



2013

Formulary/ Formulario

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



Your Extended Family.



Molina Medicare

2013 Formulary (List of Covered Drugs)

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

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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2014.

Molina Medicare Options HMO is a Health Plan with a Medicare Contract. Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare contract and a contract with the state Medicaid Program.

This information is available for free in other languages. Please contact our customer service number at 1-800-665-3086, TTY/TDD 711, Monday – Sunday 8:00 AM to 8:00 PM. Esta información está disponible gratis en otros idiomas. Haga favor de llamar a nuestro Departamento de Servicio al Cliente al 1-800-665-3086, TTY/TDD 711, de lunes a domingo de 8:00 a.m. a 8:00 p.m. hora local.

What is the Molina Medicare Formulary?

A formulary is a list of covered drugs selected by Molina Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Molina Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Molina Medicare 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 change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 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 October 1, 2012. To get updated information about the drugs covered by Molina Medicare, please visit our Web site at www.molinamedicare.com or call Member Services at (CA) 1-800-665-0898; (IL) (855) 966-5462; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (UT) 1-888-665-1328; (WA) 1-800-665-1029, Monday – Sunday, 8:00 AM to 8:00 PM, local time. TTY/TDD users should call 711. In the event of mid-year formulary changes, printed formularies will have an inserted errata sheet showing the changes.

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". 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 81. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Molina Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Molina Medicare before you fill your prescriptions. If you don't get approval, Molina Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Molina limits the amount of the drug that Molina Medicare will cover. For example, Molina Medicare provides 9 tablets per 30 days per prescription for sumatriptan. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Molina Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Molina Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Molina Medicare 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 at www.molinamedicare.com.

You can ask Molina Medicare to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Molina Medicare's formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Molina Medicare does not cover your drug, you have two options:

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

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

You can ask Molina Medicare 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 your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Molina Medicare limit 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 more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred/highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering exceptions process tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. "Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier.

Generally, Molina Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered 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 are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician'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 your prescriber's or prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the 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 Molina Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Molina Medicare, please call Member Services at

(CA) 1-800-665-0898; (IL) (855) 966-5462; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (UT) 1-888-665-1328; (WA) 1-800-665-1029, Monday – Sunday, 8:00 AM to 8:00 PM, local time. TTY/TDD users should call 711. In the event of mid-year formulary changes, printed formularies will have an inserted errata sheet showing the changes. Or visit www.molinamedicare.com.

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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Molina Medicare's Formulary

The formulary below provides coverage information about some of the drugs covered by Molina Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

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

QL stands for Quantity Limits

PA stands for Prior Authorization

ST stands for Step Therapy Criteria

OTC stands for Over the Counter

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

LA- Limited Access Drug

This prescription may be available only at certain pharmacies. For more information consult your Provider/ Pharmacy Directory or call Member Services (CA) 1-800-665-0898; (IL) (855) 966-5462; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (UT) 1-888-665-1328; (WA) 1-800-665-1029, Monday – Sunday, 8:00 AM to 8:00 PM, local time. TTY/TDD users should call 711. Or visit www.molinamedicare.com.



Molina Medicare

Lista de Medicamentos del 2013 (Lista de medicamentos cubiertos)

POR FAVOR LEA : ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Nota para los miembros existentes: Esta lista de medicamentos ha sufrido modificaciones con respecto al año pasado. Por favor revise este documento a fin de asegurarse de que los medicamentos que usted toma sigan estando incluidos.

Los beneficiarios deben utilizar farmacias dentro de la red para acceder al beneficio de medicamentos recetados. Los beneficios, la lista de medicamentos, la red de farmacias, las primas y/o copagos y/o coseguros pueden cambiar el 1° de enero de 2014.

Molina Medicare Options HMO es un Plan de Salud contratado por Medicare. Molina Medicare Options Plus HMO SNP es un Plan de Salud contratado por Medicare y un contrato con el programa estatal de Medicaid.

Esta información está disponible gratis en otros idiomas. Haga favor de llamar a nuestro Departamento de Servicio al Cliente al 1-800-665-3086, TTY/TDD 711, de lunes a domingo de 8:00 a.m. a 8:00 p.m. hora local.

¿Qué es la Lista de Medicamentos de Molina Medicare?

Una lista de medicamentos es una lista de los fármacos cubiertos y seleccionados por Molina Medicare previa consulta con un equipo de proveedores de salud, donde se detallan las terapias bajo receta que se entienden parte necesaria de un programa terapéutico de calidad. En general, Molina Medicare cubrirá los medicamentos que se incluyen en nuestra lista de medicamentos siempre que el fármaco sea médicamente necesario, se adquiera bajo receta en una farmacia dentro de la red de Molina Medicare y se cumpla con otros requisitos del plan. Para mayor información sobre cómo adquirir sus medicamentos recetados, por favor consulte su evidencia de cobertura.

¿Puede variar la Lista de Medicamentos?

Por regla general, si usted está tomando un medicamento incluido en nuestra lista de medicamentos del 2013 que estaba cubierto a principio de año, esta cobertura no se discontinuará ni se reducirá durante el año 2013, a menos que un nuevo medicamento genérico más económico se encuentre disponible o se publique nueva información adversa respecto de la seguridad o eficacia de dicho medicamento. Otros tipos de alteraciones a la lista de medicamentos, como puede ser el retiro de un medicamento, no afectarán a los miembros que estén tomando ese medicamento. El mismo permanecerá disponible al mismo costo compartido para los miembros que lo reciban, por el resto del año de cobertura. Creemos importante ofrecerle un acceso continuo por lo que queda del año de cobertura a los medicamentos de la lista que estaban disponibles cuando usted eligió nuestro plan, salvo en los casos en que usted pueda realizar un ahorro adicional o que nosotros podamos garantizar su seguridad.

Cuando retiremos medicamentos de nuestra lista de medicamentos o agreguemos a algún medicamento el requisito de autorización previa, límites de cantidad y/o restricciones de terapia escalonada o traslademos algún medicamento a un nivel de costo compartido más alto, debemos notificar del cambio a los miembros afectados con una antelación mínima de 60 días, o cuando el miembro solicite una renovación de la receta, momento en el cual se le ofrecerá un suministro del medicamento para 60 días. Cuando la Administración de Alimentos y Fármacos considere que un medicamento de nuestra lista de medicamentos no es seguro o el fabricante del medicamento lo retire del mercado, nosotros procederemos inmediatamente a retirarlo de nuestra lista de medicamentos y a informar a los miembros que lo reciban. La lista de medicamentos adjunta se encuentra actualizada a partir del 1 de octubre de 2012. Si desea información actualizada sobre los medicamentos cubiertos por Molina Medicare, visite nuestro sitio de Internet en www.molinamedicare.com o comuníquese con el Servicio para miembros al (CA) 1-800-665-0898; (IL) (855) 966-5462; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (UT) 1-888-665-1328; (WA) 1-800-665-1029 de lunes a domingo de 8:00 a.m. a 8:00 p.m. hora local. Los usuarios de dispositivos de telecomunicaciones para personas con dificultades auditivas (TDD) y de teléfonos de texto (TTY) pueden llamar al 711. En el caso en que se produzca a mitad de año un cambio en la lista de medicamentos, estas listas impresas tendrán una hoja de erratas insertada que muestre los cambios.

¿Cómo uso la Lista de Medicamentos?

Hay dos maneras de encontrar un medicamento dentro de la lista:

Por enfermedad

La lista de medicamentos comienza en la página 1. Los medicamentos de esta lista se agrupan en categorías según el tipo de enfermedades para los que ofrezcan tratamiento. Por ejemplo, los medicamentos empleados para tratar enfermedades cardíacas se enumeran bajo la categoría, "CARDIOVASCULAR". Si usted sabe para qué se emplea su medicamento, busque por nombre de categoría en la lista que aparece a continuación. Luego busque su medicamento bajo esta categoría.

Por orden alfabético

Si no está seguro de qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 81. El índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento e incluye tanto los medicamentos de marca como los medicamentos genéricos. Consulte el índice y encuentre su medicamento. Junto a éste verá el número de página en la cual encontrará información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamento genéricos?

Molina Medicare cubre los medicamentos de marca y medicamentos genéricos. Un medicamento genérico es aprobado por la FDA al tener el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existen restricciones a mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o limitaciones en la cobertura. Entre estos requisitos y límites podemos incluir:

- **Autorización previa:** Molina Medicare le exige a usted o a su médico obtener autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de Molina Medicare antes de adquirir sus medicamentos recetados. En caso de no obtenerse la aprobación, Molina Medicare podrá no cubrir el medicamento.
- **Limitaciones sobre la cantidad:** Para ciertos medicamentos, Molina limita la cantidad del medicamento que Molina Medicare cubrirá. Por ejemplo, Molina Medicare proporciona 9 tabletas por 30 días por receta de sumatriptán. Esta limitación podrá ser adicional al suministro estándar de uno o tres meses.
- **Terapia escalonada:** En algunos casos, Molina Medicare exige que pruebe primero con determinados medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa afección. Por ejemplo, si para tratar su enfermedad se emplean tanto el Medicamento A como el Medicamento B, Molina Medicare podrá no cubrir el Medicamento B a menos que usted pruebe primero con el Medicamento A. Si el Medicamento A no es efectivo para usted, entonces Molina Medicare cubrirá el Medicamento B.

Para averiguar si su medicamento tiene requisitos o limitaciones adicionales, consulte la lista de medicamentos que aparece a partir de la página 1. También puede obtener más información sobre las restricciones aplicadas a determinados medicamentos cubiertos visitando nuestro sitio de Internet en www.molinamedicare.com.

Puede solicitarle a Molina Medicare que haga una excepción a estas restricciones o limitaciones. Para informarse sobre cómo solicitar una excepción, consulte la sección “¿Cómo solicito una excepción a la lista de medicamentos de Molina Medicare?” en la página iii.

¿Qué ocurre si mi medicamento no está en la Lista de Medicamentos?

Si su medicamento no aparece incluido en la lista de medicamentos, deberá ponerse en contacto con Servicios para Miembros y preguntar si su medicamento está cubierto. Si usted toma conocimiento de que Molina Medicare no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para Miembros una lista de medicamentos similares cubiertos por Molina Medicare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar cubierto por Molina Medicare.
- Puede solicitar a Molina Medicare que haga una excepción y cubra su medicamento. Vea más abajo cómo solicitar una excepción.

¿Cómo solicito una excepción a la Lista de Medicamentos de Molina Medicare?

Puede solicitar a Molina Medicare que haga una excepción para nuestras reglas de cobertura. Existen varios tipos de excepciones que nos puede solicitar que hagamos.

- Puede pedirnos que cubramos su medicamento aun cuando no aparezca en nuestra lista de medicamentos.
- Puede pedirnos que eximamos a su medicamento de restricciones o limitaciones en la cobertura. Por ejemplo, para ciertos medicamentos, Molina Medicare limita la cantidad de medicamento que cubriremos. Cuando su medicamento tenga una limitación a la cantidad, usted nos puede pedir que ignoremos esta limitación y extendamos la cobertura.

- También puede solicitarnos que le brindemos un nivel de cobertura mayor para su medicamento. Si su medicamento se encuentra en el rango más alto y no preferido de nuestra escala del proceso de excepciones, puede solicitar que lo cubramos al monto del costo compartido que se aplica a los medicamentos del rango más bajo de nuestra escala del proceso de excepciones. Así se reduciría el monto que usted deba pagar por el medicamento. Tenga en cuenta que en caso de que aceptemos su solicitud de cubrir un medicamento que no se encuentra en nuestra lista de medicamentos, no nos podrá pedir que le brindemos un nivel de cobertura más alto por el medicamento. “Además, es posible que no nos pueda pedir que proporcionemos un mayor nivel de cobertura para los medicamentos que están en el rango.

Por norma general, Molina Medicare solamente aprobará su solicitud de excepción si los medicamentos alternativos incluidos en la lista de medicamentos del plan, el medicamento del rango más bajo o las restricciones adicionales a su utilización no fueran igualmente eficaces en el tratamiento de su enfermedad y/o pudieran provocar en usted efectos adversos.

Usted deberá ponerse en contacto con nosotros para solicitarnos una decisión inicial en lo que respecta a la cobertura por excepción a la lista de medicamentos, al sistema de escala o a las restricciones en la utilización. **Cuando usted solicite una excepción a la lista de medicamentos, al sistema de escala o a las restricciones de utilización deberá presentar una declaración de su médico que respalde su solicitud.** Por lo general, nosotros debemos tomar nuestra decisión dentro de las 72 horas siguientes a la recepción de la declaración de respaldo de su médico. Usted puede solicitar una excepción expedita (rápida) cuando usted o su médico crean que su salud se vería seriamente afectada de tener que esperar hasta 72 horas para obtener un dictamen. En caso de que se haga lugar a su solicitud de celeridad, deberemos emitir un dictamen en un plazo no mayor a 24 horas tras la recepción de la declaración de respaldo de la persona que realiza la receta o de su médico.

¿Qué debo hacer antes de poder hablar con mi médico acerca de la posibilidad de cambiar mi medicamento o solicitar una excepción?

Como miembro nuevo o continuo de nuestro plan puede que usted esté tomando medicamentos que no aparezcan incluidos en nuestra lista de medicamentos. O puede estar tomando un medicamento que se encuentre en nuestra lista de medicamentos pero su capacidad para obtenerlo se encuentre restringida. Por ejemplo, puede que usted necesite nuestra autorización previa antes de acceder al medicamento recetado. En tal caso, deberá consultar con su médico para decidir si conviene que usted adopte un medicamento adecuado cubierto por nosotros o que solicite una excepción a la lista de medicamentos para que cubramos el medicamento que usted esté tomando. En ciertos casos, mientras se encuentre considerando con su médico los pasos a seguir, podremos cubrir su medicamento durante los primeros 90 días siguientes a su suscripción a nuestro plan.

Para cada uno de los medicamentos que no se encuentre en nuestra lista de medicamentos o para el caso en que su capacidad de adquirir sus medicamentos se encuentre restringida, cubriremos un suministro temporalmente por 30 días (a menos que usted tenga una receta por un número menor de días) cuando vaya a una farmacia dentro de la red. Después de este primer suministro de 30 días, dejaremos de pagar estos medicamentos, aunque usted haya sido miembro del plan por menos de 90 días.

Si usted se encuentra internado en un centro de atención a largo plazo, le permitimos volver a adquirir sus medicamentos recetados hasta que le proporcionemos un suministro transitorio de 91 días, en consonancia con el incremento de expedición, (a menos que usted tenga una receta por un número menor de días). Cubriremos más de una renovación de estos medicamentos durante los primeros 90 días siguientes a su suscripción a nuestro plan. Si usted necesita un medicamento que no se encuentra en nuestra lista de medicamentos o su capacidad de obtener sus medicamentos se encuentra restringida, pero ha excedido el plazo inicial de 90 días de membresía a nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento (a menos que usted tenga una receta por un número menor de días) mientras usted procura una excepción a la lista de medicamentos.

Existen excepciones disponibles en situaciones en que usted experimenta un cambio en el nivel de atención que recibe, que también requiere que realice una transición desde un centro de tratamiento a otro. En dichas circunstancias, usted podría reunir los requisitos para una adquisición de medicamentos temporal por única vez, aunque ya hayan pasado los primeros 90 días como miembro del plan.

Para más información

Para mayor información con relación a su cobertura de medicamentos bajo receta de Molina Medicare, por favor consulte su evidencia de cobertura y demás material relacionado con el plan.

Si tiene alguna duda sobre Molina Medicare, llame al Departamento de Servicios para Afiliados al:

(CA) 1-800-665-0898; (IL) (855) 966-5462; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (UT) 1-888-665-1328; (WA) 1-800-665-1029 de lunes a domingo de 8:00 a.m. a 8:00 p.m, hora local. Los usuarios de dispositivos de telecomunicaciones para personas con dificultades auditivas (TDD) y de teléfonos de texto (TTY) pueden llamar al 711. En el caso de que se produzcan a mitad de año cambios en la lista de medicamentos, estas listas impresas tendrán una hoja de correcciones adjunta que muestre los cambios. O visite www.molinamedicare.com.

Si tiene preguntas de índole general acerca de la cobertura de medicamentos recetados de Medicare, por favor llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-877-486-2048. O, visite www.medicare.gov.

Lista de Medicamentos de Molina Medicare

La siguiente lista de medicamentos proporciona información sobre la cobertura sobre algunos de los medicamentos cubiertos por Molina Medicare. Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 81.

La primera columna de la tabla incluye el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (por ejemplo, CLEOCIN) y los medicamentos genéricos aparecen en letra minúscula cursiva (por ejemplo, *clindamicin*).

La información que aparece en la columna Requerimientos/Límites le indica si Molina Medicare exige algún requisito especial para la cobertura de su medicamento.

QL significa Límites de Cantidad

PA significa Autorización Previa

ST significa Criterios de Terapia Escalonada

OTC significa Medicamentos de Venta Libre (sin receta)

B/D – Este medicamento podría estar cubierto bajo la Parte B o D de Medicare, dependiendo de las circunstancias

LA- Medicamento de Acceso Limitado

Estas recetas pueden estar disponibles solamente en determinadas farmacias. Para obtener más información, consulte su Directorio de Farmacias/Proveedores o llame a Servicios para Miembros al (CA) 1-800-665-0898; (IL) (855) 966-5462; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (UT) 1-888-665-1328; (WA) 1-800-665-1029 de lunes a domingo de 8:00 a.m. a 8:00 p.m, hora local. Los usuarios de TTY/TDD deben llamar al 711. O visite www.molinamedicare.com.

CY13_MOLINA_4T_STND_AZ_NOV_13 eff 11/01/2013

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

GOUT

<i>allopurinol sodium for inj 500 mg</i>	1	
<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 (60 tabs / 30 days)
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	ST
ULORIC TAB 80MG	2	ST

NARCOTIC ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	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>co-gesic tab 5-500mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-500 mg/15ml</i>	1	QL (3600 mL / 30 days)
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-500 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i>	1	QL (185 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i>	1	QL (160 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-500 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-650 mg</i>	1	QL (185 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-660 mg</i>	1	QL (181 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-750 mg</i>	1	QL (160 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>stagesic cap 5-500mg</i>	1	QL (240 caps / 30 days)
NARCOTIC ANALGESICS, CII		
<i>astramorph inj 1mg/2ml</i>	1	B/D
<i>astramorph inj 10/10ml</i>	1	B/D
AVINZA CAP 30MG	3	QL (60 ea / 30 days)
AVINZA CAP 45MG	3	QL (60 ea / 30 days)
AVINZA CAP 60MG	3	QL (60 ea / 30 days)
AVINZA CAP 75MG	3	QL (60 ea / 30 days)
AVINZA CAP 90MG	3	QL (60 ea / 30 days)
AVINZA CAP 120MG	3	QL (60 ea / 30 days)
DILAUDID-5 LIQ 1MG/ML	2	
DURAMORPH INJ 0.5MG/ML	1	B/D
DURAMORPH INJ 1MG/ML	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 7.5-500m</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 10-650mg</i>	1	QL (180 tabs / 30 days)
ENDODAN TAB	1	QL (360 tabs / 30 days)
EXALGO TAB 8MG	2	QL (60 ea / 30 days)
EXALGO TAB 12MG	2	QL (60 ea / 30 days)
EXALGO TAB 16MG	2	QL (60 ea / 30 days)
EXALGO TAB 32MG	2	QL (60 ea / 30 days)
<i>fentanyl citrate lollipop 200 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 400 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 600 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 800 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 1200 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 1600 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 ea / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 ea / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 ea / 30 days), PA
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	1	B/D
<i>hydromorphone hcl tab 2 mg</i>	1	
<i>hydromorphone hcl tab 4 mg</i>	1	
<i>hydromorphone hcl tab 8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KADIAN CAP 10MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 20MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 30MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 40MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 50MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 60MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 70MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 80MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 100MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 130MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 150MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 200MG CR	2	QL (60 caps / 30 days)
LAZANDA SPR 100MCG	4	QL (8 bottles / 30 days), NM, PA
LAZANDA SPR 400MCG	4	QL (8 bottles / 30 days), NM, PA
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 5 mg/5ml</i>	1	
<i>methadone hcl soln 10 mg/5ml</i>	1	
<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)
<i>methadose tab 10mg</i>	1	QL (240 tabs / 30 days)
MORPHINE SUL INJ 4MG/ML	1	B/D
MORPHINE SUL INJ 8MG/ML	1	B/D
MORPHINE SUL INJ 10MG/ML	1	B/D
MORPHINE SUL INJ 15MG/ML	1	B/D
MORPHINE SUL SOL 10MG/5ML	1	
MORPHINE SUL SOL 20MG/5ML	1	
MORPHINE SUL SOL 20MG/ML	1	
MORPHINE SUL TAB 15MG	1	QL (180 tabs / 30 days)
MORPHINE SUL TAB 30MG	1	QL (180 tabs / 30 days)
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	1	B/D
<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)
OXYCODONE CAP 5MG	1	QL (180 caps / 30 days)
OXYCODONE CON 20MG/ML	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)
OXYCODONE SOL 5MG/5ML	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen cap 5-500 mg</i>	1	QL (240 caps / 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 7.5-500 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-650 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs / 30 days)
<i>roxicet sol 5-325/5</i>	2	QL (1800 mL / 30 days)

NON-NARCOTIC ANALGESICS

<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)

NSAIDS

<i>CELEBREX CAP 50MG</i>	2	QL (60 caps / 30 days)
<i>CELEBREX CAP 100MG</i>	2	QL (60 caps / 30 days)
<i>CELEBREX CAP 200MG</i>	2	QL (60 caps / 30 days)
<i>CELEBREX CAP 400MG</i>	2	QL (60 caps / 30 days), PA
<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 er tab 400mg</i>	1	
<i>etodolac er tab 500mg</i>	1	
<i>etodolac er tab 600mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 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	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap sr 24hr 200 mg</i>	1	
MELOXICAM SUS 7.5/5ML	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	
<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>oxaprozin tab 600 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	

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTIBACTERIALS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-571 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 1 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	

Drug Name	Drug Tier	Requirements/Limits
<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 2-1 gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 10-5 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	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
AVELOX ABC TAB 400MG	2	
AVELOX INJ	2	
AVELOX TAB 400MG	2	
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A INJ 600000	3	
BICILLIN L-A INJ 1200000	3	
BICILLIN L-A INJ 2400000	3	
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<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>cefaclor monohydrate tab sr 12hr 500 mg</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefazolin in d5w inj 1 gm/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 500 mg</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>cefotaxime sodium for inj 1 gm</i>	1	
<i>cefotaxime sodium for inj 2 gm</i>	1	
<i>cefotaxime sodium for inj 10 gm</i>	1	
<i>cefotaxime sodium for inj 500 mg</i>	1	
<i>cefoxitin sodium for inj 1 gm</i>	1	
<i>cefoxitin sodium for inj 2 gm</i>	1	
<i>cefoxitin sodium for inj 10 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	2	
CEFTAZIDIME/ SOL D5W 2GM	2	
<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 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>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	
CIPRO (5%) SUS 250MG/5	3	

Drug Name	Drug Tier	Requirements/Limits
CIPRO (10%) SUS 500MG/5	3	
<i>ciprofloxacin 200 mg/100ml in d5w</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 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 1000 mg(base eq)</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	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
DIFICID TAB 200MG	4	NM, ST
<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 tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>e.e.s. 400 tab 400mg</i>	1	
E.E.S. GRAN SUS 200/5ML	2	
<i>ery-tab tab 250mg ec</i>	2	
<i>ery-tab tab 333mg ec</i>	2	
<i>ery-tab tab 500mg ec</i>	2	
ERYPED SUS 200/5ML	2	
ERYPED SUS 400/5ML	2	
<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>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 0.9 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.4 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 500 mg/100ml</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	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 10 gm</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>oxacillin sodium for inj 1 gm</i>	1	
<i>oxacillin sodium for inj 10 gm</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
PENICILL GK/ INJ DEX 2MU	2	
PENICILL GK/ INJ DEX 3MU	2	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g procaine intramuscular susp 600000 unit/ml</i>	2	
<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 3-0.375 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 4-0.5 gm</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
<i>sulfadiazine tab 500 mg</i>	2	
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>suprax tab 400mg</i>	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
TIMENTIN INJ 3.1GM	3	
<i>tobramycin sulfate inj 0.8 mg/ml in saline</i>	2	
<i>tobramycin sulfate inj 1.2 mg/ml in saline</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 10 mg/ml</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	1	
VIBRAMYCIN SYP 50MG/5ML	2	
ZMAX SUS 2GM	2	

ANTIFUNGALS

ABELCET INJ 5MG/ML	4	B/D, NM
AMBISOME INJ 50MG	4	B/D, NM
<i>amphotericin b for inj 50 mg</i>	1	B/D
CANCIDAS INJ 50MG	4	NM
CANCIDAS INJ 70MG	4	NM
ERAXIS INJ 100MG	4	NM
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in dextrose 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	NM
<i>flucytosine cap 500 mg</i>	4	NM
<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	
MYCAMINE INJ 50MG	4	NM
MYCAMINE INJ 100MG	4	NM
NOXAFIL SUS 40MG/ML	4	NM
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
VFEND SUS 40MG/ML	4	NM
VORICONAZOLE INJ 200MG	1	
<i>voriconazole tab 50 mg</i>	4	NM
<i>voriconazole tab 200 mg</i>	4	NM

ANTIMALARIALS

<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	3	
DARAPRIM TAB 25MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	2	

ANTIRETROVIRAL AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
APTIVUS CAP 250MG	4	NM
APTIVUS SOL	4	NM
ATRIPLA TAB	4	NM
COMPLERA TAB	4	NM
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	NM
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	2	
EPZICOM TAB 600-300	4	NM
FUZEON KIT	4	NM
INTELENCE TAB 25MG	3	
INTELENCE TAB 100MG	4	NM
INTELENCE TAB 200MG	4	NM
INVIRASE CAP 200MG	3	
INVIRASE TAB 500MG	4	NM
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	4	NM
ISENTRESS TAB 400MG	4	NM
KALETRA SOL	4	NM
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	4	NM
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	3	
NEVIRAPINE SUS 50MG/5ML	1	
<i>nevirapine tab 200 mg</i>	1	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	4	NM
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	4	NM
PREZISTA TAB 400MG	4	NM
PREZISTA TAB 600MG	4	NM
PREZISTA TAB 800MG	4	NM
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
RETROVIR INJ 10MG/ML	2	
REYATAZ CAP 100MG	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
SELZENTRY TAB 150MG	4	NM
SELZENTRY TAB 300MG	4	NM
<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	
STRIBILD TAB	4	NM
SUSTIVA CAP 50MG	2	
SUSTIVA CAP 200MG	2	
SUSTIVA TAB 600MG	2	
TRIZIVIR TAB	4	NM
TRUVADA TAB 200-300	4	NM
VIDEX SOL 2GM	3	
VIRACEPT TAB 250MG	4	NM
VIRACEPT TAB 625MG	4	NM
VIRAMUNE SUS 50MG/5ML	3	
VIRAMUNE XR TAB 100MG	3	
VIRAMUNE XR TAB 400MG	3	
VIREAD POW 40MG/GM	4	NM
VIREAD TAB 150MG	4	NM
VIREAD TAB 200MG	4	NM
VIREAD TAB 250MG	4	NM
VIREAD TAB 300MG	4	NM
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	
ANTITUBERCULAR AGENTS		
CAPASTAT SUL INJ 1GM	3	
<i>ethambutol hcl tab 100 mg</i>	1	
<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	
MYCOBUTIN CAP 150MG	2	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
SEROMYCIN CAP 250MG	3	
SIRTURO TAB 100MG	4	NM, LA, PA
TRECTOR TAB 250MG	2	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</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	NM, ST
BARACLUDE SOL .05MG/ML	2	
BARACLUDE TAB 0.5MG	2	
BARACLUDE TAB 1MG	2	
EPIVIR HBV SOL 5MG/ML	2	
EPIVIR HBV TAB 100MG	2	
<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
HEPSERA TAB 10MG	4	NM, ST
INCIVEK TAB 375MG	4	NM, PA
REBETOL SOL 40MG/ML	4	NM, PA
RELENZA MIS DISKHALE	2	QL (3 inhalers / 180 days)
<i>ribapak mis 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 tab 400mg</i>	4	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	
TAMIFLU CAP 30MG	2	QL (90 caps / 180 days)
TAMIFLU CAP 45MG	2	QL (50 caps / 180 days)
TAMIFLU CAP 75MG	2	QL (50 caps / 180 days)
TAMIFLU SUS 6MG/ML	2	QL (540 mL / 180 days)
TYZEKA TAB 600MG	3	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALCYTE SOL 50MG/ML	4	NM
VALCYTE TAB 450MG	4	NM

Drug Name	Drug Tier	Requirements/Limits
VICTRELIS CAP 200MG	4	NM, PA
MISCELLANEOUS		
ALBENZA TAB 200MG	3	
ALINIA SUS 100/5ML	3	QL (540 mL / 30 days)
ALINIA TAB 500MG	3	QL (20 tabs / 30 days)
AZACTAM INJ 2GM	3	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
<i>aztreonam for inj 1 gm</i>	1	
BILTRICIDE TAB 600MG	2	
<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	NM
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	
<i>colistimethate sodium for inj 150 mg</i>	1	
CUBICIN SOL 500MG	4	B/D, NM
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
DORIBAX INJ 500MG	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	
MACRODANTIN CAP 25MG	2	PA
MEPRON SUS	4	NM
<i>meropenem iv for soln 500 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</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>	1	PA
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
TYGACIL INJ 50MG	4	NM
<i>vancomycin hcl cap 125 mg</i>	4	NM
<i>vancomycin hcl cap 250 mg</i>	4	NM
<i>vancomycin hcl for inj 10 gm</i>	1	B/D
<i>vancomycin hcl for inj 500 mg</i>	1	B/D
<i>vancomycin hcl for inj 1000 mg</i>	1	B/D
ZYVOX SOL 2MG/ML	4	NM
ZYVOX SUS 100MG/5M	4	NM
ZYVOX TAB 600MG	4	NM

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	3	B/D
CEENU CAP 10MG	2	
CEENU CAP 40MG	2	
CEENU CAP 100MG	2	
<i>cyclophosphamide tab 25 mg</i>	1	B/D
<i>cyclophosphamide tab 50 mg</i>	1	B/D
<i>dacarbazine for inj 200 mg</i>	1	B/D
EMCYT CAP 140MG	2	
HEXALEN CAP 50MG	4	NM
IFEX INJ 3GM	3	B/D
<i>ifosfamide for inj 1 gm</i>	1	B/D
LEUKERAN TAB 2MG	2	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	4	B/D, NM
MUSTARGEN INJ 10MG	3	B/D
TREANDA INJ 100MG	4	B/D, NM

ANTHRACYCLINES

<i>adriamycin inj 2mg/ml</i>	1	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	1	B/D
DOXIL INJ 2MG/ML	4	B/D, NM
<i>doxorubicin hcl inj 2 mg/ml</i>	1	B/D
<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	1	B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	4	B/D, NM

ANTIBIOTICS

<i>bleomycin sulfate for inj 30 unit</i>	1	B/D
COSMEGEN INJ 0.5MG	4	B/D, NM
<i>mitomycin for inj 20 mg</i>	1	B/D

ANTIMETABOLITES

ALIMTA INJ 500MG	4	B/D, NM
<i>cytarabine for inj 500 mg</i>	1	B/D
<i>cytarabine inj 20 mg/ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	4	B/D, NM
<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
<i>pentostatin for inj 10 mg</i>	4	B/D, NM
TABLOID TAB 40MG	2	
VIDAZA INJ 100MG	4	B/D, NM

ANTIMITOTIC, TAXOIDS

DOCETAXEL INJ 80MG/4ML	4	B/D, NM
DOCETAXEL INJ 80MG/8ML	4	B/D, NM
<i>docetaxel inj 140/7ml</i>	4	B/D, NM
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	B/D
TAXOTERE INJ 80MG/2ML	4	B/D, NM
TAXOTERE INJ 80MG/4ML	4	B/D, NM

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate for inj 10 mg</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 50 mg/5ml (10 mg/ml)</i>	1	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN INJ	4	B/D, NM
CAMPATH INJ 30MG/ML	4	B/D, NM
ERIVEDGE CAP 150MG	4	NM, LA, PA
HERCEPTIN INJ 440MG	4	B/D, NM
ISTODAX INJ 10MG	4	B/D, NM
KADCYLA INJ 100MG	4	B/D, NM
KADCYLA INJ 160MG	4	B/D, NM
ONTAK INJ 150/ML	4	B/D, NM
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

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	QL (30 tabs / 30 days)
DEPO-PROVERA INJ 400/ML	2	B/D
<i>exemestane tab 25 mg</i>	1	ST
FARESTON TAB 60MG	3	
FASLODEX INJ 250MG	4	B/D, NM
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i>	1	ST
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUPR DEP-PED INJ 11.25MG	4	NM, PA
LUPR DEP-PED INJ 11.25MG	4	QL (1 box / 84 days), NM, PA
LUPR DEP-PED INJ 15MG	4	NM, PA
LUPRON DEPOT INJ 3.75MG	4	QL (1 box / 30 days), NM, PA
LYSODREN TAB 500MG	4	NM
MEGACE ES SUS 625/5ML	2	QL (150 mL / 30 days)
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
NILANDRON TAB 150MG	3	
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 DEP INJ 3.75MG	4	QL (1 vial / 28 days), NM, PA
TRELSTAR LA INJ 11.25MG	4	QL (1 vial / 84 days), NM, PA
XTANDI CAP 40MG	4	NM, LA, PA
ZYTIGA TAB 250MG	4	QL (120 tabs / 30 days), NM, PA

KINASE INHIBITORS

AFINITOR DIS TAB 2MG	4	NM
AFINITOR DIS TAB 3MG	4	NM
AFINITOR DIS TAB 5MG	4	NM
AFINITOR TAB 2.5MG	4	QL (30 tabs / 30 days), NM
AFINITOR TAB 5MG	4	QL (30 tabs / 30 days), NM
AFINITOR TAB 7.5MG	4	QL (60 tabs / 30 days), NM
AFINITOR TAB 10MG	4	QL (60 tabs / 30 days), NM
BOSULIF TAB 100MG	4	QL (180 tabs / 30 days), NM, PA
BOSULIF TAB 500MG	4	QL (30 tabs / 30 days), 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
GLEEVEC TAB 100MG	4	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
GLEEVEC TAB 400MG	4	QL (60 tabs / 30 days), NM, PA
ICLUSIG TAB 15MG	4	NM, PA
ICLUSIG TAB 45MG	4	NM, PA
INLYTA TAB 1MG	4	NM, LA, PA
INLYTA TAB 5MG	4	NM, LA, PA
JAKAFI TAB 5MG	4	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	4	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	4	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	4	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	4	QL (60 tabs / 30 days), NM, LA, PA
MEKINIST TAB 0.5MG	4	NM, PA
MEKINIST TAB 2MG	4	NM, PA
NEXAVAR TAB 200MG	4	QL (120 tabs / 30 days), 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	QL (30 tabs / 30 days), NM, PA
SPRYCEL TAB 140MG	4	QL (30 tabs / 30 days), NM, PA
STIVARGA TAB 40MG	4	NM, LA, PA
SUTENT CAP 12.5MG	4	QL (112 caps / 28 days), NM, PA
SUTENT CAP 25MG	4	QL (56 caps / 28 days), NM, PA
SUTENT CAP 50MG	4	QL (28 caps / 28 days), NM, PA
TAFINLAR CAP 50MG	4	NM, PA
TAFINLAR CAP 75MG	4	NM, PA
TARCEVA TAB 25MG	4	QL (180 tabs / 30 days), NM, PA
TARCEVA TAB 100MG	4	QL (30 tabs / 30 days), NM, PA
TARCEVA TAB 150MG	4	QL (30 tabs / 30 days), NM, PA
TASIGNA CAP 150MG	4	QL (120 caps / 30 days), NM, PA
TASIGNA CAP 200MG	4	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TYKERB TAB 250MG	4	NM, LA
VOTRIENT TAB 200MG	4	QL (120 tabs / 30 days), NM
XALKORI CAP 200MG	4	QL (60 caps / 30 days), NM, LA, PA
XALKORI CAP 250MG	4	QL (60 caps / 30 days), NM, LA, PA
ZELBORAF TAB 240MG	4	QL (240 tabs / 30 days), NM, LA, PA

MISCELLANEOUS

DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
ELSPAR INJ 10000UNT	3	B/D, NM
<i>hydroxyurea cap 500 mg</i>	1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D, NM
MATULANE CAP 50MG	4	NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (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 296MCG	4	NM, PA
SYLATRON KIT 444MCG	4	NM, PA
SYLATRON KIT 888MCG	4	NM, PA
TARGRETIN CAP 75MG	4	NM, PA
<i>tretinoin cap 10 mg</i>	4	NM
TRISENOX SOL 10MG/10M	4	B/D, NM

NUCLEOSIDE ANALOGS

<i>cladribine inj 1 mg/ml</i>	4	B/D, NM
<i>fludarabine phosphate for inj 50 mg</i>	1	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	1	B/D

PLATINUM COORDINATION COMPLEX

<i>carboplatin iv soln 150 mg/15ml</i>	1	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D, NM

PROTECTIVE AGENTS

<i>amifostine crystalline for inj 500 mg</i>	4	B/D, NM
<i>dexrazoxane for inj 500 mg</i>	4	B/D, NM
ELITEK INJ 1.5MG	4	B/D, NM
<i>leucovorin calcium for inj 100 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	

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>mesna inj 100 mg/ml</i>	1	B/D
MESNEX TAB 400MG	4	NM

TOPOISOMERASE INHIBITORS

<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	1	B/D
<i>toposar inj 1gm/50ml</i>	1	B/D
<i>topotecan hcl for inj 4 mg</i>	4	B/D, NM

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 5-101 mg</i>		QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-201 mg</i>		QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-401 mg</i>		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	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.251 mg</i>		
<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 1 mg</i>		
<i>captopril & hydrochlorothiazide tab 25-15 1 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 1 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 1 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 1 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ADRENOLYTICS, CENTRAL		
<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	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	PA
<i>eplerenone tab 50 mg</i>	1	PA
<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	QL (60 tabs / 30 days)
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<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		
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	QL (30 tabs / 30 days)
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	QL (30 tabs / 30 days)
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	2	QL (30 tabs / 30 days)
EXFORGEH/5- TAB 160-12.5	2	QL (30 tabs / 30 days)
EXFORGEH/5- TAB 160-25	2	QL (60 tabs / 30 days)
EXFORGEH/10- TAB 160-12.5	2	QL (30 tabs / 30 days)
EXFORGEH/10- TAB 160-25	2	QL (30 tabs / 30 days)
EXFORGEH/10- TAB 320-25	2	QL (30 tabs / 30 days)
<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	QL (30 tabs / 30 days)
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	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.51 mg</i>		QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.51 mg</i>		QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

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	QL (30 tabs / 30 days)
DIOVAN TAB 40MG	2	QL (60 tabs / 30 days)
DIOVAN TAB 80MG	2	QL (60 tabs / 30 days)
DIOVAN TAB 160MG	2	QL (60 tabs / 30 days)
DIOVAN TAB 320MG	2	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium tab 50 mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (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>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
NORPACE CAP 150MG CR	3	
<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>quinidine sulfate tab cr 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/afl) tab 120 mg</i>	1	
<i>sotalol hcl tab 80 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	
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)

Drug Name	Drug Tier	Requirements/Limits
<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>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	QL (60 caps / 30 days)
<i>fenofibrate micronized cap 67 mg</i>	1	QL (30 caps / 30 days)
<i>fenofibrate micronized cap 130 mg</i>	1	QL (30 caps / 30 days)
<i>fenofibrate micronized cap 134 mg</i>	1	QL (30 caps / 30 days)
<i>fenofibrate micronized cap 200 mg</i>	1	QL (30 caps / 30 days)
<i>fenofibrate tab 48 mg</i>	1	QL (90 tabs / 30 days)
<i>fenofibrate tab 54 mg</i>	1	QL (90 tabs / 30 days)
<i>fenofibrate tab 145 mg</i>	1	QL (30 tabs / 30 days)
<i>fenofibrate tab 160 mg</i>	1	QL (30 tabs / 30 days)
<i>gemfibrozil tab 600 mg</i>	1	QL (60 tabs / 30 days)
LOVAZA CAP 1GM	2	
NIASPAN TAB 500MG ER	2	QL (90 tabs / 30 days)
NIASPAN TAB 750MG ER	2	QL (60 tabs / 30 days)
NIASPAN TAB 1000 ER	2	QL (60 tabs / 30 days)
<i>prevalite pow 4gm</i>	1	
SIMCOR TAB 500-20MG	2	QL (60 ea / 30 days)
SIMCOR TAB 500-40MG	2	QL (30 ea / 30 days)
SIMCOR TAB 750-20MG	2	QL (60 ea / 30 days)
SIMCOR TAB 1000-20	2	QL (60 ea / 30 days)
SIMCOR TAB 1000-40	2	QL (30 ea / 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<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 50-251 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 40-251 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-251 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	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	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	QL (60 tabs / 30 days)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	QL (30 tabs / 30 days)
<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	QL (30 tabs / 30 days)
<i>cartia xt cap 120/24hr</i>	1	QL (30 caps / 30 days)
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>dilt-cd cap 120mg</i>	1	QL (30 caps / 30 days)
<i>dilt-cd cap 300mg</i>	1	
<i>dilt-xr cap 180mg</i>	1	
<i>dilt-xr cap 240mg</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 coated beads cap sr 24hr 120 mg</i>	1	QL (30 caps / 30 days)
<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 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap sr1 24hr 420 mg</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (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	QL (30 ea / 30 days)
<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	QL (30 tabs / 30 days)
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifediac cc tab 30mg er</i>	1	QL (60 ea / 30 days)
<i>nifediac cc tab 60mg er</i>	1	QL (30 ea / 30 days)
<i>nifediac cc tab 90mg er</i>	1	
<i>nifedical xl tab 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedical xl tab 60mg</i>	1	QL (60 tabs / 30 days)
<i>nifedipine tab 30mg er</i>	1	QL (30 tabs / 30 days)
<i>nifedipine tab 30mg er</i>	1	QL (60 ea / 30 days)
<i>nifedipine tab 60mg er</i>	1	QL (60 tabs / 30 days)
<i>nifedipine tab 90mg er</i>	1	
<i>nifedipine tab sr 24hr 60 mg</i>	1	QL (30 ea / 30 days)
<i>nimodipine cap 30 mg</i>	1	
<i>NYMALIZE SOL 60/20ML</i>	4	NM
<i>taztia xt cap 120mg/24</i>	1	QL (30 caps / 30 days)
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digoxin inj 0.25 mg/ml</i>	1	
DIGOXIN SOL 50MCG/ML	1	
<i>digoxin tab 0.25 mg</i>	1	
<i>digoxin tab 0.125 mg</i>	1	
LANOXIN TAB 0.25MG	2	
LANOXIN TAB 0.125MG	2	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
AMTURNIDE150 TAB -5-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE300 TAB -5-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE300 TAB -5-25MG	2	QL (30 tabs / 30 days)
AMTURNIDE300 TAB -10-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE300 TAB -10-25MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 150-10MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 300-5MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 300-10MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-12.5	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	2	QL (30 tabs / 30 days)
TEKTURNA TAB 150MG	2	QL (30 tabs / 30 days)
TEKTURNA TAB 300MG	2	QL (30 tabs / 30 days)
<i>DIURETICS</i>		
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 8 mg/ml</i>	3	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	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 25-25 mg</i>	1	
THALITONE TAB 15MG	2	
<i>toremide iv soln 20 mg/2ml (10 mg/ml)</i>	3	
<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 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
DIBENZYLINE CAP 10MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	3	QL (90 tabs / 30 days), PA
RANEXA TAB 1000MG	3	QL (60 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	
<i>isosorbide dinitrate sl tab 5 mg</i>	1	
<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	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA TAB 20MG	4	QL (60 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

Drug Name	Drug Tier	Requirements/Limits
<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 (600 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (1200 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (300 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 mls / 30 days)
<i>lorazepam inj 2 mg/ml</i>	1	
<i>lorazepam inj 4 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	QL (600 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (300 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 30 days)

ANTICONVULSANTS

BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 (720 tabs / 30 days), PA
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (360 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
DIAZEPAM GEL 2.5MG	1	
DIAZEPAM GEL 10MG	1	
DIAZEPAM GEL 20MG	1	
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam soln 1 mg/ml</i>	1	QL (1200mL / 30 days), PA
<i>diazepam tab 2 mg</i>	1	QL (600 tabs / 30 days), PA
<i>diazepam tab 5 mg</i>	1	QL (240 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>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<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 (946mL / 30 days)
ONFI SUS 2.5MG/ML	3	
ONFI TAB 5MG	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
<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	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital sodium inj 65 mg/ml</i>	1	
<i>phenobarbital sodium inj 130 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<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	
POTIGA TAB 300MG	3	
POTIGA TAB 400MG	3	
<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 CHW 100MG	3	
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	QL (90 tabs / 30 days)
<i>topiramate tab 50 mg</i>	1	QL (90 tabs / 30 days)
<i>topiramate tab 100 mg</i>	1	QL (90 tabs / 30 days)
<i>topiramate tab 200 mg</i>	1	QL (240 tabs / 30 days)
TRILEPTAL SUS 300MG/5M	3	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium syrup 250 mg/5ml (base 1 equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
VIMPAT INJ 200MG/20	3	QL (1200 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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

ARICEPT TAB 23MG	2	
<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	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	QL (30 ea / 30 days)
EXELON DIS 9.5MG/24	3	QL (30 ea / 30 days)
EXELON DIS 13.3/24	3	QL (30 ea / 30 days)
EXELON SOL 2MG/ML	3	QL (180 mL / 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	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	QL (180 mL / 30 days)
<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	QL (60 tabs / 30 days)
NAMENDA SOL 10MG/5ML	2	QL (360 mL / 30 days)
NAMENDA TAB 5-10MG	2	QL (1 pack / 28 days)
NAMENDA TAB 5MG	2	QL (60 tabs / 30 days)
NAMENDA TAB 10MG	2	QL (60 tabs / 30 days)
<i>rivastigmine tartrate cap 1.5 mg</i>	1	QL (240 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg</i>	1	QL (120 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg</i>	1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg</i>	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
<i>budeprion tab 100mg sr</i>	1	
<i>budeprion tab 150mg sr</i>	1	
<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 ea / 30 days)
<i>bupropion hcl tab sr 24hr 300 mg</i>	1	QL (30 ea / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QL (600 mL / 30 days)
<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>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
CYMBALTA CAP 20MG	2	QL (60 ea / 30 days)
CYMBALTA CAP 30MG	2	QL (60 ea / 30 days)
CYMBALTA CAP 60MG	2	QL (60 ea / 30 days)
<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	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
EMSAM DIS 6MG/24HR	3	QL (30 ea / 30 days), PA
EMSAM DIS 9MG/24HR	3	QL (30 ea / 30 days), PA
EMSAM DIS 12MG/24H	3	QL (30 ea / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	QL (600 ml / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 (30 tabs / 30 days)
<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	QL (60 caps / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	QL (600 mL / 30 days)
<i>fluoxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	1	QL (120 tabs / 30 days)
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	3	
<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)
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>paroxetine hcl tab sr 24hr 25 mg</i>	1	QL (90 ea / 30 days)
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	1	QL (60 ea / 30 days)
PAXIL SUS 10MG/5ML	3	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	1	
PRISTIQ TAB 50MG	2	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 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	2	
VIIBRYD TAB 10MG	2	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	2	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	2	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
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>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg</i>	1	
<i>bromocriptine mesylate tab 2.5 mg</i>	1	
CARB/LEVO100 TAB /ENTACAP	1	
CARB/LEVO125 TAB /ENTACAP	1	
CARB/LEVO150 TAB /ENTACAP	1	
CARB/LEVO200 TAB /ENTACAP	1	
CARB/LEVO 50 TAB /ENTACAP	1	

Drug Name	Drug Tier	Requirements/Limits
CARB/LEVO 75 TAB /ENTACAP	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	
<i>entacapone tab 200 mg</i>	1	
LODOSYN TAB 25MG	3	
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	
STALEVO 50 TAB	2	
STALEVO 75 TAB	2	
STALEVO 100 TAB	2	
STALEVO 125 TAB	2	
STALEVO 150 TAB	2	
STALEVO 200 TAB	2	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPSYCHOTICS		
ABILIFY DISC TAB 10MG	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY DISC TAB 15MG	2	QL (60 tabs / 30 days)
ABILIFY INJ 9.75MG	3	QL (3 vials / 1 day)
ABILIFY MAIN INJ 300MG	4	QL (1 vial / 30 days), NM, PA
ABILIFY MAIN INJ 400MG	4	QL (1 vial / 30 days), NM, PA
ABILIFY SOL 1MG/ML	2	QL (900 mL / 30 days)
ABILIFY TAB 2MG	2	QL (30 tabs / 30 days)
ABILIFY TAB 5MG	2	QL (30 tabs / 30 days)
ABILIFY TAB 10MG	2	QL (30 tabs / 30 days)
ABILIFY TAB 15MG	2	QL (30 tabs / 30 days)
ABILIFY TAB 20MG	2	QL (30 tabs / 30 days)
ABILIFY TAB 30MG	2	QL (30 tabs / 30 days)
<i>chlorpromazine hcl inj 25 mg/ml</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 TAB 12.5/ODT	1	
<i>clozapine tab 25 mg</i>	1	
CLOZAPINE TAB 25MG ODT	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	QL (270 tabs / 30 days)
CLOZAPINE TAB 100/ODT	1	QL (270 ea / 30 days)
<i>clozapine tab 200 mg</i>	1	QL (135 tabs / 30 days)
FANAPT PAK	3	QL (1 pack / 30 days), 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
FANAPT TAB 12MG	3	QL (60 tabs / 30 days), ST
FAZACLO TAB 12.5/ODT	3	
FAZACLO TAB 25MG ODT	3	
FAZACLO TAB 100/ODT	3	QL (270 tabs / 30 days)
FAZACLO TAB 150MG	3	QL (180 tabs / 30 days)
FAZACLO TAB 200MG	3	QL (135 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 (0.25 mL / 28 days), PA
INVEGA SUST INJ 78/0.5ML	3	QL (0.5 mL / 28 days), PA
INVEGA SUST INJ 117/0.75	4	QL (0.75 mL / 28 days), NM, PA
INVEGA SUST INJ 156MG/ML	4	QL (1 mL / 28 days), NM, PA
INVEGA SUST INJ 234/1.5	4	QL (1.5 mL / 28 days), NM, PA
INVEGA TAB 1.5MG	3	QL (30 tabs / 30 days)
INVEGA TAB 3MG	3	QL (30 tabs / 30 days)
INVEGA TAB 6MG	3	QL (60 tabs / 30 days)
INVEGA TAB 9MG	3	QL (30 tabs / 30 days)
LATUDA TAB 20MG	3	
LATUDA TAB 40MG	3	QL (30 tabs / 30 days)
LATUDA TAB 60MG	3	QL (60 tabs / 30 days)
LATUDA TAB 80MG	3	QL (60 tabs / 30 days)
LATUDA TAB 120MG	3	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	
<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 (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	1	QL (30 tabs / 30 days)
ORAP TAB 1MG	2	
ORAP TAB 2MG	2	
<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 (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	1	QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	3	QL (2 inj / 28 days), PA
RISPERDAL INJ 25MG	3	QL (2 inj / 28 days), PA
RISPERDAL INJ 37.5MG	4	QL (2 inj / 28 days), NM, PA
RISPERDAL INJ 50MG	4	QL (2 inj / 28 days), NM, PA
<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)
<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 5MG	3	QL (60 tabs / 30 days), ST
SAPHRIS SUB 10MG	3	QL (60 tabs / 30 days), ST
SEROQUEL XR TAB 50MG	2	QL (120 ea / 30 days)
SEROQUEL XR TAB 150MG	2	QL (30 ea / 30 days)
SEROQUEL XR TAB 200MG	2	QL (30 ea / 30 days)
SEROQUEL XR TAB 300MG	2	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR TAB 400MG	2	QL (60 ea / 30 days)
<i>thioridazine hcl tab 10 mg</i>	1	PA
<i>thioridazine hcl tab 25 mg</i>	1	PA
<i>thioridazine hcl tab 50 mg</i>	1	PA
<i>thioridazine hcl tab 100 mg</i>	1	PA
<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	
<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 (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	1	QL (60 caps / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 12.51 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	
INTUNIV TAB 1MG	3	ST
INTUNIV TAB 2MG	3	ST
INTUNIV TAB 3MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
INTUNIV TAB 4MG	3	ST
<i>metadate tab 20mg er</i>	1	
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	
<i>methylphenidate hcl tab 5 mg</i>	1	
<i>methylphenidate hcl tab 10 mg</i>	1	
<i>methylphenidate hcl tab 20 mg</i>	1	
<i>methylphenidate hcl tab cr 20 mg</i>	1	
STRATTERA CAP 10MG	3	QL (120 caps / 30 days), ST
STRATTERA CAP 18MG	3	QL (120 caps / 30 days), ST
STRATTERA CAP 25MG	3	QL (120 caps / 30 days), ST
STRATTERA CAP 40MG	3	QL (60 caps / 30 days), ST
STRATTERA CAP 60MG	3	QL (30 caps / 30 days), ST
STRATTERA CAP 80MG	3	QL (30 caps / 30 days), ST
STRATTERA CAP 100MG	3	QL (30 caps / 30 days), ST

HYPNOTICS

LUNESTA TAB 1MG	2	QL (30 tabs / 30 days)
LUNESTA TAB 2MG	2	QL (30 tabs / 30 days)
LUNESTA TAB 3MG	2	QL (30 tabs / 30 days)
<i>zaleplon cap 5 mg</i>	1	QL (30 caps / 30 days)
<i>zaleplon cap 10 mg</i>	1	QL (30 caps / 30 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (30 tabs / 30 days)

MIGRAINE

<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 (12 ea / 30 days)
<i>rizatriptan benzoate orally disintegrating tab 10 mg</i>	1	QL (12 ea / 30 days)
<i>rizatriptan benzoate tab 5 mg</i>	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg</i>	1	QL (12 tabs / 30 days)
SUMATRIPTAN INJ 4MG/0.5	1	QL (4 mL / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (12 sprays / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (4 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 ea / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 ea / 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 CITR SOL 8MEQ/5ML	2	
MESTINON SYP 60MG/5ML	2	
MESTINON TAB TIMESPAN	2	
NUEDEXTA CAP 20-10MG	2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	1	
REGONOL INJ 5MG/ML	2	
RILUTEK TAB 50MG	4	NM
<i>riluzole tab 50 mg</i>	1	
SAVELLA MIS TITR PAK	2	
SAVELLA TAB 12.5MG	2	QL (480 tabs / 30 days)
SAVELLA TAB 25MG	2	QL (240 tabs / 30 days)
SAVELLA TAB 50MG	2	QL (120 tabs / 30 days)
SAVELLA TAB 100MG	2	QL (60 tabs / 30 days)
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

AMPYRA TAB 10MG	4	QL (60 tabs / 30 days), NM, LA, PA
AVONEX KIT 30MCG	4	QL (4 boxes / 28 days), NM, PA
AVONEX PREFL KIT 30MCG	4	QL (4 boxes / 28 days), NM, PA
BETASERON INJ 0.3MG	4	QL (14 vials / 28 days), NM, PA
COPAXONE KIT 20MG/ML	4	QL (30 boxes / 30 days), NM, PA
GILENYA CAP 0.5MG	4	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<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</i>	1	
<i>tizanidine hcl tab 4 mg</i>	1	
NARCOLEPSY/CATAPLEXY		
<i>modafinil tab 100 mg</i>	4	QL (30 tabs / 30 days), NM, PA
<i>modafinil tab 200 mg</i>	4	QL (60 tabs / 30 days), NM, PA
XYREM SOL 500MG/ML	4	QL (540mL / 30 days), NM, 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
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.51 mg (base equiv)</i>	1	QL (120 ea / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 ea / 30 days), PA
<i>buproban tab 150mg</i>	1	
CAMPRAL TAB 333MG	3	
CHANTIX PAK 0.5& 1MG	3	QL (106 tabs / year), PA
CHANTIX TAB 0.5MG	3	QL (336 tabs / year), PA
CHANTIX TAB 1MG	3	QL (336 tabs / year), 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	QL (16 inhalers / year)
NICOTROL NS SPR 10MG/ML	3	QL (36 bottles / year)
SUBOXONE MIS 2-0.5MG	3	QL (120 ea / 30 days), PA
SUBOXONE MIS 4-1MG	3	QL (120 ea / 30 days), PA
SUBOXONE MIS 8-2MG	3	QL (120 ea / 30 days), PA
SUBOXONE MIS 12-3MG	3	QL (60 ea / 30 days), PA
ENDOCRINE AND METABOLIC ANDROGENS		

PA - Prior Authorization available at mail-order

QL - Quantity Limits
B/D - Covered under Medicare B or D

ST - Step Therapy

NM - Not

LA - Limited Access

Drug Name	Drug Tier	Requirements/Limits
ANDROGEL GEL 1%(25MG)	2	QL (300 gm / 30 days), PA
ANDROGEL GEL 1%(50MG)	2	QL (300 gm / 30 days), PA
ANDROGEL GEL 1.62%	2	QL (150 gm / 30 days), PA
ANDROGEL GEL PUMP 1%	2	QL (300 gm / 30 days), PA
<i>androxy tab 10mg</i>	2	PA
<i>oxandrolone tab 2.5 mg</i>	1	PA
<i>oxandrolone tab 10 mg</i>	1	PA
TESTIM GEL 1%(50MG)	3	QL (300 gm / 30 days), PA
<i>testosterone cypionate im in oil 100 mg/ml</i>	1	
<i>testosterone cypionate im in oil 200 mg/ml</i>	1	
<i>testosterone enanthate im in oil 200 mg/ml</i>	1	

ANTIDIABETICS, INJECTABLE

<i>alcohol swabs</i>	2	
BYETTA INJ 5MCG	3	QL (1 pen / 30 days), PA
BYETTA INJ 10MCG	3	QL (1 pen / 30 days), PA
<i>gauze pads 2" x 2"</i>	2	
HUMULIN R INJ U-500	2	B/D
<i>insulin pen needle</i>	2	
<i>insulin syringe</i>	2	
LANTUS INJ 100/ML	2	
LANTUS INJ SOLOSTAR	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXPEN	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 MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SYMLINPEN 60 INJ 1000MCG	3	QL (8 vials / 30 days), PA
SYMLINPEN 120 INJ 1000MCG	3	QL (4 vials / 30 days), PA
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	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab sr 24hr 2.5 mg</i>	1	QL (240 ea / 30 days)
<i>glipizide tab sr 24hr 5 mg</i>	1	QL (120 ea / 30 days)
<i>glipizide tab sr 24hr 10 mg</i>	1	QL (60 ea / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide micronized tab 3 mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized tab 6 mg</i>	1	QL (60 tabs / 30 days), PA
<i>glyburide tab 1.25 mg</i>	1	QL (480 tabs / 30 days), PA
<i>glyburide tab 2.5 mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide tab 5 mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide-metformin tab 1.25-250 mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide-metformin tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide-metformin tab 5-500 mg</i>	1	QL (120 tabs / 30 days), PA
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 ea / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 ea / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 ea / 30 days)
JANUVIA TAB 25MG	2	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	2	QL (30 tabs / 30 days)
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)
JUVISYNC TAB 50-10MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 50-20MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 50-40MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 100-10MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 100-20MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 100-40MG	2	QL (30 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 ea / 30 days)
<i>metformin hcl tab sr 24hr 750 mg</i>	1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
PRANDIN TAB 0.5MG	3	QL (120 tabs / 30 days)
PRANDIN TAB 1MG	3	QL (120 tabs / 30 days)
PRANDIN TAB 2MG	3	QL (240 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	2	QL (946mL / 30 days)
TRADJENTA TAB 5MG	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)
BONIVA INJ 3MG/3ML	3	B/D, QL (1 syringe / 90 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	B/D, QL (1 tab / 30 days)
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
ZOMETA INJ 4MG/100	4	B/D, NM
CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTICAL SPR 200/ACT	2	
CALCIUM RECEPTOR ANTAGONISTS		
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	
EXJADE TAB 125MG	4	NM, LA, PA
EXJADE TAB 250MG	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
EXJADE TAB 500MG	4	NM, LA, PA
<i>kionex pow usp</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
SYPRINE CAP 250MG	4	NM

CONTRACEPTIVES

<i>apri tab</i>	1	
<i>aranelle tab</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>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
ELLA TAB 30MG	2	
<i>emoquette tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>errin tab 0.35mg</i>	1	
GIANVI TAB 3-0.02MG	1	
<i>gildagia tab 0.4-35</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	
<i>junel fe tab 1/20</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor tab 1/35</i>	1	
LEENA TAB	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	
<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	QL (1 vial / 90 days)

Drug Name	Drug Tier	Requirements/Limits
<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 7/7/7	1	
NECON TAB 10/11-28	3	
<i>next choice tab 1.5mg</i>	1	
NORA-BE TAB 0.35MG	1	
<i>norethindrone tab 0.35 mg</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	
OCELLA TAB 3-0.03MG	1	
<i>ogestrel tab</i>	1	
<i>orsythia tab</i>	1	
ORTHO EVRA DIS WEEK	3	
ORTHO TRI- TAB CYCLN LO	3	
<i>philith tab 0.4-35</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	
SOLIA TAB	1	
<i>sprintec 28 tab 28 day</i>	1	
<i>sronyx tab</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>vestura tab 3-0.02mg</i>	1	
<i>viorele tab</i>	1	
<i>zovia 1/35e tab</i>	1	
<i>zovia 1/50e tab</i>	1	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	4	NM
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	4	NM, LA
ALDURAZYME INJ 2.9MG/5M	4	NM, LA
BUPHENYL TAB 500MG	4	NM
CARBAGLU TAB 200MG	4	NM, LA
CEREZYME INJ 200UNIT	4	NM
CYSTADANE POW	4	NM
CYSTAGON CAP 50MG	2	NM
CYSTAGON CAP 150MG	2	NM
ELAPRASE INJ 6MG/3ML	4	NM
ELELYSO INJ 200UNIT	4	NM, PA
FABRAZYME INJ 35MG	4	NM
KUVAN TAB 100MG	4	NM
<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
NAGLAZYME INJ 1MG/ML	4	NM, LA
ORFADIN CAP 2MG	4	NM, LA
ORFADIN CAP 5MG	4	NM, LA
ORFADIN CAP 10MG	4	NM, LA
PROCYSBI CAP 25MG	4	NM, LA, PA
PROCYSBI CAP 75MG	4	NM, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	NM
VPRIV INJ 400UNIT	4	NM, PA
ZAVESCA CAP 100MG	4	NM, LA
ESTROGEN/PROGESTINS		
COMBIPATCH DIS .05/.14	3	
COMBIPATCH DIS .05/.25	3	
<i>jinteli tab 1mg-5mcg</i>	1	
ESTROGENS		
<i>estradiol tab 0.5 mg</i>	1	PA
<i>estradiol tab 1 mg</i>	1	PA
<i>estradiol tab 2 mg</i>	1	PA
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
MENEST TAB 0.3MG	2	PA
MENEST TAB 0.625MG	2	PA
MENEST TAB 1.25MG	2	PA
MENEST TAB 2.5MG	2	PA
PREMARIN VAG CRE 0.625MG	3	
VAGIFEM TAB 10MCG	3	

GLUCOCORTICOIDS

<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>cortisone acetate tab 25 mg</i>	1	
<i>dexamethason con 1mg/ml</i>	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</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	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sodium succinate for inj1 40 mg</i>		
<i>methylprednisolone sodium succinate for inj1 125 mg</i>		
<i>methylprednisolone sodium succinate for inj1 1000 mg</i>		
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 4 mg dose pack</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 251 mg/5ml (base eq)</i>		
<i>prednisone con 5mg/ml</i>	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
SOLU-CORTEF INJ 250MG	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
PROGLYCEM SUS 50MG/ML	4	NM
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	
INCRELEX INJ 40MG/4ML	4	NM, LA, PA
<i>methylergonovine maleate tab 0.2 mg</i>	1	
<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
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

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 15MG	4	NM, LA, PA
SOMAVERT INJ 20MG	4	NM, LA, 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 6671 mg (169 mg ca)</i>		
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
PHOSLO CAP 667MG	2	
PHOSLYRA SOL	2	
REVELA PAK 0.8GM	2	
REVELA PAK 2.4GM	2	
REVELA 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	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA TAB 60MG	2	QL (30 tabs / 30 days)
THYROID AGENTS		
LEVOTHROID TAB 25MCG	1	
LEVOTHROID TAB 50MCG	1	
LEVOTHROID TAB 75MCG	1	
LEVOTHROID TAB 88MCG	1	
LEVOTHROID TAB 100MCG	1	
LEVOTHROID TAB 112MCG	1	
LEVOTHROID TAB 125MCG	1	
LEVOTHROID TAB 137MCG	1	
LEVOTHROID TAB 150MCG	1	
LEVOTHROID TAB 175MCG	1	
LEVOTHROID TAB 200MCG	1	
LEVOTHROID TAB 300MCG	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
DESMOPRESSIN SOL 0.01%	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), NM
EMEND CAP 40MG	3	QL (3 caps / 180 days)
EMEND CAP 80MG	3	B/D, QL (4 caps / 30 days)
EMEND CAP 125MG	3	B/D, QL (2 caps / 30 days)
EMEND PAK 80 & 125	3	B/D, QL (12 caps / 30 days)
<i>granisetron hcl inj 0.1 mg/ml</i>	1	
<i>granisetron hcl inj 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>phenadoz sup 12.5mg</i>	1	
<i>phenadoz sup 25mg</i>	1	
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	
<i>prochlorperazine maleate tab 5 mg</i>	1	
<i>prochlorperazine maleate tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
TRANSDERM-SC DIS 1.5MG	3	QL (10 ptch / 30 days), PA

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	
<i>famotidine inj 10 mg/ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</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	
ASACOL TAB 400MG DR	3	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide cap sr 24hr 3 mg</i>	4	NM
CANASA SUP 1000MG	2	QL (30 supp / 30 days)
<i>colocort ene 100mg</i>	1	
DELZICOL CAP 400MG	3	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
LIALDA TAB 1.2GM	3	
<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	3	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
<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	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	3	
<i>polyethylene glycol 3350 oral powder</i>	1	
RELISTOR KIT 12/0.6ML	3	PA
<i>trilyte sol</i>	1	
MISCELLANEOUS		
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days), ST
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days), ST
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	QL (1 box / year)
CARAFATE SUS 1GM/10ML	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	PA
HELIDAC MIS	3	
<i>loperamide hcl cap 2 mg</i>	1	
LOTRONEX TAB 0.5MG	4	NM
LOTRONEX TAB 1MG	4	NM
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
PREVPAC MIS	3	QL (1 box / year)
PYLERA CAP	3	
SUCRAID SOL 8500/ML	3	
<i>sucralfate 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	NM, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	

PROTON PUMP INHIBITORS

DEXILANT CAP 30MG DR	2	QL (30 ea / 30 days)
DEXILANT CAP 60MG DR	2	QL (30 ea / 30 days)
NEXIUM CAP 20MG	2	QL (30 ea / 30 days)
NEXIUM CAP 40MG	2	QL (30 ea / 30 days)
NEXIUM GRA 2.5MG DR	2	
NEXIUM GRA 5MG DR	2	
NEXIUM GRA 10MG DR	2	QL (1 box / 30 days)
NEXIUM GRA 20MG DR	2	QL (1 box / 30 days)
NEXIUM GRA 40MG DR	2	QL (1 box / 30 days)
NEXIUM I.V. INJ 20MG	3	
NEXIUM I.V. INJ 40MG	3	
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (30 ea / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab sr 24hr 10 mg</i>	1	QL (30 ea / 30 days)
AVODART CAP 0.5MG	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tabs / 30 days)
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	
<i>potassium citrate tab cr 5 meq (540 mg)</i>	1	
<i>potassium citrate tab cr 10 meq (1080 mg)</i>	1	

URINARY ANTISPASMODICS

DETROL LA CAP 2MG	2	QL (30 ea / 30 days)
DETROL LA CAP 4MG	2	QL (30 ea / 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 ea / 30 days)
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	1	QL (60 ea / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	QL (30 ea / 30 days)
TOVIAZ TAB 8MG	2	QL (30 ea / 30 days)
<i>trosipium 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

CLEOCIN SUP 100MG	2	
<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	QL (200 syringes / 180 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	QL (150 syringes / 180 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	QL (100 syringes / 180 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	QL (75 syringes / 180 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	4	QL (60 syringes / 180 days), NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	QL (75 syringes / 180 days), NM
<i>enoxaparin sodium inj 150 mg/ml</i>	4	QL (60 syringes / 180 days), NM

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QL (60mL / 180 days), NM
<i>fondaparinux sodium inj 2.5 mg/0.5ml</i>	1	QL (60 syringes / 180 days)
<i>fondaparinux sodium inj 5 mg/0.4ml</i>	4	QL (75 syringes / 180 days), NM
<i>fondaparinux sodium inj 7.5 mg/0.6ml</i>	4	QL (50 syringes / 180 days), NM
<i>fondaparinux sodium inj 10 mg/0.8ml</i>	4	QL (37 syringes / 180 days), NM
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/NAACL INJ 2UNIT/ML	1	
HEP SOD/NAACL INJ 25000UNT	2	
HEPARIN SOD INJ 2000/ML	2	B/D
<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 TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 25MCG	2	NM, PA
ARANESP INJ 40MCG	2	NM, PA
ARANESP INJ 60MCG	2	NM, PA
ARANESP INJ 100MCG	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 150MCG	4	NM, PA
ARANESP INJ 200MCG	4	NM, PA
ARANESP INJ 300MCG	4	NM, PA
ARANESP INJ 500MCG	4	NM, PA
LEUKINE INJ 250MCG	4	NM, PA
LEUKINE INJ 500 MCG	4	NM, PA
MOZOBIL INJ	4	QL (8 vials / 4 days), NM, PA
NEUMEGA INJ 5MG	4	NM
NEUPOGEN INJ 300/0.5	4	NM, PA
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	PA
<i>anagrelide hcl cap 1 mg</i>	1	PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>pentoxifylline tab cr 400 mg</i>	1	
PROMACTA TAB 12.5MG	4	NM, LA, PA
PROMACTA TAB 25MG	4	NM, LA, PA
PROMACTA TAB 50MG	4	NM, LA, PA
PROMACTA TAB 75MG	4	QL (30 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	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA INJ 200/10ML	4	NM, PA
ENBREL INJ 25/0.5ML	4	QL (8 syringes / 28 days), NM, PA
ENBREL INJ 25MG	4	QL (4 boxes / 28 days), NM, PA
ENBREL INJ 50MG/ML	4	QL (8 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA KIT 20MG/0.4	4	QL (2 boxes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	4	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN KIT 40MG/0.8	4	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN KIT CROHNS	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		
CARIMUNE NF INJ 3GM	4	NM, PA
FLEBOGAMMA INJ 5%	4	NM, PA
GAMASTAN S/D INJ	2	B/D, NM
GAMMAGARD INJ 2.5GM/25	4	NM, PA
GAMMAKED INJ 1GM/10ML	4	NM, PA
GAMMAPLEX INJ 10GM	4	NM, PA
GAMUNEX-C INJ 1GM/10ML	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
HIZENTRA INJ 1GM/5ML	4	NM, PA
OCTAGAM INJ 1GM	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
INFERGEN INJ 15MCG	4	NM, PA
INTRON-A INJ 3MU PEN	4	B/D, NM
INTRON-A INJ 5MU PEN	4	B/D, NM
INTRON-A INJ 10MU	4	B/D, NM
INTRON-A INJ 10MU PEN	3	B/D, NM
INTRON-A INJ 18MU	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
PEGASYS INJ 180MCG/M	4	NM, PA
PEGASYS INJ PROCLICK	4	NM, PA
PEGASYS KIT	4	NM, PA
REVLIMID CAP 2.5MG	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 5MG	4	NM, LA, PA
REVLIMID CAP 10MG	4	NM, LA, PA
REVLIMID CAP 15MG	4	QL (30 caps / 30 days), NM, LA, PA
REVLIMID CAP 20MG	4	NM, LA, PA
REVLIMID CAP 25MG	4	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	4	QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	4	QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	4	QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	4	QL (60 caps / 30 days), NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine sodium for inj 100 mg</i>	1	B/D
<i>azathioprine tab 50 mg</i>	1	B/D
CELLCEPT SUS 200MG/ML	4	B/D, NM
<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 tab 500 mg</i>	1	B/D
MYFORTIC TAB 180MG	3	B/D
MYFORTIC TAB 360MG	4	B/D, NM
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, NM
PROGRAF CAP 0.5MG	3	B/D
PROGRAF CAP 1MG	3	B/D
PROGRAF CAP 5MG	4	B/D, NM
RAPAMUNE SOL 1MG/ML	4	B/D, NM
RAPAMUNE TAB 0.5MG	3	B/D
RAPAMUNE TAB 1MG	4	B/D, NM
RAPAMUNE TAB 2MG	4	B/D, NM
SANDIMMUNE CAP 25MG	2	B/D
SANDIMMUNE CAP 100MG	2	B/D

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOL 100MG/ML	2	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, NM
ZORTRESS TAB 0.5MG	4	B/D, NM
ZORTRESS TAB 0.25MG	4	B/D, NM
ZORTRESS TAB 0.75MG	4	B/D, NM

VACCINES

ACTHIB INJ	2	
ADACEL INJ	2	
BOOSTRIX INJ	2	
CERVARIX INJ	2	
COMVAX INJ	2	
DAPTACEL INJ	2	
DECAVAC INJ 5-2LF	2	B/D
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 INJ	2	
HAVRIX INJ 720UNIT	2	
HAVRIX INJ 1440UNIT	2	
IMOVAX RABIE INJ 2.5/ML	2	
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
M-M-R II INJ LIVE	2	
MENACTRA INJ	2	
MENHIBRIX INJ	2	
MENOMUNE INJ A/C/Y/W	2	
MENVEO INJ	2	
PEDVAX HIB INJ	2	
PROQUAD INJ	2	
RABAVERT INJ	2	
RECOMBIVA HB INJ 10MCG/ML	2	B/D
RECOMBIVA-HB INJ 40MCG/ML	2	B/D
ROTATEQ SOL	2	
TET/DIP TOX INJ 2-2 LF	2	B/D
TETANUS TOX INJ 5LF ADS	2	B/D
TWINRIX INJ	2	B/D
TYPHIM VI INJ	2	
VAQTA INJ 25/0.5ML	2	
VARIVAX INJ	2	
YF-VAX INJ	2	
ZOSTAVAX INJ	2	QL (1 vial)

NUTRITIONAL/SUPPLEMENTS

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
ELECTROLYTES		
KLOR-CON 8 TAB 8MEQ ER	1	
KLOR-CON 10 TAB 10MEQ ER	1	
KLOR-CON M15 TAB	3	
<i>klor-con m20 tab 20meq er</i>	1	
MAGNESIUM SU INJ 40MG/ML	2	
MAGNESIUM SU INJ 80MG/ML	2	
<i>magnesium sulfate inj 50%</i>	1	
MG SO4/D5W INJ 10MG/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	
SOD CHLORIDE INJ 2.5/ML	1	
<i>sod fluoride 2.2mg tab</i>	1	
TPN ELECTROL INJ	1	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	1	B/D
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 8.5/LYTE	1	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN INJ 8.5%	3	B/D
AMINOSYN INJ 8.5/LYTE	1	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
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 2.75/D10	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D25	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 5%/D25W	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

Drug Name	Drug Tier	Requirements/Limits
CLINISOL SF INJ 15%	1	B/D
FREAMINE III INJ 3%	3	B/D
FREAMINE III INJ 8.5%	1	B/D
HEPATAMINE SOL 8%	1	B/D
<i>hepatasol inj 8%</i>	1	B/D
INTRALIPID INJ 20%	1	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
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D

IV REPLACEMENT SOLUTIONS

D2.5W/NAACL INJ 0.45%	1	
D5W/LR INJ	1	
D5W/LYTES INJ #48	2	
D5W/NAACL INJ 0.2%	1	
D5W/NAACL INJ 0.9%	1	
D5W/NAACL INJ 0.33%	1	
D5W/NAACL INJ 0.45%	1	
D5W/NAACL INJ 0.225%	1	
D10W/NAACL INJ 0.2%	3	
D10W/NAACL INJ 0.45%	1	
DEXTROSE INJ 5%	1	
DEXTROSE INJ 10%	1	
IONOSOL-B/ INJ D5W	3	
IONOSOL-MB INJ /D5W	3	
ISOLYTE-H INJ /D5W	2	
<i>isolyte-m inj /d5w</i>	1	
<i>isolyte-p inj /d5w</i>	3	
<i>isolyte-s inj</i>	3	
<i>isolyte-s inj /d5w</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ	1	
KCL/D5W INJ 0.3%	1	
KCL/D5W INJ 0.15%	1	
KCL/D5W INJ 0.224%	1	
KCL/D5W/NAACL INJ 0.3/0.9%	2	
KCL/D5W/NAACL INJ 0.3/0.45	1	
KCL/D5W/NAACL INJ 0.15/0.2	1	
KCL/D5W/NAACL INJ 0.15/0.2	2	
KCL/D5W/NAACL INJ 0.15/0.9	1	
KCL/D5W/NAACL INJ .15/.33%	1	
KCL/D5W/NAACL INJ .15/.45%	1	

Drug Name	Drug Tier	Requirements/Limits
KCL/D5W/NAACL INJ .22/.45	1	
KCL/D5W/NAACL INJ .075/.45	1	
KCL/NAACL INJ 0.15-0.9	1	
LACTATED RIN INJ	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	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50 ml</i>	1	
<i>potassium chloride inj 10 meq/100 ml</i>	1	
<i>potassium chloride inj 20 meq/50 ml</i>	1	
<i>potassium chloride inj 30 meq/100 ml</i>	1	
<i>ringer's solution</i>	1	
SOD CHLORIDE INJ 0.9%	1	
SOD CHLORIDE INJ 0.45%	1	
SOD CHLORIDE INJ 3%	1	
SOD CHLORIDE INJ 5%	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>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	1	
ZEMPLAR CAP 1MCG	2	B/D
ZEMPLAR CAP 2MCG	2	B/D
ZEMPLAR CAP 4MCG	2	B/D
ZEMPLAR INJ 2MCG/ML	3	B/D
ZEMPLAR INJ 5MCG/ML	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>blephamide oin s.o.p.</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOL 1%	2	
<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>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
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-polymyx-gramicid op sol 1.75-10000-0.25mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 100001 unit/ml-0.1%</i>		
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin sulfate ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	2	
ZYMAXID SOL 0.5%	3	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	2	
BROMDAY SOL 0.09%	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
FLUOROMETHOL SUS 0.1% OP	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
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	

Drug Name	Drug Tier	Requirements/Limits
MAXIDEX SUS 0.1% OP	3	
NEVANAC SUS 0.1%	2	
PRED MILD SUS 0.12% OP	2	
<i>prednisolone sodium phosphate ophth soln 2 1%</i>	2	
PREDNISOLONE SUS 1% OP	1	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	2	
<i>cromolyn sodium ophth soln 4%</i>	1	
PATADAY SOL 0.2%	2	
PATANOL SOL 0.1% OP	2	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
BRIMONIDINE SOL 0.15%	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	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 1 22.3-6.8 mg/ml</i>	1	
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
ISTALOL SOL 0.5% OP	2	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LEVOBUNOLOL SOL 0.25% OP	1	
LUMIGAN SOL 0.01%	2	
LUMIGAN SOL 0.03%	2	
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	3	
PILOCARPINE HCL OPHTH SOLN 1%	1	
PILOCARPINE HCL OPHTH SOLN 2%	1	
PILOCARPINE HCL OPHTH SOLN 4%	1	
PILOPINE HS GEL 4% OP	2	
TIMOLOL GEL SOL 0.5% OP	1	
TIMOLOL GEL SOL 0.25% OP	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	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>naphazoline sol 0.1% op</i>	1	
PROLENSA SOL 0.07%	2	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS EMU 0.05%	2	QL (64 ea / 30 days)
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT AER	3	QL (2 inhalers / 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	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA CAP HANDIHLR	2	QL (30 caps / 30 days)

ANTI-HISTAMINES

ASTEPRO SPR 0.15%	2	QL (2 inhalers / 30 days)
<i>azelastine hcl nasal spray 137 mcg/spray (11 mg/ml)</i>	1	QL (2 inhalers / 30 days)
<i>cetirizine hcl syrup 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>	1	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
PATANASE SPR 0.6%	2	

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 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 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	3	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	QL (30 tabs / 30 days)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	QL (30 packets / 30 days)
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<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
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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
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
CAYSTON INH 75MG	4	NM, LA, PA
DALIRESP TAB 500MCG	2	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	
GLASSIA INJ	4	NM, LA, PA
PROLASTIN-C INJ 1000MG	4	NM, LA, PA
PULMOZYME SOL 1MG/ML	4	B/D, NM
TOBI NEB 300/5ML	4	B/D, NM
XOLAIR SOL 150MG	4	QL (6 vials / 30 days), 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 inhalers / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 inhaler / 30 days)
NASONEX SPR 50MCG/AC	2	QL (2 inhalers / 30 days)
<i>triamcinolone acetate nasal inhal 55 mcg/act</i>	1	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
STEROID INHALANTS		
ASMANEX 14 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 30 days)
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)
PULMICORT SUS 1MG/2ML	3	B/D
QVAR AER 40MCG	2	QL (3 inhalers / 30 days)
QVAR AER 80MCG	2	QL (3 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)
DULERA AER 100-5MCG	2	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	2	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	
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
<i>theophylline tab 100mg cr</i>	1	
<i>theophylline tab 200mg cr</i>	1	
<i>theophylline tab 300mg er</i>	1	
<i>theophylline tab 450mg er</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	

Drug Name	Drug Tier	Requirements/Limits
<i>amnesteem cap 10mg</i>	1	
<i>amnesteem cap 20mg</i>	1	
<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>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>ery pad 2%</i>	1	
<i>erythromycin gel 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 40mg</i>	1	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC CRE 0.5%	3	
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
SOLARAZE GEL 3% W/W	3	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mafenide acetate packet for topical soln 5%1 (50 gm)</i>	1	
<i>mupirocin oint 2%</i>	1	
SILVER SULFA CRE 1%	1	
SSD CRE 1%	1	
SULFAMYLON CRE 85MG/GM	3	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
<i>pedi-dri pow 100000</i>	1	
DERMATOLOGY, ANTIPRURITIC		
<i>proctocream cre hc 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	
PRUDOXIN CRE 5%	1	
ZONALON CRE 5%	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	4	NM, PA
<i>acitretin cap 17.5 mg</i>	4	NM, PA
<i>acitretin cap 25 mg</i>	4	NM, 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	
OXSORALEN-UL CAP 10MG	4	NM
SORIATANE CAP 10MG	4	NM, PA
SORIATANE CAP 17.5MG	4	NM, PA
SORIATANE CAP 25MG	4	NM, PA
TAZORAC CRE 0.1%	3	
TAZORAC CRE 0.05%	3	
TAZORAC GEL 0.1%	3	
TAZORAC GEL 0.05%	3	
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	
ZOVIRAX CRE 5%	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala cort cre 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 oint 0.1%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 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	
<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 gel 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
DESONIDE CRE 0.05%	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
DESOXIMETAS OIN 0.05%	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	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 body</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>lokara lot 0.05%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>procto-pak cre 1%</i>	1	
<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 ptch / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D
LIDODERM DIS 5%	2	QL (3 ptch / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL 0.5%	3	
ELIDEL CRE 1%	3	PA
<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	NM
<i>podofilox soln 0.5%</i>	1	
PROTOPIC OIN 0.1%	3	PA
PROTOPIC OIN 0.03%	3	PA

Drug Name	Drug Tier	Requirements/Limits
TARGRETIN GEL 1%	4	NM, 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		
REGRANEX GEL 0.01%	4	NM, PA
SANTYL OIN 250/GM	3	
SODIUM CHLOR SOL 0.9% IRR	1	
STERIL WATER SOL IRRIG	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 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	

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<i>acetaminophen w/ codeine tab 300-15 mg</i>	1
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1
<i>acetazolamide cap sr 12hr 500 mg</i>	29
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<i>acetazolamide tab 250 mg</i>	29
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<i>acetylcysteine inhal soln 10%</i>	74
<i>acetylcysteine inhal soln 20%</i>	74
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<i>alendronate sodium tab 5 mg</i>	50	<i>amiodarone hcl tab 100 mg</i>	23
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<i>alprazolam tab 2 mg</i>	32	<i>10-20 mg</i>	20
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<i>amantadine hcl cap 100 mg</i>	39	<i>10-40 mg</i>	20
<i>amantadine hcl syrup 50 mg/5ml</i>	39	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl tab 100 mg</i>	39	<i>2.5-10 mg</i>	20
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<i>amcinonide lotion 0.1%</i>	78	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amcinonide oint 0.1%</i>	78	<i>5-20 mg</i>	20
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<i>mg/ml)</i>	5	<i>amnestem cap 20mg</i>	76
<i>amikacin sulfate inj 100 mg/2ml (50</i>		<i>amnestem cap 40mg</i>	76
<i>mg/ml)</i>	5	<i>amoxapine tab 100 mg</i>	37
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<i>amoxicillin & k clavulanate tab 250-125 mg</i>	5	<i>amphetamine-dextroamphetamine tab 5 mg</i>	44
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<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	6	<i>ampicillin & sulbactam sodium for inj 10-5 gm</i>	6
<i>amoxicillin (trihydrate) cap 250 mg</i>	6	<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	6
<i>amoxicillin (trihydrate) cap 500 mg</i>	6	<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	6
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<i>amoxicillin (trihydrate) chew tab 250 mg</i>	6	<i>ampicillin cap 500 mg</i>	6
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	6	<i>ampicillin for susp 125 mg/5ml</i>	6
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	6	<i>ampicillin for susp 250 mg/5ml</i>	6
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	6	<i>ampicillin sodium for inj 1 gm</i>	6
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<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	44	<i>ANDROGEL GEL 1%(25MG)</i>	48
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<i>amphetamine-dextroamphetamine tab 20 mg</i>	44	<i>ANDROGEL GEL 1.62%</i>	48
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<i>benztropine mesylate inj 1 mg/ml</i>	39	BONIVA INJ 3MG/3ML	50
<i>benztropine mesylate tab 0.5 mg</i>	39	BOOSTRIX INJ	67
<i>benztropine mesylate tab 1 mg</i>	39	BOSULIF TAB 100MG	17
<i>benztropine mesylate tab 2 mg</i>	39	BOSULIF TAB 500MG	17
BEPREVE DRO 1.5%	72	<i>briellyn tab</i>	51
BESIVANCE SUS 0.6%	71	BRILINTA TAB 90MG	64
<i>betamethasone dipropionate augmented</i>		BRIMONIDINE SOL 0.15%	72
<i>cream 0.05%</i>	78	<i>brimonidine tartrate ophth soln 0.2%</i> ..	72
<i>betamethasone dipropionate augmented</i>		BROMDAY SOL 0.09%	71
<i>gel 0.05%</i>	78	<i>bromocriptine mesylate cap 5 mg</i>	39
<i>betamethasone dipropionate augmented</i>		<i>bromocriptine mesylate tab 2.5 mg</i>	39
<i>lotion 0.05%</i>	78	<i>budeprion tab 100mg sr</i>	37
<i>betamethasone dipropionate augmented</i>		<i>budeprion tab 150mg sr</i>	37
<i>ointment 0.05%</i>	78	<i>budesonide cap sr 24hr 3 mg</i>	59
<i>betamethasone dipropionate cream</i>		<i>budesonide inhalation susp 0.25 mg/2ml</i>	
<i>0.05%</i>	78	.....	75
<i>betamethasone dipropionate lotion 0.05%</i>		<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	78	.....	75
<i>betamethasone dipropionate oint 0.05%</i>		<i>bumetanide inj 0.25 mg/ml</i>	29
.....	78	<i>bumetanide tab 0.5 mg</i>	29
<i>betamethasone valerate cream 0.1%</i> ..	78	<i>bumetanide tab 1 mg</i>	29
<i>betamethasone valerate lotion 0.1%</i> ...	78	<i>bumetanide tab 2 mg</i>	29
<i>betamethasone valerate oint 0.1%</i>	78	BUPHENYL TAB 500MG	53
BETASERON INJ 0.3MG	46	<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>betaxolol hcl ophth soln 0.5%</i>	72	<i>equiv)</i>	47
<i>bethanechol chloride tab 10 mg</i>	61	<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>bethanechol chloride tab 25 mg</i>	61	<i>equiv)</i>	47
<i>bethanechol chloride tab 5 mg</i>	61	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bethanechol chloride tab 50 mg</i>	61	<i>2-0.5 mg (base equiv)</i>	47
BETOPTIC-S SUS 0.25% OP	72	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>bicalutamide tab 50 mg</i>	16	<i>mg (base equiv)</i>	47
BICILLIN C-R INJ 1200000	6	<i>buproban tab 150mg</i>	47
BICILLIN C-R INJ 900/300	6	<i>bupropion hcl tab 100 mg</i>	37
BICILLIN L-A INJ 1200000	6	<i>bupropion hcl tab 75 mg</i>	37
BICILLIN L-A INJ 2400000	6	<i>bupropion hcl tab sr 12hr 100 mg</i>	37
BICILLIN L-A INJ 600000	6	<i>bupropion hcl tab sr 12hr 150 mg</i>	37
BICNU INJ 100MG	15	<i>bupropion hcl tab sr 12hr 200 mg</i>	37
BILTRICIDE TAB 600MG	14	<i>bupropion hcl tab sr 24hr 150 mg</i>	37

<i>bupropion hcl tab sr 24hr 300 mg</i>	37
<i>buspirone hcl tab 10 mg</i>	32
<i>buspirone hcl tab 15 mg</i>	32
<i>buspirone hcl tab 30 mg</i>	32
<i>buspirone hcl tab 5 mg</i>	32
<i>buspirone hcl tab 7.5 mg</i>	32
BUSULFEX INJ 6MG/ML.....	15
<i>butorphanol tartrate inj 1 mg/ml</i>	1
<i>butorphanol tartrate inj 2 mg/ml</i>	1
BYETTA INJ 10MCG	48
BYETTA INJ 5MCG.....	48
BYSTOLIC TAB 10MG.....	26
BYSTOLIC TAB 2.5MG.....	26
BYSTOLIC TAB 20MG.....	26
BYSTOLIC TAB 5MG	26

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<i>cabergoline tab 0.5 mg</i>	55
<i>cafegot tab 1-100mg</i>	45
<i>calcipotriene cream 0.005%</i>	77
<i>calcipotriene oint 0.005%</i>	77
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	77
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	50
<i>calcitriol cap 0.25 mcg</i>	70
<i>calcitriol cap 0.5 mcg</i>	70
<i>calcitriol inj 1 mcg/ml</i>	70
<i>calcitriol oral soln 1 mcg/ml</i>	70
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i>	56
<i>camila tab 0.35mg</i>	51
CAMPATH INJ 30MG/ML.....	16
CAMPRAL TAB 333MG.....	47
CANASA SUP 1000MG	59
CANCIDAS INJ 50MG.....	10
CANCIDAS INJ 70MG.....	10
CAPASTAT SUL INJ 1GM	12
CAPRELSA TAB 100MG	17
CAPRELSA TAB 300MG	17
<i>captopril & hydrochlorothiazide tab 25-15</i> <i>mg</i>	20
<i>captopril & hydrochlorothiazide tab 25-25</i> <i>mg</i>	20
<i>captopril & hydrochlorothiazide tab 50-15</i> <i>mg</i>	20
<i>captopril & hydrochlorothiazide tab 50-25</i> <i>mg</i>	20
<i>captopril tab 100 mg</i>	21

<i>captopril tab 12.5 mg</i>	21
<i>captopril tab 25 mg</i>	21
<i>captopril tab 50 mg</i>	21
CARAC CRE 0.5%.....	76
CARAFATE SUS 1GM/10ML	60
CARB/LEVO 50 TAB /ENTACAP	39
CARB/LEVO 75 TAB /ENTACAP	40
CARB/LEVO100 TAB /ENTACAP	39
CARB/LEVO125 TAB /ENTACAP	39
CARB/LEVO150 TAB /ENTACAP	39
CARB/LEVO200 TAB /ENTACAP	39
CARBAGLU TAB 200MG	53
<i>carbamazepine cap sr 12hr 100 mg</i>	32
<i>carbamazepine cap sr 12hr 200 mg</i>	32
<i>carbamazepine cap sr 12hr 300 mg</i>	32
<i>carbamazepine chew tab 100 mg</i>	32
<i>carbamazepine susp 100 mg/5ml</i>	32
<i>carbamazepine tab 200 mg</i>	32
<i>carbamazepine tab sr 12hr 200 mg</i>	32
<i>carbamazepine tab sr 12hr 400 mg</i>	32
<i>carbidopa & levodopa orally disintegrating</i> <i>tab 10-100 mg</i>	40
<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-100 mg</i>	40
<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-250 mg</i>	40
<i>carbidopa & levodopa tab 10-100 mg</i> .	40
<i>carbidopa & levodopa tab 25-100 mg</i> .	40
<i>carbidopa & levodopa tab 25-250 mg</i> .	40
<i>carbidopa & levodopa tab cr 25-100 mg</i>	40
<i>carbidopa & levodopa tab cr 50-200 mg</i>	40
<i>carboplatin iv soln 150 mg/15ml</i>	19
CARIMUNE NF INJ 3GM	65
<i>carteolol hcl ophth soln 1%</i>	72
<i>cartia xt cap 120/24hr</i>	27
<i>cartia xt cap 180/24hr</i>	27
<i>cartia xt cap 240/24hr</i>	27
<i>cartia xt cap 300/24hr</i>	27
<i>carvedilol tab 12.5 mg</i>	26
<i>carvedilol tab 25 mg</i>	26
<i>carvedilol tab 3.125 mg</i>	26
<i>carvedilol tab 6.25 mg</i>	26
CAYSTON INH 75MG.....	74
CEENU CAP 100MG.....	15
CEENU CAP 10MG	15
CEENU CAP 40MG	15

<i>cefaclor cap 250 mg</i>	6	<i>cefuroxime axetil tab 500 mg</i>	7
<i>cefaclor cap 500 mg</i>	6	<i>cefuroxime sodium for inj 1.5 gm</i>	7
<i>cefaclor for susp 125 mg/5ml</i>	6	<i>cefuroxime sodium for inj 7.5 gm</i>	7
<i>cefaclor for susp 250 mg/5ml</i>	6	<i>cefuroxime sodium for inj 750 mg</i>	7
<i>cefaclor for susp 375 mg/5ml</i>	6	CELEBREX CAP 100MG	4
<i>cefaclor monohydrate tab sr 12hr 500 mg</i>	6	CELEBREX CAP 200MG	4
<i>cefadroxil cap 500 mg</i>	6	CELEBREX CAP 400MG	4
<i>cefadroxil for susp 250 mg/5ml</i>	6	CELEBREX CAP 50MG	4
<i>cefadroxil for susp 500 mg/5ml</i>	7	CELLCEPT SUS 200MG/ML	66
<i>cefadroxil tab 1 gm</i>	7	CELONTIN CAP 300MG	32
<i>cefazolin in d5w inj 1 gm/50ml</i>	7	<i>cephalexin cap 250 mg</i>	7
<i>cefazolin sodium for inj 1 gm</i>	7	<i>cephalexin cap 500 mg</i>	7
<i>cefazolin sodium for inj 10 gm</i>	7	<i>cephalexin for susp 125 mg/5ml</i>	7
<i>cefazolin sodium for inj 500 mg</i>	7	<i>cephalexin for susp 250 mg/5ml</i>	7
<i>cefdinir cap 300 mg</i>	7	CEREZYME INJ 200UNIT	53
<i>cefdinir for susp 125 mg/5ml</i>	7	CERVARIX INJ	67
<i>cefdinir for susp 250 mg/5ml</i>	7	<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	73
<i>cefepime hcl for inj 1 gm</i>	7	<i>cevimeline hcl cap 30 mg</i>	80
<i>cefepime hcl for inj 2 gm</i>	7	CHANTIX PAK 0.5& 1MG	47
<i>cefotaxime sodium for inj 1 gm</i>	7	CHANTIX TAB 0.5MG	47
<i>cefotaxime sodium for inj 10 gm</i>	7	CHANTIX TAB 1MG	47
<i>cefotaxime sodium for inj 2 gm</i>	7	CHEMET CAP 100MG	50
<i>cefotaxime sodium for inj 500 mg</i>	7	<i>chlorhexidine gluconate soln 0.12%</i>	80
<i>cefoxitin sodium for inj 1 gm</i>	7	<i>chloroquine phosphate tab 250 mg</i>	10
<i>cefoxitin sodium for inj 10 gm</i>	7	<i>chloroquine phosphate tab 500 mg</i>	10
<i>cefoxitin sodium for inj 2 gm</i>	7	<i>chlorothiazide tab 250 mg</i>	29
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	7	<i>chlorothiazide tab 500 mg</i>	29
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	7	<i>chlorpromazine hcl inj 25 mg/ml</i>	41
<i>cefpodoxime proxetil tab 100 mg</i>	7	<i>chlorpromazine hcl tab 10 mg</i>	41
<i>cefpodoxime proxetil tab 200 mg</i>	7	<i>chlorpromazine hcl tab 100 mg</i>	41
<i>cefprozil for susp 125 mg/5ml</i>	7	<i>chlorpromazine hcl tab 200 mg</i>	41
<i>cefprozil for susp 250 mg/5ml</i>	7	<i>chlorpromazine hcl tab 25 mg</i>	41
<i>cefprozil tab 250 mg</i>	7	<i>chlorpromazine hcl tab 50 mg</i>	41
<i>cefprozil tab 500 mg</i>	7	<i>chlorthalidone tab 25 mg</i>	29
<i>ceftazidime for inj 1 gm</i>	7	<i>chlorthalidone tab 50 mg</i>	30
<i>ceftazidime for inj 2 gm</i>	7	<i>cholestyramine light powder packets 4 gm</i>	25
<i>ceftazidime for inj 6 gm</i>	7	<i>cholestyramine powder 4 gm/dose</i>	25
CEFTAZIDIME/ SOL D5W 1GM	7	<i>cholestyramine powder packets 4 gm</i> .	25
CEFTAZIDIME/ SOL D5W 2GM	7	<i>ciclopirox gel 0.77%</i>	77
<i>ceftriaxone sodium for inj 10 gm</i>	7	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	77
<i>ceftriaxone sodium for inj 250 mg</i>	7	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	77
<i>ceftriaxone sodium for inj 500 mg</i>	7	<i>ciclopirox shampoo 1%</i>	77
<i>ceftriaxone sodium for iv soln 1 gm</i>	7	<i>cilostazol tab 100 mg</i>	64
<i>ceftriaxone sodium for iv soln 2 gm</i>	7	<i>cilostazol tab 50 mg</i>	64
<i>cefuroxime axetil tab 250 mg</i>	7		

CILOXAN OIN 0.3% OP.....	71	<i>clindamycin phosphate soln 1%</i>	76
CIPRO (10%) SUS 500MG/5.....	8	<i>clindamycin phosphate swab 1%</i>	76
CIPRO (5%) SUS 250MG/5	7	<i>clindamycin phosphate vaginal cream 2%</i>	
CIPRODEX SUS 0.3-0.1%	80	.....	62
<i>ciprofloxacin 200 mg/100ml in d5w</i>	8	CLINIMIX E INJ 2.75/D10.....	68
<i>ciprofloxacin hcl ophth soln 0.3%</i>	71	CLINIMIX E INJ 2.75/D5W.....	68
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		CLINIMIX E INJ 4.25/D25.....	68
.....	8	CLINIMIX E INJ 4.25/D5W.....	68
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		CLINIMIX E INJ 5%/D15W.....	68
.....	8	CLINIMIX E INJ 5%/D20W.....	68
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		CLINIMIX E INJ 5%/D25W.....	68
.....	8	CLINIMIX INJ 2.75/D5W	68
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		CLINIMIX INJ 4.25/D10	68
.....	8	CLINIMIX INJ 4.25/D20	68
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	8	CLINIMIX INJ 4.25/D25	68
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>		CLINIMIX INJ 4.25/D5W	68
<i>1000 mg(base eq)</i>	8	CLINIMIX INJ 5%/D15W	68
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>		CLINIMIX INJ 5%/D20W	68
<i>500 mg (base eq)</i>	8	CLINIMIX INJ 5%/D25W	68
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	19	CLINISOL SF INJ 15%.....	69
<i>citalopram hydrobromide oral soln 10</i>		<i>clobetasol e cre 0.05%</i>	78
<i>mg/5ml</i>	37	<i>clobetasol propionate gel 0.05%</i>	78
<i>citalopram hydrobromide tab 10 mg (base</i>		<i>clobetasol propionate oint 0.05%</i>	78
<i>equiv)</i>	37	<i>clobetasol propionate soln 0.05%</i>	78
<i>citalopram hydrobromide tab 20 mg (base</i>		<i>clomipramine hcl cap 25 mg</i>	37
<i>equiv)</i>	37	<i>clomipramine hcl cap 50 mg</i>	37
<i>citalopram hydrobromide tab 40 mg (base</i>		<i>clomipramine hcl cap 75 mg</i>	37
<i>equiv)</i>	37	<i>clonazepam orally disintegrating tab</i>	
<i>cladribine inj 1 mg/ml</i>	19	<i>0.125 mg</i>	32
<i>claravis cap 10mg</i>	76	<i>clonazepam orally disintegrating tab 0.25</i>	
<i>claravis cap 20mg</i>	76	<i>mg</i>	32
<i>claravis cap 30mg</i>	76	<i>clonazepam orally disintegrating tab 0.5</i>	
<i>claravis cap 40mg</i>	76	<i>mg</i>	32
<i>clarithromycin for susp 125 mg/5ml</i>	8	<i>clonazepam orally disintegrating tab 1 mg</i>	
<i>clarithromycin for susp 250 mg/5ml</i>	8	.....	32
<i>clarithromycin tab 250 mg</i>	8	<i>clonazepam orally disintegrating tab 2 mg</i>	
<i>clarithromycin tab 500 mg</i>	8	.....	33
<i>clarithromycin tab sr 24hr 500 mg</i>	8	<i>clonazepam tab 0.5 mg</i>	33
CLEOCIN SUP 100MG	62	<i>clonazepam tab 1 mg</i>	33
<i>clindamycin hcl cap 150 mg</i>	14	<i>clonazepam tab 2 mg</i>	33
<i>clindamycin hcl cap 300 mg</i>	14	<i>clonidine hcl tab 0.1 mg</i>	22
<i>clindamycin hcl cap 75 mg</i>	14	<i>clonidine hcl tab 0.2 mg</i>	22
<i>clindamycin palmitate hcl for soln 75</i>		<i>clonidine hcl tab 0.3 mg</i>	22
<i>mg/5ml (base equiv)</i>	14	<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	
<i>clindamycin phosphate gel 1%</i>	76	.....	22
<i>clindamycin phosphate iv soln 600</i>		<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	
<i>mg/4ml</i>	14	.....	22
<i>clindamycin phosphate lotion 1%</i>	76	<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	

.....	22	COUMADIN TAB 6MG	62
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	64	COUMADIN TAB 7.5MG	62
<i>clorazepate dipotassium tab 15 mg</i>	33	CREON CAP 12000UNT.....	60
<i>clorazepate dipotassium tab 3.75 mg</i> ..	33	CREON CAP 24000UNT.....	60
<i>clorazepate dipotassium tab 7.5 mg</i>	33	CREON CAP 3000UNIT	60
<i>clotrimazole cream 1%</i>	77	CREON CAP 36000UNT.....	60
<i>clotrimazole soln 1%</i>	77	CREON CAP 6000UNIT	60
<i>clotrimazole troche 10 mg</i>	80	CRESTOR TAB 10MG.....	24
<i>clozapine tab 100 mg</i>	41	CRESTOR TAB 20MG.....	24
CLOZAPINE TAB 100/ODT	41	CRESTOR TAB 40MG.....	24
CLOZAPINE TAB 12.5/ODT	41	CRESTOR TAB 5MG	24
<i>clozapine tab 200 mg</i>	41	CRIXIVAN CAP 200MG	11
<i>clozapine tab 25 mg</i>	41	CRIXIVAN CAP 400MG	11
CLOZAPINE TAB 25MG ODT.....	41	<i>cromolyn sodium ophth soln 4%</i>	72
<i>clozapine tab 50 mg</i>	41	<i>cromolyn sodium oral conc 100 mg/5ml</i>	60
COARTEM TAB 20-120MG	10	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	74
<i>co-gesic tab 5-500mg</i>	1	<i>cryselle-28 tab 28 tabs</i>	51
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	CUBICIN SOL 500MG	14
COLCRYS TAB 0.6MG.....	1	CUVPOSA SOL 1MG/5ML	59
<i>colestipol hcl granules 5 gm</i>	25	<i>cyclafem tab 1/35</i>	51
<i>colestipol hcl tab 1 gm</i>	25	<i>cyclafem tab 7/7/7</i>	51
<i>colistimethate sodium for inj 150 mg</i> ...14		<i>cyclophosphamide tab 25 mg</i>	15
<i>colocort ene 100mg</i>	59	<i>cyclophosphamide tab 50 mg</i>	15
COMBIGAN SOL 0.2/0.5%.....	72	<i>cyclosporine cap 100 mg</i>	66
COMBIPATCH DIS .05/.14.....	53	<i>cyclosporine cap 25 mg</i>	66
COMBIPATCH DIS .05/.25	53	<i>cyclosporine iv soln 50 mg/ml</i>	66
COMBIVENT AER.....	73	<i>cyclosporine modified cap 100 mg</i>	66
COMBIVENT AER RESPIMAT	73	<i>cyclosporine modified cap 25 mg</i>	66
COMETRIQ KIT 100MG	17	<i>cyclosporine modified cap 50 mg</i>	66
COMETRIQ KIT 140MG	17	<i>cyclosporine modified oral soln 100 mg/ml</i>	66
COMETRIQ KIT 60MG	17	CYMBALTA CAP 20MG	37
COMPLERA TAB	11	CYMBALTA CAP 30MG	37
<i>compro sup 25mg</i>	58	CYMBALTA CAP 60MG	37
COMVAX INJ.....	67	CYSTADANE POW	53
CONDYLOX GEL 0.5%.....	79	CYSTAGON CAP 150MG.....	53
<i>constulose sol 10gm/15</i>	60	CYSTAGON CAP 50MG	53
COPAXONE KIT 20MG/ML.....	46	<i>cytarabine for inj 500 mg</i>	15
<i>cortisone acetate tab 25 mg</i>	54	<i>cytarabine inj 20 mg/ml</i>	15
COSMEGEN INJ 0.5MG.....	15	D	
COUMADIN TAB 10MG	62	D10W/NAACL INJ 0.2%	69
COUMADIN TAB 1MG.....	62	D10W/NAACL INJ 0.45%.....	69
COUMADIN TAB 2.5MG	62	D2.5W/NAACL INJ 0.45%.....	69
COUMADIN TAB 2MG.....	62	D5W/LR INJ.....	69
COUMADIN TAB 3MG.....	62	D5W/LYTES INJ #48.....	69
COUMADIN TAB 4MG.....	62	D5W/NAACL INJ 0.2%	69
COUMADIN TAB 5MG.....	62		

D5W/NACL INJ 0.225%	69	<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	54
D5W/NACL INJ 0.33%	69	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	71
D5W/NACL INJ 0.45%	69	<i>dexamethasone tab 0.5 mg</i>	54
D5W/NACL INJ 0.9%	69	<i>dexamethasone tab 0.75 mg</i>	54
<i>dacarbazine for inj 200 mg</i>	15	<i>dexamethasone tab 1 mg</i>	54
DALIRESP TAB 500MCG	74	<i>dexamethasone tab 1.5 mg</i>	54
<i>danazol cap 100 mg</i>	52	<i>dexamethasone tab 2 mg</i>	54
<i>danazol cap 200 mg</i>	53	<i>dexamethasone tab 4 mg</i>	54
<i>danazol cap 50 mg</i>	52	<i>dexamethasone tab 6 mg</i>	54
<i>dantrolene sodium cap 100 mg</i>	47	DEXILANT CAP 30MG DR.....	61
<i>dantrolene sodium cap 25 mg</i>	47	DEXILANT CAP 60MG DR.....	61
<i>dantrolene sodium cap 50 mg</i>	47	<i>dexrazoxane for inj 500 mg</i>	19
<i>dapsone tab 100 mg</i>	14	DEXTROSE INJ 10%	69
<i>dapsone tab 25 mg</i>	14	DEXTROSE INJ 5%	69
DAPTACEL INJ	67	<i>diazepam con 5mg/ml</i>	33
DARAPRIM TAB 25MG.....	10	DIAZEPAM GEL 10MG	33
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	15	DIAZEPAM GEL 2.5MG	33
DECAVAC INJ 5-2LF	67	DIAZEPAM GEL 20MG	33
DELZICOL CAP 400MG.....	59	<i>diazepam inj 5 mg/ml</i>	33
DENAVIR CRE 1%	77	<i>diazepam soln 1 mg/ml</i>	33
DEPO-PROVERA INJ 400/ML	16	<i>diazepam tab 10 mg</i>	33
<i>desipramine hcl tab 10 mg</i>	37	<i>diazepam tab 2 mg</i>	33
<i>desipramine hcl tab 100 mg</i>	37	<i>diazepam tab 5 mg</i>	33
<i>desipramine hcl tab 150 mg</i>	37	DIBENZYLINE CAP 10MG.....	30
<i>desipramine hcl tab 25 mg</i>	37	<i>diclofenac potassium tab 50 mg</i>	4
<i>desipramine hcl tab 50 mg</i>	37	<i>diclofenac sodium ophth soln 0.1%</i>	71
<i>desipramine hcl tab 75 mg</i>	37	<i>diclofenac sodium tab delayed release 25 mg</i>	4
<i>desmopressin acetate inj 4 mcg/ml</i>	57	<i>diclofenac sodium tab delayed release 50 mg</i>	4
<i>desmopressin acetate nasal spray soln 0.01%</i>	58	<i>diclofenac sodium tab delayed release 75 mg</i>	4
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	58	<i>diclofenac sodium tab sr 24hr 100 mg ..</i>	4
<i>desmopressin acetate tab 0.1 mg</i>	58	<i>dicloxacillin sodium cap 250 mg</i>	8
<i>desmopressin acetate tab 0.2 mg</i>	58	<i>dicloxacillin sodium cap 500 mg</i>	8
DESMOPRESSIN SOL 0.01%.....	58	<i>dicyclomine hcl cap 10 mg</i>	59
DESONIDE CRE 0.05%	78	<i>dicyclomine hcl oral soln 10 mg/5ml ...</i>	59
<i>desonide lotion 0.05%</i>	78	<i>dicyclomine hcl tab 20 mg</i>	59
<i>desonide oint 0.05%</i>	78	<i>didanosine delayed release capsule 125 mg</i>	11
DESOXIMETAS OIN 0.05%.....	78	<i>didanosine delayed release capsule 200 mg</i>	11
<i>desoximetasone cream 0.05%</i>	78	<i>didanosine delayed release capsule 250 mg</i>	11
<i>desoximetasone cream 0.25%</i>	78	<i>didanosine delayed release capsule 400 mg</i>	11
<i>desoximetasone gel 0.05%</i>	78		
<i>desoximetasone oint 0.25%</i>	78		
DETROL LA CAP 2MG.....	61		
DETROL LA CAP 4MG.....	61		
<i>dexamethason con 1mg/ml</i>	54		
<i>dexamethasone elixir 0.5 mg/5ml</i>	54		

DIFICID TAB 200MG.....	8	DIOVAN TAB 40MG.....	23
<i>diflorasone diacetate cream 0.05%</i>	78	DIOVAN TAB 80MG.....	23
<i>diflorasone diacetate oint 0.05%</i>	78	DIP/TET PED INJ 25-5LFU	67
<i>diflunisal tab 500 mg</i>	4	<i>diphenhydramine hcl inj 50 mg/ml</i>	73
<i>digoxin inj 0.25 mg/ml</i>	29	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
DIGOXIN SOL 50MCG/ML.....	29	<i>mg/5ml</i>	60
<i>digoxin tab 0.125 mg</i>	29	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>digoxin tab 0.25 mg</i>	29	<i>mg</i>	60
<i>dihydroergotamine mesylate inj 1 mg/ml</i>		<i>disopyramide phosphate cap 100 mg</i> ..	23
.....	45	<i>disopyramide phosphate cap 150 mg</i> ..	23
<i>dilantin cap 100mg</i>	33	<i>disulfiram tab 250 mg</i>	47
<i>dilantin cap 30mg</i>	33	<i>disulfiram tab 500 mg</i>	47
<i>dilantin chw 50mg</i>	33	DIURIL SUS 250/5ML.....	30
DILANTIN-125 SUS 125/5ML.....	33	<i>divalproex sodium cap sprinkle 125 mg</i>	
DILAUDID-5 LIQ 1MG/ML.....	2	.....	33
<i>dilt-cd cap 120mg</i>	27	<i>divalproex sodium tab delayed release</i>	
<i>dilt-cd cap 300mg</i>	27	<i>125 mg</i>	33
<i>diltiazem hcl cap sr 12hr 120 mg</i>	27	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl cap sr 12hr 60 mg</i>	27	<i>250 mg</i>	33
<i>diltiazem hcl cap sr 12hr 90 mg</i>	27	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl coated beads cap sr 24hr 120</i>		<i>500 mg</i>	33
<i>mg</i>	27	<i>divalproex sodium tab sr 24 hr 250 mg</i>	33
<i>diltiazem hcl coated beads cap sr 24hr 240</i>		<i>divalproex sodium tab sr 24 hr 500 mg</i>	33
<i>mg</i>	27	<i>docetaxel inj 140/7ml</i>	16
<i>diltiazem hcl coated beads cap sr 24hr 300</i>		DOCETAXEL INJ 80MG/4ML	16
<i>mg</i>	27	DOCETAXEL INJ 80MG/8ML	16
<i>diltiazem hcl coated beads cap sr 24hr 360</i>		<i>donepezil hydrochloride orally</i>	
<i>mg</i>	27	<i>disintegrating tab 10 mg</i>	36
<i>diltiazem hcl extended release beads cap</i>		<i>donepezil hydrochloride orally</i>	
<i>sr 24hr 180 mg</i>	27	<i>disintegrating tab 5 mg</i>	36
<i>diltiazem hcl extended release beads cap</i>		<i>donepezil hydrochloride tab 10 mg</i>	36
<i>sr 24hr 360 mg</i>	27	<i>donepezil hydrochloride tab 23 mg</i>	36
<i>diltiazem hcl extended release beads cap</i>		<i>donepezil hydrochloride tab 5 mg</i>	36
<i>sr 24hr 420 mg</i>	28	DORIBAX INJ 500MG	14
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		<i>dorzolamide hcl ophth soln 2%</i>	72
<i>mg/ml)</i>	28	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diltiazem hcl tab 120 mg</i>	28	<i>soln 22.3-6.8 mg/ml</i>	72
<i>diltiazem hcl tab 30 mg</i>	28	<i>doxazosin mesylate tab 1 mg</i>	22
<i>diltiazem hcl tab 60 mg</i>	28	<i>doxazosin mesylate tab 2 mg</i>	22
<i>diltiazem hcl tab 90 mg</i>	28	<i>doxazosin mesylate tab 4 mg</i>	22
<i>dilt-xr cap 180mg</i>	27	<i>doxazosin mesylate tab 8 mg</i>	22
<i>dilt-xr cap 240mg</i>	27	<i>doxepin hcl cap 10 mg</i>	37
<i>diltzac cap 120mg/24</i>	28	<i>doxepin hcl cap 100 mg</i>	37
<i>diltzac cap 180mg/24</i>	28	<i>doxepin hcl cap 150 mg</i>	37
<i>diltzac cap 240mg/24</i>	28	<i>doxepin hcl cap 25 mg</i>	37
<i>diltzac cap 300mg/24</i>	28	<i>doxepin hcl cap 50 mg</i>	37
DIOVAN TAB 160MG.....	23	<i>doxepin hcl cap 75 mg</i>	37
DIOVAN TAB 320MG.....	23	<i>doxepin hcl conc 10 mg/ml</i>	37

DOXIL INJ 2MG/ML	15	<i>emoquette tab</i>	51
<i>doxorubicin hcl inj 2 mg/ml</i>	15	EMSAM DIS 12MG/24H	37
<i>doxycycline hyclate cap 100 mg</i>	8	EMSAM DIS 6MG/24HR	37
<i>doxycycline hyclate cap 50 mg</i>	8	EMSAM DIS 9MG/24HR	37
<i>doxycycline hyclate for inj 100 mg</i>	8	EMTRIVA CAP 200MG.....	11
<i>doxycycline hyclate tab 100 mg</i>	8	EMTRIVA SOL 10MG/ML.....	11
<i>doxycycline hyclate tab 20 mg</i>	8	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>doxycycline monohydrate tab 150 mg</i> ..	8	<i>tab 10-25 mg</i>	20
<i>doxycycline monohydrate tab 50 mg</i>	8	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>doxycycline monohydrate tab 75 mg</i>	8	<i>tab 5-12.5 mg</i>	20
<i>dronabinol cap 10 mg</i>	58	<i>enalapril maleate tab 10 mg</i>	21
<i>dronabinol cap 2.5 mg</i>	58	<i>enalapril maleate tab 2.5 mg</i>	21
<i>dronabinol cap 5 mg</i>	58	<i>enalapril maleate tab 20 mg</i>	21
<i>drosiprenone-ethinyl estradiol tab 3-0.03</i>		<i>enalapril maleate tab 5 mg</i>	21
<i>mg</i>	51	ENBREL INJ 25/0.5ML.....	64
DROXIA CAP 200MG.....	19	ENBREL INJ 25MG	64
DROXIA CAP 300MG.....	19	ENBREL INJ 50MG/ML.....	64
DROXIA CAP 400MG.....	19	<i>endocet tab 10-325mg</i>	2
DULERA AER 100-5MCG.....	75	<i>endocet tab 10-650mg</i>	2
DULERA AER 200-5MCG.....	75	<i>endocet tab 5-325mg</i>	2
DURAMORPH INJ 0.5MG/ML	2	<i>endocet tab 7.5-325</i>	2
DURAMORPH INJ 1MG/ML	2	<i>endocet tab 7.5-500m</i>	2
DUREZOL EMU 0.05%	71	ENDODAN TAB.....	2
DYRENIUM CAP 100MG.....	30	ENGERIX-B INJ 10/0.5ML.....	67
DYRENIUM CAP 50MG.....	30	ENGERIX-B INJ 20MCG/ML.....	67
E		<i>enoxaparin sodium inj 100 mg/ml</i>	62
<i>e.e.s. 400 tab 400mg</i>	8	<i>enoxaparin sodium inj 120 mg/0.8ml</i> ..	62
E.E.S. GRAN SUS 200/5ML.....	8	<i>enoxaparin sodium inj 150 mg/ml</i>	62
<i>econazole nitrate cream 1%</i>	77	<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	62
EDECRIN TAB 25MG	30	<i>enoxaparin sodium inj 300 mg/3ml</i>	63
EDURANT TAB 25MG	11	<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	62
EFFIENT TAB 10MG	64	<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	62
EFFIENT TAB 5MG.....	64	<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	62
ELAPRASE INJ 6MG/3ML	53	<i>enpresse-28 tab</i>	51
ELELYSO INJ 200UNIT	53	<i>entacapone tab 200 mg</i>	40
ELIDEL CRE 1%	79	<i>enulose sol 10gm/15</i>	60
ELIQUIS TAB 2.5MG	62	EPIPEN 2-PAK INJ 0.3MG	74
ELIQUIS TAB 5MG.....	62	EPIPEN-JR INJ 2-PAK.....	74
ELITEK INJ 1.5MG.....	19	<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	
ELIXOPHYLLIN ELX 80/15ML	75	.....	15
ELLA TAB 30MG.....	51	<i>epitol tab 200mg</i>	33
ELMIRON CAP 100MG.....	61	EPIVIR HBV SOL 5MG/ML	13
ELSPAR INJ 10000UNT	19	EPIVIR HBV TAB 100MG.....	13
EMCYT CAP 140MG	15	EPIVIR SOL 10MG/ML	11
EMEND CAP 125MG.....	58	<i>eplerenone tab 25 mg</i>	22
EMEND CAP 40MG.....	58	<i>eplerenone tab 50 mg</i>	22
EMEND CAP 80MG.....	58	EPZICOM TAB 600-300	11
EMEND PAK 80 & 125.....	58	ERAXIS INJ 100MG.....	10

ERIVEDGE CAP 150MG	16
<i>errin tab 0.35mg</i>	51
<i>ery pad 2%</i>	76
ERYPED SUS 200/5ML	8
ERYPED SUS 400/5ML	8
<i>ery-tab tab 250mg ec</i>	8
<i>ery-tab tab 333mg ec</i>	8
<i>ery-tab tab 500mg ec</i>	8
<i>erythrocin tab 250mg</i>	8
<i>erythromycin ethylsuccinate tab 400 mg</i>	8
<i>erythromycin gel 2%</i>	76
<i>erythromycin ophth oint 5 mg/gm</i>	71
<i>erythromycin soln 2%</i>	76
<i>erythromycin tab 250 mg</i>	8
<i>erythromycin tab 500 mg</i>	8
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	37
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	38
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	38
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	38
<i>estradiol tab 0.5 mg</i>	53
<i>estradiol tab 1 mg</i>	53
<i>estradiol tab 2 mg</i>	53
<i>estradiol td patch weekly 0.025 mg/24hr</i>	53
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	53
<i>estradiol td patch weekly 0.05 mg/24hr</i>	53
<i>estradiol td patch weekly 0.06 mg/24hr</i>	53
<i>estradiol td patch weekly 0.075 mg/24hr</i>	53
<i>estradiol td patch weekly 0.1 mg/24hr</i>	53
<i>estradiol valerate im in oil 10 mg/ml</i> ...	54
<i>estradiol valerate im in oil 20 mg/ml</i> ...	54
<i>estradiol valerate im in oil 40 mg/ml</i> ...	54
<i>ethambutol hcl tab 100 mg</i>	12
<i>ethambutol hcl tab 400 mg</i>	12
<i>ethosuximide cap 250 mg</i>	33
<i>ethosuximide soln 250 mg/5ml</i>	33
<i>etodolac cap 200 mg</i>	4
<i>etodolac cap 300 mg</i>	4
<i>etodolac er tab 400mg</i>	4

<i>etodolac er tab 500mg</i>	4
<i>etodolac er tab 600mg</i>	4
<i>etodolac tab 400 mg</i>	4
<i>etodolac tab 500 mg</i>	4
<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	20
EURAX CRE 10%	80
EURAX LOT 10%	80
EVISTA TAB 60MG.....	56
EXALGO TAB 12MG.....	2
EXALGO TAB 16MG.....	2
EXALGO TAB 32MG.....	2
EXALGO TAB 8MG	2
EXELON DIS 13.3/24	36
EXELON DIS 4.6MG/24	36
EXELON DIS 9.5MG/24	36
EXELON SOL 2MG/ML	36
<i>exemestane tab 25 mg</i>	16
EXFORGE TAB 10-160MG	23
EXFORGE TAB 10-320MG	23
EXFORGE TAB 5-160MG	22
EXFORGE TAB 5-320MG	22
EXFORGEH/10- TAB 160-12.5.....	23
EXFORGEH/10- TAB 160-25.....	23
EXFORGEH/10- TAB 320-25.....	23
EXFORGEH/5- TAB 160-12.5.....	23
EXFORGEH/5- TAB 160-25	23
EXJADE TAB 125MG.....	50
EXJADE TAB 250MG.....	50
EXJADE TAB 500MG.....	51

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FABRAZYME INJ 35MG	53
<i>famciclovir tab 125 mg</i>	13
<i>famciclovir tab 250 mg</i>	13
<i>famciclovir tab 500 mg</i>	13
<i>famotidine for susp 40 mg/5ml</i>	59
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	59
<i>famotidine inj 10 mg/ml</i>	59
<i>famotidine tab 20 mg</i>	59
<i>famotidine tab 40 mg</i>	59
FANAPT PAK	41
FANAPT TAB 10MG	41
FANAPT TAB 12MG	41
FANAPT TAB 1MG	41
FANAPT TAB 2MG	41
FANAPT TAB 4MG	41
FANAPT TAB 6MG	41
FANAPT TAB 8MG	41

FARESTON TAB 60MG.....	16	<i>fluconazole tab 100 mg</i>	10
FASLODEX INJ 250MG	16	<i>fluconazole tab 150 mg</i>	10
FAZACLO TAB 100/ODT	41	<i>fluconazole tab 200 mg</i>	10
FAZACLO TAB 12.5/ODT	41	<i>fluconazole tab 50 mg</i>	10
FAZACLO TAB 150MG	41	<i>flucytosine cap 250 mg</i>	10
FAZACLO TAB 200MG	41	<i>flucytosine cap 500 mg</i>	10
FAZACLO TAB 25MG ODT.....	41	<i>fludarabine phosphate for inj 50 mg</i> ...	19
<i>felbamate susp 600 mg/5ml</i>	33	<i>fludarabine phosphate inj 25 mg/ml</i> ...	19
<i>felbamate tab 400 mg</i>	33	<i>fludrocortisone acetate tab 0.1 mg</i>	54
<i>felbamate tab 600 mg</i>	33	<i>flunisolide nasal soln 25 mcg/act</i>	
<i>felodipine tab sr 24hr 10 mg</i>	28	<i>(0.025%)</i>	74
<i>felodipine tab sr 24hr 2.5 mg</i>	28	<i>fluocin acet oil body</i>	78
<i>felodipine tab sr 24hr 5 mg</i>	28	<i>fluocinolone acetonide (otic) oil 0.01%</i>	80
<i>fenofibrate micronized cap 130 mg</i>	25	<i>fluocinolone acetonide cream 0.01%</i> ..	78
<i>fenofibrate micronized cap 134 mg</i>	25	<i>fluocinolone acetonide cream 0.025%</i> ..	78
<i>fenofibrate micronized cap 200 mg</i>	25	<i>fluocinolone acetonide oint 0.025%</i>	78
<i>fenofibrate micronized cap 43 mg</i>	25	<i>fluocinolone acetonide soln 0.01%</i>	78
<i>fenofibrate micronized cap 67 mg</i>	25	<i>fluocinonide emulsified base cream 0.05%</i>	
<i>fenofibrate tab 145 mg</i>	25	.....	78
<i>fenofibrate tab 160 mg</i>	25	<i>fluocinonide gel 0.05%</i>	78
<i>fenofibrate tab 48 mg</i>	25	<i>fluocinonide oint 0.05%</i>	78
<i>fenofibrate tab 54 mg</i>	25	<i>fluocinonide soln 0.05%</i>	78
<i>fentanyl citrate lollipop 1200 mcg</i>	2	FLUOROMETHOL SUS 0.1% OP	71
<i>fentanyl citrate lollipop 1600 mcg</i>	2	FLUOROPLEX CRE 1%.....	76
<i>fentanyl citrate lollipop 200 mcg</i>	2	<i>fluorouracil cream 5%</i>	76
<i>fentanyl citrate lollipop 400 mcg</i>	2	<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	
<i>fentanyl citrate lollipop 600 mcg</i>	2	.....	16
<i>fentanyl citrate lollipop 800 mcg</i>	2	<i>fluorouracil soln 2%</i>	76
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>fluorouracil soln 5%</i>	76
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>fluoxetine hcl cap 10 mg</i>	38
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fluoxetine hcl cap 20 mg</i>	38
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	<i>fluoxetine hcl cap 40 mg</i>	38
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	<i>fluoxetine hcl solution 20 mg/5ml</i>	38
<i>finasteride tab 5 mg</i>	61	<i>fluoxetine hcl tab 10 mg</i>	38
FLEBOGAMMA INJ 5%	65	<i>fluoxetine hcl tab 20 mg</i>	38
<i>flecainide acetate tab 100 mg</i>	24	<i>fluphenazine decanoate inj 25 mg/ml</i> .	41
<i>flecainide acetate tab 150 mg</i>	24	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	42
<i>flecainide acetate tab 50 mg</i>	24	<i>fluphenazine hcl inj 2.5 mg/ml</i>	42
FLOVENT DISK AER 100MCG	75	<i>fluphenazine hcl oral conc 5 mg/ml</i>	42
FLOVENT DISK AER 250MCG	75	<i>fluphenazine hcl tab 1 mg</i>	42
FLOVENT DISK AER 50MCG	75	<i>fluphenazine hcl tab 10 mg</i>	42
FLOVENT HFA AER 110MCG.....	75	<i>fluphenazine hcl tab 2.5 mg</i>	42
FLOVENT HFA AER 220MCG.....	75	<i>fluphenazine hcl tab 5 mg</i>	42
FLOVENT HFA AER 44MCG	75	<i>flurbiprofen sodium ophth soln 0.03%</i>	71
<i>fluconazole for susp 10 mg/ml</i>	10	<i>flurbiprofen tab 100 mg</i>	4
<i>fluconazole for susp 40 mg/ml</i>	10	<i>flurbiprofen tab 50 mg</i>	4
<i>fluconazole in dextrose inj 400 mg/200ml</i>		<i>flutamide cap 125 mg</i>	16
.....	10	<i>fluticasone propionate cream 0.05%</i> ...	78

<i>fluticasone propionate nasal susp 50 mcg/act</i>	74	<i>mg</i>	36
<i>fluticasone propionate oint 0.005%</i>	78	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	36
<i>fluvoxamine maleate tab 100 mg</i>	32	<i>galantamine hydrobromide tab 12 mg</i> ..	36
<i>fluvoxamine maleate tab 25 mg</i>	32	<i>galantamine hydrobromide tab 4 mg</i> ..	36
<i>fluvoxamine maleate tab 50 mg</i>	32	<i>galantamine hydrobromide tab 8 mg</i> ..	36
FML FORTE SUS 0.25% OP.....	71	GAMASTAN S/D INJ.....	65
FML OIN 0.1% OP	71	GAMMAGARD INJ 2.5GM/25	65
<i>fondaparinux sodium inj 10 mg/0.8ml</i> ..	63	GAMMAKED INJ 1GM/10ML.....	65
<i>fondaparinux sodium inj 2.5 mg/0.5ml</i> ..	63	GAMMAPLEX INJ 10GM.....	65
<i>fondaparinux sodium inj 5 mg/0.4ml</i> ...	63	GAMUNEX-C INJ 10GM/100	65
<i>fondaparinux sodium inj 7.5 mg/0.6ml</i> ..	63	GAMUNEX-C INJ 1GM/10ML.....	65
FORADIL CAP AEROLIZE	74	GAMUNEX-C INJ 20GM/200	65
FORTEO SOL 600/2.4	56	GAMUNEX-C INJ 5GM/50ML.....	65
FORTICAL SPR 200/ACT.....	50	<i>ganciclovir sodium for inj 500 mg</i>	13
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	20	GARDASIL INJ	67
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	20	<i>gauze pads 2" x 2"</i>	48
<i>fosinopril sodium tab 10 mg</i>	21	<i>gavilyte-c sol</i>	60
<i>fosinopril sodium tab 20 mg</i>	21	<i>gavilyte-g sol</i>	60
<i>fosinopril sodium tab 40 mg</i>	21	<i>gavilyte-n sol flav pk</i>	60
FOSRENOL CHW 1000MG.....	56	<i>gemcitabine hcl for inj 1 gm</i>	16
FOSRENOL CHW 500MG	56	<i>gemfibrozil tab 600 mg</i>	25
FOSRENOL CHW 750MG	56	<i>generlac sol 10gm/15</i>	60
FREAMINE III INJ 3%	69	<i>gengraf cap 100mg</i>	66
FREAMINE III INJ 8.5%	69	<i>gengraf cap 25mg</i>	66
<i>furosemide inj 10 mg/ml</i>	30	<i>gengraf sol 100mg/ml</i>	66
<i>furosemide oral soln 10 mg/ml</i>	30	<i>gentak oin 0.3% op</i>	71
<i>furosemide oral soln 8 mg/ml</i>	30	<i>gentamicin in saline inj 0.8 mg/ml</i>	8
<i>furosemide tab 20 mg</i>	30	<i>gentamicin in saline inj 0.9 mg/ml</i>	8
<i>furosemide tab 40 mg</i>	30	<i>gentamicin in saline inj 1 mg/ml</i>	8
<i>furosemide tab 80 mg</i>	30	<i>gentamicin in saline inj 1.2 mg/ml</i>	8
FUZEON KIT	11	<i>gentamicin in saline inj 1.4 mg/ml</i>	8
G		<i>gentamicin in saline inj 1.6 mg/ml</i>	8
<i>gabapentin cap 100 mg</i>	33	<i>gentamicin sulfate cream 0.1%</i>	76
<i>gabapentin cap 300 mg</i>	33	<i>gentamicin sulfate inj 40 mg/ml</i>	8
<i>gabapentin cap 400 mg</i>	33	<i>gentamicin sulfate iv soln 10 mg/ml</i>	8
<i>gabapentin oral soln 250 mg/5ml</i>	33	<i>gentamicin sulfate oint 0.1%</i>	76
<i>gabapentin tab 600 mg</i>	34	<i>gentamicin sulfate ophth soln 0.3%</i>	71
<i>gabapentin tab 800 mg</i>	34	GEODON INJ 20MG.....	42
GABITRIL TAB 12MG	34	GIANVI TAB 3-0.02MG.....	51
GABITRIL TAB 16MG	34	<i>gildagia tab 0.4-35</i>	51
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	36	GILENYA CAP 0.5MG.....	46
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	36	GLASSIA INJ.....	74
<i>galantamine hydrobromide cap sr 24hr 8</i>		GLEEVEC TAB 100MG	17
		GLEEVEC TAB 400MG	18
		<i>glimepiride tab 1 mg</i>	48
		<i>glimepiride tab 2 mg</i>	48
		<i>glimepiride tab 4 mg</i>	48

<i>glipizide tab 10 mg</i>	49	<i>haloperidol tab 20 mg</i>	42
<i>glipizide tab 5 mg</i>	48	<i>haloperidol tab 5 mg</i>	42
<i>glipizide tab sr 24hr 10 mg</i>	49	HAVRIX INJ 1440UNIT	67
<i>glipizide tab sr 24hr 2.5 mg</i>	49	HAVRIX INJ 720UNIT	67
<i>glipizide tab sr 24hr 5 mg</i>	49	HELIDAC MIS	60
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49	HEP SOD/D5W INJ 20000UNT	63
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49	HEP SOD/NAACL INJ 25000UNT	63
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	49	HEP SOD/NAACL INJ 2UNIT/ML	63
GLUCAGEN INJ HYPOKIT	55	HEPARIN SOD INJ 2000/ML	63
GLUCAGON KIT 1MG	55	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	63
<i>glyburide micronized tab 1.5 mg</i>	49	<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	63
<i>glyburide micronized tab 3 mg</i>	49	<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	63
<i>glyburide micronized tab 6 mg</i>	49	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	63
<i>glyburide tab 1.25 mg</i>	49	HEPATAMINE SOL 8%	69
<i>glyburide tab 2.5 mg</i>	49	<i>hepatasol inj 8%</i>	69
<i>glyburide tab 5 mg</i>	49	HEPSERA TAB 10MG	13
<i>glyburide-metformin tab 1.25-250 mg</i> ..	49	HERCEPTIN INJ 440MG	16
<i>glyburide-metformin tab 2.5-500 mg</i> ..	49	HEXALEN CAP 50MG	15
<i>glyburide-metformin tab 5-500 mg</i>	49	HIZENTRA INJ 1GM/5ML	65
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	59	HUMIRA KIT 20MG/0.4	65
<i>glycopyrrolate tab 1 mg</i>	59	HUMIRA KIT 40MG/0.8	65
<i>glycopyrrolate tab 2 mg</i>	59	HUMIRA PEN KIT 40MG/0.8	65
<i>granisetron hcl inj 0.1 mg/ml</i>	58	HUMIRA PEN KIT CROHNS	65
<i>granisetron hcl inj 1 mg/ml</i>	58	HUMULIN R INJ U-500	48
<i>granisetron hcl tab 1 mg</i>	58	<i>hydralazine hcl inj 20 mg/ml</i>	30
<i>griseofulvin microsize susp 125 mg/5ml</i>	10	<i>hydralazine hcl tab 10 mg</i>	30
<i>griseofulvin microsize tab 500 mg</i>	10	<i>hydralazine hcl tab 100 mg</i>	30
<i>griseofulvin ultramicrosize tab 125 mg</i> 10		<i>hydralazine hcl tab 25 mg</i>	30
<i>griseofulvin ultramicrosize tab 250 mg</i> 10		<i>hydralazine hcl tab 50 mg</i>	30
<i>guanfacine hcl tab 1 mg</i>	22	<i>hydrochlorothiazide cap 12.5 mg</i>	30
<i>guanfacine hcl tab 2 mg</i>	22	<i>hydrochlorothiazide tab 12.5 mg</i>	30
H		<i>hydrochlorothiazide tab 25 mg</i>	30
<i>halobetasol propionate cream 0.05%</i> ..	78	<i>hydrochlorothiazide tab 50 mg</i>	30
<i>halobetasol propionate oint 0.05%</i>	78	<i>hydrocodone-acetaminophen soln</i> <i>7.5-500 mg/15ml</i>	1
<i>haloperidol decanoate im soln 100 mg/ml</i>	42	<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	1
<i>haloperidol decanoate im soln 50 mg/ml</i>	42	<i>hydrocodone-acetaminophen tab 10-500</i> <i>mg</i>	1
<i>haloperidol lactate inj 5 mg/ml</i>	42	<i>hydrocodone-acetaminophen tab 10-650</i> <i>mg</i>	1
<i>haloperidol lactate oral conc 2 mg/ml</i> ..	42	<i>hydrocodone-acetaminophen tab 10-660</i> <i>mg</i>	1
<i>haloperidol tab 0.5 mg</i>	42	<i>hydrocodone-acetaminophen tab 10-750</i>	
<i>haloperidol tab 1 mg</i>	42		
<i>haloperidol tab 10 mg</i>	42		
<i>haloperidol tab 2 mg</i>	42		

<i>mg</i>	1
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i>	1
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1
<i>hydrocodone-acetaminophen tab 5-500 mg</i>	1
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i>	1
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i>	1
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i>	1
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1
<i>hydrocortisone butyrate cream 0.1%</i>	79
<i>hydrocortisone butyrate oint 0.1%</i>	79
<i>hydrocortisone butyrate soln 0.1%</i>	79
<i>hydrocortisone cream 1%</i>	79
<i>hydrocortisone cream 2.5%</i>	79
<i>hydrocortisone enema 100 mg/60ml</i> ...	59
<i>hydrocortisone lotion 2.5%</i>	79
<i>hydrocortisone oint 1%</i>	79
<i>hydrocortisone oint 2.5%</i>	79
<i>hydrocortisone tab 10 mg</i>	54
<i>hydrocortisone tab 20 mg</i>	54
<i>hydrocortisone tab 5 mg</i>	54
<i>hydrocortisone valerate cream 0.2%</i> ...	79
<i>hydrocortisone valerate oint 0.2%</i>	79
<i>hydromorphone hcl liqd 1 mg/ml</i>	2
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	2
<i>hydromorphone hcl tab 2 mg</i>	2
<i>hydromorphone hcl tab 4 mg</i>	2
<i>hydromorphone hcl tab 8 mg</i>	2
<i>hydroxychloroquine sulfate tab 200 mg</i>	65
<i>hydroxyurea cap 500 mg</i>	19
<i>hydroxyzine hcl im soln 25 mg/ml</i>	73
<i>hydroxyzine hcl im soln 50 mg/ml</i>	73

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<i>ibandronate sodium tab 150 mg (base equivalent)</i>	50
<i>ibuprofen susp 100 mg/5ml</i>	4
<i>ibuprofen tab 400 mg</i>	4
<i>ibuprofen tab 600 mg</i>	4
<i>ibuprofen tab 800 mg</i>	4

ICLUSIG TAB 15MG.....	18
ICLUSIG TAB 45MG.....	18
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	15
IFEX INJ 3GM.....	15
<i>ifosfamide for inj 1 gm</i>	15
ILEVRO DRO 0.3% OP.....	71
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	14
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	14
<i>imipramine hcl tab 10 mg</i>	38
<i>imipramine hcl tab 25 mg</i>	38
<i>imipramine hcl tab 50 mg</i>	38
<i>imiquimod cream 5%</i>	79
IMOVAX RABIE INJ 2.5/ML.....	67
INCIVEK TAB 375MG.....	13
INCRELEX INJ 40MG/4ML.....	55
<i>indapamide tab 1.25 mg</i>	30
<i>indapamide tab 2.5 mg</i>	30
INFANRIX INJ.....	67
INFERGEN INJ 15MCG.....	65
INLYTA TAB 1MG.....	18
INLYTA TAB 5MG.....	18
<i>insulin pen needle</i>	48
<i>insulin syringe</i>	48
INTELENCE TAB 100MG.....	11
INTELENCE TAB 200MG.....	11
INTELENCE TAB 25MG.....	11
INTRALIPID INJ 20%.....	69
INTRALIPID INJ 30%.....	69
INTRON-A INJ 10MU.....	65
INTRON-A INJ 10MU PEN.....	65
INTRON-A INJ 18MU.....	65
INTRON-A INJ 3MU PEN.....	65
INTRON-A INJ 5MU PEN.....	65
<i>introvale tab</i>	51
INTUNIV TAB 1MG.....	44
INTUNIV TAB 2MG.....	44
INTUNIV TAB 3MG.....	44
INTUNIV TAB 4MG.....	45
INVANZ INJ 1GM.....	14
INVEGA SUST INJ 117/0.75.....	42
INVEGA SUST INJ 156MG/ML.....	42
INVEGA SUST INJ 234/1.5.....	42
INVEGA SUST INJ 39/0.25.....	42
INVEGA SUST INJ 78/0.5ML.....	42
INVEGA TAB 1.5MG.....	42

INVEGA TAB 3MG	42	<i>isradipine cap 5 mg</i>	28
INVEGA TAB 6MG	42	ISTALOL SOL 0.5% OP.....	72
INVEGA TAB 9MG	42	ISTODAX INJ 10MG	16
INVIRASE CAP 200MG	11	<i>itraconazole cap 100 mg</i>	10
INVIRASE TAB 500MG	11	IXIARO INJ.....	67
IONOSOL-B/ INJ D5W	69	J	
IONOSOL-MB INJ /D5W	69	JAKAFI TAB 10MG	18
IPOL INJ INACTIVE.....	67	JAKAFI TAB 15MG	18
<i>ipratropium bromide inhal soln 0.02%</i> .73		JAKAFI TAB 20MG	18
<i>ipratropium bromide nasal soln 0.03% (21</i>		JAKAFI TAB 25MG	18
<i>mcg/spray)</i>	73	JAKAFI TAB 5MG	18
<i>ipratropium bromide nasal soln 0.06% (42</i>		JALYN CAP.....	61
<i>mcg/spray)</i>	73	<i>jantoven tab 10mg</i>	63
<i>ipratropium-albuterol nebu soln</i>		<i>jantoven tab 1mg</i>	63
<i>0.5-2.5(3) mg/3ml</i>	73	<i>jantoven tab 2.5mg</i>	63
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>		<i>jantoven tab 2mg</i>	63
.....	19	<i>jantoven tab 3mg</i>	63
ISENTRESS CHW 100MG.....	11	<i>jantoven tab 4mg</i>	63
ISENTRESS CHW 25MG	11	<i>jantoven tab 5mg</i>	63
ISENTRESS TAB 400MG.....	11	<i>jantoven tab 6mg</i>	63
ISOLYTE-H INJ /D5W	69	<i>jantoven tab 7.5mg</i>	63
<i>isolyte-m inj /d5w</i>	69	JANUMET TAB 50-1000	49
<i>isolyte-p inj /d5w</i>	69	JANUMET TAB 50-500MG	49
<i>isolyte-s inj</i>	69	JANUMET XR TAB 100-1000.....	49
<i>isolyte-s inj /d5w</i>	69	JANUMET XR TAB 50-1000	49
<i>isoniazid inj 100 mg/ml</i>	12	JANUMET XR TAB 50-500MG.....	49
<i>isoniazid syrup 50 mg/5ml</i>	12	JANUVIA TAB 100MG	49
<i>isoniazid tab 100 mg</i>	12	JANUVIA TAB 25MG.....	49
<i>isoniazid tab 300 mg</i>	12	JANUVIA TAB 50MG.....	49
ISOPTO CARP SOL 1% OP.....	72	JENTADUETO TAB 2.5-1000.....	49
ISOPTO CARP SOL 2% OP.....	72	JENTADUETO TAB 2.5-500	49
ISOPTO CARP SOL 4% OP.....	72	JENTADUETO TAB 2.5-850	49
<i>isosorbide dinitrate sl tab 2.5 mg</i>	31	<i>jinteli tab 1mg-5mcg</i>	53
<i>isosorbide dinitrate sl tab 5 mg</i>	31	JOLIVETTE TAB 0.35MG	51
<i>isosorbide dinitrate tab 10 mg</i>	31	<i>junel 1.5/30 tab</i>	51
<i>isosorbide dinitrate tab 20 mg</i>	31	<i>junel 1/20 tab</i>	51
<i>isosorbide dinitrate tab 30 mg</i>	31	<i>junel fe tab 1.5/30</i>	51
<i>isosorbide dinitrate tab 5 mg</i>	31	<i>junel fe tab 1/20</i>	51
<i>isosorbide dinitrate tab cr 40 mg</i>	31	JUVISYNC TAB 100-10MG	49
<i>isosorbide mononitrate tab 10 mg</i>	31	JUVISYNC TAB 100-20MG	49
<i>isosorbide mononitrate tab 20 mg</i>	31	JUVISYNC TAB 100-40MG	49
<i>isosorbide mononitrate tab sr 24hr 120</i>		JUVISYNC TAB 50-10MG	49
<i>mg</i>	31	JUVISYNC TAB 50-20MG	49
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>		JUVISYNC TAB 50-40MG	49
.....	31	K	
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>		KADCYLA INJ 100MG	16
.....	31	KADCYLA INJ 160MG	16
<i>isradipine cap 2.5 mg</i>	28	KADIAN CAP 100MG CR	3

KADIAN CAP 10MG CR.....	3
KADIAN CAP 130MG CR.....	3
KADIAN CAP 150MG CR.....	3
KADIAN CAP 200MG CR.....	3
KADIAN CAP 20MG CR.....	3
KADIAN CAP 30MG CR.....	3
KADIAN CAP 40MG CR.....	3
KADIAN CAP 50MG CR.....	3
KADIAN CAP 60MG CR.....	3
KADIAN CAP 70MG CR.....	3
KADIAN CAP 80MG CR.....	3
KALETRA SOL.....	11
KALETRA TAB 100-25MG	11
KALETRA TAB 200-50MG	11
<i>kariva tab 28 day</i>	51
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	69
KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ	69
KCL/D5W INJ 0.15%	69
KCL/D5W INJ 0.224%	69
KCL/D5W INJ 0.3%.....	69
KCL/D5W/NAACL INJ .075/.45.....	70
KCL/D5W/NAACL INJ .15/.33%	69
KCL/D5W/NAACL INJ .15/.45%	69
KCL/D5W/NAACL INJ .22/.45	70
KCL/D5W/NAACL INJ 0.15/0.2.....	69
KCL/D5W/NAACL INJ 0.15/0.9.....	69
KCL/D5W/NAACL INJ 0.3/0.45.....	69
KCL/D5W/NAACL INJ 0.3/0.9%	69
KCL/NAACL INJ 0.15-0.9	70
<i>kelnor tab 1/35</i>	51
<i>ketoconazole cream 2%</i>	77
<i>ketoconazole shampoo 2%</i>	77
<i>ketoconazole tab 200 mg</i>	10
<i>ketoprofen cap 50 mg</i>	4
<i>ketoprofen cap 75 mg</i>	5
<i>ketoprofen cap sr 24hr 200 mg</i>	5
<i>ketorolac tromethamine ophth soln 0.4%</i>	71
<i>ketorolac tromethamine ophth soln 0.5%</i>	71
<i>kionex pow usp</i>	51
KLOR-CON 10 TAB 10MEQ ER.....	68
KLOR-CON 8 TAB 8MEQ ER	68
KLOR-CON M15 TAB.....	68
<i>klor-con m20 tab 20meq er</i>	68
KUVAN TAB 100MG	53

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<i>labetalol hcl tab 100 mg</i>	26
<i>labetalol hcl tab 200 mg</i>	26
<i>labetalol hcl tab 300 mg</i>	26
<i>laclotion lot 12%</i>	79
LACTATED RIN INJ	70
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	79
<i>lactic acid (ammonium lactate) lotion 12%</i>	79
<i>lactulose solution 10 gm/15ml</i>	60
<i>lamivudine tab 150 mg</i>	11
<i>lamivudine tab 300 mg</i>	11
<i>lamivudine-zidovudine tab 150-300 mg</i>	11
<i>lamotrigine tab 100 mg</i>	34
<i>lamotrigine tab 150 mg</i>	34
<i>lamotrigine tab 200 mg</i>	34
<i>lamotrigine tab 25 mg</i>	34
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	34
<i>lamotrigine tab chewable dispersible 5 mg</i>	34
<i>lamotrigine tab sr 24hr 100 mg</i>	34
<i>lamotrigine tab sr 24hr 200 mg</i>	34
<i>lamotrigine tab sr 24hr 25 mg</i>	34
<i>lamotrigine tab sr 24hr 250 mg</i>	34
<i>lamotrigine tab sr 24hr 300 mg</i>	34
<i>lamotrigine tab sr 24hr 50 mg</i>	34
LANOXIN TAB 0.125MG.....	29
LANOXIN TAB 0.25MG	29
LANTUS INJ 100/ML	48
LANTUS INJ SOLOSTAR.....	48
<i>latanoprost ophth soln 0.005%</i>	72
LATUDA TAB 120MG	42
LATUDA TAB 20MG.....	42
LATUDA TAB 40MG.....	42
LATUDA TAB 60MG.....	42
LATUDA TAB 80MG.....	42
LAZANDA SPR 100MCG	3
LAZANDA SPR 400MCG	3
LEENA TAB	51
<i>leflunomide tab 10 mg</i>	65
<i>leflunomide tab 20 mg</i>	65
<i>lessina tab</i>	51
LETAIRIS TAB 10MG	31
LETAIRIS TAB 5MG.....	31
<i>letrozole tab 2.5 mg</i>	16

<i>leucovorin calcium for inj 100 mg</i>	19	LEVOTHROID TAB 137MCG.....	56
<i>leucovorin calcium for inj 350 mg</i>	19	LEVOTHROID TAB 150MCG.....	56
<i>leucovorin calcium tab 10 mg</i>	19	LEVOTHROID TAB 175MCG.....	56
<i>leucovorin calcium tab 15 mg</i>	20	LEVOTHROID TAB 200MCG.....	56
<i>leucovorin calcium tab 25 mg</i>	20	LEVOTHROID TAB 25MCG	56
<i>leucovorin calcium tab 5 mg</i>	19	LEVOTHROID TAB 300MCG.....	56
LEUKERAN TAB 2MG.....	15	LEVOTHROID TAB 50MCG	56
LEUKINE INJ 250MCG.....	64	LEVOTHROID TAB 75MCG	56
LEUKINE INJ 500 MCG.....	64	LEVOTHROID TAB 88MCG	56
<i>leuprolide acetate inj kit 5 mg/ml</i>	16	<i>levothyroxine sodium tab 100 mcg</i>	56
<i>levabuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	74	<i>levothyroxine sodium tab 112 mcg</i>	56
LEVEMIR INJ	48	<i>levothyroxine sodium tab 125 mcg</i>	56
LEVEMIR INJ FLEXPEN	48	<i>levothyroxine sodium tab 137 mcg</i>	56
<i>levetiracetam inj 500 mg/5ml (100</i> <i>mg/ml)</i>	34	<i>levothyroxine sodium tab 150 mcg</i>	56
<i>levetiracetam oral soln 100 mg/ml</i>	34	<i>levothyroxine sodium tab 175 mcg</i>	57
<i>levetiracetam tab 1000 mg</i>	34	<i>levothyroxine sodium tab 200 mcg</i>	57
<i>levetiracetam tab 250 mg</i>	34	<i>levothyroxine sodium tab 25 mcg</i>	56
<i>levetiracetam tab 500 mg</i>	34	<i>levothyroxine sodium tab 300 mcg</i>	57
<i>levetiracetam tab 750 mg</i>	34	<i>levothyroxine sodium tab 50 mcg</i>	56
<i>levetiracetam tab sr 24hr 500 mg</i>	34	<i>levothyroxine sodium tab 75 mcg</i>	56
<i>levetiracetam tab sr 24hr 750 mg</i>	34	<i>levothyroxine sodium tab 88 mcg</i>	56
<i>levobunolol hcl ophth soln 0.5%</i>	72	LEVOXYL TAB 100MCG.....	57
LEVOBUNOLOL SOL 0.25% OP.....	72	LEVOXYL TAB 112MCG.....	57
<i>levocarnitine inj 200 mg/ml</i>	53	LEVOXYL TAB 125MCG.....	57
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	53	LEVOXYL TAB 137MCG.....	57
<i>levocarnitine tab 330 mg</i>	53	LEVOXYL TAB 150MCG.....	57
<i>levocetirizine dihydrochloride soln 2.5</i> <i>mg/5ml (0.5 mg/ml)</i>	73	LEVOXYL TAB 175MCG.....	57
<i>levocetirizine dihydrochloride tab 5 mg</i>	73	LEVOXYL TAB 200MCG.....	57
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	9	LEVOXYL TAB 25MCG.....	57
<i>levofloxacin iv soln 25 mg/ml</i>	9	LEVOXYL TAB 50MCG.....	57
<i>levofloxacin oral soln 25 mg/ml</i>	9	LEVOXYL TAB 75MCG.....	57
<i>levofloxacin tab 250 mg</i>	9	LEVOXYL TAB 88MCG.....	57
<i>levofloxacin tab 500 mg</i>	9	LEXIVA SUS 50MG/ML	11
<i>levofloxacin tab 750 mg</i>	9	LEXIVA TAB 700MG	11
<i>levonest tab</i>	51	LIALDA TAB 1.2GM.....	59
<i>levonorgestrel & ethinyl estradiol</i> <i>(91-day) tab 0.15-0.03 mg</i>	51	<i>lidocaine hcl gel 2%</i>	79
<i>levonorgestrel tab 0.75 mg</i>	51	<i>lidocaine hcl local preservative free (pf) inj</i> <i>0.5%</i>	5
<i>levonorgestrel tab 1.5 mg</i>	51	<i>lidocaine hcl local preservative free (pf) inj</i> <i>1%</i>	5
<i>levora-28 tab 0.15/30</i>	51	<i>lidocaine hcl soln 4%</i>	79
LEVOTHROID TAB 100MCG	56	<i>lidocaine hcl viscous soln 2%</i>	80
LEVOTHROID TAB 112MCG	56	<i>lidocaine oint 5%</i>	79
LEVOTHROID TAB 125MCG	56	<i>lidocaine patch 5%</i>	79
		<i>lidocaine-prilocaine cream 2.5-2.5%...</i>	79
		LIDODERM DIS 5%	79
		<i>liothyronine sodium tab 25 mcg</i>	57
		<i>liothyronine sodium tab 5 mcg</i>	57

<i>liothyronine sodium tab 50 mcg</i>	57	<i>low-ogestrel tab</i>	51
<i>lisinopril & hydrochlorothiazide tab</i>		<i>loxapine succinate cap 10 mg</i>	42
<i>10-12.5 mg</i>	21	<i>loxapine succinate cap 25 mg</i>	42
<i>lisinopril & hydrochlorothiazide tab</i>		<i>loxapine succinate cap 5 mg</i>	42
<i>20-12.5 mg</i>	21	<i>loxapine succinate cap 50 mg</i>	42
<i>lisinopril & hydrochlorothiazide tab 20-25</i>		LUMIGAN SOL 0.01%.....	72
<i>mg</i>	21	LUMIGAN SOL 0.03%.....	72
<i>lisinopril tab 10 mg</i>	21	LUMIZYME INJ 50MG.....	53
<i>lisinopril tab 2.5 mg</i>	21	LUNESTA TAB 1MG.....	45
<i>lisinopril tab 20 mg</i>	21	LUNESTA TAB 2MG.....	45
<i>lisinopril tab 30 mg</i>	21	LUNESTA TAB 3MG.....	45
<i>lisinopril tab 40 mg</i>	21	LUPR DEP-PED INJ 11.25MG.....	17
<i>lisinopril tab 5 mg</i>	21	LUPR DEP-PED INJ 15MG.....	17
<i>lithium carbonate cap 150 mg</i>	46	LUPRON DEPOT INJ 3.75MG.....	17
<i>lithium carbonate cap 300 mg</i>	46	<i>lutura tab</i>	51
<i>lithium carbonate cap 600 mg</i>	46	LYRICA CAP 100MG.....	34
<i>lithium carbonate tab 300 mg</i>	46	LYRICA CAP 150MG.....	34
<i>lithium carbonate tab cr 300 mg</i>	46	LYRICA CAP 200MG.....	34
<i>lithium carbonate tab cr 450 mg</i>	46	LYRICA CAP 225MG.....	34
LITHIUM CITR SOL 8MEQ/5ML.....	46	LYRICA CAP 25MG.....	34
LODOSYN TAB 25MG.....	40	LYRICA CAP 300MG.....	34
<i>lokara lot 0.05%</i>	79	LYRICA CAP 50MG.....	34
<i>loperamide hcl cap 2 mg</i>	60	LYRICA CAP 75MG.....	34
<i>lorazepam con 2mg/ml</i>	32	LYRICA SOL 20MG/ML.....	34
<i>lorazepam inj 2 mg/ml</i>	32	LYSODREN TAB 500MG.....	17
<i>lorazepam inj 4 mg/ml</i>	32	<i>lyza tab 0.35mg</i>	51
<i>lorazepam tab 0.5 mg</i>	32	M	
<i>lorazepam tab 1 mg</i>	32	MACRODANTIN CAP 25MG.....	14
<i>lorazepam tab 2 mg</i>	32	<i>mafenide acetate packet for topical soln</i>	
<i>loryna tab 3-0.02mg</i>	51	<i>5% (50 gm)</i>	76
<i>losartan potassium & hydrochlorothiazide</i>		MAGNESIUM SU INJ 40MG/ML.....	68
<i>tab 100-12.5 mg</i>	23	MAGNESIUM SU INJ 80MG/ML.....	68
<i>losartan potassium & hydrochlorothiazide</i>		<i>magnesium sulfate inj 50%</i>	68
<i>tab 100-25 mg</i>	23	<i>malathion lotion 0.5%</i>	80
<i>losartan potassium & hydrochlorothiazide</i>		<i>maprotiline hcl tab 25 mg</i>	38
<i>tab 50-12.5 mg</i>	23	<i>maprotiline hcl tab 50 mg</i>	38
<i>losartan potassium tab 100 mg</i>	23	<i>maprotiline hcl tab 75 mg</i>	38
<i>losartan potassium tab 25 mg</i>	23	<i>marlissa tab 0.15/30</i>	51
<i>losartan potassium tab 50 mg</i>	23	MARPLAN TAB 10MG.....	38
LOTEMAX GEL 0.5%.....	71	MATULANE CAP 50MG.....	19
LOTEMAX OIN 0.5%.....	71	<i>matzim la tab 180mg/24</i>	28
LOTEMAX SUS 0.5%.....	71	<i>matzim la tab 240mg/24</i>	28
LOTRONEX TAB 0.5MG.....	60	<i>matzim la tab 300mg/24</i>	28
LOTRONEX TAB 1MG.....	60	<i>matzim la tab 360mg/24</i>	28
<i>lovastatin tab 10 mg</i>	25	<i>matzim la tab 420mg/24</i>	28
<i>lovastatin tab 20 mg</i>	25	MAXIDEX SUS 0.1% OP.....	72
<i>lovastatin tab 40 mg</i>	25	<i>meclizine hcl tab 12.5 mg</i>	58
LOVAZA CAP 1GM.....	25	<i>meclizine hcl tab 25 mg</i>	58

<i>medroxyprogesterone acetate im susp</i>		<i>methadose tab 10mg</i>	3
<i>150 mg/ml</i>	51	<i>methazolamide tab 25 mg</i>	30
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>methazolamide tab 50 mg</i>	30
.....	56	<i>methenamine hippurate tab 1 gm</i>	14
<i>medroxyprogesterone acetate tab 2.5 mg</i>		<i>methimazole tab 10 mg</i>	57
.....	56	<i>methimazole tab 5 mg</i>	57
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>methotrexate sodium for inj 1 gm</i>	16
.....	56	<i>methotrexate sodium inj 25 mg/ml</i>	16
<i>mefloquine hcl tab 250 mg</i>	10	<i>methotrexate sodium inj pf 25 mg/ml</i> .	16
MEGACE ES SUS 625/5ML.....	17	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>megestrol acetate susp 40 mg/ml</i>	17	<i>equiv)</i>	65
<i>megestrol acetate tab 20 mg</i>	17	<i>methyclothiazide tab 5 mg</i>	30
<i>megestrol acetate tab 40 mg</i>	17	<i>methylergonovine maleate tab 0.2 mg</i>	55
MEKINIST TAB 0.5MG.....	18	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	45
MEKINIST TAB 2MG	18	<i>methylphenidate hcl soln 5 mg/5ml</i>	45
MELOXICAM SUS 7.5/5ML.....	5	<i>methylphenidate hcl tab 10 mg</i>	45
<i>meloxicam tab 15 mg</i>	5	<i>methylphenidate hcl tab 20 mg</i>	45
<i>meloxicam tab 7.5 mg</i>	5	<i>methylphenidate hcl tab 5 mg</i>	45
<i>melphalan hcl for inj 50 mg (base equiv)</i>		<i>methylphenidate hcl tab cr 20 mg</i>	45
.....	15	<i>methylprednisolone acetate inj susp 40</i>	
MENACTRA INJ	67	<i>mg/ml</i>	54
MENEST TAB 0.3MG	54	<i>methylprednisolone acetate inj susp 80</i>	
MENEST TAB 0.625MG.....	54	<i>mg/ml</i>	54
MENEST TAB 1.25MG	54	<i>methylprednisolone sodium succinate for</i>	
MENEST TAB 2.5MG	54	<i>inj 1000 mg</i>	54
MENHIBRIX INJ	67	<i>methylprednisolone sodium succinate for</i>	
MENOMUNE INJ A/C/Y/W	67	<i>inj 125 mg</i>	54
MENVEO INJ.....	67	<i>methylprednisolone sodium succinate for</i>	
MEPRON SUS	14	<i>inj 40 mg</i>	54
<i>mercaptopurine tab 50 mg</i>	16	<i>methylprednisolone tab 16 mg</i>	54
<i>meropenem iv for soln 500 mg</i>	14	<i>methylprednisolone tab 32 mg</i>	54
<i>mesalamine rectal enema 4 gm & cleanser</i>		<i>methylprednisolone tab 4 mg</i>	54
<i>wipe kit</i>	59	<i>methylprednisolone tab 4 mg dose pack</i>	
<i>mesna inj 100 mg/ml</i>	20	.....	54
MESNEX TAB 400MG	20	<i>methylprednisolone tab 8 mg</i>	54
MESTINON SYP 60MG/5ML.....	46	<i>metipranolol ophth soln 0.3%</i>	72
MESTINON TAB TIMESPAN	46	<i>metoclopramide hcl inj 5 mg/ml</i>	58
<i>metadate tab 20mg er</i>	45	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>metformin hcl tab 1000 mg</i>	49	<i>mg/10ml)</i>	58
<i>metformin hcl tab 500 mg</i>	49	<i>metoclopramide hcl tab 10 mg</i>	58
<i>metformin hcl tab 850 mg</i>	49	<i>metoclopramide hcl tab 5 mg</i>	58
<i>metformin hcl tab sr 24hr 500 mg</i>	49	<i>metolazone tab 10 mg</i>	30
<i>metformin hcl tab sr 24hr 750 mg</i>	49	<i>metolazone tab 2.5 mg</i>	30
<i>methadone hcl conc 10 mg/ml</i>	3	<i>metolazone tab 5 mg</i>	30
<i>methadone hcl soln 10 mg/5ml</i>	3	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>methadone hcl soln 5 mg/5ml</i>	3	<i>100-25 mg</i>	26
<i>methadone hcl tab 10 mg</i>	3	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>methadone hcl tab 5 mg</i>	3	<i>100-50 mg</i>	26

<i>metoprolol & hydrochlorothiazide tab</i>	<i>mg</i>	38
<i>50-25 mg</i>	<i>mirtazapine tab 15 mg</i>	38
<i>metoprolol succinate tab sr 24hr 100 mg</i>	<i>mirtazapine tab 30 mg</i>	38
.....	<i>mirtazapine tab 45 mg</i>	38
<i>metoprolol succinate tab sr 24hr 200 mg</i>	<i>mirtazapine tab 7.5 mg</i>	38
.....	<i>misoprostol tab 100 mcg</i>	60
<i>metoprolol succinate tab sr 24hr 25 mg</i>	<i>misoprostol tab 200 mcg</i>	60
.....	<i>mitomycin for inj 20 mg</i>	15
<i>metoprolol succinate tab sr 24hr 50 mg</i>	<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>	
.....	<i>(2 mg/ml)</i>	19
<i>metoprolol tartrate inj 1 mg/ml</i>	<i>M-M-R II INJ LIVE</i>	67
<i>metoprolol tartrate tab 100 mg</i>	<i>modafinil tab 100 mg</i>	47
<i>metoprolol tartrate tab 25 mg</i>	<i>modafinil tab 200 mg</i>	47
<i>metoprolol tartrate tab 50 mg</i>	<i>moexipril hcl tab 15 mg</i>	21
<i>metronidazole cap 375 mg</i>	<i>moexipril hcl tab 7.5 mg</i>	21
<i>metronidazole cream 0.75%</i>	<i>moexipril-hydrochlorothiazide tab</i>	
<i>metronidazole gel 0.75%</i>	<i>15-12.5 mg</i>	21
<i>metronidazole in nacl 0.79% iv soln 500</i>	<i>moexipril-hydrochlorothiazide tab 15-25</i>	
<i>mg/100ml</i>	<i>mg</i>	21
<i>metronidazole lotion 0.75%</i>	<i>moexipril-hydrochlorothiazide tab</i>	
<i>metronidazole tab 250 mg</i>	<i>7.5-12.5 mg</i>	21
<i>metronidazole tab 500 mg</i>	<i>mometasone furoate cream 0.1%</i>	79
<i>metronidazole vaginal gel 0.75%</i>	<i>mometasone furoate oint 0.1%</i>	79
<i>mexiletine hcl cap 150 mg</i>	<i>mometasone furoate solution 0.1%</i>	
<i>mexiletine hcl cap 200 mg</i>	<i>(lotion)</i>	79
<i>mexiletine hcl cap 250 mg</i>	<i>MONONESSA TAB</i>	52
<i>MG SO4/D5W INJ 10MG/ML</i>	<i>montelukast sodium chew tab 4 mg (base</i>	
<i>microgestin tab 1.5/30</i>	<i>equiv)</i>	74
<i>microgestin tab 1/20</i>	<i>montelukast sodium chew tab 5 mg (base</i>	
<i>microgestin tab fe 1/20</i>	<i>equiv)</i>	74
<i>microgestin tab fe1.5/30</i>	<i>montelukast sodium oral granules packet</i>	
<i>midodrine hcl tab 10 mg</i>	<i>4 mg (base equiv)</i>	74
<i>midodrine hcl tab 2.5 mg</i>	<i>montelukast sodium tab 10 mg (base</i>	
<i>midodrine hcl tab 5 mg</i>	<i>equiv)</i>	74
<i>minitran dis 0.1mg/hr</i>	<i>MORPHINE SUL INJ 10MG/ML</i>	3
<i>minitran dis 0.2mg/hr</i>	<i>MORPHINE SUL INJ 15MG/ML</i>	3
<i>minitran dis 0.4mg/hr</i>	<i>MORPHINE SUL INJ 4MG/ML</i>	3
<i>minitran dis 0.6mg/hr</i>	<i>MORPHINE SUL INJ 8MG/ML</i>	3
<i>minocycline hcl cap 100 mg</i>	<i>MORPHINE SUL SOL 10MG/5ML</i>	3
<i>minocycline hcl cap 50 mg</i>	<i>MORPHINE SUL SOL 20MG/5ML</i>	3
<i>minocycline hcl cap 75 mg</i>	<i>MORPHINE SUL SOL 20MG/ML</i>	3
<i>minoxidil tab 10 mg</i>	<i>MORPHINE SUL TAB 15MG</i>	3
<i>minoxidil tab 2.5 mg</i>	<i>MORPHINE SUL TAB 30MG</i>	3
<i>mirtazapine orally disintegrating tab 15</i>	<i>morphine sulfat inj pf 0.5 mg/ml</i>	3
<i>mg</i>	<i>morphine sulfat inj pf 1 mg/ml</i>	3
<i>mirtazapine orally disintegrating tab 30</i>	<i>morphine sulfat tab cr 100 mg</i>	3
<i>mg</i>	<i>morphine sulfat tab cr 15 mg</i>	3
<i>mirtazapine orally disintegrating tab 45</i>	<i>morphine sulfat tab cr 200 mg</i>	3

<i>morphine sulfate tab cr 30 mg</i>	3	.....	45
<i>morphine sulfate tab cr 60 mg</i>	3	NASONEX SPR 50MCG/AC	74
MOVIPREP SOL	60	NATACYN SUS 5% OP.....	71
MOXEZA SOL 0.5%	71	<i>nateglinide tab 120 mg</i>	50
MOZOBIL INJ	64	<i>nateglinide tab 60 mg</i>	50
MULTAQ TAB 400MG	24	NEBUPENT INH 300MG	14
<i>mupirocin oint 2%</i>	76	<i>necon tab 0.5/35</i>	52
MUSTARGEN INJ 10MG.....	15	<i>necon tab 1/35</i>	52
<i>my way tab 1.5mg</i>	52	NECON TAB 10/11-28.....	52
MYCAMINE INJ 100MG.....	10	NECON TAB 7/7/7	52
MYCAMINE INJ 50MG	10	<i>nefazodone hcl tab 100 mg</i>	38
MYCOBUTIN CAP 150MG.....	12	<i>nefazodone hcl tab 150 mg</i>	38
<i>mycophenolate mofetil cap 250 mg</i>	66	<i>nefazodone hcl tab 200 mg</i>	38
<i>mycophenolate mofetil tab 500 mg</i>	66	<i>nefazodone hcl tab 250 mg</i>	38
MYFORTIC TAB 180MG	66	<i>nefazodone hcl tab 50 mg</i>	38
MYFORTIC TAB 360MG	66	<i>neomycin sulfate tab 500 mg</i>	9
<i>myorisan cap 10mg</i>	76	<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	71
<i>myorisan cap 20mg</i>	76	<i>neomycin-polymyx-gramicid op sol</i> <i>1.75-10000-0.25mg-unt-mg/ml</i>	71
<i>myorisan cap 40mg</i>	76	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	70
MYOZYME INJ 50MG.....	53	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	70
<i>myzilra tab</i>	52	<i>neomycin-polymyxin-hc ophth susp</i>	70
N		<i>neomycin-polymyxin-hc otic soln 1%</i> ..	80
<i>nabumetone tab 500 mg</i>	5	<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	80
<i>nabumetone tab 750 mg</i>	5	NEORAL CAP 100MG.....	66
<i>nadolol tab 20 mg</i>	26	NEORAL CAP 25MG.....	66
<i>nadolol tab 40 mg</i>	26	NEORAL SOL 100MG/ML.....	66
<i>nadolol tab 80 mg</i>	26	NEPHRAMINE INJ 5.4%	69
<i>nafcillin sodium for inj 1 gm</i>	9	NEUMEGA INJ 5MG.....	64
<i>nafcillin sodium for inj 10 gm</i>	9	NEUPOGEN INJ 300/0.5	64
NAGLAZYME INJ 1MG/ML	53	NEUPOGEN INJ 480/0.8	64
<i>naloxone hcl inj 0.4 mg/ml</i>	47	NEUPOGEN INJ 480MCG.....	64
<i>naloxone hcl inj 1 mg/ml</i>	47	NEUPRO DIS 1MG/24HR.....	40
<i>naltrexone hcl tab 50 mg</i>	47	NEUPRO DIS 2MG/24HR.....	40
NAMENDA SOL 10MG/5ML	36	NEUPRO DIS 3MG/24HR.....	40
NAMENDA TAB 10MG	36	NEUPRO DIS 4MG/24HR.....	40
NAMENDA TAB 5-10MG	36	NEUPRO DIS 6MG/24HR.....	40
NAMENDA TAB 5MG	36	NEUPRO DIS 8MG/24HR.....	40
<i>naphazoline sol 0.1% op</i>	73	NEVANAC SUS 0.1%.....	72
<i>naproxen dr tab 375mg</i>	5	NEVIRAPINE SUS 50MG/5ML	11
<i>naproxen dr tab 500mg</i>	5	<i>nevirapine tab 200 mg</i>	11
<i>naproxen sodium tab 275 mg</i>	5	NEXAVAR TAB 200MG.....	18
<i>naproxen sodium tab 550 mg</i>	5	NEXIUM CAP 20MG.....	61
<i>naproxen susp 125 mg/5ml</i>	5	NEXIUM CAP 40MG.....	61
<i>naproxen tab 250 mg</i>	5		
<i>naproxen tab 375 mg</i>	5		
<i>naproxen tab 500 mg</i>	5		
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	45		
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>			

NEXIUM GRA 10MG DR.....	61	<i>normosol -m inj /d5w</i>	70
NEXIUM GRA 2.5MG DR.....	61	NORMOSOL -R INJ /D5W.....	70
NEXIUM GRA 20MG DR.....	61	NORMOSOL-R INJ PH 7.4	70
NEXIUM GRA 40MG DR.....	61	NORPACE CAP 100MG CR.....	24
NEXIUM GRA 5MG DR.....	61	NORPACE CAP 150MG CR.....	24
NEXIUM I.V. INJ 20MG	61	<i>nortrel tab 0.5/35</i>	52
NEXIUM I.V. INJ 40MG	61	<i>nortrel tab 1/35</i>	52
<i>next choice tab 1.5mg</i>	52	<i>nortrel tab 7/7/7</i>	52
NIASPAN TAB 1000 ER	25	<i>nortriptyline hcl cap 10 mg</i>	38
NIASPAN TAB 500MG ER.....	25	<i>nortriptyline hcl cap 25 mg</i>	38
NIASPAN TAB 750MG ER.....	25	<i>nortriptyline hcl cap 50 mg</i>	38
<i>nicardipine hcl cap 20 mg</i>	28	<i>nortriptyline hcl cap 75 mg</i>	38
<i>nicardipine hcl cap 30 mg</i>	28	<i>nortriptyline hcl soln 10 mg/5ml</i>	38
NICOTROL INH	47	NORVIR CAP 100MG	11
NICOTROL NS SPR 10MG/ML.....	47	NORVIR SOL 80MG/ML.....	11
<i>nifediac cc tab 30mg er</i>	28	NORVIR TAB 100MG	11
<i>nifediac cc tab 60mg er</i>	28	NOVOLIN INJ 70/30.....	48
<i>nifediac cc tab 90mg er</i>	28	NOVOLIN N INJ U-100	48
<i>nifedical xl tab 30mg</i>	28	NOVOLIN R INJ U-100	48
<i>nifedical xl tab 60mg</i>	28	NOVOLOG INJ 100/ML	48
<i>nifedipine tab 30mg er</i>	28	NOVOLOG INJ FLEXPEN.....	48
<i>nifedipine tab 60mg er</i>	28	NOVOLOG MIX INJ 70/30	48
<i>nifedipine tab 90mg er</i>	28	NOVOLOG MIX INJ FLEXPEN	48
<i>nifedipine tab sr 24hr 60 mg</i>	28	NOXAFIL SUS 40MG/ML	10
NILANDRON TAB 150MG.....	17	NUEDEXTA CAP 20-10MG.....	46
<i>nimodipine cap 30 mg</i>	28	NULOJIX INJ 250MG	66
<i>nitro-bid oin 2%</i>	31	NUVARING MIS.....	52
NITRO-DUR DIS 0.3MG/HR	31	<i>nyamyc pow 100000</i>	77
NITRO-DUR DIS 0.8MG/HR	31	NYMALIZE SOL 60/20ML	28
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	14	<i>nystatin cream 100000 unit/gm</i>	77
<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	14	<i>nystatin oint 100000 unit/gm</i>	77
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	31	<i>nystatin susp 100000 unit/ml</i>	80
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	31	<i>nystatin tab 500000 unit</i>	10
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	31	<i>nystatin topical powder</i>	77
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	31	<i>nystop pow 100000</i>	77
NITROLINGUAL SPR PUMPSPRA.....	31	O	
NITROSTAT SUB 0.3MG	31	OCELLA TAB 3-0.03MG	52
NITROSTAT SUB 0.4MG	31	OCTAGAM INJ 1GM.....	65
NITROSTAT SUB 0.6MG	31	<i>octreotide acetate inj 100 mcg/ml (0.1</i> <i>mg/ml)</i>	55
NORA-BE TAB 0.35MG	52	<i>octreotide acetate inj 1000 mcg/ml (1</i> <i>mg/ml)</i>	55
NORDITROPIN INJ 10/1.5ML	55	<i>octreotide acetate inj 200 mcg/ml (0.2</i> <i>mg/ml)</i>	55
NORDITROPIN INJ 15/1.5ML	55	<i>octreotide acetate inj 50 mcg/ml (0.05</i> <i>mg/ml)</i>	55
NORDITROPIN INJ 30/3ML.....	55	<i>octreotide acetate inj 500 mcg/ml (0.5</i> <i>mg/ml)</i>	55
NORDITROPIN INJ 5/1.5ML.....	55		
<i>norethindrone acetate tab 5 mg</i>	56		
<i>norethindrone tab 0.35 mg</i>	52		

<i>ofloxacin ophth soln 0.3%</i>	71	<i>oxaliplatin iv soln 100 mg/20ml</i>	19
<i>ofloxacin otic soln 0.3%</i>	80	<i>oxandrolone tab 10 mg</i>	48
<i>ogestrel tab</i>	52	<i>oxandrolone tab 2.5 mg</i>	48
<i>olanzapine for im inj 10 mg</i>	42	<i>oxaprozin tab 600 mg</i>	5
<i>olanzapine orally disintegrating tab 10 mg</i>	42	<i>oxcarbazepine susp 300 mg/5ml (60</i> <i>mg/ml)</i>	34
<i>olanzapine orally disintegrating tab 15 mg</i>	42	<i>oxcarbazepine tab 150 mg</i>	34
<i>olanzapine orally disintegrating tab 20 mg</i>	42	<i>oxcarbazepine tab 300 mg</i>	34
<i>olanzapine orally disintegrating tab 5 mg</i>	42	<i>oxcarbazepine tab 600 mg</i>	34
<i>olanzapine tab 10 mg</i>	43	OXSORALEN-UL CAP 10MG	77
<i>olanzapine tab 15 mg</i>	43	<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	61
<i>olanzapine tab 2.5 mg</i>	43	<i>oxybutynin chloride tab 5 mg</i>	61
<i>olanzapine tab 20 mg</i>	43	<i>oxybutynin chloride tab sr 24hr 10 mg</i>	61
<i>olanzapine tab 5 mg</i>	43	<i>oxybutynin chloride tab sr 24hr 15 mg</i>	62
<i>olanzapine tab 7.5 mg</i>	43	<i>oxybutynin chloride tab sr 24hr 5 mg</i> .	61
<i>omeprazole cap delayed release 10 mg</i>	61	OXYCODONE CAP 5MG	3
<i>omeprazole cap delayed release 20 mg</i>	61	OXYCODONE CON 20MG/ML	3
<i>omeprazole cap delayed release 40 mg</i>	61	<i>oxycodone hcl tab 10 mg</i>	3
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	58	<i>oxycodone hcl tab 15 mg</i>	3
<i>ondansetron hcl inj 40 mg/20ml (2</i> <i>mg/ml)</i>	58	<i>oxycodone hcl tab 20 mg</i>	3
<i>ondansetron hcl oral soln 4 mg/5ml</i> ...	58	<i>oxycodone hcl tab 30 mg</i>	3
<i>ondansetron hcl tab 24 mg</i>	58	<i>oxycodone hcl tab 5 mg</i>	3
<i>ondansetron hcl tab 4 mg</i>	58	OXYCODONE SOL 5MG/5ML	3
<i>ondansetron hcl tab 8 mg</i>	58	<i>oxycodone w/ acetaminophen cap 5-500</i> <i>mg</i>	4
<i>ondansetron orally disintegrating tab 4</i> <i>mg</i>	58	<i>oxycodone w/ acetaminophen tab 10-325</i> <i>mg</i>	4
<i>ondansetron orally disintegrating tab 8</i> <i>mg</i>	58	<i>oxycodone w/ acetaminophen tab 10-650</i> <i>mg</i>	4
ONFI SUS 2.5MG/ML	34	<i>oxycodone w/ acetaminophen tab 2.5-325</i> <i>mg</i>	4
ONFI TAB 10MG	34	<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i>	4
ONFI TAB 20MG	34	<i>oxycodone w/ acetaminophen tab 7.5-325</i> <i>mg</i>	4
ONFI TAB 5MG	34	<i>oxycodone w/ acetaminophen tab 7.5-500</i> <i>mg</i>	4
ONTAK INJ 150/ML	16	<i>oxycodone-aspirin tab 4.8355-325 mg</i> ..	4
ORAP TAB 1MG	43	P	
ORAP TAB 2MG	43	<i>pacerone tab 100mg</i>	24
ORFADIN CAP 10MG	53	<i>pacerone tab 200mg</i>	24
ORFADIN CAP 2MG	53	<i>pacerone tab 400mg</i>	24
ORFADIN CAP 5MG	53	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	16
<i>orsythia tab</i>	52	PANRETIN GEL 0.1%	79
ORTHO EVRA DIS WEEK	52	<i>pantoprazole sodium ec tab 20 mg (base</i> <i>equiv)</i>	61
ORTHO TRI- TAB CYCLN LO	52	<i>pantoprazole sodium ec tab 40 mg (base</i>	
<i>oxacillin sodium for inj 1 gm</i>	9		
<i>oxacillin sodium for inj 10 gm</i>	9		

<i>equiv)</i>	61	<i>perphenazine tab 16 mg</i>	43
<i>paromomycin sulfate cap 250 mg</i>	9	<i>perphenazine tab 2 mg</i>	43
<i>paroxetine hcl tab 10 mg</i>	38	<i>perphenazine tab 4 mg</i>	43
<i>paroxetine hcl tab 20 mg</i>	38	<i>perphenazine tab 8 mg</i>	43
<i>paroxetine hcl tab 30 mg</i>	38	<i>phenadoz sup 12.5mg</i>	58
<i>paroxetine hcl tab 40 mg</i>	38	<i>phenadoz sup 25mg</i>	58
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	38	<i>phenelzine sulfate tab 15 mg</i>	38
<i>paroxetine hcl tab sr 24hr 25 mg</i>	38	<i>phenobarbital elixir 20 mg/5ml</i>	34
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	38	<i>phenobarbital sodium inj 130 mg/ml</i> ..	34
PASER GRA 4GM.....	12	<i>phenobarbital sodium inj 65 mg/ml</i>	34
PATADAY SOL 0.2%	72	<i>phenobarbital tab 100 mg</i>	35
PATANASE SPR 0.6%	73	<i>phenobarbital tab 15 mg</i>	35
PATANOL SOL 0.1% OP	72	<i>phenobarbital tab 16.2 mg</i>	35
PAXIL SUS 10MG/5ML	38	<i>phenobarbital tab 30 mg</i>	35
<i>pedi-dri pow 100000</i>	77	<i>phenobarbital tab 32.4 mg</i>	35
PEDVAX HIB INJ	67	<i>phenobarbital tab 60 mg</i>	35
PEGANONE TAB 250MG	34	<i>phenobarbital tab 64.8 mg</i>	35
PEGASYS INJ 180MCG/M	65	<i>phenobarbital tab 97.2 mg</i>	35
PEGASYS INJ PROCLICK	65	PHENYTEK CAP 200MG.....	35
PEGASYS KIT	65	PHENYTEK CAP 300MG.....	35
PEG-INTRON KIT 120 RP.....	65	<i>phenytoin chew tab 50 mg</i>	35
PEG-INTRON KIT 150 RP.....	65	<i>phenytoin sodium extended cap 100 mg</i>	..... 35
PEG-INTRON KIT 50MCG	65	<i>phenytoin sodium extended cap 200 mg</i>	..... 35
PEG-INTRON KIT 50MCG RP.....	65	<i>phenytoin sodium extended cap 300 mg</i>	..... 35
PEG-INTRON KIT 80MCG RP.....	65	<i>phenytoin sodium inj 50 mg/ml</i>	35
PENICILL GK/ INJ DEX 2MU.....	9	<i>phenytoin susp 125 mg/5ml</i>	35
PENICILL GK/ INJ DEX 3MU.....	9	<i>philith tab 0.4-35</i>	52
<i>penicillin g potassium for inj 5000000 unit</i>	..... 9	PHOSLO CAP 667MG.....	56
<i>penicillin g procaine intramuscular susp</i>	..... 9	PHOSLYRA SOL	56
<i>600000 unit/ml</i>	9	PHOSPHOLINE SOL 0.125%OP.....	72
<i>penicillin g sodium for inj 5000000 unit</i>	9	PILOCARPINE HCL OPHTH SOLN 1% ...	72
<i>penicillin v potassium for soln 125 mg/5ml</i>	..... 9	PILOCARPINE HCL OPHTH SOLN 2% ...	72
<i>penicillin v potassium for soln 250 mg/5ml</i>	..... 9	PILOCARPINE HCL OPHTH SOLN 4% ...	72
<i>penicillin v potassium tab 250 mg</i>	9	<i>pilocarpine hcl tab 5 mg</i>	80
<i>penicillin v potassium tab 500 mg</i>	9	<i>pilocarpine hcl tab 7.5 mg</i>	80
PENTASA CAP 250MG CR	59	PILOPINE HS GEL 4% OP	72
PENTASA CAP 500MG CR	59	<i>pindolol tab 10 mg</i>	27
<i>pentostatin for inj 10 mg</i>	16	<i>pindolol tab 5 mg</i>	27
<i>pentoxifylline tab cr 400 mg</i>	64	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	..... 50
PERFOROMIST NEB 20MCG	74	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	..... 50
<i>perindopril erbumine tab 2 mg</i>	21	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	..... 50
<i>perindopril erbumine tab 4 mg</i>	21	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	..... 50
<i>perindopril erbumine tab 8 mg</i>	21		
<i>periogard sol 0.12%</i>	80		
<i>permethrin cream 5%</i>	80		

.....50	mg 40
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	<i>pramipexole dihydrochloride tab 0.25 mg</i>
.....50	..... 40
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	<i>pramipexole dihydrochloride tab 0.5 mg</i>
.....50	..... 40
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	<i>pramipexole dihydrochloride tab 0.75 mg</i>
.....50	..... 40
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	<i>pramipexole dihydrochloride tab 1 mg</i>
..... 9	<i>pramipexole dihydrochloride tab 1.5 mg</i>
<i>piperacillin sodium-tazobactam sodium for inj 4-0.5 gm</i>	..... 40
..... 9	PRANDIN TAB 0.5MG 50
<i>pirmella tab 1/35</i>	PRANDIN TAB 1MG 50
.....52	PRANDIN TAB 2MG 50
<i>piroxicam cap 10 mg</i>	<i>pravastatin sodium tab 10 mg</i>
..... 5	..... 25
<i>piroxicam cap 20 mg</i>	<i>pravastatin sodium tab 20 mg</i>
..... 5	..... 25
PLASMA-LYTE INJ -148	<i>pravastatin sodium tab 40 mg</i>
.....70	..... 25
PLASMA-LYTE INJ 56/D5W	<i>pravastatin sodium tab 80 mg</i>
.....70	..... 25
PLASMA-LYTE INJ -A	<i>prazosin hcl cap 1 mg</i>
.....70	..... 22
<i>podofilox soln 0.5%</i>	<i>prazosin hcl cap 2 mg</i>
.....79	..... 22
<i>polyethylene glycol 3350 oral powder</i>	<i>prazosin hcl cap 5 mg</i>
.....60	..... 22
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	PRED MILD SUS 0.12% OP 72
.....71	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>
POMALYST CAP 1MG	..... 54
.....19	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>
POMALYST CAP 2MG	..... 55
.....19	<i>prednisolone sodium phosphate ophth soln 1%</i>
POMALYST CAP 3MG	..... 72
.....19	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>
POMALYST CAP 4MG	..... 55
.....19	PREDNISOLONE SUS 1% OP 72
<i>portia-28 tab</i>	<i>prednisone con 5mg/ml</i>
.....52	..... 55
<i>potassium chloride cap cr 10 meq</i>	<i>prednisone oral soln 5 mg/5ml</i>
.....68	..... 55
<i>potassium chloride cap cr 8 meq</i>	<i>prednisone tab 1 mg</i>
.....68	..... 55
<i>potassium chloride inj 10 meq/100 ml</i>	<i>prednisone tab 10 mg</i>
.....70	..... 55
<i>potassium chloride inj 10 meq/50 ml</i>	<i>prednisone tab 2.5 mg</i>
.....70	..... 55
<i>potassium chloride inj 2 meq/ml</i>	<i>prednisone tab 20 mg</i>
.....70	..... 55
<i>potassium chloride inj 20 meq/50 ml</i>	<i>prednisone tab 5 mg</i>
.....70	..... 55
<i>potassium chloride inj 30 meq/100 ml</i>	<i>prednisone tab 50 mg</i>
.....70	..... 55
<i>potassium chloride microencapsulated crys cr tab 10 meq</i>	PREMARIN VAG CRE 0.625MG 54
.....68	<i>premasol sol 10%</i>
<i>potassium chloride microencapsulated crys cr tab 20 meq</i>	..... 69
.....68	<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>
<i>potassium citrate tab cr 10 meq (1080 mg)</i>	..... 70
.....61	<i>prevalite pow 4gm</i>
POTIGA TAB 200MG	..... 25
.....35	<i>previfem tab</i>
POTIGA TAB 300MG	..... 52
.....35	PREVPAC MIS 60
POTIGA TAB 400MG	PREZISTA SUS 100MG/ML 11
.....35	PREZISTA TAB 150MG 11
POTIGA TAB 50MG	PREZISTA TAB 400MG 11
.....35	
PRADAXA CAP 150MG	
.....63	
PRADAXA CAP 75MG	
.....63	
<i>pramipexole dihydrochloride tab 0.125</i>	

PREZISTA TAB 600MG	11
PREZISTA TAB 75MG	11
PREZISTA TAB 800MG	11
PRIFTIN TAB 150MG	12
PRIMAQUINE TAB 26.3MG	10
<i>primidone tab 250 mg</i>	<i>35</i>
<i>primidone tab 50 mg</i>	<i>35</i>
PRISTIQ TAB 100MG	38
PRISTIQ TAB 50MG	38
PRIVIGEN INJ 20GRAMS	65
PRIVIGEN INJ 40GRAMS	65
PROAIR HFA AER	74
<i>probenecid tab 500 mg</i>	<i>1</i>
PROCALAMINE INJ 3%	69
<i>prochlorperazine edisylate inj 5 mg/ml</i>	<i>58</i>
<i>prochlorperazine maleate tab 10 mg ...</i>	<i>58</i>
<i>prochlorperazine maleate tab 5 mg</i>	<i>58</i>
<i>prochlorperazine suppos 25 mg</i>	<i>59</i>
PROCRIT INJ 10000/ML	64
PROCRIT INJ 2000/ML	64
PROCRIT INJ 20000/ML	64
PROCRIT INJ 3000/ML	64
PROCRIT INJ 4000/ML	64
PROCRIT INJ 40000/ML	64
<i>proctocream cre hc 2.5%</i>	<i>77</i>
<i>procto-pak cre 1%</i>	<i>79</i>
<i>proctozone cre -hc 2.5%</i>	<i>77</i>
PROCYSBI CAP 25MG	53
PROCYSBI CAP 75MG	53
PROGLYCEM SUS 50MG/ML	55
PROGRAF CAP 0.5MG	66
PROGRAF CAP 1MG	66
PROGRAF CAP 5MG	66
PROLASTIN-C INJ 1000MG	74
PROLENSA SOL 0.07%	73
PROLEUKIN INJ 22MU	16
PROLIA SOL 60MG/ML	55
PROMACTA TAB 12.5MG	64
PROMACTA TAB 25MG	64
PROMACTA TAB 50MG	64
PROMACTA TAB 75MG	64
<i>promethazine hcl inj 25 mg/ml</i>	<i>59</i>
<i>promethazine hcl inj 50 mg/ml</i>	<i>59</i>
<i>promethazine hcl suppos 12.5 mg</i>	<i>59</i>
<i>promethazine hcl suppos 25 mg</i>	<i>59</i>
<i>promethegan sup 25mg</i>	<i>59</i>
<i>promethegan sup 50mg</i>	<i>59</i>
<i>propafenone hcl cap sr 12hr 225 mg ...</i>	<i>24</i>

<i>propafenone hcl cap sr 12hr 325 mg...</i>	<i>24</i>
<i>propafenone hcl cap sr 12hr 425 mg...</i>	<i>24</i>
<i>propafenone hcl tab 150 mg</i>	<i>24</i>
<i>propafenone hcl tab 225 mg</i>	<i>24</i>
<i>propafenone hcl tab 300 mg</i>	<i>24</i>
<i>proparacaine hcl ophth soln 0.5%</i>	<i>73</i>
<i>propranolol & hydrochlorothiazide tab</i>	
<i>40-25 mg</i>	<i>26</i>
<i>propranolol & hydrochlorothiazide tab</i>	
<i>80-25 mg</i>	<i>26</i>
<i>propranolol hcl cap sr 24hr 120 mg</i>	<i>27</i>
<i>propranolol hcl cap sr 24hr 160 mg</i>	<i>27</i>
<i>propranolol hcl cap sr 24hr 60 mg</i>	<i>27</i>
<i>propranolol hcl cap sr 24hr 80 mg</i>	<i>27</i>
<i>propranolol hcl inj 1 mg/ml</i>	<i>27</i>
<i>propranolol hcl oral soln 20 mg/5ml ...</i>	<i>27</i>
<i>propranolol hcl oral soln 40 mg/5ml ...</i>	<i>27</i>
<i>propranolol hcl tab 10 mg</i>	<i>27</i>
<i>propranolol hcl tab 20 mg</i>	<i>27</i>
<i>propranolol hcl tab 40 mg</i>	<i>27</i>
<i>propranolol hcl tab 60 mg</i>	<i>27</i>
<i>propranolol hcl tab 80 mg</i>	<i>27</i>
<i>propylthiouracil tab 50 mg</i>	<i>57</i>
PROQUAD INJ	67
PROSOL INJ 20%	69
PROTOPIC OIN 0.03%	79
PROTOPIC OIN 0.1%	79
<i>protriptyline hcl tab 10 mg</i>	<i>39</i>
<i>protriptyline hcl tab 5 mg</i>	<i>39</i>
PRUDOXIN CRE 5%	77
PULMICORT SUS 1MG/2ML	75
PULMOZYME SOL 1MG/ML	74
PYLERA CAP	60
<i>pyrazinamide tab 500 mg</i>	<i>12</i>
<i>pyridostigmine bromide tab 60 mg</i>	<i>46</i>

Q

<i>quasense tab</i>	<i>52</i>
<i>quetiapine fumarate tab 100 mg</i>	<i>43</i>
<i>quetiapine fumarate tab 200 mg</i>	<i>43</i>
<i>quetiapine fumarate tab 25 mg</i>	<i>43</i>
<i>quetiapine fumarate tab 300 mg</i>	<i>43</i>
<i>quetiapine fumarate tab 400 mg</i>	<i>43</i>
<i>quetiapine fumarate tab 50 mg</i>	<i>43</i>
<i>quinapril hcl tab 10 mg</i>	<i>21</i>
<i>quinapril hcl tab 20 mg</i>	<i>21</i>
<i>quinapril hcl tab 40 mg</i>	<i>22</i>
<i>quinapril hcl tab 5 mg</i>	<i>21</i>
<i>quinapril-hydrochlorothiazide tab 10-12.5</i>	

<i>mg</i>	21	<i>repaglinide tab 1 mg</i>	50
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	21	<i>repaglinide tab 2 mg</i>	50
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	21	RESCRIPTOR TAB 100 MG	11
<i>quinidine gluconate tab cr 324 mg</i>	24	RESCRIPTOR TAB 200MG	11
<i>quinidine sulfate tab 200 mg</i>	24	RESTASIS EMU 0.05%	73
<i>quinidine sulfate tab 300 mg</i>	24	RETROVIR INJ 10MG/ML	12
<i>quinidine sulfate tab cr 300 mg</i>	24	REVLIMID CAP 10MG	66
QVAR AER 40MCG.....	75	REVLIMID CAP 15MG	66
QVAR AER 80MCG.....	75	REVLIMID CAP 2.5MG	65
R		REVLIMID CAP 20MG	66
RABAVERT INJ.....	67	REVLIMID CAP 25MG	66
<i>ramipril cap 1.25 mg</i>	22	REVLIMID CAP 5MG.....	66
<i>ramipril cap 10 mg</i>	22	REYATAZ CAP 100MG	12
<i>ramipril cap 2.5 mg</i>	22	REYATAZ CAP 150MG	12
<i>ramipril cap 5 mg</i>	22	REYATAZ CAP 200MG	12
RANEXA TAB 1000MG.....	31	REYATAZ CAP 300MG	12
RANEXA TAB 500MG	31	<i>ribapak mis 600/day</i>	13
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	59	<i>ribapak pak 1000/day</i>	13
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	59	<i>ribapak pak 1200/day</i>	13
<i>ranitidine hcl tab 150 mg</i>	59	<i>ribapak pak 800/day</i>	13
<i>ranitidine hcl tab 300 mg</i>	59	<i>ribasphere tab 400mg</i>	13
RAPAMUNE SOL 1MG/ML.....	66	<i>ribasphere tab 600mg</i>	13
RAPAMUNE TAB 0.5MG	66	<i>ribavirin cap 200 mg</i>	13
RAPAMUNE TAB 1MG	66	<i>ribavirin tab 200 mg</i>	13
RAPAMUNE TAB 2MG	66	<i>rifampin cap 150 mg</i>	13
REBETOL SOL 40MG/ML.....	13	<i>rifampin cap 300 mg</i>	13
<i>reclipsen tab</i>	52	<i>rifampin for inj 600 mg</i>	13
RECOMBIVA HB INJ 10MCG/ML.....	67	RILUTEK TAB 50MG.....	46
RECOMBIVA-HB INJ 40MCG/ML	67	<i>riluzole tab 50 mg</i>	46
REGONOL INJ 5MG/ML	46	<i>rimantadine hydrochloride tab 100 mg</i>	13
REGRANEX GEL 0.01%	80	<i>ringer's solution</i>	70
RELENZA MIS DISKHALE.....	13	RIOMET SOL.....	50
RELISTOR KIT 12/0.6ML	60	RISPERDAL INJ 12.5MG	43
RELPAK TAB 20MG	45	RISPERDAL INJ 25MG	43
RELPAK TAB 40MG	45	RISPERDAL INJ 37.5MG	43
REMICADE INJ 100MG	65	RISPERDAL INJ 50MG	43
REMODULIN INJ 10MG/ML	31	<i>risperidone orally disintegrating tab 0.25 mg</i>	43
REMODULIN INJ 1MG/ML	31	<i>risperidone orally disintegrating tab 0.5 mg</i>	43
REMODULIN INJ 2.5MG/ML	31	<i>risperidone orally disintegrating tab 1 mg</i>	43
REMODULIN INJ 5MG/ML	31	<i>risperidone orally disintegrating tab 2 mg</i>	43
REVELA PAK 0.8GM.....	56	<i>risperidone orally disintegrating tab 3 mg</i>	43
REVELA PAK 2.4GM.....	56	<i>risperidone orally disintegrating tab 4 mg</i>	43
REVELA TAB 800MG	56		
<i>repaglinide tab 0.5 mg</i>	50		

<i>risperidone soln 1 mg/ml</i>	43	SELZENTRY TAB 300MG	12
<i>risperidone tab 0.25 mg</i>	43	SENSIPAR TAB 30MG	50
<i>risperidone tab 0.5 mg</i>	43	SENSIPAR TAB 60MG	50
<i>risperidone tab 1 mg</i>	43	SENSIPAR TAB 90MG	50
<i>risperidone tab 2 mg</i>	43	SEREVENT DIS AER 50MCG	74
<i>risperidone tab 3 mg</i>	43	SEROMYCIN CAP 250MG	13
<i>risperidone tab 4 mg</i>	43	SEROQUEL XR TAB 150MG	43
RITUXAN INJ 500MG	16	SEROQUEL XR TAB 200MG	43
<i>rivastigmine tartrate cap 1.5 mg</i>	36	SEROQUEL XR TAB 300MG	43
<i>rivastigmine tartrate cap 3 mg</i>	36	SEROQUEL XR TAB 400MG	44
<i>rivastigmine tartrate cap 4.5 mg</i>	36	SEROQUEL XR TAB 50MG	43
<i>rivastigmine tartrate cap 6 mg</i>	36	<i>sertraline hcl oral conc 20 mg/ml</i>	39
<i>rizatriptan benzoate orally disintegrating</i>		<i>sertraline hcl tab 100 mg</i>	39
<i>tab 10 mg</i>	45	<i>sertraline hcl tab 25 mg</i>	39
<i>rizatriptan benzoate orally disintegrating</i>		<i>sertraline hcl tab 50 mg</i>	39
<i>tab 5 mg</i>	45	<i>sildenafil citrate tab 20 mg</i>	32
<i>rizatriptan benzoate tab 10 mg</i>	45	SILVER SULFA CRE 1%	76
<i>rizatriptan benzoate tab 5 mg</i>	45	SIMCOR TAB 1000-20	25
<i>ropinirole hydrochloride tab 0.25 mg</i>	40	SIMCOR TAB 1000-40	25
<i>ropinirole hydrochloride tab 0.5 mg</i>	40	SIMCOR TAB 500-20MG	25
<i>ropinirole hydrochloride tab 1 mg</i>	40	SIMCOR TAB 500-40MG	25
<i>ropinirole hydrochloride tab 2 mg</i>	40	SIMCOR TAB 750-20MG	25
<i>ropinirole hydrochloride tab 3 mg</i>	40	<i>simvastatin tab 10 mg</i>	25
<i>ropinirole hydrochloride tab 4 mg</i>	40	<i>simvastatin tab 20 mg</i>	25
<i>ropinirole hydrochloride tab 5 mg</i>	40	<i>simvastatin tab 40 mg</i>	25
ROTATEQ SOL	67	<i>simvastatin tab 5 mg</i>	25
<i>roxicet sol 5-325/5</i>	4	<i>simvastatin tab 80 mg</i>	25
S		SIRTURO TAB 100MG	13
SABRIL POW 500MG	35	SOD CHLORIDE INJ 0.45%	70
SABRIL TAB 500MG	35	SOD CHLORIDE INJ 0.9%	70
SANDIMMUNE CAP 100MG	66	SOD CHLORIDE INJ 2.5/ML	68
SANDIMMUNE CAP 25MG	66	SOD CHLORIDE INJ 3%	70
SANDIMMUNE SOL 100MG/ML	67	SOD CHLORIDE INJ 5%	70
SANDOSTATIN KIT LAR 10MG	55	<i>sod fluoride 2.2mg tab</i>	68
SANDOSTATIN KIT LAR 20MG	55	SODIUM CHLOR SOL 0.9% IRR	80
SANDOSTATIN KIT LAR 30MG	55	<i>sodium phenylbutyrate oral powder 3</i>	
SANTYL OIN 250/GM	80	<i>gm/teaspoonful</i>	53
SAPHRIS SUB 10MG	43	<i>sodium polystyrene sulfonate oral susp 15</i>	
SAPHRIS SUB 5MG	43	<i>gm/60ml</i>	51
SAVELLA MIS TITR PAK	46	SOLARAZE GEL 3% W/W	76
SAVELLA TAB 100MG	46	SOLIA TAB	52
SAVELLA TAB 12.5MG	46	SOLTAMOX SOL 10MG/5ML	17
SAVELLA TAB 25MG	46	SOLU-CORTEF INJ 250MG	55
SAVELLA TAB 50MG	46	SOMATULINE INJ 120/.5ML	55
<i>selegiline hcl cap 5 mg</i>	40	SOMATULINE INJ 60/0.2ML	55
<i>selegiline hcl tab 5 mg</i>	40	SOMATULINE INJ 90/0.3ML	55
<i>selenium sulfide lotion 2.5%</i>	77	SOMAVERT INJ 10MG	55
SELZENTRY TAB 150MG	12	SOMAVERT INJ 15MG	56

SOMAVERT INJ 20MG	56	<i>streptomycin sulfate for inj 1 gm</i>	9
SORIATANE CAP 10MG	77	STRIBILD TAB.....	12
SORIATANE CAP 17.5MG	77	SUBOXONE MIS 12-3MG	47
SORIATANE CAP 25MG	77	SUBOXONE MIS 2-0.5MG	47
<i>sorine tab 120mg</i>	24	SUBOXONE MIS 4-1MG	47
<i>sorine tab 160mg</i>	24	SUBOXONE MIS 8-2MG	47
<i>sorine tab 240mg</i>	24	SUCRAID SOL 8500/ML.....	60
<i>sorine tab 80mg</i>	24	<i>sucralfate tab 1 gm</i>	60
<i>sotalol hcl (afib/af) tab 120 mg</i>	24	<i>sulfacetamide sodium lotion 10% (acne)</i>	76
<i>sotalol hcl tab 160 mg</i>	24	.....	76
<i>sotalol hcl tab 240 mg</i>	24	<i>sulfacetamide sodium ophth oint 10%</i>	71
<i>sotalol hcl tab 80 mg</i>	24	<i>sulfacetamide sodium ophth soln 10%</i>	71
SPIRIVA CAP HANDIHLR	73	<i>sulfacetamide sodium-prednisolone ophth</i>	70
<i>spironolactone & hydrochlorothiazide tab</i>		<i>soln 10-0.23(0.25)%</i>	70
<i>25-25 mg</i>	30	<i>sulfadiazine tab 500 mg</i>	9
<i>spironolactone tab 100 mg</i>	22	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>spironolactone tab 25 mg</i>	22	<i>400-80 mg/5ml</i>	14
<i>spironolactone tab 50 mg</i>	22	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>sprintec 28 tab 28 day</i>	52	<i>200-40 mg/5ml</i>	14
SPRYCEL TAB 100MG	18	<i>sulfamethoxazole-trimethoprim tab</i>	
SPRYCEL TAB 140MG	18	<i>400-80 mg</i>	14
SPRYCEL TAB 20MG	18	<i>sulfamethoxazole-trimethoprim tab</i>	
SPRYCEL TAB 50MG	18	<i>800-160 mg</i>	15
SPRYCEL TAB 70MG	18	SULFAMYLON CRE 85MG/GM	76
SPRYCEL TAB 80MG	18	<i>sulfasalazine tab 500 mg</i>	59
<i>sronyx tab</i>	52	<i>sulfazine ec tab 500mg</i>	59
SSD CRE 1%	76	<i>sulindac tab 150 mg</i>	5
<i>stagesic cap 5-500mg</i>	2	<i>sulindac tab 200 mg</i>	5
STALEVO 100 TAB.....	40	SUMATRIPTAN INJ 4MG/0.5.....	45
STALEVO 125 TAB.....	40	<i>sumatriptan nasal spray 20 mg/act</i>	45
STALEVO 150 TAB.....	40	<i>sumatriptan nasal spray 5 mg/act</i>	45
STALEVO 200 TAB.....	40	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	46
STALEVO 50 TAB	40	<i>sumatriptan succinate tab 100 mg</i>	46
STALEVO 75 TAB	40	<i>sumatriptan succinate tab 25 mg</i>	46
<i>stavudine cap 15 mg</i>	12	<i>sumatriptan succinate tab 50 mg</i>	46
<i>stavudine cap 20 mg</i>	12	SUPRAX CAP 400MG	9
<i>stavudine cap 30 mg</i>	12	<i>suprax chw 100mg</i>	9
<i>stavudine cap 40 mg</i>	12	<i>suprax chw 200mg</i>	9
<i>stavudine for oral soln 1 mg/ml</i>	12	<i>suprax sus 100/5ml</i>	9
STERIL WATER SOL IRRIG	80	<i>suprax sus 200/5ml</i>	9
STIVARGA TAB 40MG	18	SUPRAX SUS 500/5ML	9
STRATTERA CAP 100MG	45	<i>suprax tab 400mg</i>	9
STRATTERA CAP 10MG	45	SUSTIVA CAP 200MG.....	12
STRATTERA CAP 18MG	45	SUSTIVA CAP 50MG.....	12
STRATTERA CAP 25MG	45	SUSTIVA TAB 600MG.....	12
STRATTERA CAP 40MG	45	SUTENT CAP 12.5MG	18
STRATTERA CAP 60MG	45	SUTENT CAP 25MG.....	18
STRATTERA CAP 80MG	45	SUTENT CAP 50MG.....	18

SYLATRON KIT 296MCG.....	19	<i>tazicef inj 6gm</i>	9
SYLATRON KIT 444MCG.....	19	TAZORAC CRE 0.05%	77
SYLATRON KIT 888MCG.....	19	TAZORAC CRE 0.1%	77
SYMBICORT AER 160-4.5.....	75	TAZORAC GEL 0.05%	77
SYMBICORT AER 80-4.5.....	75	TAZORAC GEL 0.1%	77
SYMLINPEN 60 INJ 1000MCG	48	<i>taztia xt cap 120mg/24</i>	28
SYMLINPEN 120 INJ 1000MCG.....	48	<i>taztia xt cap 180mg/24</i>	28
SYNAREL SOL 2MG/ML	53	<i>taztia xt cap 240mg/24</i>	28
SYNTHROID TAB 100MCG	57	<i>taztia xt cap 300mg/24</i>	28
SYNTHROID TAB 112MCG	57	<i>taztia xt cap 360mg/24</i>	28
SYNTHROID TAB 125MCG	57	TEGRETOL CHW 100MG	35
SYNTHROID TAB 137MCG	57	TEGRETOL SUS 100/5ML.....	35
SYNTHROID TAB 150MCG	57	TEGRETOL TAB 200MG	35
SYNTHROID TAB 175MCG	57	TEGRETOL-XR TAB 100MG	35
SYNTHROID TAB 200MCG	57	TEGRETOL-XR TAB 200MG	35
SYNTHROID TAB 25MCG.....	57	TEGRETOL-XR TAB 400MG	35
SYNTHROID TAB 300MCG	57	TEKAMLO TAB 150-10MG	29
SYNTHROID TAB 50MCG.....	57	TEKAMLO TAB 150-5MG.....	29
SYNTHROID TAB 75MCG.....	57	TEKAMLO TAB 300-10MG	29
SYNTHROID TAB 88MCG.....	57	TEKAMLO TAB 300-5MG.....	29
SYPRINE CAP 250MG.....	51	TEKTURNA HCT TAB 150-12.5	29
T		TEKTURNA HCT TAB 150-25MG.....	29
TABLOID TAB 40MG	16	TEKTURNA HCT TAB 300-12.5	29
<i>tacrolimus cap 0.5 mg</i>	67	TEKTURNA HCT TAB 300-25MG.....	29
<i>tacrolimus cap 1 mg</i>	67	TEKTURNA TAB 150MG	29
<i>tacrolimus cap 5 mg</i>	67	TEKTURNA TAB 300MG	29
TAFINLAR CAP 50MG.....	18	<i>terazosin hcl cap 1 mg</i>	22
TAFINLAR CAP 75MG.....	18	<i>terazosin hcl cap 10 mg</i>	22
TAMIFLU CAP 30MG	13	<i>terazosin hcl cap 2 mg</i>	22
TAMIFLU CAP 45MG	13	<i>terazosin hcl cap 5 mg</i>	22
TAMIFLU CAP 75MG	13	<i>terbinafine hcl tab 250 mg</i>	10
TAMIFLU SUS 6MG/ML.....	13	<i>terbutaline sulfate inj 1 mg/ml</i>	74
<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	17	<i>terbutaline sulfate tab 2.5 mg</i>	74
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	17	<i>terbutaline sulfate tab 5 mg</i>	74
<i>tamsulosin hcl cap 0.4 mg</i>	61	<i>terconazole vaginal cream 0.4%</i>	62
TARCEVA TAB 100MG.....	18	<i>terconazole vaginal cream 0.8%</i>	62
TARCEVA TAB 150MG.....	18	<i>terconazole vaginal suppos 80 mg</i>	62
TARCEVA TAB 25MG.....	18	TESTIM GEL 1%(50MG)	48
TARGRETIN CAP 75MG	19	<i>testosterone cypionate im in oil 100</i> <i>mg/ml</i>	48
TARGRETIN GEL 1%.....	80	<i>testosterone cypionate im in oil 200</i> <i>mg/ml</i>	48
TASIGNA CAP 150MG	18	<i>testosterone enanthate im in oil 200</i> <i>mg/ml</i>	48
TASIGNA CAP 200MG	18	TET/DIP TOX INJ 2-2 LF.....	67
TAXOTERE INJ 80MG/2ML.....	16	TETANUS TOX INJ 5LF ADS	67
TAXOTERE INJ 80MG/4ML.....	16	<i>tetracycline hcl cap 250 mg</i>	9
<i>tazicef inj 1gm</i>	9	<i>tetracycline hcl cap 500 mg</i>	9
<i>tazicef inj 2gm</i>	9		

TEV-TROPIN INJ 5MG.....	55	<i>mg/ml)</i>	10
THALITONE TAB 15MG.....	30	<i>tobramycin sulfate ophth soln 0.3% ...</i>	71
THALOMID CAP 100MG.....	66	<i>tobramycin-dexamethasone ophth susp</i>	
THALOMID CAP 150MG.....	66	<i>0.3-0.1%</i>	71
THALOMID CAP 200MG.....	66	TOBREX OIN 0.3% OP	71
THALOMID CAP 50MG.....	66	<i>tolterodine tartrate tab 1 mg</i>	62
THEO-24 CAP 100MG CR.....	75	<i>tolterodine tartrate tab 2 mg</i>	62
THEO-24 CAP 200MG CR.....	75	<i>topiramate sprinkle cap 15 mg.....</i>	35
THEO-24 CAP 300MG CR.....	75	<i>topiramate sprinkle cap 25 mg.....</i>	35
THEO-24 CAP 400MG ER.....	75	<i>topiramate tab 100 mg</i>	35
<i>theophylline tab 100mg cr</i>	75	<i>topiramate tab 200 mg</i>	35
<i>theophylline tab 200mg cr</i>	75	<i>topiramate tab 25 mg</i>	35
<i>theophylline tab 300mg er</i>	75	<i>topiramate tab 50 mg</i>	35
<i>theophylline tab 450mg er</i>	75	<i>toposar inj 1gm/50ml</i>	20
<i>theophylline tab sr 24hr 400 mg</i>	75	<i>topotecan hcl for inj 4 mg</i>	20
<i>theophylline tab sr 24hr 600 mg</i>	75	<i>torseמידe iv soln 20 mg/2ml (10 mg/ml)</i>	
<i>thioridazine hcl tab 10 mg.....</i>	44	.....	30
<i>thioridazine hcl tab 100 mg.....</i>	44	<i>torseמידe tab 10 mg</i>	30
<i>thioridazine hcl tab 25 mg.....</i>	44	<i>torseמידe tab 100 mg</i>	30
<i>thioridazine hcl tab 50 mg.....</i>	44	<i>torseמידe tab 20 mg</i>	30
<i>thiothixene cap 1 mg.....</i>	44	<i>torseמידe tab 5 mg</i>	30
<i>thiothixene cap 10 mg</i>	44	TOVIAZ TAB 4MG	62
<i>thiothixene cap 2 mg.....</i>	44	TOVIAZ TAB 8MG	62
<i>thiothixene cap 5 mg.....</i>	44	TPN ELECTROL INJ	68
<i>tiagabine hcl tab 2 mg</i>	35	TRACLEER TAB 125MG.....	32
<i>tiagabine hcl tab 4 mg</i>	35	TRACLEER TAB 62.5MG	32
TIKOSYN CAP 125MCG	24	TRADJENTA TAB 5MG	50
TIKOSYN CAP 250MCG	24	<i>tramadol hcl tab 50 mg.....</i>	4
TIKOSYN CAP 500MCG	24	<i>tramadol-acetaminophen tab 37.5-325</i>	
TIMENTIN INJ 3.1GM.....	9	<i>mg</i>	4
TIMOLOL GEL SOL 0.25% OP	72	<i>trandolapril tab 1 mg.....</i>	22
TIMOLOL GEL SOL 0.5% OP	72	<i>trandolapril tab 2 mg.....</i>	22
<i>timolol maleate ophth soln 0.25%.....</i>	72	<i>trandolapril tab 4 mg.....</i>	22
<i>timolol maleate ophth soln 0.5%</i>	72	<i>tranexamic acid inj 100 mg/ml</i>	64
<i>timolol maleate tab 10 mg</i>	27	<i>tranexamic acid tab 650 mg</i>	64
<i>timolol maleate tab 20 mg</i>	27	TRANSDERM-SC DIS 1.5MG.....	59
<i>timolol maleate tab 5 mg</i>	27	<i>tranylcypromine sulfate tab 10 mg</i>	39
<i>tizanidine hcl tab 2 mg</i>	47	TRAVASOL INJ 10%.....	69
<i>tizanidine hcl tab 4 mg</i>	47	TRAVATAN Z DRO 0.004%	72
TOBI NEB 300/5ML	74	<i>trazodone hcl tab 100 mg</i>	39
TOBRADEX OIN 0.3-0.1%	70	<i>trazodone hcl tab 150 mg</i>	39
TOBRADEX ST SUS 0.3-0.05	70	<i>trazodone hcl tab 50 mg</i>	39
<i>tobramycin sulfate inj 0.8 mg/ml in saline</i>		TREANDA INJ 100MG.....	15
.....	9	TRECTOR TAB 250MG	13
<i>tobramycin sulfate inj 1.2 mg/ml in saline</i>		TRELSTAR DEP INJ 3.75MG	17
.....	9	TRELSTAR LA INJ 11.25MG.....	17
<i>tobramycin sulfate inj 10 mg/ml</i>	10	<i>tretinoin cap 10 mg</i>	19
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		<i>tretinoin cream 0.025%</i>	76

<i>tretinoin cream 0.05%</i>	76	<i>trivora-28 tab</i>	52
<i>tretinoin cream 0.1%</i>	76	TRIZIVIR TAB	12
<i>tretinoin gel 0.01%</i>	76	TROPHAMINE INJ 10%.....	69
<i>tretinoin gel 0.025%</i>	76	<i>tropicamide ophth soln 0.5%</i>	73
<i>triamcinolone acetonide cream 0.025%</i>	79	<i>tropicamide ophth soln 1%</i>	73
<i>triamcinolone acetonide cream 0.1%</i> ...79		<i>trospium chloride tab 20 mg</i>	62
<i>triamcinolone acetonide cream 0.5%</i> ...79		TRUVADA TAB 200-300.....	12
<i>triamcinolone acetonide dental paste</i> <i>0.1%</i>	80	TWINRIX INJ	67
<i>triamcinolone acetonide lotion 0.025%</i> 79		TYGACIL INJ 50MG.....	15
<i>triamcinolone acetonide lotion 0.1%</i> ...79		TYKERB TAB 250MG	19
<i>triamcinolone acetonide nasal inhal 55</i> <i>mcg/act</i>	74	TYPHIM VI INJ	67
<i>triamcinolone acetonide oint 0.025%</i> ...79		TYZEKA TAB 600MG	13
<i>triamcinolone acetonide oint 0.1%</i>	79	U	
<i>triamcinolone acetonide oint 0.5%</i>	79	UCERIS TAB 9MG	59
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	30	ULORIC TAB 40MG	1
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	30	ULORIC TAB 80MG	1
<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	30	UNITHROID TAB 100MCG.....	57
TRIBENZOR20- TAB 5-12.5MG.....	23	UNITHROID TAB 112MCG.....	57
TRIBENZOR40- TAB 10-12.5	23	UNITHROID TAB 125MCG.....	57
TRIBENZOR40- TAB 10-25MG.....	23	UNITHROID TAB 150MCG.....	57
TRIBENZOR40- TAB 5-12.5MG.....	23	UNITHROID TAB 175MCG.....	57
TRIBENZOR40- TAB 5-25MG	23	UNITHROID TAB 200MCG.....	57
<i>triderm cre 0.1%</i>	79	UNITHROID TAB 25MCG.....	57
<i>trifluoperazine hcl tab 1 mg</i>	44	UNITHROID TAB 300MCG.....	57
<i>trifluoperazine hcl tab 10 mg</i>	44	UNITHROID TAB 50MCG.....	57
<i>trifluoperazine hcl tab 2 mg</i>	44	UNITHROID TAB 75MCG.....	57
<i>trifluoperazine hcl tab 5 mg</i>	44	UNITHROID TAB 88MCG.....	57
<i>trifluridine ophth soln 1%</i>	71	<i>ursodiol cap 300 mg</i>	60
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ...40		<i>ursodiol tab 250 mg</i>	60
<i>trihexyphenidyl hcl tab 2 mg</i>	40	<i>ursodiol tab 500 mg</i>	60
<i>trihexyphenidyl hcl tab 5 mg</i>	40	V	
<i>tri-legest tab fe</i>	52	VAGIFEM TAB 10MCG	54
TRILEPTAL SUS 300MG/5M	35	<i>valacyclovir hcl tab 1 gm</i>	13
<i>trilyte sol</i>	60	<i>valacyclovir hcl tab 500 mg</i>	13
<i>trimethoprim tab 100 mg</i>	15	VALCYTE SOL 50MG/ML	13
<i>trimipramine maleate cap 100 mg</i>	39	VALCYTE TAB 450MG.....	13
<i>trimipramine maleate cap 25 mg</i>	39	<i>valproate sodium inj 100 mg/ml</i>	35
<i>trimipramine maleate cap 50 mg</i>	39	<i>valproate sodium syrup 250 mg/5ml</i> <i>(base equiv)</i>	35
TRINESSA TAB	52	<i>valproic acid cap 250 mg</i>	35
<i>tri-previfem tab</i>	52	<i>valsartan-hydrochlorothiazide tab</i> <i>160-12.5 mg</i>	23
TRISENOX SOL 10MG/10M.....	19	<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	23
<i>tri-sprintec tab</i>	52	<i>valsartan-hydrochlorothiazide tab</i> <i>320-12.5 mg</i>	23
		<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	23

<i>valsartan-hydrochlorothiazide tab</i>		
80-12.5 mg.....	23	
<i>vancomycin hcl cap 125 mg</i>	15	
<i>vancomycin hcl cap 250 mg</i>	15	
<i>vancomycin hcl for inj 10 gm</i>	15	
<i>vancomycin hcl for inj 1000 mg</i>	15	
<i>vancomycin hcl for inj 500 mg</i>	15	
VANDAZOLE GEL 0.75%	62	
VAQTA INJ 25/0.5ML.....	67	
VARIVAX INJ	67	
VASCEPA CAP 1GM	25	
VELCADE INJ 3.5MG	16	
<i>velivet pak</i>	52	
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	39	
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	39	
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	39	
<i>venlafaxine hcl tab 100 mg</i>	39	
<i>venlafaxine hcl tab 25 mg</i>	39	
<i>venlafaxine hcl tab 37.5 mg</i>	39	
<i>venlafaxine hcl tab 50 mg</i>	39	
<i>venlafaxine hcl tab 75 mg</i>	39	
<i>verapamil hcl cap sr 24hr 100 mg</i>	28	
<i>verapamil hcl cap sr 24hr 120 mg</i>	28	
<i>verapamil hcl cap sr 24hr 180 mg</i>	28	
<i>verapamil hcl cap sr 24hr 200 mg</i>	28	
<i>verapamil hcl cap sr 24hr 240 mg</i>	28	
<i>verapamil hcl cap sr 24hr 300 mg</i>	28	
VERAPAMIL HCL CAP SR 24HR 360 MG	29	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	29	
<i>verapamil hcl tab 120 mg</i>	29	
<i>verapamil hcl tab 40 mg</i>	29	
<i>verapamil hcl tab 80 mg</i>	29	
<i>verapamil hcl tab cr 120 mg</i>	29	
<i>verapamil hcl tab cr 180 mg</i>	29	
<i>verapamil hcl tab cr 240 mg</i>	29	
VESICARE TAB 10MG	62	
VESICARE TAB 5MG	62	
<i>vestura tab 3-0.02mg</i>	52	
VFEND SUS 40MG/ML.....	10	
VIBRAMYCIN SYP 50MG/5ML.....	10	
VICTOZA INJ 18MG/3ML	48	
VICTRELIS CAP 200MG	14	
VIDAZA INJ 100MG	16	
VIDEX SOL 2GM	12	
VIGAMOX DRO 0.5%	71	
VIIBRYD KIT.....	39	
VIIBRYD TAB 10MG	39	
VIIBRYD TAB 20MG	39	
VIIBRYD TAB 40MG	39	
VIMPAT INJ 200MG/20.....	35	
VIMPAT SOL 10MG/ML.....	36	
VIMPAT TAB 100MG.....	36	
VIMPAT TAB 150MG.....	36	
VIMPAT TAB 200MG.....	36	
VIMPAT TAB 50MG	36	
<i>vinblastine sulfate for inj 10 mg</i>	16	
<i>vincasar pfs inj 1mg/ml</i>	16	
<i>vincristine sulfate iv soln 1 mg/ml</i>	16	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	16	
<i>viorele tab</i>	52	
VIRACEPT TAB 250MG	12	
VIRACEPT TAB 625MG	12	
VIRAMUNE SUS 50MG/5ML.....	12	
VIRAMUNE XR TAB 100MG	12	
VIRAMUNE XR TAB 400MG	12	
VIREAD POW 40MG/GM	12	
VIREAD TAB 150MG	12	
VIREAD TAB 200MG	12	
VIREAD TAB 250MG	12	
VIREAD TAB 300MG	12	
VOLTAREN GEL 1%	80	
VORICONAZOLE INJ 200MG.....	10	
<i>voriconazole tab 200 mg</i>	10	
<i>voriconazole tab 50 mg</i>	10	
VOTRIENT TAB 200MG.....	19	
VPRIV INJ 400UNIT	53	
W		
<i>warfarin sodium tab 1 mg</i>	63	
<i>warfarin sodium tab 10 mg</i>	63	
<i>warfarin sodium tab 2 mg</i>	63	
<i>warfarin sodium tab 2.5 mg</i>	63	
<i>warfarin sodium tab 3 mg</i>	63	
<i>warfarin sodium tab 4 mg</i>	63	
<i>warfarin sodium tab 5 mg</i>	63	
<i>warfarin sodium tab 6 mg</i>	63	
<i>warfarin sodium tab 7.5 mg</i>	63	
WELCHOL PAK 3.75GM	25	
WELCHOL TAB 625MG	25	
X		
XALKORI CAP 200MG.....	19	
XALKORI CAP 250MG.....	19	
XARELTO TAB 10MG	63	

XARELTO TAB 15MG.....	63	<i>zidovudine cap 100 mg</i>	12
XARELTO TAB 20MG.....	63	<i>zidovudine syrup 10 mg/ml</i>	12
XENAZINE TAB 12.5MG	46	<i>zidovudine tab 300 mg</i>	12
XENAZINE TAB 25MG	46	<i>ziprasidone hcl cap 20 mg</i>	44
XIFAXAN TAB 550MG	60	<i>ziprasidone hcl cap 40 mg</i>	44
XOLAIR SOL 150MG	74	<i>ziprasidone hcl cap 60 mg</i>	44
XOPENEX HFA AER.....	74	<i>ziprasidone hcl cap 80 mg</i>	44
XTANDI CAP 40MG.....	17	ZMAX SUS 2GM	10
XYREM SOL 500MG/ML.....	47	<i>zoledronic acid inj conc for iv infusion 4</i>	
Y		<i>mg/5ml.....</i>	50
YF-VAX INJ	67	ZOLINZA CAP 100MG.....	16
Z		<i>zolmitriptan orally disintegrating tab 2.5</i>	
<i>zafirlukast tab 10 mg</i>	74	<i>mg</i>	46
<i>zafirlukast tab 20 mg</i>	74	<i>zolmitriptan orally disintegrating tab 5 mg</i>	
<i>zaleplon cap 10 mg</i>	45	<i>.....</i>	46
<i>zaleplon cap 5 mg.....</i>	45	<i>zolmitriptan tab 2.5 mg</i>	46
ZAVESCA CAP 100MG.....	53	<i>zolmitriptan tab 5 mg</i>	46
<i>zazole cre 0.4%.....</i>	62	<i>zolpidem tartrate tab 10 mg</i>	45
ZAZOLE CRE 0.8%.....	62	<i>zolpidem tartrate tab 5 mg.....</i>	45
ZELBORAF TAB 240MG	19	ZOMETA INJ 4MG/100	50
ZEMAIRA INJ 1000MG	74	ZONALON CRE 5%	77
ZEMPLAR CAP 1MCG	70	<i>zonisamide cap 100 mg</i>	36
ZEMPLAR CAP 2MCG	70	<i>zonisamide cap 25 mg</i>	36
ZEMPLAR CAP 4MCG	70	<i>zonisamide cap 50 mg</i>	36
ZEMPLAR INJ 2MCG/ML	70	ZORTRESS TAB 0.25MG	67
ZEMPLAR INJ 5MCG/ML	70	ZORTRESS TAB 0.5MG.....	67
<i>zenatane cap 10mg.....</i>	76	ZORTRESS TAB 0.75MG	67
<i>zenatane cap 20mg.....</i>	76	ZOSTAVAX INJ.....	67
<i>zenatane cap 40mg.....</i>	76	<i>zovia 1/35e tab.....</i>	52
ZENPEP CAP 10000UNT	61	<i>zovia 1/50e tab.....</i>	52
ZENPEP CAP 15000UNT	61	ZOVIRAX CRE 5%	77
ZENPEP CAP 20000UNT	61	ZYLET SUS 0.5-0.3%.....	71
ZENPEP CAP 25000UNT	61	ZYMAXID SOL 0.5%	71
ZENPEP CAP 3000UNIT.....	60	ZYTIGA TAB 250MG.....	17
ZENPEP CAP 5000UNIT.....	60	ZYVOX SOL 2MG/ML.....	15
ZETIA TAB 10MG	25	ZYVOX SUS 100MG/5M	15
ZIAGEN SOL 20MG/ML	12	ZYVOX TAB 600MG.....	15