.....	8	mg/ml).....	29
didanosine delayed release capsule 400		diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	
mg.....	8	.....	29
DIFICID TAB 200MG.....	13	diltiazem hcl iv soln 50 mg/10ml (5	
diflorasone diacetate cream 0.05%	83	mg/ml).....	29
diflorasone diacetate oint 0.05%.....	83	diltiazem hcl tab 120 mg.....	29
diflunisal tab 500 mg.....	1	diltiazem hcl tab 30 mg.....	29
digitek tab 0.125mg.....	30	diltiazem hcl tab 60 mg.....	29
digitek tab 0.25mg.....	30	diltiazem hcl tab 90 mg.....	29
digoxin inj 0.25 mg/ml.....	30	diltzac cap 120mg/24.....	29
DIGOXIN ORAL SOLN 0.05 MG/ML.....	30	diltzac cap 180mg/24.....	29
digoxin tab 125 mcg (0.125 mg).....	30	diltzac cap 240mg/24.....	29
digoxin tab 250 mcg (0.25 mg).....	30	diltzac cap 300mg/24.....	29
dihydroergotamine mesylate inj 1 mg/ml		DIP/TET PED INJ 25-5LFU.....	71
.....	49	DIPENTUM CAP 250MG.....	63
dilantin cap 100mg.....	35	diphenhydramine hcl inj 50 mg/ml.....	78
dilantin cap 30mg.....	35	diphenoxylate w/ atropine liq 2.5-0.025	
dilantin chw 50mg.....	35	mg/5ml.....	64
DILANTIN-125 SUS 125/5ML.....	35	diphenoxylate w/ atropine tab 2.5-0.025	
diltiazem hcl cap sr 12hr 120 mg.....	28	mg.....	64
diltiazem hcl cap sr 12hr 60 mg.....	28	disopyramide phosphate cap 100 mg..	25
diltiazem hcl cap sr 12hr 90 mg.....	28	disopyramide phosphate cap 150 mg..	25
diltiazem hcl cap sr 24hr 120 mg.....	28	disulfiram tab 250 mg.....	51
diltiazem hcl cap sr 24hr 180 mg.....	29	disulfiram tab 500 mg.....	51
diltiazem hcl cap sr 24hr 240 mg.....	29	DIURIL SUS 250/5ML.....	31
diltiazem hcl coated beads cap sr 24hr 120		divalproex sodium cap sprinkle 125 mg	
mg.....	29	.....	35
diltiazem hcl coated beads cap sr 24hr 180		divalproex sodium tab delayed release	
mg.....	29	125 mg.....	35
diltiazem hcl coated beads cap sr 24hr 240		divalproex sodium tab delayed release	
mg.....	29	250 mg.....	35
diltiazem hcl coated beads cap sr 24hr 300		divalproex sodium tab delayed release	
mg.....	29	500 mg.....	35
diltiazem hcl coated beads cap sr 24hr 360		divalproex sodium tab sr 24 hr 250 mg	35
mg.....	29	divalproex sodium tab sr 24 hr 500 mg	35
diltiazem hcl extended release beads cap		DOCETAXEL FOR INJ CONC 20 MG/ML	17

DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML).....	17	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	54
<i>docetaxel inj 140/7ml.....</i>	17	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	54
DOCETAXEL INJ 160/16ML.....	18	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	54
DOCETAXEL INJ 200MG/20	18	DROXIA CAP 200MG	20
DOCETAXEL INJ 20MG/2ML.....	17	DROXIA CAP 300MG	20
DOCETAXEL INJ 80MG/8ML.....	17	DROXIA CAP 400MG	20
<i>donepezil hydrochloride orally disintegrating tab 10 mg.....</i>	38	DULERA AER 100-5MCG.....	80
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	38	DULERA AER 200-5MCG.....	80
<i>donepezil hydrochloride tab 10 mg.....</i>	38	<i>duloxetine hcl enteric coated pellets cap 20 mg.....</i>	40
<i>donepezil hydrochloride tab 23 mg.....</i>	38	<i>duloxetine hcl enteric coated pellets cap 30 mg.....</i>	40
<i>donepezil hydrochloride tab 5 mg</i>	38	<i>duloxetine hcl enteric coated pellets cap 60 mg.....</i>	40
<i>dorzolamide hcl ophth soln 2%.....</i>	77	DURAMORPH INJ 0.5MG/ML.....	2
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	77	DURAMORPH INJ 1MG/ML	2
<i>doxazosin mesylate tab 1 mg</i>	23	DUREZOL EMU 0.05%.....	76
<i>doxazosin mesylate tab 2 mg</i>	23	DYRENIUM CAP 100MG	31
<i>doxazosin mesylate tab 4 mg</i>	23	DYRENIUM CAP 50MG.....	31
<i>doxazosin mesylate tab 8 mg</i>	23	E	
<i>doxepin hcl cap 10 mg.....</i>	40	<i>e.e.s. 400 tab 400mg</i>	13
<i>doxepin hcl cap 100 mg.....</i>	40	E.E.S. GRAN SUS 200/5ML.....	13
<i>doxepin hcl cap 150 mg.....</i>	40	<i>econazole nitrate cream 1%</i>	81
<i>doxepin hcl cap 25 mg.....</i>	40	EDECIN TAB 25MG	31
<i>doxepin hcl cap 50 mg.....</i>	40	EDURANT TAB 25MG	8
<i>doxepin hcl cap 75 mg.....</i>	40	EFFIENT TAB 10MG	68
<i>doxepin hcl conc 10 mg/ml</i>	40	EFFIENT TAB 5MG	68
<i>doxorubicin hcl for inj 50 mg.....</i>	16	ELIDEL CRE 1%	84
<i>doxorubicin hcl inj 2 mg/ml.....</i>	16	ELIQUIS TAB 2.5MG	66
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	17	ELIQUIS TAB 5MG	66
<i>doxycycline hyclate cap 100 mg</i>	15	ELITEK INJ 1.5MG	21
<i>doxycycline hyclate cap 50 mg</i>	15	ELITEK INJ 7.5MG	21
<i>doxycycline hyclate for inj 100 mg.....</i>	15	<i>elixophyllin elx 80/15ml</i>	80
<i>doxycycline hyclate tab 100 mg.....</i>	15	ELLA TAB 30MG	54
<i>doxycycline hyclate tab 20 mg.....</i>	15	ELMIRON CAP 100MG	65
<i>doxycycline monohydrate cap 100 mg .16</i>	16	EMCYT CAP 140MG.....	16
<i>doxycycline monohydrate cap 50 mg...15</i>	15	EMEND CAP 125MG	62
<i>doxycycline monohydrate tab 100 mg .16</i>	16	EMEND CAP 40MG	61
<i>doxycycline monohydrate tab 150 mg .16</i>	16	EMEND CAP 80MG	62
<i>doxycycline monohydrate tab 50 mg ...16</i>	16	EMEND PAK 80 & 125	62
<i>doxycycline monohydrate tab 75 mg ...16</i>	16	<i>emoquette tab</i>	54
<i>dronabinol cap 10 mg.....</i>	61	EMSAM DIS 12MG/24H	40
<i>dronabinol cap 2.5 mg.....</i>	61	EMSAM DIS 6MG/24HR	40
<i>dronabinol cap 5 mg</i>	61	EMSAM DIS 9MG/24HR	40
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg.....</i>	54	EMTRIVA CAP 200MG.....	8

EMTRIVA SOL 10MG/ML.....	8	<i>erythrocin inj 500mg</i>	13
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	22	<i>erythrocin tab 250mg</i>	13
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	22	<i>erythromycin ethylsuccinate tab 400 mg</i>	13
<i>enalapril maleate tab 10 mg</i>	23	<i>erythromycin gel 2%</i>	81
<i>enalapril maleate tab 2.5 mg</i>	23	<i>erythromycin ophth oint 5 mg/gm</i>	75
<i>enalapril maleate tab 20 mg</i>	23	<i>erythromycin pads 2%</i>	81
<i>enalapril maleate tab 5 mg</i>	23	<i>erythromycin soln 2%</i>	81
<i>endocet tab 10-325mg</i>	2	<i>erythromycin tab 250 mg</i>	13
<i>endocet tab 5-325mg</i>	2	<i>erythromycin tab 500 mg</i>	13
<i>endocet tab 7.5-325</i>	2	<i>erythromycin w/ delayed release particles cap 250 mg</i>	13
ENGERIX-B INJ 10/0.5ML.....	71	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	40
ENGERIX-B INJ 20MCG/ML.....	71	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	40
<i>enoxaparin sodium inj 100 mg/ml</i>	66	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	40
<i>enoxaparin sodium inj 120 mg/0.8ml</i> ..	66	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	40
<i>enoxaparin sodium inj 150 mg/ml</i>	66	<i>esomepra mag cap 40mg dr</i>	65
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	66	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	65
<i>enoxaparin sodium inj 300 mg/3ml</i>	66	<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	65
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	66	<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	65
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	66	<i>estradiol tab 0.5 mg</i>	57
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	66	<i>estradiol tab 1 mg</i>	57
<i>enpresse-28 tab</i>	54	<i>estradiol tab 2 mg</i>	57
<i>entacapone tab 200 mg</i>	43	<i>estradiol td patch weekly 0.025 mg/24hr</i>	57
<i>entecavir tab 0.5 mg</i>	10	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	57
<i>entecavir tab 1 mg</i>	10	<i>estradiol td patch weekly 0.05 mg/24hr</i>	57
<i>enulose sol 10gm/15</i>	63	<i>estradiol td patch weekly 0.06 mg/24hr</i>	57
EPIPEN 2-PAK INJ 0.3MG	79	<i>estradiol td patch weekly 0.075 mg/24hr</i>	57
EPIPEN-JR INJ 2-PAK.....	79	<i>estradiol td patch weekly 0.1 mg/24hr</i>	57
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	17	ESTRADIOL VALERATE IM IN OIL 10 MG/ML.....	57
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	17	<i>estradiol valerate im in oil 20 mg/ml</i> ..	57
<i>epitol tab 200mg</i>	35	ESTRADIOL VALERATE IM IN OIL 40 MG/ML.....	57
EPIVIR HBV SOL 5MG/ML.....	10	<i>ethambutol hcl tab 100 mg</i>	9
EPIVIR SOL 10MG/ML.....	8	<i>ethambutol hcl tab 400 mg</i>	10
<i>eplerenone tab 25 mg</i>	23		
<i>eplerenone tab 50 mg</i>	23		
EPZICOM TAB 600-300	9		
ERAXIS INJ 100MG	7		
ERAXIS INJ 50MG	7		
ERIVEDGE CAP 150MG	18		
<i>errin tab 0.35mg</i>	54		
ERYPED SUS 200/5ML	13		
ERYPED SUS 400/5ML	13		
<i>ery-tab tab 250mg ec</i>	13		
<i>ery-tab tab 333mg ec</i>	13		
<i>ery-tab tab 500mg ec</i>	13		

<i>ethosuximide cap 250 mg</i>	35
<i>ethosuximide soln 250 mg/5ml</i>	35
<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 sr 24hr 400 mg</i>	1
<i>etodolac tab sr 24hr 500 mg</i>	1
<i>etodolac tab sr 24hr 600 mg</i>	1
<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	21
EURAX CRE 10%.....	84
EURAX LOT 10%.....	84
EVOTAZ TAB 300-150.....	9
EXELON DIS 13.3/24.....	38
EXELON DIS 4.6MG/24	38
EXELON DIS 9.5MG/24	38
<i>exemestane tab 25 mg</i>	18
EXJADE TAB 125MG	54
EXJADE TAB 250MG	54
EXJADE TAB 500MG	54
F	
FABRAZYME INJ 35MG.....	57
FABRAZYME INJ 5MG.....	57
<i>falmina tab</i>	54
<i>famciclovir tab 125 mg</i>	10
<i>famciclovir tab 250 mg</i>	10
<i>famciclovir tab 500 mg</i>	10
<i>famotidine for susp 40 mg/5ml</i>	62
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	62
<i>famotidine inj 20 mg/2ml</i>	63
<i>famotidine inj 200 mg/20ml</i>	63
<i>famotidine inj 40 mg/4ml</i>	63
<i>famotidine tab 20 mg</i>	63
<i>famotidine tab 40 mg</i>	63
FANAPT PAK	44
FANAPT TAB 10MG.....	44
FANAPT TAB 12MG.....	45
FANAPT TAB 1MG.....	44
FANAPT TAB 2MG.....	44
FANAPT TAB 4MG.....	44
FANAPT TAB 6MG.....	44
FANAPT TAB 8MG.....	44
FARESTON TAB 60MG.....	18
FARXIGA TAB 10MG	52
FARXIGA TAB 5MG.....	52
FARYDAK CAP 10MG.....	18
FARYDAK CAP 15MG.....	18

FARYDAK CAP 20MG	18
FASLODEX INJ 250MG	18
FAT EMULSION IV SOLN 20%	73
FAZACLO TAB 100/ODT	45
FAZACLO TAB 12.5/ODT	45
FAZACLO TAB 150MG	45
FAZACLO TAB 200MG	45
FAZACLO TAB 25MG ODT	45
<i>felbamate susp 600 mg/5ml</i>	35
<i>felbamate tab 400 mg</i>	35
<i>felbamate tab 600 mg</i>	35
<i>felodipine tab sr 24hr 10 mg</i>	29
<i>felodipine tab sr 24hr 2.5 mg</i>	29
<i>felodipine tab sr 24hr 5 mg</i>	29
<i>fenofibrate micronized cap 130 mg</i>	27
<i>fenofibrate micronized cap 134 mg</i>	27
<i>fenofibrate micronized cap 200 mg</i>	27
<i>fenofibrate micronized cap 43 mg</i>	26
<i>fenofibrate micronized cap 67 mg</i>	26
<i>fenofibrate tab 145 mg</i>	27
<i>fenofibrate tab 160 mg</i>	27
<i>fenofibrate tab 48 mg</i>	27
<i>fenofibrate tab 54 mg</i>	27
<i>fantanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	2
<i>fantanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	2
<i>fantanyl citrate lozenge on a handle 200</i> <i>mcg</i>	2
<i>fantanyl citrate lozenge on a handle 400</i> <i>mcg</i>	2
<i>fantanyl citrate lozenge on a handle 600</i> <i>mcg</i>	2
<i>fantanyl citrate lozenge on a handle 800</i> <i>mcg</i>	2
<i>fantanyl td patch 72hr 100 mcg/hr</i>	3
<i>fantanyl td patch 72hr 12 mcg/hr</i>	2
<i>fantanyl td patch 72hr 25 mcg/hr</i>	2
<i>fantanyl td patch 72hr 50 mcg/hr</i>	3
<i>fantanyl td patch 72hr 75 mcg/hr</i>	3
FENTORA TAB 100MCG	3
FENTORA TAB 200MCG	3
FENTORA TAB 400MCG	3
FENTORA TAB 600MCG	3
FENTORA TAB 800MCG	3
FETZIMA CAP 120MG.....	40
FETZIMA CAP 20MG.....	40
FETZIMA CAP 40MG.....	40

FETZIMA CAP 80MG	40	<i>fluocinonide emulsified base cream 0.05%</i>	83
FETZIMA CAP TITRATIO	40	<i>fluocinonide gel 0.05%</i>	83
<i>finasteride tab 5 mg</i>	65	<i>fluocinonide oint 0.05%</i>	83
FIRAZYR INJ 30MG/3ML.....	68	<i>fluocinonide soln 0.05%</i>	83
FLEBOGAMMA INJ 10/200ML	69	FLUOROMETHOLONE OPHTH SUSP 0.1%	76
FLEBOGAMMA INJ 20/400ML	69	.....	76
FLEBOGAMMA INJ 5%	69	<i>fluorouracil cream 5%</i>	84
FLEBOGAMMA INJ DIF 10%.....	69	<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	17
FLEBOGAMMA INJ DIF 5%	69	<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	17
<i>flecainide acetate tab 100 mg</i>	25	.....	17
<i>flecainide acetate tab 150 mg</i>	25	<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	17
<i>flecainide acetate tab 50 mg</i>	25	.....	17
FLOVENT DISK AER 100MCG	80	<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	17
FLOVENT DISK AER 250MCG	80	.....	17
FLOVENT DISK AER 50MCG.....	80	<i>fluorouracil soln 2%</i>	84
FLOVENT HFA AER 110MCG.....	80	<i>fluorouracil soln 5%</i>	84
FLOVENT HFA AER 220MCG.....	80	<i>fluoxetine hcl cap 10 mg</i>	40
FLOVENT HFA AER 44MCG	80	<i>fluoxetine hcl cap 20 mg</i>	40
<i>fluconazole for susp 10 mg/ml</i>	7	<i>fluoxetine hcl cap 40 mg</i>	40
<i>fluconazole for susp 40 mg/ml</i>	7	<i>fluoxetine hcl solution 20 mg/5ml</i>	40
<i>fluconazole in dextrose inj 200 mg/100ml</i>	7	<i>fluoxetine hcl tab 10 mg</i>	40
.....	7	<i>fluoxetine hcl tab 20 mg</i>	40
<i>fluconazole in dextrose inj 400 mg/200ml</i>	7	<i>fluphenazine decanoate inj 25 mg/ml</i> .	45
.....	7	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	45
<i>fluconazole in nacl 0.9% inj 200</i>	7	<i>fluphenazine hcl inj 2.5 mg/ml</i>	45
<i>mg/100ml</i>	7	<i>fluphenazine hcl oral conc 5 mg/ml</i>	45
<i>fluconazole in nacl 0.9% inj 400</i>	7	<i>fluphenazine hcl tab 1 mg</i>	45
<i>mg/200ml</i>	7	<i>fluphenazine hcl tab 10 mg</i>	45
<i>fluconazole tab 100 mg</i>	7	<i>fluphenazine hcl tab 2.5 mg</i>	45
<i>fluconazole tab 150 mg</i>	7	<i>fluphenazine hcl tab 5 mg</i>	45
<i>fluconazole tab 200 mg</i>	7	<i>flurbiprofen sodium ophth soln 0.03%</i>	76
<i>fluconazole tab 50 mg</i>	7	<i>flurbiprofen tab 100 mg</i>	1
<i>flucytosine cap 250 mg</i>	7	<i>flurbiprofen tab 50 mg</i>	1
<i>flucytosine cap 500 mg</i>	7	<i>flutamide cap 125 mg</i>	18
<i>fludarabine phosphate for inj 50 mg</i>	17	<i>fluticasone propionate cream 0.05%</i> ...	83
<i>fludarabine phosphate inj 25 mg/ml</i>	17	<i>fluticasone propionate nasal susp 50</i>	79
<i>fludrocortisone acetate tab 0.1 mg</i>	58	<i>mcg/act</i>	79
<i>flunisolide nasal soln 25 mcg/act</i>	79	<i>fluticasone propionate oint 0.005%</i>	83
<i>(0.025%)</i>	79	<i>fluvoxamine maleate tab 100 mg</i>	33
<i>fluocin acet oil scalp</i>	83	<i>fluvoxamine maleate tab 25 mg</i>	33
<i>fluocinolone acetonide (otic) oil 0.01%</i>	85	<i>fluvoxamine maleate tab 50 mg</i>	33
<i>fluocinolone acetonide cream 0.01%</i> ...	83	fondaparinux sodium subcutaneous inj 10	67
<i>fluocinolone acetonide cream 0.025%</i> .	83	<i>mg/0.8ml</i>	67
<i>fluocinolone acetonide oil 0.01% (body</i>	83	<i>fondaparinux sodium subcutaneous inj</i>	66
<i>oil)</i>	83	<i>2.5 mg/0.5ml</i>	66
<i>fluocinolone acetonide oint 0.025%</i>	83	<i>fondaparinux sodium subcutaneous inj 5</i>	66
<i>fluocinolone acetonide soln 0.01%</i>	83	<i>mg/0.4ml</i>	66
<i>fluocinonide cream 0.05%</i>	83		

<i>fondaparinux sodium subcutaneous inj</i>		<i>galantamine hydrobromide tab 4 mg ..</i>	38
<i>7.5 mg/0.6ml</i>	67	<i>galantamine hydrobromide tab 8 mg ..</i>	38
FORADIL CAP AEROLIZE	79	GAMASTAN S/D INJ.....	69
FORTEO SOL 600/2.4	60	GAMMAGARD INJ 10GM/100.....	69
FORTICAL SPR 200/ACT.....	59	GAMMAGARD INJ 1GM/10ML	69
<i>fosinopril sodium & hydrochlorothiazide</i>		GAMMAGARD INJ 2.5GM/25	69
<i>tab 10-12.5 mg</i>	22	GAMMAGARD INJ 20GM/200.....	69
<i>fosinopril sodium & hydrochlorothiazide</i>		GAMMAGARD INJ 30GM/300.....	69
<i>tab 20-12.5 mg</i>	22	GAMMAGARD INJ 5GM/50ML	69
<i>fosinopril sodium tab 10 mg</i>	23	GAMMAGARD SD INJ 10GM HU	69
<i>fosinopril sodium tab 20 mg</i>	23	GAMMAGARD SD INJ 2.5GM HU	69
<i>fosinopril sodium tab 40 mg</i>	23	GAMMAGARD SD INJ 5GM HU	69
FOSRENOL CHW 1000MG.....	60	GAMMAKED INJ 10GM/100	69
FOSRENOL CHW 500MG	60	GAMMAKED INJ 1GM/10ML.....	69
FOSRENOL CHW 750MG	60	GAMMAKED INJ 2.5GM/25.....	69
FREAMINE HBC INJ 6.9%.....	73	GAMMAKED INJ 20GM/200	69
FREAMINE III INJ 10%	73	GAMMAKED INJ 5GM/50ML.....	69
<i>furosemide inj 10 mg/ml.....</i>	31	GAMMAPLEX INJ 10GM.....	69
<i>furosemide oral soln 10 mg/ml</i>	31	GAMMAPLEX INJ 2.5GM.....	69
<i>furosemide sol 8mg/ml.....</i>	31	GAMMAPLEX INJ 5GM	69
<i>furosemide tab 20 mg</i>	31	GAMUNEX-C INJ 10GM/100	69
<i>furosemide tab 40 mg</i>	31	GAMUNEX-C INJ 1GM/10ML.....	69
<i>furosemide tab 80 mg</i>	31	GAMUNEX-C INJ 2.5GM/25.....	69
FUZEON INJ 90MG	8	GAMUNEX-C INJ 20GM/200	69
FYCOMPA TAB 10MG	35	GAMUNEX-C INJ 40/400ML.....	69
FYCOMPA TAB 12MG	35	GAMUNEX-C INJ 5GM/50ML.....	69
FYCOMPA TAB 2MG	35	<i>ganciclovir sodium for inj 500 mg.....</i>	10
FYCOMPA TAB 4MG	35	GARDASIL 9 INJ.....	71
FYCOMPA TAB 6MG	35	GARDASIL INJ	71
FYCOMPA TAB 8MG	35	<i>gatifloxacin ophth soln 0.5%</i>	75
G		GAUZE PADS 2" X 2"	51
<i>gabapentin cap 100 mg</i>	35	<i>gavilyte-c sol</i>	63
<i>gabapentin cap 300 mg</i>	35	<i>gavilyte-g sol.....</i>	63
<i>gabapentin cap 400 mg</i>	35	<i>gavilyte-n sol flav pk</i>	63
<i>gabapentin oral soln 250 mg/5ml.....</i>	35	<i>gemcitabine hcl for inj 1 gm</i>	17
<i>gabapentin tab 600 mg</i>	35	<i>gemcitabine hcl for inj 2 gm</i>	17
<i>gabapentin tab 800 mg</i>	35	<i>gemcitabine hcl for inj 200 mg.....</i>	17
GABITRIL TAB 12MG	35	GEMCITABINE INJ 1GM	17
GABITRIL TAB 16MG	35	GEMCITABINE INJ 200MG	17
<i>galantamine hydrobromide cap sr 24hr 16</i>		GEMCITABINE INJ 2GM	17
<i>mg.....</i>	38	<i>gemfibrozil tab 600 mg</i>	27
<i>galantamine hydrobromide cap sr 24hr 24</i>		<i>generlac sol 10gm/15</i>	63
<i>mg.....</i>	38	<i>gengraf cap 100mg</i>	70
<i>galantamine hydrobromide cap sr 24hr 8</i>		<i>gengraf cap 25mg</i>	70
<i>mg.....</i>	38	<i>gengraf sol 100mg/ml.....</i>	70
<i>galantamine hydrobromide oral soln 4</i>		<i>gentak oin 0.3% op.....</i>	75
<i>mg/ml</i>	38	<i>gentam/nacl inj 0.9mg/ml</i>	4
<i>galantamine hydrobromide tab 12 mg ..</i>	38	<i>gentam/nacl inj 1.4mg/ml</i>	4

<i>gentamicin in saline inj 0.8 mg/ml</i>	4	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	62
<i>gentamicin in saline inj 1 mg/ml</i>	4	<i>granisetron hcl tab 1 mg</i>	62
<i>gentamicin in saline inj 1.2 mg/ml</i>	5	GRANIX INJ 300/0.5	67
<i>gentamicin in saline inj 1.6 mg/ml</i>	5	GRANIX INJ 480/0.8	67
<i>gentamicin in saline inj 2 mg/ml</i>	5	<i>griseofulvin microsize susp 125 mg/5ml</i> 7	
<i>gentamicin sulfate cream 0.1%</i>	81	<i>griseofulvin microsize tab 500 mg</i>	7
<i>gentamicin sulfate inj 10 mg/ml</i>	5	<i>griseofulvin ultramicrosize tab 125 mg..</i> 7	
<i>gentamicin sulfate inj 40 mg/ml</i>	5	<i>griseofulvin ultramicrosize tab 250 mg..</i> 7	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	5	<i>guanfacine hcl tab sr 24hr 1 mg (base equiv)</i>	48
<i>gentamicin sulfate oint 0.1%</i>	81	<i>guanfacine hcl tab sr 24hr 2 mg (base equiv)</i>	48
<i>gentamicin sulfate ophth oint 0.3%</i>	75	<i>guanfacine hcl tab sr 24hr 3 mg (base equiv)</i>	48
<i>gentamicin sulfate ophth soln 0.3%</i>	75	<i>guanfacine hcl tab sr 24hr 4 mg (base equiv)</i>	48
GEODON INJ 20MG	45	H	
<i>gildagia tab 0.4-35</i>	54	<i>halobetasol propionate cream 0.05%..</i> 83	
<i>gildess tab 1.5/30</i>	54	<i>halobetasol propionate oint 0.05%</i>	83
GILENYA CAP 0.5MG	50	<i>haloperidol decanoate im soln 100 mg/ml</i>	45
GILOTRIF TAB 20MG	19	<i>haloperidol decanoate im soln 50 mg/ml</i>	45
GILOTRIF TAB 30MG	19	<i>haloperidol lactate inj 5 mg/ml</i>	45
GILOTRIF TAB 40MG	19	<i>haloperidol lactate oral conc 2 mg/ml</i> .	45
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	50	<i>haloperidol tab 0.5 mg</i>	45
GLEEVEC TAB 100MG	19	<i>haloperidol tab 1 mg</i>	45
GLEEVEC TAB 400MG	19	<i>haloperidol tab 10 mg</i>	45
GLEOSTINE CAP 100MG	16	<i>haloperidol tab 2 mg</i>	45
GLEOSTINE CAP 10MG	16	<i>haloperidol tab 20 mg</i>	45
GLEOSTINE CAP 40MG	16	<i>haloperidol tab 5 mg</i>	45
<i>glimepiride tab 1 mg</i>	52	HARVONI TAB 90-400MG	10
<i>glimepiride tab 2 mg</i>	52	HAVRIX INJ 1440UNIT	71
<i>glimepiride tab 4 mg</i>	52	HAVRIX INJ 720UNIT	71
<i>glipizide tab 10 mg</i>	52	<i>heather tab 0.35mg</i>	54
<i>glipizide tab 5 mg</i>	52	HEP SOD/D5W INJ 25000UNT	67
<i>glipizide tab sr 24hr 10 mg</i>	52	HEP SOD/NACL INJ 25000UNT	67
<i>glipizide tab sr 24hr 2.5 mg</i>	52	HEPARIN SOD INJ 2000/ML	67
<i>glipizide tab sr 24hr 5 mg</i>	52	HEPARIN SOD INJ 2500/ML	67
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	52	HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	67
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	52	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	67
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	52	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	67
GLUCAGEN INJ HYPOKIT	59	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	67
GLUCAGON KIT 1MG	59		
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	62		
<i>glycopyrrolate tab 1 mg</i>	62		
<i>glycopyrrolate tab 2 mg</i>	62		
GOLYTELY SOL	63		
<i>granisetron hcl inj 0.1 mg/ml</i>	62		
<i>granisetron hcl inj 1 mg/ml</i>	62		

<i>heparin sodium (porcine) inj 5000 unit/ml</i>	
.....	67
HEPATAMINE SOL 8%	73
HERCEPTIN INJ 440MG.....	18
HEXALEN CAP 50MG.....	16
HIBERIX SOL 10MCG.....	71
HUMIRA INJ 10MG/0.2	68
HUMIRA KIT 20MG/0.4	68
HUMIRA KIT 40MG/0.8	68
HUMIRA PEN INJ 40MG/0.8	68
HUMIRA PEN INJ CROHNS.....	68
HUMIRA PEN INJ PSORIASI	69
HUMULIN R INJ U-500	51
<i>hydralazine hcl inj 20 mg/ml</i>	32
<i>hydralazine hcl tab 10 mg</i>	32
<i>hydralazine hcl tab 100 mg</i>	32
<i>hydralazine hcl tab 25 mg</i>	32
<i>hydralazine hcl tab 50 mg</i>	32
<i>hydrochlorothiazide cap 12.5 mg</i>	31
<i>hydrochlorothiazide tab 12.5 mg</i>	31
<i>hydrochlorothiazide tab 25 mg</i>	31
<i>hydrochlorothiazide tab 50 mg</i>	31
<i>hydrocodone-acetaminophen soln</i>	
<i>7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325</i>	2
<i>mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325</i>	2
<i>mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325</i>	2
<i>mg</i>	2
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone butyrate cream 0.1%...</i>	83
<i>hydrocortisone butyrate oint 0.1%</i>	83
<i>hydrocortisone butyrate soln 0.1%.....</i>	83
<i>hydrocortisone cream 1%</i>	83
<i>hydrocortisone cream 2.5%</i>	83
<i>hydrocortisone enema 100 mg/60ml ...</i>	63
HYDROCORTISONE ENEMA 100 MG/60ML	
.....	63
<i>hydrocortisone lotion 2.5%</i>	83
<i>hydrocortisone oint 1%</i>	83
<i>hydrocortisone oint 2.5%.....</i>	83
<i>hydrocortisone rectal cream 2.5%.....</i>	82
<i>hydrocortisone tab 10 mg</i>	58
<i>hydrocortisone tab 20 mg</i>	58
<i>hydrocortisone tab 5 mg</i>	58
<i>hydrocortisone valerate cream 0.2% ...</i>	83
<i>hydrocortisone valerate oint 0.2%</i>	83
<i>hydromorphone hcl liqd 1 mg/ml.....</i>	3
<i>hydromorphone hcl preservative free (pf)</i>	
<i>inj 10 mg/ml</i>	3
<i>hydromorphone hcl tab 2 mg.....</i>	3
<i>hydromorphone hcl tab 4 mg.....</i>	3
<i>hydromorphone hcl tab 8 mg.....</i>	3
<i>hydroxychloroquine sulfate tab 200 mg</i>	
.....	69
<i>hydroxyurea cap 500 mg</i>	20
<i>hydroxyzine hcl im soln 25 mg/ml</i>	78
<i>hydroxyzine hcl im soln 50 mg/ml.....</i>	78
<i>hydroxyzine hcl syrup 10 mg/5ml.....</i>	78
<i>hydroxyzine hcl tab 10 mg</i>	78
<i>hydroxyzine hcl tab 25 mg</i>	78
<i>hydroxyzine hcl tab 50 mg</i>	78
<i>hydroxyzine pamoate cap 100 mg</i>	78
<i>hydroxyzine pamoate cap 25 mg.....</i>	78
<i>hydroxyzine pamoate cap 50 mg.....</i>	78
I	
<i>ibandronate sodium tab 150 mg (base</i>	
<i>equivalent).....</i>	53
IBRANCE CAP 100MG.....	18
IBRANCE CAP 125MG.....	18
IBRANCE CAP 75MG	18
<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	19
ICLUSIG TAB 45MG	19
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	
.....	17
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	
.....	17
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	
.....	17
IFEX INJ 3GM	16
<i>ifosfamide for inj 1 gm.....</i>	16
IFOSFAMIDE INJ 3GM	16
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	
.....	16
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	
.....	16
ILEVRO DRO 0.3% OP	76
<i>ilotycin oin op</i>	75
IMBRUVICA CAP 140MG	19
<i>imipenem-cilastatin intravenous for soln</i>	
<i>250 mg.....</i>	6

<i>imipenem-cilastatin intravenous for soln</i>		<i>ipratropium bromide nasal soln 0.03% (21</i>	
<i>500 mg</i>	6	<i>mcg/spray)</i>	77
<i>imipramine hcl tab 10 mg</i>	40	<i>ipratropium bromide nasal soln 0.06% (42</i>	
<i>imipramine hcl tab 25 mg</i>	40	<i>mcg/spray)</i>	78
<i>imipramine hcl tab 50 mg</i>	40	<i>ipratropium-albuterol nebu soln</i>	
<i>imiquimod cream 5%</i>	84	<i>0.5-2.5(3) mg/3ml</i>	77
IMOVAX RABIE INJ 2.5/ML	71	IRESSA TAB 250MG	19
INCRELEX INJ 40MG/4ML	59	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	
<i>indapamide tab 1.25 mg</i>	31	.....	21
<i>indapamide tab 2.5 mg</i>	31	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	
INFANRIX INJ	71	.....	21
INLYTA TAB 1MG	19	<i>irinotecan hcl inj 500 mg/25ml (20</i>	
INLYTA TAB 5MG	19	<i>mg/ml)</i>	21
INSULIN PEN NEEDLE	51	ISENTRESS CHW 100MG	8
INSULIN SAFETY NEEDLES	51	ISENTRESS CHW 25MG	8
INSULIN SYRINGE	51	ISENTRESS POW 100MG	8
INTELENCE TAB 100MG	8	ISENTRESS TAB 400MG	8
INTELENCE TAB 200MG	8	ISOLYTE-P INJ /D5W	74
INTELENCE TAB 25MG	8	<i>isolyte-s inj</i>	74
INTRALIPID INJ 20%	73	<i>isoniazid inj 100 mg/ml</i>	10
INTRALIPID INJ 30%	73	<i>isoniazid syrup 50 mg/5ml</i>	10
INTRON A INJ 10MU	70	<i>isoniazid tab 100 mg</i>	10
INTRON A INJ 18MU	70	<i>isoniazid tab 300 mg</i>	10
INTRON A INJ 25MU	70	<i>isosorbide dinitrate tab 10 mg</i>	32
INTRON A INJ 50MU	70	<i>isosorbide dinitrate tab 20 mg</i>	32
<i>introvale tab</i>	54	<i>isosorbide dinitrate tab 30 mg</i>	32
INVANZ INJ 1GM	6	<i>isosorbide dinitrate tab 5 mg</i>	32
INVEGA SUST INJ 117/0.75	45	<i>isosorbide dinitrate tab cr 40 mg</i>	32
INVEGA SUST INJ 156MG/ML	45	<i>isosorbide mononitrate tab 10 mg</i>	32
INVEGA SUST INJ 234/1.5	45	<i>isosorbide mononitrate tab 20 mg</i>	32
INVEGA SUST INJ 39/0.25	45	<i>isosorbide mononitrate tab sr 24hr 120</i>	
INVEGA SUST INJ 78/0.5ML	45	<i>mg</i>	32
INVEGA TAB 1.5MG	45	<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	
INVEGA TAB 3MG	45	.....	32
INVEGA TAB 6MG	45	<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	
INVEGA TAB 9MG	45	.....	32
INVIRASE CAP 200MG	8	<i>isradipine cap 2.5 mg</i>	29
INVIRASE TAB 500MG	8	<i>isradipine cap 5 mg</i>	29
INVOKAMET TAB 150-1000	52	ISTALOL SOL 0.5% OP	77
INVOKAMET TAB 150-500	52	ISTODAX INJ 10MG	18
INVOKAMET TAB 50-1000	52	<i>itraconazole cap 100 mg</i>	7
INVOKAMET TAB 50-500MG	52	<i>ivermectin tab 3 mg</i>	6
INVOKANA TAB 100MG	52	IXIARO INJ	71
INVOKANA TAB 300MG	52	J	
IONOSOL-B/ INJ D5W	74	JAKAFI TAB 10MG	19
IONOSOL-MB INJ /D5W	74	JAKAFI TAB 15MG	20
IPOL INJ INACTIVE	71	JAKAFI TAB 20MG	20
<i>ipratropium bromide inhal soln 0.02%</i>	77	JAKAFI TAB 25MG	20

JAKAFI TAB 5MG.....	19	KCL 20 MEQ/L (0.15%) IN NAACL 0.9% INJ	74
JALYN CAP	65	KCL 30 MEQ/L (0.224%) IN DEXTROSE	
<i>jantoven tab 10mg</i>	67	5% & NAACL 0.45% INJ.....	74
<i>jantoven tab 1mg</i>	67	KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% &	
<i>jantoven tab 2.5mg</i>	67	NAACL 0.45% INJ	74
<i>jantoven tab 2mg</i>	67	KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ	74
<i>jantoven tab 3mg</i>	67	.....	74
<i>jantoven tab 4mg</i>	67	KCL/D5W/NAACL INJ 0.15/0.2	74
<i>jantoven tab 5mg</i>	67	KCL/D5W/NAACL INJ 0.3/0.9%.....	74
<i>jantoven tab 6mg</i>	67	<i>ketoconazole cream 2%</i>	81
<i>jantoven tab 7.5mg</i>	67	<i>ketoconazole shampoo 2%</i>	82
JANUMET TAB 50-1000.....	52	<i>ketoconazole tab 200 mg</i>	7
JANUMET TAB 50-500MG	52	<i>ketoprofen cap 50 mg</i>	1
JANUMET XR TAB 100-1000	52	<i>ketoprofen cap 75 mg</i>	1
JANUMET XR TAB 50-1000.....	52	<i>ketorolac tromethamine ophth soln 0.4%</i>	
JANUMET XR TAB 50-500MG	52	.....	76
JANUVIA TAB 100MG.....	53	<i>ketorolac tromethamine ophth soln 0.5%</i>	
JANUVIA TAB 25MG	52	.....	76
JANUVIA TAB 50MG	52	<i>kimidess tab</i>	55
JENTADUETO TAB 2.5-1000	53	KINRIX INJ	71
JENTADUETO TAB 2.5-500	53	<i>kionex pow</i>	54
JENTADUETO TAB 2.5-850	53	<i>kionex sus 15gm/60</i>	54
JOLIVETTE TAB 0.35MG	54	KLOR-CON 10 TAB 10MEQ ER.....	72
<i>junel 1.5/30 tab</i>	54	KLOR-CON 8 TAB 8MEQ ER.....	72
<i>junel 1/20 tab</i>	54	<i>klor-con m15 tab 15meq er</i>	72
<i>junel fe tab 1.5/30</i>	54	<i>klor-con pow 20meq</i>	72
<i>junel fe tab 1/20</i>	55	KUVAN POW 100MG	57
K		KUVAN POW 500MG	57
KADCYLA INJ 100MG	18	KUVAN TAB 100MG	57
KADCYLA INJ 160MG	18	L	
KALETRA SOL.....	9	<i>labetalol hcl tab 100 mg</i>	28
KALETRA TAB 100-25MG	9	<i>labetalol hcl tab 200 mg</i>	28
KALETRA TAB 200-50MG	9	<i>labetalol hcl tab 300 mg</i>	28
<i>kariva tab 28 day</i>	55	<i>laclotion lot 12%</i>	84
KCL 10 MEQ/L (0.075%) IN DEXTROSE		LACTATED RINGER'S SOLUTION	74
5% & NAACL 0.45% INJ	74	<i>lactic acid (ammonium lactate) cream</i>	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%		12%	84
& NAACL 0.2% INJ.....	74	<i>lactic acid (ammonium lactate) lotion 12%</i>	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%		.....	84
& NAACL 0.33% INJ	74	<i>lactulose</i>	63
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%		<i>lamivudine oral soln 10 mg/ml</i>	8
& NAACL 0.45% INJ	74	<i>lamivudine tab 100 mg (hbv)</i>	10
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%		<i>lamivudine tab 150 mg</i>	8
& NAACL 0.9% INJ.....	74	<i>lamivudine tab 300 mg</i>	8
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>		<i>lamivudine-zidovudine tab 150-300 mg</i>	9
.....	74	<i>lamotrigine tab 100 mg</i>	35
KCL 20 MEQ/L (0.15%) IN NAACL 0.45%		<i>lamotrigine tab 150 mg</i>	35
INJ.....	74		

<i>lamotrigine tab 200 mg</i>	35	LEUKERAN TAB 2MG	16
<i>lamotrigine tab 25 mg</i>	35	LEUKINE INJ 250MCG	67
<i>lamotrigine tab chewable dispersible 25 mg</i>	35	<i>leuprolide acetate inj kit 5 mg/ml</i>	18
<i>lamotrigine tab chewable dispersible 5 mg</i>	35	<i>levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	79
<i>lamotrigine tab sr 24hr 100 mg</i>	36	LEVEMIR INJ	52
<i>lamotrigine tab sr 24hr 200 mg</i>	36	LEVEMIR INJ FLEXTOUC	52
<i>lamotrigine tab sr 24hr 25 mg</i>	35	LEVETIRACETA INJ 10MG/ML	36
<i>lamotrigine tab sr 24hr 250 mg</i>	36	LEVETIRACETA INJ 15MG/ML	36
<i>lamotrigine tab sr 24hr 300 mg</i>	36	LEVETIRACETA INJ 5MG/ML	36
<i>lamotrigine tab sr 24hr 50 mg</i>	36	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	36
LANOXIN TAB 0.125MG	30	<i>levetiracetam oral soln 100 mg/ml</i>	36
LANOXIN TAB 0.25MG	30	<i>levetiracetam tab 1000 mg</i>	36
LANTUS INJ 100/ML	51	<i>levetiracetam tab 250 mg</i>	36
LANTUS INJ SOLOSTAR	51	<i>levetiracetam tab 500 mg</i>	36
<i>larin fe tab 1.5/30</i>	55	<i>levetiracetam tab 750 mg</i>	36
<i>larin fe tab 1/20</i>	55	<i>levetiracetam tab sr 24hr 500 mg</i>	36
<i>larin tab 1.5/30</i>	55	<i>levetiracetam tab sr 24hr 750 mg</i>	36
<i>larin tab 1/20</i>	55	LEVOBUNOLOL HCL OPHTH SOLN 0.25%	77
LASTACAFT SOL 0.25%	76	<i>levobunolol hcl ophth soln 0.5%</i>	77
<i>latanoprost ophth soln 0.005%</i>	77	<i>levocarnitine inj 200 mg/ml</i>	57
LATUDA TAB 120MG	45	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	57
LATUDA TAB 20MG	45	<i>levocarnitine tab 330 mg</i>	57
LATUDA TAB 40MG	45	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	78
LATUDA TAB 60MG	45	<i>levocetirizine dihydrochloride tab 5 mg</i>	78
LATUDA TAB 80MG	45	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	13
LAZANDA SPR 100MCG	3	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	13
LAZANDA SPR 400MCG	3	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	14
<i>leflunomide tab 10 mg</i>	69	<i>levofloxacin iv soln 25 mg/ml</i>	14
<i>leflunomide tab 20 mg</i>	69	<i>levofloxacin oral soln 25 mg/ml</i>	14
LENVIMA CAP 10MG	20	<i>levofloxacin tab 250 mg</i>	14
LENVIMA CAP 14MG	20	<i>levofloxacin tab 500 mg</i>	14
LENVIMA CAP 20MG	20	<i>levofloxacin tab 750 mg</i>	14
LENVIMA CAP 24MG	20	<i>levonest tab</i>	55
<i>lessina tab</i>	55	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	55
LETAIRIS TAB 10MG	33	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	55
LETAIRIS TAB 5MG	33	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	55
<i>letrozole tab 2.5 mg</i>	18		
<i>leucovorin calcium for inj 100 mg</i>	21		
<i>leucovorin calcium for inj 200 mg</i>	21		
<i>leucovorin calcium for inj 350 mg</i>	21		
<i>leucovorin calcium for inj 50 mg</i>	21		
<i>leucovorin calcium tab 10 mg</i>	21		
<i>leucovorin calcium tab 15 mg</i>	21		
<i>leucovorin calcium tab 25 mg</i>	21		
<i>leucovorin calcium tab 5 mg</i>	21		
<i>leucovorin inj calcium</i>	21		

<i>levonorgestrel tab 0.75 mg</i>	55	<i>liothyronine sodium tab 5 mcg</i>	60
<i>levonorgestrel tab 1.5 mg</i>	55	<i>liothyronine sodium tab 50 mcg</i>	61
<i>levora-28 tab 0.15/30</i>	55	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 100 mcg</i>	60	<i>10-12.5 mg</i>	22
<i>levothyroxine sodium tab 112 mcg</i>	60	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 125 mcg</i>	60	<i>20-12.5 mg</i>	22
<i>levothyroxine sodium tab 137 mcg</i>	60	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>levothyroxine sodium tab 150 mcg</i>	60	<i>mg</i>	22
<i>levothyroxine sodium tab 175 mcg</i>	60	<i>lisinopril tab 10 mg</i>	23
<i>levothyroxine sodium tab 200 mcg</i>	60	<i>lisinopril tab 2.5 mg</i>	23
<i>levothyroxine sodium tab 25 mcg</i>	60	<i>lisinopril tab 20 mg</i>	23
<i>levothyroxine sodium tab 300 mcg</i>	60	<i>lisinopril tab 30 mg</i>	23
<i>levothyroxine sodium tab 50 mcg</i>	60	<i>lisinopril tab 40 mg</i>	23
<i>levothyroxine sodium tab 75 mcg</i>	60	<i>lisinopril tab 5 mg</i>	23
<i>levothyroxine sodium tab 88 mcg</i>	60	<i>lithium carbonate cap 150 mg</i>	49
LEVOXYL TAB 100MCG	60	<i>lithium carbonate cap 300 mg</i>	49
LEVOXYL TAB 112MCG	60	<i>lithium carbonate cap 600 mg</i>	49
LEVOXYL TAB 125MCG	60	<i>lithium carbonate tab 300 mg</i>	49
LEVOXYL TAB 137MCG	60	<i>lithium carbonate tab cr 300 mg</i>	49
LEVOXYL TAB 150MCG	60	<i>lithium carbonate tab cr 450 mg</i>	49
LEVOXYL TAB 175MCG	60	LITHIUM SOL 8MEQ/5ML	49
LEVOXYL TAB 200MCG	60	LOKARA LOT 0.05%	83
LEVOXYL TAB 25MCG	60	LOMUSTINE CAP 10 MG	16
LEVOXYL TAB 50MCG	60	LOMUSTINE CAP 100 MG.....	16
LEVOXYL TAB 75MCG	60	LOMUSTINE CAP 40 MG	16
LEVOXYL TAB 88MCG	60	<i>loperamide hcl cap 2 mg</i>	64
LEXIVA SUS 50MG/ML	8	<i>lorazepam con 2mg/ml</i>	33
LEXIVA TAB 700MG.....	8	<i>lorazepam inj 2 mg/ml</i>	33
LIALDA TAB 1.2GM	63	<i>lorazepam inj 4 mg/ml</i>	33
<i>lidocaine hcl gel 2%</i>	84	<i>lorazepam tab 0.5 mg</i>	34
<i>lidocaine hcl local inj 0.5%</i>	4	<i>lorazepam tab 1 mg</i>	34
<i>lidocaine hcl local inj 1%</i>	4	<i>lorazepam tab 2 mg</i>	34
<i>lidocaine hcl local inj 1.5%</i>	4	<i>loryna tab 3-0.02mg</i>	55
<i>lidocaine hcl local inj 2%</i>	4	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lidocaine hcl local preservative free (pf) inj</i>		<i>tab 100-12.5 mg</i>	24
<i>0.5%</i>	4	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lidocaine hcl local preservative free (pf) inj</i>		<i>tab 100-25 mg</i>	24
<i>1%</i>	4	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lidocaine hcl soln 4%</i>	84	<i>tab 50-12.5 mg</i>	24
<i>lidocaine hcl viscous soln 2%</i>	85	<i>losartan potassium tab 100 mg</i>	25
<i>lidocaine oint 5%</i>	84	<i>losartan potassium tab 25 mg</i>	24
<i>lidocaine patch 5%</i>	84	<i>losartan potassium tab 50 mg</i>	25
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ...	84	LOTEMAX GEL 0.5%	76
<i>linezolid iv soln 2 mg/ml</i>	6	LOTEMAX OIN 0.5%	76
LINEZOLID TAB 600 MG	6	LOTEMAX SUS 0.5%	76
LINZESS CAP 145MCG	64	LOTRONEX TAB 0.5MG.....	64
LINZESS CAP 290MCG.....	64	LOTRONEX TAB 1MG	64
<i>liothyronine sodium tab 25 mcg</i>	60	<i>lovastatin tab 10 mg</i>	26

<i>lovastatin tab 20 mg</i>	26	.....	60
<i>lovastatin tab 40 mg</i>	26	<i>medroxyprogesterone acetate tab 5 mg</i>	60
<i>low-ogestrel tab</i>	55	.....	60
<i>loxapine succinate cap 10 mg</i>	45	<i>mefloquine hcl tab 250 mg</i>	7
<i>loxapine succinate cap 25 mg</i>	45	MEGACE ES SUS 625/5ML	19
<i>loxapine succinate cap 5 mg</i>	45	<i>megestrol acetate susp 40 mg/ml</i>	19
<i>loxapine succinate cap 50 mg</i>	45	MEGESTROL ACETATE SUSP 625 MG/5ML	19
LUMIGAN SOL 0.01%	77	.....	19
LUMIZYME INJ 50MG	57	<i>megestrol acetate tab 20 mg</i>	19
LUPR DEP-PED INJ 11.25MG.....	18	<i>megestrol acetate tab 40 mg</i>	19
LUPR DEP-PED INJ 15MG	18	MEKINIST TAB 0.5MG	20
LUPR DEP-PED INJ 30MG	18	MEKINIST TAB 2MG.....	20
LUPR DEP-PED INJ 7.5MG	18	MELOXICAM SUSP 7.5 MG/5ML	1
LUPRON DEPOT INJ 11.25MG	19	<i>meloxicam tab 15 mg</i>	1
LUPRON DEPOT INJ 3.75MG	19	<i>meloxicam tab 7.5 mg</i>	1
<i>luteal tab</i>	55	<i>melphalan hcl for inj 50 mg (base equiv)</i>	16
LYNPARZA CAP 50MG	18	.....	16
LYRICA CAP 100MG.....	36	MEMANTINE HCL TAB 10 MG	38
LYRICA CAP 150MG.....	36	<i>memantine hcl tab 5 mg</i>	38
LYRICA CAP 200MG.....	36	MENACTRA INJ	71
LYRICA CAP 225MG.....	36	MENOMUNE INJ A/C/Y/W	71
LYRICA CAP 25MG	36	MENVEO INJ	71
LYRICA CAP 300MG.....	36	<i>mercaptopurine tab 50 mg</i>	17
LYRICA CAP 50MG	36	<i>meropenem iv for soln 1 gm</i>	6
LYRICA CAP 75MG	36	<i>meropenem iv for soln 500 mg</i>	6
LYRICA SOL 20MG/ML	36	<i>mesalamine enema 4 gm</i>	63
LYSODREN TAB 500MG.....	19	<i>mesalamine rectal enema 4 gm & cleanser</i>	63
<i>lyza tab 0.35mg</i>	55	<i>wipe kit</i>	63
M		<i>mesna inj 100 mg/ml</i>	21
MAGNESIUM SU INJ 20/500ML	72	MESNEX TAB 400MG.....	21
MAGNESIUM SU INJ 80MG/ML	72	<i>metformin hcl tab 1000 mg</i>	53
<i>magnesium sulfate inj 50%</i>	72	<i>metformin hcl tab 500 mg</i>	53
MAGNESIUM SULFATE INJ 50%	72	<i>metformin hcl tab 850 mg</i>	53
<i>malathion lotion 0.5%</i>	84	<i>metformin hcl tab sr 24hr 500 mg</i>	53
<i>maprotiline hcl tab 25 mg</i>	40	<i>metformin hcl tab sr 24hr 750 mg</i>	53
<i>maprotiline hcl tab 50 mg</i>	41	<i>methadone con 10mg/ml</i>	3
<i>maprotiline hcl tab 75 mg</i>	41	<i>methadone hcl soln 10 mg/5ml</i>	3
<i>marlissa tab 0.15/30</i>	55	<i>methadone hcl soln 5 mg/5ml</i>	3
MARPLAN TAB 10MG	41	<i>methadone hcl tab 10 mg</i>	3
MATULANE CAP 50MG	20	<i>methadone hcl tab 5 mg</i>	3
MAXIDEX SUS 0.1% OP	76	<i>methazolamide tab 25 mg</i>	31
<i>meclizine hcl tab 12.5 mg</i>	62	<i>methazolamide tab 50 mg</i>	31
<i>meclizine hcl tab 25 mg</i>	62	<i>methenamine hippurate tab 1 gm</i>	6
<i>medroxyprogesterone acetate im susp</i>		<i>methimazole tab 10 mg</i>	61
<i>150 mg/ml</i>	55	<i>methimazole tab 5 mg</i>	61
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>methotrexate sodium for inj 1 gm</i>	17
.....	60	<i>methotrexate sodium inj 25 mg/ml</i>	17
<i>medroxyprogesterone acetate tab 2.5 mg</i>		<i>methotrexate sodium inj pf 25 mg/ml</i> .	17

<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	69	<i>metoprolol succinate tab sr 24hr 50 mg</i>	28
<i>methyclothiazide tab 5 mg</i>	31	<i>metoprolol tartrate inj 1 mg/ml</i>	28
<i>methylergonovine maleate tab 0.2 mg</i>	59	<i>metoprolol tartrate tab 100 mg</i>	28
<i>methylphenidate hcl soln 10 mg/5ml</i>	48	<i>metoprolol tartrate tab 25 mg</i>	28
<i>methylphenidate hcl soln 5 mg/5ml</i>	48	<i>metoprolol tartrate tab 50 mg</i>	28
<i>methylphenidate hcl tab 10 mg</i>	48	<i>metronidazole cream 0.75%</i>	84
<i>methylphenidate hcl tab 20 mg</i>	48	<i>metronidazole gel 0.75%</i>	84
<i>methylphenidate hcl tab 5 mg</i>	48	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	6
<i>methylphenidate hcl tab cr 10 mg</i>	48	<i>metronidazole lotion 0.75%</i>	84
<i>methylphenidate hcl tab cr 20 mg</i>	48	<i>metronidazole tab 250 mg</i>	6
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	58	<i>metronidazole tab 500 mg</i>	6
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	58	<i>metronidazole vaginal gel 0.75%</i>	66
<i>methylprednisolone sodium succinate for inj 1000 mg</i>	58	<i>mexiletine hcl cap 150 mg</i>	25
<i>methylprednisolone sodium succinate for inj 125 mg</i>	58	<i>mexiletine hcl cap 200 mg</i>	25
<i>methylprednisolone sodium succinate for inj 40 mg</i>	58	<i>mexiletine hcl cap 250 mg</i>	25
<i>methylprednisolone tab 16 mg</i>	58	<i>MG SO4/D5W INJ 10MG/ML</i>	72
<i>methylprednisolone tab 32 mg</i>	58	<i>MG SO4/D5W INJ 20MG/ML</i>	72
<i>methylprednisolone tab 4 mg</i>	58	<i>MIACALCIN INJ 200/ML</i>	59
<i>methylprednisolone tab 4 mg dose pack</i>	58	<i>microgestin tab 1.5/30</i>	55
<i>methylprednisolone tab 8 mg</i>	58	<i>microgestin tab 1/20</i>	55
<i>metipranolol ophth soln 0.3%</i>	77	<i>microgestin tab fe 1/20</i>	55
<i>metoclopramide hcl inj 5 mg/ml</i>	62	<i>microgestin tab fe1.5/30</i>	55
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	62	<i>midodrine hcl tab 10 mg</i>	32
<i>metoclopramide hcl tab 10 mg</i>	62	<i>midodrine hcl tab 2.5 mg</i>	32
<i>metoclopramide hcl tab 5 mg</i>	62	<i>midodrine hcl tab 5 mg</i>	32
<i>metolazone tab 10 mg</i>	31	<i>minitran dis 0.1mg/hr</i>	32
<i>metolazone tab 2.5 mg</i>	31	<i>minitran dis 0.2mg/hr</i>	32
<i>metolazone tab 5 mg</i>	31	<i>minitran dis 0.4mg/hr</i>	32
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	27	<i>minitran dis 0.6mg/hr</i>	32
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	27	<i>minocycline hcl cap 100 mg</i>	16
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	27	<i>minocycline hcl cap 50 mg</i>	16
<i>metoprolol succinate tab sr 24hr 100 mg</i>	28	<i>minocycline hcl cap 75 mg</i>	16
<i>metoprolol succinate tab sr 24hr 200 mg</i>	28	<i>minoxidil tab 10 mg</i>	32
<i>metoprolol succinate tab sr 24hr 25 mg</i>	28	<i>minoxidil tab 2.5 mg</i>	32
		<i>mirtazapine orally disintegrating tab 15 mg</i>	41
		<i>mirtazapine orally disintegrating tab 30 mg</i>	41
		<i>mirtazapine orally disintegrating tab 45 mg</i>	41
		<i>mirtazapine tab 15 mg</i>	41
		<i>mirtazapine tab 30 mg</i>	41
		<i>mirtazapine tab 45 mg</i>	41
		<i>mirtazapine tab 7.5 mg</i>	41
		<i>misoprostol tab 100 mcg</i>	64
		<i>misoprostol tab 200 mcg</i>	64

<i>mitomycin for iv soln 20 mg</i>	17
<i>mitomycin for iv soln 40 mg</i>	17
<i>mitomycin for iv soln 5 mg</i>	17
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	20
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	20
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	21
M-M-R II INJ	71
<i>moderiba pak 1000/day</i>	10
<i>moderiba pak 1200/day</i>	10
<i>moderiba pak 600/day</i>	10
<i>moderiba pak 800/day</i>	10
<i>moexipril hcl tab 15 mg</i>	23
<i>moexipril hcl tab 7.5 mg</i>	23
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	22
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	22
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	22
<i>mometasone furoate cream 0.1%</i>	83
<i>mometasone furoate oint 0.1%</i>	84
<i>mometasone furoate solution 0.1% (lotion)</i>	84
MONONESSA TAB	55
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	79
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	79
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	79
<i>montelukast sodium tab 10 mg (base equiv)</i>	79
MORPHINE SUL INJ 2MG/ML.....	3
MORPHINE SUL INJ 4MG/ML.....	3
MORPHINE SUL INJ 8MG/ML.....	3
<i>morphine sulfate beads cap sr 24hr 120 mg</i>	3
<i>morphine sulfate beads cap sr 24hr 30 mg</i>	3
<i>morphine sulfate beads cap sr 24hr 45 mg</i>	3
<i>morphine sulfate beads cap sr 24hr 60 mg</i>	3
<i>morphine sulfate beads cap sr 24hr 75 mg</i>	3

<i>morphine sulfate beads cap sr 24hr 90 mg</i>	3
<i>morphine sulfate cap sr 24hr 10 mg</i>	3
<i>morphine sulfate cap sr 24hr 100 mg</i> ...	3
<i>morphine sulfate cap sr 24hr 20 mg</i>	3
<i>morphine sulfate cap sr 24hr 30 mg</i>	3
<i>morphine sulfate cap sr 24hr 50 mg</i>	3
<i>morphine sulfate cap sr 24hr 60 mg</i>	3
<i>morphine sulfate cap sr 24hr 80 mg</i>	3
<i>morphine sulfate inj pf 0.5 mg/ml</i>	3
<i>morphine sulfate inj pf 1 mg/ml</i>	4
MORPHINE SULFATE IV SOLN 1 MG/ML. 4	
MORPHINE SULFATE IV SOLN PF 10 MG/ML	4
MORPHINE SULFATE IV SOLN PF 15 MG/ML	4
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	4
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	4
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	4
MORPHINE SULFATE TAB 15 MG	4
MORPHINE SULFATE TAB 30 MG	4
<i>morphine sulfate tab cr 100 mg</i>	4
<i>morphine sulfate tab cr 15 mg</i>	4
<i>morphine sulfate tab cr 200 mg</i>	4
<i>morphine sulfate tab cr 30 mg</i>	4
<i>morphine sulfate tab cr 60 mg</i>	4
MOVANTIK TAB 12.5MG	64
MOVANTIK TAB 25MG	64
MOVIPREP SOL	63
MOXEZA SOL 0.5%	76
MOZOBIL INJ.....	67
MULTAQ TAB 400MG.....	25
<i>mupirocin oint 2%</i>	81
MUSTARGEN INJ 10MG	16
<i>my way tab 1.5mg</i>	55
MYCAMINE INJ 100MG	7
MYCAMINE INJ 50MG	7
<i>mycophenolate mofetil cap 250 mg</i>	70
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	70
<i>mycophenolate mofetil tab 500 mg</i>	70
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	70
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	70

<i>myorisan cap 10mg</i>	81	NEBUPENT INH 300MG	6
<i>myorisan cap 20mg</i>	81	<i>necon tab 0.5/35</i>	55
<i>myorisan cap 40mg</i>	81	<i>necon tab 1/35</i>	55
MYOZYME INJ 50MG.....	57	NECON TAB 1/50-28.....	55
MYRBETRIQ TAB 25MG	65	<i>necon tab 10/11-28</i>	55
MYRBETRIQ TAB 50MG	65	NECON TAB 7/7/7	55
<i>myzilra tab</i>	55	<i>nefazodone hcl tab 100 mg</i>	41
N		<i>nefazodone hcl tab 150 mg</i>	41
<i>nabumetone tab 500 mg</i>	1	<i>nefazodone hcl tab 200 mg</i>	41
<i>nabumetone tab 750 mg</i>	1	<i>nefazodone hcl tab 250 mg</i>	41
<i>nadolol tab 20 mg</i>	28	<i>nefazodone hcl tab 50 mg</i>	41
<i>nadolol tab 40 mg</i>	28	<i>neomycin sulfate tab 500 mg</i>	5
<i>nadolol tab 80 mg</i>	28	<i>neomycin-bacitrac zn-polymyx</i>	
<i>nafcillin sodium for inj 1 gm</i>	15	<i>5(3.5)mg-400unt-10000unt op oin</i>	76
<i>nafcillin sodium for inj 10 gm</i>	15	<i>neomycin-polymy-gramicid op sol</i>	
<i>nafcillin sodium for inj 2 gm</i>	15	<i>1.75-10000-0.025mg-unt-mg/ml</i>	76
<i>nafcillin sodium for iv soln 1 gm</i>	15	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nafcillin sodium for iv soln 2 gm</i>	15	<i>ophth oint 0.1%</i>	75
NAGLAZYME INJ 1MG/ML	57	<i>neomycin-polymyxin-dexamethasone</i>	
<i>naloxone hcl inj 0.4 mg/ml</i>	51	<i>ophth susp 0.1%</i>	75
<i>naloxone hcl inj 1 mg/ml</i>	51	<i>neomycin-polymyxin-hc ophth susp</i>	75
<i>naltrexone hcl tab 50 mg</i>	51	<i>neomycin-polymyxin-hc otic soln 1%</i> ..	85
NAMENDA SOL 10MG/5ML	38	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
NAMENDA TAB 10MG	38	<i>mg/ml-10000 unit/ml-1%</i>	85
NAMENDA TAB 5MG	38	NEORAL CAP 100MG.....	71
NAMENDA XR CAP 14MG.....	38	NEORAL CAP 25MG.....	71
NAMENDA XR CAP 21MG.....	38	NEORAL SOL 100MG/ML.....	71
NAMENDA XR CAP 28MG.....	38	NEPHRAMINE INJ 5.4%	73
NAMENDA XR CAP 7MG	38	NEUMEGA INJ 5MG.....	67
NAMENDA XR CAP TITRATIO	38	NEUPOGEN INJ 300/0.5	67
NAMZARIC CAP 14-10MG.....	38	NEUPOGEN INJ 300MCG.....	67
NAMZARIC CAP 28-10MG.....	38	NEUPOGEN INJ 480/0.8	68
<i>naphazoline hcl ophth soln 0.1%</i>	77	NEUPOGEN INJ 480MCG.....	68
<i>naproxen dr tab 375mg</i>	1	NEUPRO DIS 1MG/24HR.....	43
<i>naproxen dr tab 500mg</i>	1	NEUPRO DIS 2MG/24HR.....	43
<i>naproxen sodium tab 275 mg</i>	1	NEUPRO DIS 3MG/24HR.....	43
<i>naproxen sodium tab 550 mg</i>	2	NEUPRO DIS 4MG/24HR.....	43
<i>naproxen susp 125 mg/5ml</i>	2	NEUPRO DIS 6MG/24HR.....	43
<i>naproxen tab 250 mg</i>	2	NEUPRO DIS 8MG/24HR.....	43
<i>naproxen tab 375 mg</i>	2	NEVANAC SUS 0.1%.....	76
<i>naproxen tab 500 mg</i>	2	NEVIRAPINE SUSP 50 MG/5ML.....	8
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	49	<i>nevirapine tab 200 mg</i>	8
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		<i>nevirapine tab sr 24hr 400 mg</i>	8
.....	49	NEXAVAR TAB 200MG	20
NASONEX SPR 50MCG/AC.....	79	NEXIUM CAP 20MG.....	65
NATACYN SUS 5% OP	76	NEXIUM CAP 40MG.....	65
<i>nateglinide tab 120 mg</i>	53	NEXIUM GRA 10MG DR	65
<i>nateglinide tab 60 mg</i>	53	NEXIUM GRA 2.5MG DR	65

NEXIUM GRA 20MG DR.....	65	NORDITROPIN INJ 15/1.5ML.....	59
NEXIUM GRA 40MG DR.....	65	NORDITROPIN INJ 30/3ML	59
NEXIUM GRA 5MG DR.....	65	NORDITROPIN INJ 5/1.5ML	59
<i>next choice tab 1.5mg</i>	55	<i>norelgestromin-ethinyl estradiol td ptwk</i>	
<i>niacin tab cr 1000 mg</i>		<i>150-35 mcg/24hr</i>	55
<i>(antihyperlipidemic)</i>	27	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>niacin tab cr 500 mg (antihyperlipidemic)</i>		<i>tab 1 mg-20 mcg</i>	55
.....	27	<i>norethindrone acetate tab 5 mg</i>	60
<i>niacin tab cr 750 mg (antihyperlipidemic)</i>		<i>norethindrone tab 0.35 mg</i>	55
.....	27	NORETHINDRONE TAB 0.35 MG	55
<i>niacor tab 500mg</i>	27	NORETHINDRONE-ETH ESTRADIOL TAB	
<i>nicardipine hcl cap 20 mg</i>	29	0.5-35/1-35/0.5-35 MG-MCG.....	56
<i>nicardipine hcl cap 30 mg</i>	29	<i>norgestimate-eth estrad tab</i>	
NICOTROL INH	51	<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> ...	56
NICOTROL NS SPR 10MG/ML.....	51	<i>norlyroc tab 0.35mg</i>	56
<i>nifedical xl tab 30mg</i>	29	<i>normosol -m inj /d5w</i>	74
<i>nifedical xl tab 60mg</i>	29	NORMOSOL -R INJ /D5W.....	74
<i>nifedipine tab sr 24hr 30 mg</i>	29	NORMOSOL-R INJ PH 7.4	74
<i>nifedipine tab sr 24hr 60 mg</i>	29	NORPACE CAP 100MG CR.....	25
<i>nifedipine tab sr 24hr 90 mg</i>	29	NORPACE CAP 150MG CR.....	25
<i>nifedipine tab sr 24hr osmotic release 30</i>		<i>nortrel tab 0.5/35</i>	56
<i>mg</i>	29	<i>nortrel tab 1/35</i>	56
<i>nifedipine tab sr 24hr osmotic release 60</i>		<i>nortrel tab 7/7/7</i>	56
<i>mg</i>	29	<i>nortriptyline hcl cap 10 mg</i>	41
<i>nifedipine tab sr 24hr osmotic release 90</i>		<i>nortriptyline hcl cap 25 mg</i>	41
<i>mg</i>	29	<i>nortriptyline hcl cap 50 mg</i>	41
<i>nikki tab 3-0.02mg</i>	55	<i>nortriptyline hcl cap 75 mg</i>	41
NILANDRON TAB 150MG.....	19	<i>nortriptyline hcl soln 10 mg/5ml</i>	41
<i>nimodipine cap 30 mg</i>	29	NORVIR CAP 100MG	8
NIPENT INJ 10MG	17	NORVIR SOL 80MG/ML.....	8
<i>nitro-bid oin 2%</i>	32	NORVIR TAB 100MG	8
NITRO-DUR DIS 0.3MG/HR	32	NOVOLIN INJ 70/30.....	52
NITRO-DUR DIS 0.8MG/HR	32	NOVOLIN N INJ U-100	52
<i>nitrofurantoin macrocrystalline cap 100</i>		NOVOLIN R INJ U-100	52
<i>mg</i>	6	NOVOLOG INJ 100/ML	52
<i>nitrofurantoin macrocrystalline cap 50 mg</i>		NOVOLOG INJ FLEXPEN.....	52
.....	6	NOVOLOG INJ PENFILL	52
<i>nitrofurantoin monohydrate</i>		NOVOLOG MIX INJ 70/30	52
<i>macrocrystalline cap 100 mg</i>	6	NOVOLOG MIX INJ FLEXPEN	52
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	32	NOXAFIL SUS 40MG/ML	7
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	32	NOXAFIL TAB 100MG.....	7
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	32	NUEDEXTA CAP 20-10MG	49
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	32	NULOJIX INJ 250MG	71
NITROLINGUAL SPR PUMPSRA	32	NULYTELY SOL FLAV PKS	63
NITROSTAT SUB 0.3MG	32	NUVARING MIS.....	56
NITROSTAT SUB 0.4MG	32	NUVIGIL TAB 150MG	50
NITROSTAT SUB 0.6MG	32	NUVIGIL TAB 200MG	50
NORDITROPIN INJ 10/1.5ML	59	NUVIGIL TAB 250MG	50

NUVIGIL TAB 50MG.....	50	omeprazole cap delayed release 40 mg	65
nyamyc pow 100000	82	ondansetron hcl inj 4 mg/2ml (2 mg/ml)	62
NYMALIZE SOL 60/20ML.....	30	.....	62
nystatin cream 100000 unit/gm.....	82	ondansetron hcl inj 40 mg/20ml (2	62
nystatin oint 100000 unit/gm	82	mg/ml)	62
nystatin susp 100000 unit/ml	85	ondansetron hcl oral soln 4 mg/5ml....	62
nystatin tab 500000 unit.....	7	ondansetron hcl tab 24 mg	62
nystatin topical powder.....	82	ondansetron hcl tab 4 mg.....	62
nystop pow 100000.....	82	ondansetron hcl tab 8 mg.....	62
O		ondansetron orally disintegrating tab 4	62
OCTAGAM INJ 10GM.....	69	mg	62
OCTAGAM INJ 1GM	69	ondansetron orally disintegrating tab 8	62
OCTAGAM INJ 2.5GM.....	69	mg	62
OCTAGAM INJ 25GM.....	69	ONFI SUS 2.5MG/ML.....	36
OCTAGAM INJ 2GM/20ML.....	69	ONFI TAB 10MG	36
OCTAGAM INJ 5GM	69	ONFI TAB 20MG	36
octreotide acetate inj 100 mcg/ml (0.1	59	ORAP TAB 1MG	46
mg/ml)	59	ORAP TAB 2MG	46
octreotide acetate inj 1000 mcg/ml (1	59	ORFADIN CAP 10MG	57
mg/ml)	59	ORFADIN CAP 2MG.....	57
octreotide acetate inj 200 mcg/ml (0.2	59	ORFADIN CAP 5MG.....	57
mg/ml)	59	ORKAMBI TAB 200-125.....	79
octreotide acetate inj 50 mcg/ml (0.05	59	orsythia tab.....	56
mg/ml)	59	oxacillin sodium for inj 1 gm	15
octreotide acetate inj 500 mcg/ml (0.5	59	oxacillin sodium for inj 10 gm	15
mg/ml)	59	oxacillin sodium for inj 2 gm	15
ofloxacin ophth soln 0.3%.....	76	oxaliplatin for iv inj 100 mg	21
ofloxacin otic soln 0.3%.....	85	oxaliplatin for iv inj 50 mg.....	21
olanzapine for im inj 10 mg.....	46	oxaliplatin iv soln 100 mg/20ml	21
olanzapine orally disintegrating tab 10 mg	46	oxaliplatin iv soln 50 mg/10ml	21
.....	46	oxandrolone tab 10 mg	51
olanzapine orally disintegrating tab 15 mg	46	oxandrolone tab 2.5 mg	51
.....	46	oxcarbazepine susp 300 mg/5ml (60	36
olanzapine orally disintegrating tab 20 mg	46	mg/ml)	36
.....	46	oxcarbazepine tab 150 mg	36
olanzapine orally disintegrating tab 5 mg	46	oxcarbazepine tab 300 mg	36
.....	46	oxcarbazepine tab 600 mg	36
olanzapine tab 10 mg	46	oxybutynin chloride syrup 5 mg/5ml...	65
olanzapine tab 15 mg	46	oxybutynin chloride tab 5 mg	65
olanzapine tab 2.5 mg	46	oxybutynin chloride tab sr 24hr 10 mg	66
olanzapine tab 20 mg	46	oxybutynin chloride tab sr 24hr 15 mg	66
olanzapine tab 5 mg.....	46	oxybutynin chloride tab sr 24hr 5 mg .	65
olanzapine tab 7.5 mg	46	oxycodone hcl cap 5 mg.....	4
olopatadine hcl nasal soln 0.6%.....	78	OXYCODONE HCL CONC 100 MG/5ML (20	4
OLYSIO CAP 150MG	10	MG/ML).....	4
omega-3-acid ethyl esters cap 1 gm....	27	oxycodone hcl soln 5 mg/5ml	4
omeprazole cap delayed release 10 mg	65	oxycodone hcl tab 10 mg	4
omeprazole cap delayed release 20 mg	65	oxycodone hcl tab 15 mg	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
P	
<i>pacerone tab 100mg</i>	25
<i>pacerone tab 200mg</i>	25
<i>pacerone tab 400mg</i>	25
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	18
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	18
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	18
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	18
<i>pamidronate disodium iv soln 3 mg/ml</i>	53
<i>pamidronate disodium iv soln 9 mg/ml</i>	53
<i>pamidronate inj 6mg/ml</i>	53
<i>PANRETIN GEL 0.1%</i>	84
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	65
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	65
<i>paricalcitol cap 1 mcg</i>	75
<i>paricalcitol cap 2 mcg</i>	75
<i>paricalcitol cap 4 mcg</i>	75
<i>paromomycin sulfate cap 250 mg</i>	5
<i>paroxetine hcl tab 10 mg</i>	41
<i>paroxetine hcl tab 20 mg</i>	41
<i>paroxetine hcl tab 30 mg</i>	41
<i>paroxetine hcl tab 40 mg</i>	41
<i>paser gra 4gm</i>	10
<i>PATADAY SOL 0.2%</i>	76
<i>PATANOL SOL 0.1% OP</i>	76
<i>PAXIL SUS 10MG/5ML</i>	41
<i>PAZEO DRO 0.7%</i>	76
<i>PEDVAX HIB INJ</i>	72
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	63
<i>PEG 3350-KCL-NA BICARB-NACL-NA</i>	

<i>SULFATE FOR SOLN 240 GM</i>	63
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	64
<i>PEGANONE TAB 250MG</i>	36
<i>PEG-INTRON KIT 120 RP</i>	70
<i>PEGINTRON KIT 120MCG</i>	70
<i>PEG-INTRON KIT 150 RP</i>	70
<i>PEGINTRON KIT 150MCG</i>	70
<i>PEG-INTRON KIT 50MCG</i>	70
<i>PEG-INTRON KIT 50MCG RP</i>	70
<i>PEGINTRON KIT 80MCG</i>	70
<i>PEG-INTRON KIT 80MCG RP</i>	70
<i>pen g proc inj 600000</i>	15
<i>PENICILL GK/ INJ DEX 2MU</i>	15
<i>PENICILL GK/ INJ DEX 3MU</i>	15
<i>penicillin g potassium for inj 20000000 unit</i>	15
<i>penicillin g potassium for inj 5000000 unit</i>	15
<i>penicillin g sodium for inj 5000000 unit</i>	15
<i>penicillin v potassium for soln 125 mg/5ml</i>	15
<i>penicillin v potassium for soln 250 mg/5ml</i>	15
<i>penicillin v potassium tab 250 mg</i>	15
<i>penicillin v potassium tab 500 mg</i>	15
<i>PENTAM 300 INJ 300MG</i>	6
<i>PENTASA CAP 250MG CR</i>	63
<i>PENTASA CAP 500MG CR</i>	63
<i>pentoxifylline tab cr 400 mg</i>	68
<i>PERFOROMIST NEB 20MCG</i>	79
<i>perindopril erbumine tab 2 mg</i>	23
<i>perindopril erbumine tab 4 mg</i>	23
<i>perindopril erbumine tab 8 mg</i>	23
<i>perlogard sol 0.12%</i>	85
<i>permethrin cream 5%</i>	84
<i>perphenazine tab 16 mg</i>	46
<i>perphenazine tab 2 mg</i>	46
<i>perphenazine tab 4 mg</i>	46
<i>perphenazine tab 8 mg</i>	46
<i>phenelzine sulfate tab 15 mg</i>	41
<i>PHENOBARB INJ 65MG/ML</i>	36
<i>phenobarbital elixir 20 mg/5ml</i>	36
<i>phenobarbital sodium inj 130 mg/ml</i> ..	36
<i>phenobarbital tab 100 mg</i>	37
<i>phenobarbital tab 15 mg</i>	36
<i>phenobarbital tab 16.2 mg</i>	36

<i>phenobarbital tab 30 mg</i>	36	<i>polyethylene glycol 3350 oral packet</i> ..	64
<i>phenobarbital tab 32.4 mg</i>	36	<i>polyethylene glycol 3350 oral powder</i> .	64
<i>phenobarbital tab 60 mg</i>	37	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>phenobarbital tab 64.8 mg</i>	37	<i>10000 unit/ml-0.1%</i>	76
<i>phenobarbital tab 97.2 mg</i>	37	POMALYST CAP 1MG.....	21
<i>phenytek cap 200mg</i>	37	POMALYST CAP 2MG.....	21
<i>phenytek cap 300mg</i>	37	POMALYST CAP 3MG.....	21
<i>phenytoin chew tab 50 mg</i>	37	POMALYST CAP 4MG.....	21
<i>phenytoin sodium extended cap 100 mg</i>		<i>portia-28 tab</i>	56
.....	37	POTASSIUM CHLORIDE 20 MEQ/L	
<i>phenytoin sodium extended cap 200 mg</i>		(0.15%) IN DEXTROSE 5% INJ.....	74
.....	37	POTASSIUM CHLORIDE 40 MEQ/L (0.3%)	
<i>phenytoin sodium extended cap 300 mg</i>		IN DEXTROSE 5% INJ.....	74
.....	37	<i>potassium chloride cap cr 10 meq</i>	72
<i>phenytoin sodium inj 50 mg/ml</i>	37	<i>potassium chloride cap cr 8 meq</i>	72
<i>phenytoin susp 125 mg/5ml</i>	37	POTASSIUM CHLORIDE INJ 10 MEQ/100	
<i>philith tab 0.4-35</i>	56	ML.....	75
PHOSLYRA SOL.....	60	<i>potassium chloride inj 10 meq/50 ml</i> ..	75
PHOSPHOLINE SOL 0.125%OP	77	<i>potassium chloride inj 2 meq/ml</i>	74
PILOCARPINE HCL OPHTH SOLN 1% ...	77	POTASSIUM CHLORIDE INJ 20 MEQ/100	
PILOCARPINE HCL OPHTH SOLN 2% ...	77	ML.....	75
PILOCARPINE HCL OPHTH SOLN 4% ...	77	<i>potassium chloride inj 20 meq/50 ml</i> ..	75
<i>pilocarpine hcl tab 5 mg</i>	85	<i>potassium chloride inj 40 meq/100 ml</i> 75	
<i>pilocarpine hcl tab 7.5 mg</i>	85	<i>potassium chloride microencapsulated</i>	
<i>pimtrea tab</i>	56	<i>crys cr tab 10 meq</i>	72
<i>pindolol tab 10 mg</i>	28	<i>potassium chloride microencapsulated</i>	
<i>pindolol tab 5 mg</i>	28	<i>crys cr tab 20 meq</i>	72
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>potassium chloride oral soln 10% (20</i>	
.....	53	<i>meq/15ml)</i>	72
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>potassium chloride oral soln 20% (40</i>	
.....	53	<i>meq/15ml)</i>	72
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		POTASSIUM CHLORIDE TAB CR 10 MEQ	
.....	53	.....	72
<i>piperacillin sodium-tazobactam sodium</i>		POTASSIUM CHLORIDE TAB CR 20 MEQ	
<i>for inj 2-0.25 gm</i>	15	(1500 MG)	73
<i>piperacillin sodium-tazobactam sodium</i>		<i>potassium chloride tab cr 8 meq (600 mg)</i>	
<i>for inj 3-0.375 gm</i>	15	.....	72
<i>piperacillin sodium-tazobactam sodium</i>		POTASSIUM CITRATE TAB CR 10 MEQ	
<i>for inj 36-4.5 gm</i>	15	(1080 MG)	65
<i>piperacillin sodium-tazobactam sodium</i>		POTASSIUM CITRATE TAB CR 5 MEQ (540	
<i>for inj 4-0.5 gm</i>	15	MG).....	65
<i>pirmella tab 1/35</i>	56	POTIGA TAB 200MG	37
<i>piroxicam cap 10 mg</i>	2	POTIGA TAB 300MG	37
<i>piroxicam cap 20 mg</i>	2	POTIGA TAB 400MG	37
PLASMA-LYTE INJ -148.....	74	POTIGA TAB 50MG	37
PLASMA-LYTE INJ 56/D5W	74	PRADAXA CAP 150MG.....	67
PLASMA-LYTE INJ -A	74	PRADAXA CAP 75MG.....	67
<i>podofilox soln 0.5%</i>	84	<i>pramipexole dihydrochloride tab 0.125</i>	

<i>mg</i>	43	PREZISTA TAB 75MG	8
<i>pramipexole dihydrochloride tab 0.25 mg</i>		PREZISTA TAB 800MG	8
.....	43	PRIFTIN TAB 150MG	10
<i>pramipexole dihydrochloride tab 0.5 mg</i>		PRIMAQUINE TAB 26.3MG	7
.....	43	<i>primidone tab 250 mg</i>	37
<i>pramipexole dihydrochloride tab 0.75 mg</i>		<i>primidone tab 50 mg</i>	37
.....	43	PRISTIQ TAB 100MG	41
<i>pramipexole dihydrochloride tab 1 mg</i>	43	PRISTIQ TAB 25MG	41
<i>pramipexole dihydrochloride tab 1.5 mg</i>		PRISTIQ TAB 50MG	41
.....	43	PRIVIGEN INJ 10GRAMS	70
<i>pravastatin sodium tab 10 mg</i>	26	PRIVIGEN INJ 20GRAMS	70
<i>pravastatin sodium tab 20 mg</i>	26	PRIVIGEN INJ 40GRAMS	70
<i>pravastatin sodium tab 40 mg</i>	26	PRIVIGEN INJ 5 GRAMS	69
<i>pravastatin sodium tab 80 mg</i>	26	PROAIR HFA AER.....	79
<i>prazosin hcl cap 1 mg</i>	23	<i>probenecid tab 500 mg</i>	1
<i>prazosin hcl cap 2 mg</i>	23	PROCALAMINE INJ 3%	73
<i>prazosin hcl cap 5 mg</i>	23	<i>prochlorperazine edisylate inj 5 mg/ml</i>	62
<i>pred sod pho sol 1% op</i>	76	<i>prochlorperazine maleate tab 10 mg (base</i>	
PREDNISOLONE ACETATE OPHTH SUSP		<i>equivalent)</i>	62
1%	76	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prednisolone sod phosph oral soln 6.7</i>		<i>equivalent)</i>	62
<i>mg/5ml (5 mg/5ml base)</i>	58	<i>prochlorperazine suppos 25 mg</i>	62
<i>prednisolone sod phosphate oral soln 15</i>		PROCRIT INJ 10000/ML.....	68
<i>mg/5ml (base equiv)</i>	58	PROCRIT INJ 2000/ML	68
<i>prednisolone sodium phosphate oral soln</i>		PROCRIT INJ 20000/ML.....	68
<i>25 mg/5ml (base eq)</i>	58	PROCRIT INJ 3000/ML	68
<i>prednisolone syrup 15 mg/5ml (usp</i>		PROCRIT INJ 4000/ML	68
<i>solution equivalent)</i>	58	PROCRIT INJ 40000/ML.....	68
<i>prednisone con 5mg/ml</i>	58	<i>procto-pak cre 1%</i>	82
<i>prednisone oral soln 5 mg/5ml</i>	59	<i>proctozone cre -hc 2.5%</i>	82
<i>prednisone tab 1 mg</i>	59	PROGLYCEM SUS 50MG/ML	59
<i>prednisone tab 10 mg</i>	59	PROGRAF CAP 0.5MG.....	71
<i>prednisone tab 10 mg dose pack</i>	59	PROGRAF CAP 1MG	71
<i>prednisone tab 2.5 mg</i>	59	PROGRAF CAP 5MG	71
<i>prednisone tab 20 mg</i>	59	PROLASTIN-C INJ 1000MG	79
<i>prednisone tab 5 mg</i>	59	PROLENSA SOL 0.07%.....	77
<i>prednisone tab 5 mg dose pack</i>	59	PROLEUKIN INJ 22MU	18
<i>prednisone tab 50 mg</i>	59	PROLIA SOL 60MG/ML	59
PREMARIN VAG CRE 0.625MG	57	PROMACTA TAB 12.5MG.....	68
<i>premasol sol 10%</i>	73	PROMACTA TAB 25MG	68
PRENATAL VITAMIN/FOLIC ACID > 0.8		PROMACTA TAB 50MG	68
MG (GENERIC)	75	PROMACTA TAB 75MG	68
<i>prevalite pow 4gm</i>	27	<i>promethazine hcl inj 25 mg/ml</i>	62
<i>previfem tab</i>	56	<i>promethazine hcl inj 50 mg/ml</i>	62
PREZCOBIX TAB 800-150	9	<i>propafenone hcl cap sr 12hr 225 mg</i> ...	25
PREZISTA SUS 100MG/ML.....	8	<i>propafenone hcl cap sr 12hr 325 mg</i> ...	25
PREZISTA TAB 150MG	8	<i>propafenone hcl cap sr 12hr 425 mg</i> ...	25
PREZISTA TAB 600MG	8	<i>propafenone hcl tab 150 mg</i>	25

<i>propafenone hcl tab 225 mg</i>	25	<i>quinidine gluconate tab cr 324 mg</i>	25
<i>propafenone hcl tab 300 mg</i>	25	<i>quinidine sulfate tab 200 mg</i>	25
<i>proparacaine hcl ophth soln 0.5%</i>	77	<i>quinidine sulfate tab 300 mg</i>	25
<i>propranolol & hydrochlorothiazide tab</i>		<i>quinine sulfate cap 324 mg</i>	7
<i>40-25 mg</i>	27	QVAR AER 40MCG	80
<i>propranolol & hydrochlorothiazide tab</i>		QVAR AER 80MCG	80
<i>80-25 mg</i>	27	R	
<i>propranolol hcl cap sr 24hr 120 mg</i>	28	RABAVERT INJ	72
<i>propranolol hcl cap sr 24hr 160 mg</i>	28	<i>raloxifene hcl tab 60 mg</i>	59
<i>propranolol hcl cap sr 24hr 60 mg</i>	28	<i>ramipril cap 1.25 mg</i>	23
<i>propranolol hcl cap sr 24hr 80 mg</i>	28	<i>ramipril cap 10 mg</i>	23
<i>propranolol hcl inj 1 mg/ml</i>	28	<i>ramipril cap 2.5 mg</i>	23
<i>propranolol hcl oral soln 20 mg/5ml</i>	28	<i>ramipril cap 5 mg</i>	23
<i>propranolol hcl oral soln 40 mg/5ml</i>	28	RANEXA TAB 1000MG	32
<i>propranolol hcl tab 10 mg</i>	28	RANEXA TAB 500MG.....	32
<i>propranolol hcl tab 20 mg</i>	28	<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	
<i>propranolol hcl tab 40 mg</i>	28	.....	63
<i>propranolol hcl tab 60 mg</i>	28	<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	
<i>propranolol hcl tab 80 mg</i>	28	.....	63
<i>propylthiouracil tab 50 mg</i>	61	<i>ranitidine hcl syrup 15 mg/ml (75</i>	
PROQUAD INJ.....	72	<i>mg/5ml)</i>	63
PROSOL INJ 20%.....	73	<i>ranitidine hcl tab 150 mg</i>	63
<i>protriptyline hcl tab 10 mg</i>	41	<i>ranitidine hcl tab 300 mg</i>	63
<i>protriptyline hcl tab 5 mg</i>	41	RAPAMUNE SOL 1MG/ML.....	71
PRUDOXIN CRE 5%.....	82	REBETOL SOL 40MG/ML.....	10
PULMOZYME SOL 1MG/ML.....	79	<i>reclipsen tab</i>	56
PURIXAN SUS 20MG/ML.....	17	RECOMBIVA HB INJ 10MCG/ML.....	72
<i>pyrazinamide tab 500 mg</i>	10	RECOMBIVA HB INJ 5MCG/0.5	72
<i>pyridostigmine bromide tab 60 mg</i>	49	RECOMBIVA-HB INJ 40MCG/ML.....	72
Q		REGRANEX GEL 0.01%	84
QUADRACEL INJ	72	RELENZA MIS DISKHALE.....	10
<i>quasense tab</i>	56	RELISTOR INJ 12/0.6ML.....	64
<i>quetiapine fumarate tab 100 mg</i>	46	RELISTOR INJ 8/0.4ML	64
<i>quetiapine fumarate tab 200 mg</i>	46	RELISTOR KIT 12/0.6ML	64
<i>quetiapine fumarate tab 25 mg</i>	46	RELPAK TAB 20MG	49
<i>quetiapine fumarate tab 300 mg</i>	46	RELPAK TAB 40MG	49
<i>quetiapine fumarate tab 400 mg</i>	46	REMICADE INJ 100MG	69
<i>quetiapine fumarate tab 50 mg</i>	46	REMODULIN INJ 10MG/ML.....	33
<i>quinapril hcl tab 10 mg</i>	23	REMODULIN INJ 1MG/ML	33
<i>quinapril hcl tab 20 mg</i>	23	REMODULIN INJ 2.5MG/ML.....	33
<i>quinapril hcl tab 40 mg</i>	23	REMODULIN INJ 5MG/ML	33
<i>quinapril hcl tab 5 mg</i>	23	REVELA PAK 0.8GM	60
<i>quinapril-hydrochlorothiazide tab 10-12.5</i>		REVELA PAK 2.4GM	60
<i>mg</i>	22	REVELA TAB 800MG	60
<i>quinapril-hydrochlorothiazide tab 20-12.5</i>		<i>repaglinide tab 0.5 mg</i>	53
<i>mg</i>	22	<i>repaglinide tab 1 mg</i>	53
<i>quinapril-hydrochlorothiazide tab 20-25</i>		<i>repaglinide tab 2 mg</i>	53
<i>mg</i>	22	RESCRIPTOR TAB 100 MG	8

RESCRIPTOR TAB 200MG.....	8	.....	46
RESTASIS EMU 0.05%.....	77	<i>risperidone orally disintegrating tab 2 mg</i>	46
RETROVIR INJ 10MG/ML.....	8	.....	46
REVATIO SUS 10MG/ML.....	33	<i>risperidone orally disintegrating tab 3 mg</i>	47
REVLIMID CAP 10MG.....	70	.....	47
REVLIMID CAP 15MG.....	70	<i>risperidone orally disintegrating tab 4 mg</i>	47
REVLIMID CAP 2.5MG.....	70	.....	47
REVLIMID CAP 20MG.....	70	<i>risperidone soln 1 mg/ml</i>	47
REVLIMID CAP 25MG.....	70	<i>risperidone tab 0.25 mg</i>	47
REVLIMID CAP 5MG	70	<i>risperidone tab 0.5 mg</i>	47
REXULTI TAB 0.25MG.....	46	<i>risperidone tab 1 mg</i>	47
REXULTI TAB 0.5MG.....	46	<i>risperidone tab 2 mg</i>	47
REXULTI TAB 1MG	46	<i>risperidone tab 3 mg</i>	47
REXULTI TAB 2MG	46	<i>risperidone tab 4 mg</i>	47
REXULTI TAB 3MG	46	RITUXAN INJ 500MG.....	18
REXULTI TAB 4MG	46	<i>rivastigmine tartrate cap 1.5 mg</i>	38
REYATAZ CAP 150MG	8	<i>rivastigmine tartrate cap 3 mg</i>	38
REYATAZ CAP 200MG	8	<i>rivastigmine tartrate cap 4.5 mg</i>	38
REYATAZ CAP 300MG	8	<i>rivastigmine tartrate cap 6 mg</i>	38
REYATAZ POW 50MG.....	8	RIVASTIGMINE TD PATCH 24HR 13.3	
<i>ribapak pak 1000/day</i>	10	MG/24HR	39
<i>ribapak pak 1200/day</i>	10	RIVASTIGMINE TD PATCH 24HR 4.6	
<i>ribapak pak 600/day</i>	10	MG/24HR	38
<i>ribapak pak 800/day</i>	10	RIVASTIGMINE TD PATCH 24HR 9.5	
<i>ribasphere cap 200mg</i>	10	MG/24HR	38
<i>ribasphere tab 200mg</i>	11	<i>rizatriptan benzoate orally disintegrating</i>	
<i>ribasphere tab 400mg</i>	11	<i>tab 10 mg</i>	49
<i>ribasphere tab 600mg</i>	11	<i>rizatriptan benzoate orally disintegrating</i>	
<i>ribavirin cap 200 mg</i>	11	<i>tab 5 mg</i>	49
<i>ribavirin tab 200 mg</i>	11	<i>rizatriptan benzoate tab 10 mg</i>	49
<i>rifabutin cap 150 mg</i>	10	<i>rizatriptan benzoate tab 5 mg</i>	49
<i>rifampin cap 150 mg</i>	10	<i>ropinirole hydrochloride tab 0.25 mg</i>	43
<i>rifampin cap 300 mg</i>	10	<i>ropinirole hydrochloride tab 0.5 mg</i>	43
<i>rifampin for inj 600 mg</i>	10	<i>ropinirole hydrochloride tab 1 mg</i>	43
RIFATER TAB.....	10	<i>ropinirole hydrochloride tab 2 mg</i>	43
<i>riluzole tab 50 mg</i>	49	<i>ropinirole hydrochloride tab 3 mg</i>	43
<i>rimantadine hydrochloride tab 100 mg</i>	11	<i>ropinirole hydrochloride tab 4 mg</i>	43
RINGER'S SOLUTION.....	75	<i>ropinirole hydrochloride tab 5 mg</i>	43
RIOMET SOL	53	<i>rosadan cre 0.75%</i>	84
RISPERDAL INJ 12.5MG	46	ROTARIX SUS	72
RISPERDAL INJ 25MG	46	ROTATEQ SOL.....	72
RISPERDAL INJ 37.5MG	46	<i>roxiket sol 5-325/5</i>	4
RISPERDAL INJ 50MG.....	46	ROZEREM TAB 8MG	48
<i>risperidone orally disintegrating tab 0.25</i>		S	
<i>mg</i>	46	SABRIL POW 500MG.....	37
<i>risperidone orally disintegrating tab 0.5</i>		SABRIL TAB 500MG.....	37
<i>mg</i>	46	SANDIMMUNE CAP 100MG.....	71
<i>risperidone orally disintegrating tab 1 mg</i>		SANDIMMUNE CAP 25MG	71

SANDIMMUNE SOL 100MG/ML	71	<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	54
SANDOSTATIN KIT LAR 10MG	59	SOLIA TAB	56
SANDOSTATIN KIT LAR 20MG	59	SOLTAMOX SOL 10MG/5ML	19
SANDOSTATIN KIT LAR 30MG	59	SOLU-CORTEF INJ 250MG	59
SANTYL OIN 250/GM	85	SOMATULINE INJ 120/.5ML	59
SAPHRIS SUB 10MG	47	SOMATULINE INJ 60/0.2ML	59
SAPHRIS SUB 2.5MG	47	SOMATULINE INJ 90/0.3ML	59
SAPHRIS SUB 5MG	47	SOMAVERT INJ 10MG	59
<i>selegiline hcl cap 5 mg</i>	43	SOMAVERT INJ 15MG	59
<i>selegiline hcl tab 5 mg</i>	43	SOMAVERT INJ 20MG	59
<i>selenium sulfide lotion 2.5%</i>	82	SOMAVERT INJ 25MG	59
SELZENTRY TAB 150MG	8	SOMAVERT INJ 30MG	59
SELZENTRY TAB 300MG	8	<i>sorine tab 120mg</i>	25
SENSIPAR TAB 30MG	53	<i>sorine tab 160mg</i>	25
SENSIPAR TAB 60MG	53	<i>sorine tab 240mg</i>	25
SENSIPAR TAB 90MG	53	<i>sorine tab 80mg</i>	25
SEREVENT DIS AER 50MCG	79	<i>sotalol hcl (afib/afl) tab 120 mg</i>	25
SEROQUEL XR TAB 150MG	47	<i>sotalol hcl (afib/afl) tab 160 mg</i>	26
SEROQUEL XR TAB 200MG	47	<i>sotalol hcl (afib/afl) tab 80 mg</i>	25
SEROQUEL XR TAB 300MG	47	<i>sotalol hcl tab 120 mg</i>	26
SEROQUEL XR TAB 400MG	47	<i>sotalol hcl tab 160 mg</i>	26
SEROQUEL XR TAB 50MG	47	<i>sotalol hcl tab 240 mg</i>	26
<i>sertraline hcl oral conc 20 mg/ml</i>	41	<i>sotalol hcl tab 80 mg</i>	26
<i>sertraline hcl tab 100 mg</i>	41	SOVALDI TAB 400MG	11
<i>sertraline hcl tab 25 mg</i>	41	SPIRIVA CAP HANDIHLR	78
<i>sertraline hcl tab 50 mg</i>	41	SPIRIVA SPR RESPIMAT	78
<i>sharobel tab 0.35mg</i>	56	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	31
<i>sildenafil citrate tab 20 mg</i>	33	<i>spironolactone tab 100 mg</i>	23
SILENOR TAB 3MG	48	<i>spironolactone tab 25 mg</i>	23
SILENOR TAB 6MG	48	<i>spironolactone tab 50 mg</i>	23
SILVER SULFADIAZINE CREAM 1%	81	<i>sprintec 28 tab 28 day</i>	56
SIMBRINZA SUS 1-0.2%	77	SPRYCEL TAB 100MG	20
<i>simvastatin tab 10 mg</i>	26	SPRYCEL TAB 140MG	20
<i>simvastatin tab 20 mg</i>	26	SPRYCEL TAB 20MG	20
<i>simvastatin tab 40 mg</i>	26	SPRYCEL TAB 50MG	20
<i>simvastatin tab 5 mg</i>	26	SPRYCEL TAB 70MG	20
<i>simvastatin tab 80 mg</i>	26	SPRYCEL TAB 80MG	20
<i>sirolimus tab 0.5 mg</i>	71	<i>sps sus 15gm/60</i>	54
SIROLIMUS TAB 1 MG	71	SSD CRE 1%	81
SIROLIMUS TAB 2 MG	71	<i>stavudine cap 15 mg</i>	9
SIRTURO TAB 100MG	10	<i>stavudine cap 20 mg</i>	9
SIVEXTRO INJ 200MG	6	<i>stavudine cap 30 mg</i>	9
SIVEXTRO TAB 200MG	6	<i>stavudine cap 40 mg</i>	9
SODIUM CHLORIDE	73, 75, 85	<i>stavudine for oral soln 1 mg/ml</i>	9
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	73	STIVARGA TAB 40MG	20
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	57	STRATTERA CAP 100MG	48

STRATTERA CAP 10MG	48	<i>syringe 6 mg/0.5ml</i>	49
STRATTERA CAP 18MG	48	<i>sumatriptan succinate tab 100 mg</i>	49
STRATTERA CAP 25MG	48	<i>sumatriptan succinate tab 25 mg</i>	49
STRATTERA CAP 40MG	48	<i>sumatriptan succinate tab 50 mg</i>	49
STRATTERA CAP 60MG	48	SUPRAX CAP 400MG	12
STRATTERA CAP 80MG	48	<i>suprax chw 100mg</i>	12
<i>streptomycin sulfate for inj 1 gm</i>	5	<i>suprax chw 200mg</i>	12
STRIBILD TAB	9	<i>suprax sus 100/5ml</i>	12
SUBOXONE MIS 12-3MG	51	<i>suprax sus 200/5ml</i>	12
SUBOXONE MIS 2-0.5MG	51	SUPRAX SUS 500/5ML	12
SUBOXONE MIS 4-1MG	51	SUPREP BOWEL SOL PREP	64
SUBOXONE MIS 8-2MG	51	SURMONTIL CAP 100MG	41
SUCRAID SOL 8500/ML	64	SURMONTIL CAP 25MG	41
<i>sucrafate tab 1 gm</i>	64	SURMONTIL CAP 50MG	41
<i>sulfacetamide sodium lotion 10% (acne)</i>	81	SUSTIVA CAP 200MG	9
<i>sulfacetamide sodium ophth oint 10%</i> .76		SUSTIVA CAP 50MG	9
<i>sulfacetamide sodium ophth soln 10%</i> .76		SUSTIVA TAB 600MG	9
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	75	SUTENT CAP 12.5MG	20
<i>sulfadiazine tab 500mg</i>	5	SUTENT CAP 25MG	20
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	6	SUTENT CAP 37.5MG	20
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	6	SUTENT CAP 50MG	20
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	6	<i>syeda tab 3-0.03mg</i>	56
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	6	SYLATRON KIT 200MCG	21
SULFAMYLON CRE 85MG/GM	81	SYLATRON KIT 300MCG	21
<i>sulfasalazine tab 500 mg</i>	63	SYLATRON KIT 600MCG	21
<i>sulfazine ec tab 500mg</i>	63	SYMBICORT AER 160-4.5	80
<i>sulindac tab 150 mg</i>	2	SYMBICORT AER 80-4.5	80
<i>sulindac tab 200 mg</i>	2	SYMLINPEN 60 INJ 1000MCG	52
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	49	SYMLINPEN 120 INJ 1000MCG	52
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	49	SYNAGIS INJ 100MG/ML	72
<i>sumatriptan succinate inj 6 mg/0.5ml</i> .49		SYNAGIS INJ 50MG	72
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	49	SYNAREL SOL 2MG/ML	56
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	49	SYNERCID INJ 500MG	6
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	49	SYNTHROID TAB 100MCG	61
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	49	SYNTHROID TAB 112MCG	61
<i>sumatriptan succinate solution prefilled</i>		SYNTHROID TAB 125MCG	61
		SYNTHROID TAB 137MCG	61
		SYNTHROID TAB 150MCG	61
		SYNTHROID TAB 175MCG	61
		SYNTHROID TAB 200MCG	61
		SYNTHROID TAB 25MCG	61
		SYNTHROID TAB 300MCG	61
		SYNTHROID TAB 50MCG	61
		SYNTHROID TAB 75MCG	61
		SYNTHROID TAB 88MCG	61
		SYPRINE CAP 250MG	54
		T	
		TABLOID TAB 40MG	17

<i>tacrolimus cap 0.5 mg</i>	71	TENIVAC INJ 5-2LF.....	72
<i>tacrolimus cap 1 mg</i>	71	<i>terazosin hcl cap 1 mg</i>	24
<i>tacrolimus cap 5 mg</i>	71	<i>terazosin hcl cap 10 mg</i>	24
TAFINLAR CAP 50MG	20	<i>terazosin hcl cap 2 mg</i>	24
TAFINLAR CAP 75MG	20	<i>terazosin hcl cap 5 mg</i>	24
TAMIFLU CAP 30MG	11	<i>terbinafine hcl tab 250 mg</i>	7
TAMIFLU CAP 45MG	11	<i>terbutaline sulfate inj 1 mg/ml</i>	79
TAMIFLU CAP 75MG	11	<i>terbutaline sulfate tab 2.5 mg</i>	79
TAMIFLU SUS 6MG/ML.....	11	<i>terbutaline sulfate tab 5 mg</i>	79
<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	19	<i>terconazole vaginal cream 0.4%</i>	66
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	19	<i>terconazole vaginal cream 0.8%</i>	66
<i>tamsulosin hcl cap 0.4 mg</i>	65	<i>terconazole vaginal suppos 80 mg</i>	66
TARCEVA TAB 100MG.....	20	TESTIM GEL 1%(50MG)	51
TARCEVA TAB 150MG.....	20	<i>testosterone cypionate im inj in oil 100</i> <i>mg/ml</i>	51
TARCEVA TAB 25MG.....	20	<i>testosterone cypionate im inj in oil 200</i> <i>mg/ml</i>	51
TARGRETIN CAP 75MG	21	<i>testosterone enanthate im inj in oil 200</i> <i>mg/ml</i>	51
TARGRETIN GEL 1%.....	84	TET/DIP TOX INJ 2-2 LF.....	72
TASIGNA CAP 150MG	20	TETANUS TOX INJ 5LF ADS	72
TASIGNA CAP 200MG	20	TETRABENAZINE TAB 12.5 MG.....	49
<i>tazicef inj 1gm</i>	12	TETRABENAZINE TAB 25 MG	50
<i>tazicef inj 2gm</i>	12	TEV-TROPIN INJ 5MG	59
<i>tazicef inj 6gm</i>	12	<i>texacort sol 2.5%</i>	84
TAZORAC CRE 0.05%.....	82	THALOMID CAP 100MG	70
TAZORAC CRE 0.1%.....	82	THALOMID CAP 150MG	70
<i>taztia xt cap 120mg/24</i>	30	THALOMID CAP 200MG	70
<i>taztia xt cap 180mg/24</i>	30	THALOMID CAP 50MG.....	70
<i>taztia xt cap 240mg/24</i>	30	<i>theo-24 cap 100mg cr</i>	80
<i>taztia xt cap 300mg/24</i>	30	<i>theo-24 cap 200mg cr</i>	80
<i>taztia xt cap 360mg/24</i>	30	<i>theo-24 cap 300mg cr</i>	80
TEFLARO INJ 400MG	12	<i>theo-24 cap 400mg er</i>	80
TEFLARO INJ 600MG	12	<i>theophylline soln 80 mg/15ml</i>	80
TEGRETOL SUS 100/5ML	37	<i>theophylline tab sr 12hr 100 mg</i>	80
TEGRETOL TAB 200MG	37	<i>theophylline tab sr 12hr 200 mg</i>	80
TEGRETOL-XR TAB 100MG.....	37	<i>theophylline tab sr 12hr 300 mg</i>	80
TEGRETOL-XR TAB 200MG.....	37	<i>theophylline tab sr 12hr 450 mg</i>	80
TEGRETOL-XR TAB 400MG.....	37	<i>theophylline tab sr 24hr 400 mg</i>	80
TEKAMLO TAB 150-10MG.....	30	<i>theophylline tab sr 24hr 600 mg</i>	80
TEKAMLO TAB 150-5MG.....	30	<i>thioridazine hcl tab 10 mg</i>	47
TEKURNA HCT TAB 150-12.5	30	<i>thioridazine hcl tab 100 mg</i>	47
TEKURNA HCT TAB 150-25MG	30	<i>thioridazine hcl tab 25 mg</i>	47
TEKURNA HCT TAB 300-12.5	30	<i>thioridazine hcl tab 50 mg</i>	47
TEKURNA HCT TAB 300-25MG	30	<i>thiothixene cap 1 mg</i>	47
TEKURNA TAB 150MG.....	30	<i>thiothixene cap 10 mg</i>	47
TEKURNA TAB 300MG.....	30	<i>thiothixene cap 2 mg</i>	47
<i>temazepam cap 15 mg</i>	48	<i>thiothixene cap 5 mg</i>	47
<i>temazepam cap 7.5 mg</i>	48		

<i>tiagabine hcl tab 2 mg</i>	37	<i>topotecan hcl for inj 4 mg</i>	22
<i>tiagabine hcl tab 4 mg</i>	37	<i>toremide inj 20mg/2ml</i>	31
TIKOSYN CAP 125MCG	26	<i>toremide inj 50mg/5ml</i>	31
TIKOSYN CAP 250MCG	26	<i>toremide tab 10 mg</i>	31
TIKOSYN CAP 500MCG	26	<i>toremide tab 100 mg</i>	31
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	77	<i>toremide tab 20 mg</i>	31
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	77	<i>toremide tab 5 mg</i>	31
<i>timolol maleate ophth soln 0.25%</i>	77	TOUJEO SOLO INJ 300IU/ML	52
<i>timolol maleate ophth soln 0.5%</i>	77	TOVIAZ TAB 4MG	66
<i>timolol maleate tab 10 mg</i>	28	TOVIAZ TAB 8MG	66
<i>timolol maleate tab 20 mg</i>	28	TPN ELECTROL INJ	73
<i>timolol maleate tab 5 mg</i>	28	TRACLEER TAB 125MG.....	33
TIVICAY TAB 50MG	9	TRACLEER TAB 62.5MG.....	33
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	50	TRADJENTA TAB 5MG	53
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	50	<i>tramadol hcl tab 50 mg</i>	2
<i>tobra/nacl inj 80/0.9</i>	5	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	2
TOBRADEX OIN 0.3-0.1%	75	<i>trandolapril tab 1 mg</i>	23
TOBRADEX ST SUS 0.3-0.05	75	<i>trandolapril tab 2 mg</i>	23
<i>tobramycin nebu soln 300 mg/5ml</i>	5	<i>trandolapril tab 4 mg</i>	23
<i>tobramycin ophth soln 0.3%</i>	76	<i>tranexamic acid inj 100 mg/ml</i>	68
<i>tobramycin sulfate for inj 1.2 gm</i>	5	<i>tranexamic acid tab 650 mg</i>	68
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i> <i>mg/ml)</i>	5	TRANSDERM-SC DIS 1MG	62
<i>tobramycin sulfate inj 10 mg/ml</i>	5	<i>tranylcypramine sulfate tab 10 mg</i>	41
<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml)</i>	5	<i>travasol inj 10%</i>	73
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml)</i>	5	TRAVATAN Z DRO 0.004%	77
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	75	<i>trazodone hcl tab 100 mg</i>	41
TOBREX OIN 0.3% OP	76	<i>trazodone hcl tab 150 mg</i>	42
TOLTERODINE TARTRATE CAP SR 24HR 2 MG.....	66	<i>trazodone hcl tab 50 mg</i>	41
TOLTERODINE TARTRATE CAP SR 24HR 4 MG.....	66	TREANDA INJ 100MG.....	16
<i>tolterodine tartrate tab 1 mg</i>	66	TREANDA INJ 180/2ML	16
<i>tolterodine tartrate tab 2 mg</i>	66	TREANDA INJ 25MG.....	16
<i>topiramate sprinkle cap 15 mg</i>	37	TREANDA INJ 45/0.5ML	16
<i>topiramate sprinkle cap 25 mg</i>	37	TRECTOR TAB 250MG	10
<i>topiramate tab 100 mg</i>	37	TRELSTAR MIX INJ 11.25MG.....	19
<i>topiramate tab 200 mg</i>	37	TRELSTAR MIX INJ 3.75MG	19
<i>topiramate tab 25 mg</i>	37	<i>tretinoin cap 10 mg</i>	21
<i>topiramate tab 50 mg</i>	37	<i>tretinoin cream 0.025%</i>	81
<i>toposar inj 1gm/50ml</i>	21	<i>tretinoin cream 0.05%</i>	81
		<i>tretinoin cream 0.1%</i>	81
		<i>tretinoin gel 0.01%</i>	81
		<i>tretinoin gel 0.025%</i>	81
		<i>triamcinolone acetonide cream 0.025%</i>	84
		<i>triamcinolone acetonide cream 0.1%</i> ..	84
		<i>triamcinolone acetonide cream 0.5%</i> ..	84
		<i>triamcinolone acetonide dental paste</i> <i>0.1%</i>	85

<i>triamcinolone acetonide lotion 0.025%</i>	84	TYKERB TAB 250MG	20
<i>triamcinolone acetonide lotion 0.1%</i>	84	TYPHIM VI INJ	72
<i>triamcinolone acetonide oint 0.025%</i>	84	TYSABRI INJ 300/15ML	50
<i>triamcinolone acetonide oint 0.1%</i>	84	TYZEKA TAB 600MG	11
<i>triamcinolone acetonide oint 0.5%</i>	84	U	
<i>triamterene & hydrochlorothiazide cap</i>		UCERIS TAB 9MG	63
<i>37.5-25 mg</i>	31	ULORIC TAB 40MG	1
<i>triamterene & hydrochlorothiazide tab</i>		ULORIC TAB 80MG	1
<i>37.5-25 mg</i>	31	UNITHROID TAB 100MCG	61
<i>triamterene & hydrochlorothiazide tab</i>		UNITHROID TAB 112MCG	61
<i>75-50 mg</i>	31	UNITHROID TAB 125MCG	61
TRIBENZOR20- TAB 5-12.5MG	24	UNITHROID TAB 150MCG	61
TRIBENZOR40- TAB 10-12.5	24	UNITHROID TAB 175MCG	61
TRIBENZOR40- TAB 10-25MG	24	UNITHROID TAB 200MCG	61
TRIBENZOR40- TAB 5-12.5MG	24	UNITHROID TAB 25MCG	61
TRIBENZOR40- TAB 5-25MG	24	UNITHROID TAB 300MCG	61
<i>triderm cre 0.1%</i>	84	UNITHROID TAB 50MCG	61
<i>trifluoperazine hcl tab 1 mg</i>	47	UNITHROID TAB 75MCG	61
<i>trifluoperazine hcl tab 10 mg</i>	47	UNITHROID TAB 88MCG	61
<i>trifluoperazine hcl tab 2 mg</i>	47	<i>ursodiol cap 300 mg</i>	64
<i>trifluoperazine hcl tab 5 mg</i>	47	<i>ursodiol tab 250 mg</i>	64
<i>trifluridine ophth soln 1%</i>	76	<i>ursodiol tab 500 mg</i>	64
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	43	V	
<i>trihexyphenidyl hcl tab 2 mg</i>	43	VAGIFEM TAB 10MCG	57
<i>trihexyphenidyl hcl tab 5 mg</i>	43	<i>valacyclovir hcl tab 1 gm</i>	11
<i>tri-legest tab fe</i>	56	<i>valacyclovir hcl tab 500 mg</i>	11
<i>trilyte sol</i>	64	VALCHLOR GEL 0.016%	84
<i>trimethoprim tab 100 mg</i>	6	VALCYTE SOL 50MG/ML	11
TRINESSA TAB	56	<i>valganciclovir hcl tab 450 mg (base</i>	
<i>tri-previfem tab</i>	56	<i>equivalent)</i>	11
TRISENOX SOL 10MG/10M	21	<i>valproate sodium inj 100 mg/ml</i>	37
<i>tri-sprintec tab</i>	56	<i>valproate sodium syrup 250 mg/5ml</i>	
TRIUMEQ TAB	9	<i>(base equiv)</i>	37
<i>trivora-28 tab</i>	56	<i>valproic acid cap 250 mg</i>	37
TROPHAMINE INJ 10%	73	<i>valsartan tab 160 mg</i>	25
<i>tropium chloride tab 20 mg</i>	66	<i>valsartan tab 320 mg</i>	25
TRUE METRIX KIT METER	85	<i>valsartan tab 40 mg</i>	25
TRUE METRIX TES	85	<i>valsartan tab 80 mg</i>	25
TRUERESULT KIT SYSTEM	85	<i>valsartan-hydrochlorothiazide tab</i>	
TRUETEST TES	85	<i>160-12.5 mg</i>	24
TRULICITY INJ 0.75/0.5	52	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
TRULICITY INJ 1.5/0.5	52	<i>mg</i>	24
TRUMENBA INJ	72	<i>valsartan-hydrochlorothiazide tab</i>	
TRUVADA TAB 200-300	9	<i>320-12.5 mg</i>	24
TUDORZA PRES AER 400/ACT	78	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
TWINRIX INJ	72	<i>mg</i>	24
TYBOST TAB 150MG	9	<i>valsartan-hydrochlorothiazide tab</i>	
TYGACIL INJ 50MG	6	<i>80-12.5 mg</i>	24

<i>vancomycin hcl cap 125 mg</i>	6	VIIBRYD KIT	42
<i>vancomycin hcl cap 250 mg</i>	6	VIIBRYD KIT STARTER	42
<i>vancomycin hcl for inj 10 gm</i>	6	VIIBRYD TAB 10MG	42
<i>vancomycin hcl for inj 1000 mg</i>	6	VIIBRYD TAB 20MG	42
<i>vancomycin hcl for inj 500 mg</i>	6	VIIBRYD TAB 40MG	42
<i>vancomycin hcl for inj 5000 mg</i>	6	VIMPAT INJ 200MG/20.....	37
<i>vancomycin inj 750mg</i>	6	VIMPAT SOL 10MG/ML	37
VANDAZOLE GEL 0.75%	66	VIMPAT TAB 100MG.....	37
VAQTA INJ 25/0.5ML.....	72	VIMPAT TAB 150MG.....	38
VAQTA INJ 50UNT/ML.....	72	VIMPAT TAB 200MG.....	38
VARIVAX INJ	72	VIMPAT TAB 50MG	37
VASCEPA CAP 1GM	27	<i>vinblastine inj 1mg/ml</i>	18
VELCADE INJ 3.5MG.....	18	<i>vincasar pfs inj 1mg/ml</i>	18
<i>velivet pak</i>	56	<i>vincristine sulfate iv soln 1 mg/ml</i>	18
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	42	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	18
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	42	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	18
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	42	<i>viorele tab</i>	56
<i>venlafaxine hcl tab 100 mg</i>	42	VIRACEPT TAB 250MG	9
<i>venlafaxine hcl tab 25 mg</i>	42	VIRACEPT TAB 625MG	9
<i>venlafaxine hcl tab 37.5 mg</i>	42	VIRAMUNE XR TAB 100MG	9
<i>venlafaxine hcl tab 50 mg</i>	42	VIREAD POW 40MG/GM	9
<i>venlafaxine hcl tab 75 mg</i>	42	VIREAD TAB 150MG	9
<i>verapamil hcl cap sr 24hr 100 mg</i>	30	VIREAD TAB 200MG	9
<i>verapamil hcl cap sr 24hr 120 mg</i>	30	VIREAD TAB 250MG	9
<i>verapamil hcl cap sr 24hr 180 mg</i>	30	VIREAD TAB 300MG	9
<i>verapamil hcl cap sr 24hr 200 mg</i>	30	VITEKTA TAB 150MG	9
<i>verapamil hcl cap sr 24hr 240 mg</i>	30	VITEKTA TAB 85MG	9
<i>verapamil hcl cap sr 24hr 300 mg</i>	30	VOLTAREN GEL 1%	84
VERAPAMIL HCL CAP SR 24HR 360 MG	30	<i>voriconazole for inj 200 mg</i>	7
<i>verapamil hcl iv soln 2.5 mg/ml</i>	30	<i>voriconazole for susp 40 mg/ml</i>	7
<i>verapamil hcl tab 120 mg</i>	30	<i>voriconazole tab 200 mg</i>	7
<i>verapamil hcl tab 40 mg</i>	30	<i>voriconazole tab 50 mg</i>	7
<i>verapamil hcl tab 80 mg</i>	30	VOTRIENT TAB 200MG.....	20
<i>verapamil hcl tab cr 120 mg</i>	30	<i>vyfemla tab 0.4-35</i>	56
<i>verapamil hcl tab cr 180 mg</i>	30	W	
<i>verapamil hcl tab cr 240 mg</i>	30	<i>warfarin sodium tab 1 mg</i>	67
VERSACLOZ SUS 50MG/ML	47	<i>warfarin sodium tab 10 mg</i>	67
VESICARE TAB 10MG	66	<i>warfarin sodium tab 2 mg</i>	67
VESICARE TAB 5MG	66	<i>warfarin sodium tab 2.5 mg</i>	67
VIBRAMYCIN SYP 50MG/5ML.....	16	<i>warfarin sodium tab 3 mg</i>	67
VICTOZA INJ 18MG/3ML	52	<i>warfarin sodium tab 4 mg</i>	67
VICTRELIS CAP 200MG	11	<i>warfarin sodium tab 5 mg</i>	67
VIDEX SOL 2GM	9	<i>warfarin sodium tab 6 mg</i>	67
VIDEX SOL 4GM	9	<i>warfarin sodium tab 7.5 mg</i>	67
VIGAMOX DRO 0.5%	76	WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	85

WELCHOL PAK 3.75GM	27	ZENPEP CAP 40000UNT.....	64
WELCHOL TAB 625MG	27	ZENPEP CAP 5000UNIT	64
X		ZETIA TAB 10MG.....	27
XALKORI CAP 200MG	20	ZIAGEN SOL 20MG/ML.....	9
XALKORI CAP 250MG	20	<i>zidovudine cap 100 mg</i>	9
XARELTO STAR TAB 15/20MG.....	67	<i>zidovudine syrup 10 mg/ml</i>	9
XARELTO TAB 10MG.....	67	<i>zidovudine tab 300 mg</i>	9
XARELTO TAB 15MG.....	67	<i>ziprasidone hcl cap 20 mg</i>	47
XARELTO TAB 20MG.....	67	<i>ziprasidone hcl cap 40 mg</i>	47
XENAZINE TAB 12.5MG	50	<i>ziprasidone hcl cap 60 mg</i>	47
XENAZINE TAB 25MG	50	<i>ziprasidone hcl cap 80 mg</i>	47
XGEVA INJ	60	ZMAX SUS 2GM	13
XIFAXAN TAB 550MG	64	<i>zoledronic acid inj conc for iv infusion 4</i>	
XIGDUO XR TAB 10-1000	53	<i>mg/5ml.....</i>	53
XIGDUO XR TAB 10-500MG.....	53	ZOLINZA CAP 100MG.....	18
XIGDUO XR TAB 5-1000MG.....	53	<i>zolmitriptan orally disintegrating tab 2.5</i>	
XIGDUO XR TAB 5-500MG	53	<i>mg</i>	49
XOLAIR SOL 150MG	79	<i>zolmitriptan orally disintegrating tab 5 mg</i>	
XOPENEX HFA AER.....	79	.....	49
XTANDI CAP 40MG.....	19	<i>zolmitriptan tab 2.5 mg</i>	49
XYREM SOL 500MG/ML	50	<i>zolmitriptan tab 5 mg</i>	49
Y		<i>zolpidem tartrate tab 10 mg</i>	48
YF-VAX INJ	72	<i>zolpidem tartrate tab 5 mg</i>	48
Z		ZOMETA INJ 4MG/100	53
<i>zafirlukast tab 10 mg</i>	79	<i>zonisamide cap 100 mg</i>	38
<i>zafirlukast tab 20 mg</i>	79	<i>zonisamide cap 25 mg</i>	38
<i>zarah tab 3-0.03mg</i>	56	<i>zonisamide cap 50 mg</i>	38
ZAVESCA CAP 100MG.....	57	ZONTIVITY TAB 2.08MG.....	68
<i>zazole cre 0.4%</i>	66	ZORTRESS TAB 0.25MG	71
ZAZOLE CRE 0.8%.....	66	ZORTRESS TAB 0.5MG.....	71
ZELBORAF TAB 240MG	20	ZORTRESS TAB 0.75MG	71
ZEMAIRA INJ 1000MG	79	ZOSTAVAX INJ.....	72
<i>zenatane cap 10mg</i>	81	ZYDELIG TAB 100MG.....	20
<i>zenatane cap 20mg</i>	81	ZYDELIG TAB 150MG.....	20
<i>zenatane cap 30mg</i>	81	ZYKADIA CAP 150MG.....	20
<i>zenatane cap 40mg</i>	81	ZYLET SUS 0.5-0.3%.....	75
<i>zenchent tab</i>	56	ZYPREXA RELP INJ 210MG.....	47
ZENPEP CAP 10000UNT	64	ZYPREXA RELP INJ 300MG.....	47
ZENPEP CAP 15000UNT	64	ZYPREXA RELP INJ 405MG.....	47
ZENPEP CAP 20000UNT	64	ZYTIGA TAB 250MG.....	19
ZENPEP CAP 25000UNT	64	ZYVOX SUS 100MG/5M	6
ZENPEP CAP 3000UNIT.....	64	ZYVOX TAB 600MG.....	6

This formulary was updated on 11/01/2015. For more recent information or other questions, please contact Healthy Advantage/Healthy Advantage Plus Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit www.uhealthplan.utah.edu/healthy_advantage.html.

Este formulario se actualizó 11/01/2015. Para información más reciente o si tiene otras preguntas, por favor comuníquese con el Departamento de Servicios para Miembros de Healthy Advantage / Healthy Advantage Plus al (888) 665-1328 o los usuarios del servicio TTY marquen 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p.m., hora local. O bien, visite nuestra página web www.uhealthplan.utah.edu/healthy_advantage.html.



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