

FORMULARY/ FORMULARIO

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

2014





Molina Medicare 2014 Comprehensive Formulary (List of Covered Drugs)

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

This formulary was updated on January 1, 2014. For more recent information or other questions, please contact us, Molina Medicare Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week. 8 a.m. to 8 p.m., local time, or visit www.molinamedicare.com.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

What is the Molina Medicare Comprehensive 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 (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 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 January 1, 2014. To get updated information about the drugs covered by Molina Medicare, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "cardiovascular drugs". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 92. 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 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 Medicare limits the amount of the drug that Molina Medicare will cover. For example, Molina Medicare provides 9 tablets per 30 days per prescription for Imitrex (sumatriptan). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

If you learn that Molina Medicare 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 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 a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Molina Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

For more information

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

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

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

Molina Medicare's Formulary

The Comprehensive formulary below provides coverage information about all the drugs covered by Molina Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

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.

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

LA stands for Limited Access Drug

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quantity Limits

STC stands for Step Therapy Criteria

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

For more information please refer to the following:

- Provider/Pharmacy Directory
- Visit www.molinamedicare.com.
- The Evidence of Coverage for more information.
- Call Member Services (CA) (800) 665-0898; (IL) (855) 966-5462; (MI) (800) 665-3072; (NM) (866) 440-0127; (OH) (866) 472-4584; (UT) (888) 665-1328; (WA) (800) 665-1029 (WI) (888) 999-2404, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users please call 711.



Molina Medicare Formulario Detallado del 2014 (Lista de los medicamentos cubiertos)

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

Este formulario se actualizó el 1.º de enero del 2014. Para información más reciente o si tiene otras preguntas, por favor comuníquese con el, Departamento de Servicios para Miembros de, Molina Medicare al (888) 665-1328 o los usuarios del servicio TTY marquen 711, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., hora local o visite www.molinamedicare.com.

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

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

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan, el cual está vigente a partir del 1.º de enero del 2014. Por favor, comuníquese con nosotros para recibir un formulario actualizado. Nuestra información de contacto y la fecha en cual se actualizó el formulario por última vez, aparece en las páginas de la portada y contraportada.

Generalmente, debe usar farmacias que participan en la red para usar su beneficio de medicamentos recetados. Los beneficios, formulario, red de farmacias, primas y/o copagos/coseguro pueden cambiar a partir del 1.º de enero del 2015.

¿Qué es el Formulario Detallado de Molina Medicare?

Un formulario es una lista de los medicamentos cubiertos seleccionados por Molina Medicare, conforme el consejo de un grupo de proveedores de la salud, los cuales representan las terapias de medicamentos recetados que se determinan necesarios como parte de un programa de tratamiento de calidad. Generalmente, Molina Medicare cubrirá los medicamentos incluidos en el formulario siempre y cuando el medicamento sea médicamente necesario, la receta médica se surta en una farmacia que participa en la red de Molina Medicare y cuando se respetan las otras reglas del plan. Para más información sobre cómo surtir sus medicamentos recetados, por favor repase su Evidencia de Cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

Generalmente, si usted está tomando un medicamento que aparece en el formulario del 2014 que estaba cubierto a principios del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante la cobertura del año 2014, salvo cuando un medicamento genérico y menos costoso está disponible o cuando se publica nueva información adversa acerca de la seguridad o eficacia del medicamento. Otros tipos de cambios al formulario, tal como quitar un medicamento de nuestro formulario, no afectarán a los miembros que actualmente están tomando el medicamento. Permanecerán disponibles al mismo costo compartido para aquellos miembros que los están tomando durante el resto del año de cobertura. Creemos que es importante que usted continúe teniendo acceso durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando usted eligió a nuestro plan, salvo en los casos cuando usted pueda ahorrar dinero adicional o nosotros podamos asegurar su seguridad.

Si nosotros quitamos medicamentos de nuestro formulario, o añadimos una autorización previa, límites de cantidades y/o restricciones de terapia escalonada para un medicamento o movemos un medicamento a una categoría de costo compartido más alto, nosotros debemos notificar a los miembros afectados por el cambio por lo menos 60 días antes de que el cambio entre en vigor, o en el momento que el miembro solicite surtir su medicamento de nuevo, y en dicho momento el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Alimentos y Medicamentos determina que un medicamento que está en nuestro formulario es inseguro o el fabricante del medicamento quita el medicamento del mercado, nosotros inmediatamente quitaremos el medicamento de nuestro formulario y proporcionaremos un aviso a nuestros miembros que usan el medicamento. El formulario adjunto está actualizado a partir del 1.º de enero del 2014. Por favor, comuníquese con nosotros para recibir información actualizada sobre los medicamentos cubiertos por Molina Medicare. Nuestra información de contacto aparece en las páginas de la portada y contraportada.

¿Cómo utilizo el formulario?

Puede encontrar su medicamento en el formulario de dos maneras:

Condición médica

El formulario empieza en la página 7 Los medicamentos en este formulario están agrupados en categorías dependiendo del tipo de condición médica en cual se utilizan como tratamiento. Por ejemplo, los medicamentos utilizados para el tratamiento de una condición del corazón se enumeran bajo la categoría, "medicamentos cardiovasculares". Si usted conoce el propósito de su medicamento, vea el nombre de la categoría en la lista que empieza más adelante. Después vea bajo el nombre de la categoría por su medicamento.

Lista alfabética

Si no está seguro de la categoría, debería de buscar su medicamento usando el índice que empieza en la página 92. El índice le proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Se incluyen en el índice ambos medicamentos genéricos y de marca registrada. Busque en el índice y encuentre su medicamento. Al lado de su medicamento encontrará el número de la página donde podrá encontrar la información de cobertura. Pase a la página enumerada en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué es un medicamento genérico?

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

¿Existe alguna restricción en mi cobertura?

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

- **Autorización previa:** Molina Medicare le requiere a usted y a su médico obtener una autorización previa para ciertos medicamentos. Esto significa que usted tiene que recibir aprobación por Molina Medicare antes de surtir sus recetas médicas. Si usted no recibe aprobación, es posible que Molina Medicare no cubra el medicamento.
- **Límites de cantidades:** Para ciertos medicamentos, Molina Medicare impone límites en la cantidad del medicamento que Molina Medicare cubrirá. Por ejemplo, Molina Medicare proporciona 9 tabletas durante 30 días por cada receta médica de Imitrex (sumatriptan). Esto puede ser además de un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, Molina Medicare le requiere primero intentar ciertos medicamentos para el tratamiento de su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si ambos Medicamento A y Medicamento B se usan como tratamiento para su condición médica, es posible que Molina Medicare no cubra el Medicamento B al menos que primero intente el Medicamento A. Si el Medicamento A no le ayuda, entonces Molina Medicare cubrirá el Medicamento B.

Puede enterarse si su medicamento tiene cualquier requerimiento o límite adicional repasando el formulario que empieza en la página 7. También puede recibir más información acerca de las restricciones aplicadas a medicamentos recetados específicos visitando nuestro sitio Web. Nuestra información de contacto y la fecha en cual se actualizó el formulario por última vez, aparece en las páginas de la portada y contraportada.

Puede pedirle a Molina Medicare que haga una excepción a estas restricciones o límites o pedir una lista de otros medicamentos recetados semejantes que pueden tratar su condición médica. Vea la sección, "¿Cómo solicito una excepción del formulario de Molina Medicare?" en la página iii para información sobre cómo solicitar una excepción.

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

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

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

- Puede pedirle al Departamento de Servicios para Miembros por una lista de los medicamentos semejantes que están cubiertos por Molina Medicare. Cuando reciba la lista, enséñesela a su médico y pida que le recete un medicamento semejante que está cubierto por Molina Medicare.
- Puede pedirle a Molina Medicare que haga una excepción y cubra su medicamento. Vea a continuación la información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción del formulario de Molina Medicare?

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

- Puede pedirnos que cubramos un medicamento aún si no está incluido en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel de costo compartido predeterminado y no podrá pedirnos que se le proporcione el medicamento a un nivel de costo compartido más bajo.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo si este medicamento no se incluye en la categoría de especialidad. Si se aprueba, esto bajará la cantidad que debe pagar por este medicamento.

- Puede pedirnos que se perdonen las restricciones o límites en cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Molina Medicare impone límites en la cantidad del medicamento que nosotros podemos cubrir. Si su medicamento tiene un límite en cantidad, usted puede pedirnos perdonar el límite y cubrir una cantidad mayor.

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

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

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

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

Para cada uno de sus medicamentos que no están incluidos en nuestro formulario o si su capacidad para obtener su medicamento está limitada, nosotros cubriremos temporalmente un suministro de 31 días (a menos que tenga una receta médica escrita para menos días) cuando usted usa una farmacia que participa en la red. Después de su primer suministro de 31 días, nosotros no pagaremos por estos medicamentos, aun si ha sido un miembro del plan durante menos de los 90 días.

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

Las excepciones están disponibles en situaciones donde usted está pasando por un cambio en el nivel de cuidado que está recibiendo que también requiere que sea trasladado de un centro a otro centro de cuidado. En dichas circunstancias, usted será elegible para una excepción temporal una sola vez, aun si han pasado los primeros 90 días de su membresía con el plan.

Para más información

Para más información detallada sobre su cobertura para medicamentos recetados de Molina Medicare, por favor repase su Evidencia de Cobertura y otros materiales del plan.

Por favor, comuníquese con nosotros si tiene preguntas acerca de Molina Medicare. Nuestra información de contacto y la fecha en cual se actualizó el formulario por última vez, aparecen en las páginas de la portada y contraportada.

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

Formulario de Molina Medicare

El formulario detallado a continuación proporciona información de cobertura acerca de todos los medicamentos cubiertos por Molina Medicare. Si tiene problemas para encontrar su medicamento en la lista, regrese al índice que empieza en la página 92.

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

La información en la columna Requerimientos/Límites (Requirements/Limits) le indica si Molina Medicare tiene algún requerimiento especial para la cobertura de su medicamento.

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

LA significa Medicamento de Acceso Limitado

NM significa Medicamento no Disponible para Ordenar por Correo

PA significa Autorización Previa

QL significa Límites de cantidades

STC significa Criterio de Terapia Escalonada

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

Para más información, por favor consulte lo siguiente:

- Directorio de Proveedores/Farmacias
- O visite www.molinamedicare.com.
- La Evidencia de Cobertura, para más información.
- Comuníquese con el Departamento de Servicios para Miembros (CA) (800) 665-0898; (IL) (855) 966-5462; (MI) (800) 665-3072; (NM) (866) 440-0127; (OH) (866) 472-4584; (UT) (888) 665-1328; (WA) (800) 665-1029 (WI) (888) 999-2404, los 7 días de la semana, 8:00 a.m. a 8:00 p.m., horal local. Los usuarios de TTY/TDD, favor de marcar 711.

Drug Name	Drug Tier	Requirements/Limits
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 (120 tabs / 30 days)
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	ST
ULORIC TAB 80MG	2	ST
NSAIDS		
CELEBREX CAP 50MG	2	QL (60 caps / 30 days)
CELEBREX CAP 100MG	2	QL (60 caps / 30 days)
CELEBREX CAP 200MG	2	QL (60 caps / 30 days)
CELEBREX CAP 400MG	2	QL (60 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab sr 24hr 100 mg</i>	1	
<i>diflunisal tab 500 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab sr 24hr 400 mg</i>	1	
<i>etodolac tab sr 24hr 500 mg</i>	1	
<i>etodolac tab sr 24hr 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap sr 24hr 200 mg</i>	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	

OPIOID 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>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (5400mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

<i>astramorph inj 1mg/2ml</i>	1	B/D
<i>astramorph inj 10/10ml</i>	1	B/D
AVINZA CAP 30MG	3	QL (60 caps / 30 days)
AVINZA CAP 45MG	3	QL (60 caps / 30 days)
AVINZA CAP 60MG	3	QL (60 caps / 30 days)
AVINZA CAP 75MG	3	QL (60 caps / 30 days)
AVINZA CAP 90MG	3	QL (60 caps / 30 days)
AVINZA CAP 120MG	3	QL (60 caps / 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (360 tabs / 30 days)
ENDODAN TAB	1	QL (360 tabs / 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 ptch / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 ptch / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 ptch / 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	
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 (30 bottles / 30 days), NM, PA
LAZANDA SPR 400MCG	4	QL (30 bottles / 30 days), NM, PA
<i>methadone hcl conc 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
MORPHINE SUL INJ 4MG/ML	1	B/D
MORPHINE SUL INJ 8MG/ML	1	B/D
MORPHINE SULFATE (CONCENTRATE) ORAL SOLN 20 MG/ML	1	
<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
MORPHINE SULFATE IV SOLN 1 MG/ML	1	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	1	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	1	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	1	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	1	
MORPHINE SULFATE TAB 15 MG	1	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	1	QL (180 tabs / 30 days)
<i>morphine sulfate tab cr 15 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 30 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 60 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 200 mg</i>	1	QL (60 tabs / 30 days)
OXYCODONE HCL CAP 5 MG	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC 20 MG/ML	1	
OXYCODONE HCL SOLN 5 MG/5ML	1	
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>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)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 0.5%</i>	1	B/D
<i>lidocaine hcl local inj 1%</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl local inj 1.5%</i>	1	B/D
<i>lidocaine hcl local inj 2%</i>	1	B/D
<i>lidocaine hcl local inj 4%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	B/D
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	1	
<i>gentam/nacl inj 0.9mg/ml</i>	1	
<i>gentam/nacl inj 1.4mg/ml</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
<i>sulfadiazine tab 500mg</i>	3	
TOBI NEB 300/5ML	4	B/D, NM
<i>tobra/nacl inj 60/0.9</i>	2	
<i>tobra/nacl inj 80/0.9</i>	2	
<i>tobramycin sulfate for inj 1.2 gm</i>	1	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	1	
<i>tobramycin sulfate inj 10 mg/ml</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	1	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA TAB 200MG	3	
ALINIA SUS 100MG/5M	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	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 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	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	1	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	1	
<i>colistimethate sodium for inj 150 mg</i>	1	
CUBICIN SOL 500MG	4	B/D, NM
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
DARAPRIM TAB 25MG	3	
DORIBAX INJ 250MG	3	
DORIBAX INJ 500MG	3	
<i>e.s.p. sus 200-600</i>	1	
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	1	
<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 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
METRO IV INJ 5MG/ML	2	
<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 macrocrystalline cap 100 mg</i>	1	PA
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
PENTAM 300 INJ 300MG	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<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
<i>vancomycin hcl for inj 5000 mg</i>	1	B/D
<i>vancomycin inj 750mg</i>	1	B/D
ZYVOX SOL 2MG/ML	4	NM
ZYVOX SUS 100MG/5M	4	NM
ZYVOX TAB 600MG	4	NM

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 50MG	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 200 mg/100ml</i>	1	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>flucytosine cap 250 mg</i>	4	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	

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole cap 100 mg</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	
MYCAMINE INJ 50MG	3	
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
<i>voriconazole for inj 200 mg</i>	1	
<i>voriconazole tab 50 mg</i>	4	NM
<i>voriconazole tab 200 mg</i>	4	NM

ANTIMALARIALS

ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	2	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	2	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
APTIVUS CAP 250MG	4	NM
APTIVUS SOL	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	
FUZEON INJ 90MG	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

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	4	NM
NEVIRAPINE SUSP 50 MG/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	2	
PREZISTA TAB 400MG	4	NM
PREZISTA TAB 600MG	4	NM
PREZISTA TAB 800MG	4	NM
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
RETROVIR INJ 10MG/ML	2	
REYATAZ CAP 100MG	2	
REYATAZ CAP 150MG	4	NM
REYATAZ CAP 200MG	4	NM
REYATAZ CAP 300MG	4	NM
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	
SUSTIVA CAP 50MG	2	
SUSTIVA CAP 200MG	2	
SUSTIVA TAB 600MG	2	
VIDEX SOL 2GM	3	
VIDEX SOL 4GM	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	

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
ANTIRETROVIRAL COMBINATION AGENTS		
ATRIPLA TAB	4	NM
COMPLERA TAB	4	NM
EPZICOM TAB 600-300	4	NM
KALETRA SOL	4	NM
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
STRIBILD TAB	4	NM
TRIZIVIR TAB	4	NM
TRUVADA TAB 200-300	4	NM
ANTITUBERCULAR AGENTS		
CAPASTAT SUL INJ 1GM	4	NM
<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	3	
<i>paser gra 4gm</i>	2	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
RIFATER TAB	3	
<i>seromycin cap 250mg</i>	3	
SIRTURO TAB 100MG	4	NM, LA, PA
TRECTOR TAB 250MG	3	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir na inj 50mg/ml</i>	1	B/D
<i>acyclovir sodium for inj 500 mg</i>	1	B/D
<i>acyclovir sodium for inj 1000 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	
BARACLUDE SOL .05MG/ML	2	
BARACLUDE TAB 0.5MG	4	NM
BARACLUDE TAB 1MG	4	NM

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV SOL 5MG/ML	3	
EPIVIR HBV TAB 100MG	3	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>ganciclovir sodium for inj 500 mg</i>	1	B/D
HEPSERA TAB 10MG	4	NM, ST
INCIVEK TAB 375MG	4	NM, PA
REBETOL SOL 40MG/ML	4	NM, PA
RELENZA MIS DISKHALE	2	
<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 cap 200mg</i>	1	NM, PA
<i>ribasphere tab 200mg</i>	1	NM, PA
<i>ribasphere tab 400mg</i>	1	NM, PA
<i>ribasphere tab 600mg</i>	4	NM, PA
<i>ribavirin cap 200 mg</i>	1	NM, PA
<i>ribavirin tab 200 mg</i>	1	NM, PA
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	2	
TAMIFLU CAP 45MG	2	
TAMIFLU CAP 75MG	2	
TAMIFLU SUS 6MG/ML	2	
TYZEKA TAB 600MG	4	NM
<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
VICTRELIS CAP 200MG	4	NM, PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor er tab 500mg</i>	2	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefazolin inj 1gm/50ml</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 20 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for iv soln 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
<i>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 1 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cefuroxime inj 7.5gm</i>	1	
<i>cefuroxime sodium for inj 1.5 gm</i>	1	
<i>cefuroxime sodium for inj 7.5 gm</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	1	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
SUPRAX CAP 400MG	2	
<i>suprax chw 100mg</i>	3	
<i>suprax chw 200mg</i>	3	
<i>suprax sus 100/5ml</i>	2	
<i>suprax sus 200/5ml</i>	2	
SUPRAX SUS 500/5ML	2	
<i>suprax tab 400mg</i>	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
ERYTHROMYCINS/MACROLIDES		
<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	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab sr 24hr 500 mg</i>	1	
DIFICID TAB 200MG	4	NM, ST
<i>e.e.s. 400 tab 400mg</i>	1	
E.E.S. GRAN SUS 200/5ML	3	
<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	3	
ERYPED SUS 400/5ML	3	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
ZMAX SUS 2GM	2	
FLUOROQUINOLONES		
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin 400 mg/200ml 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 200 mg/20ml (1%)</i>	1	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-571 mg</i>		
<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 400-571 mg/5ml</i>		
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1-0.5 gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 10-5 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1-0.5 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 2-1 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 10 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 1 gm</i>	1	
<i>ampicillin sodium for iv soln 2 gm</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
BICILLIN 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>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	4	NM
<i>nafcillin sodium for inj 10 gm</i>	4	NM
<i>nafcillin sodium for iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	4	NM
<i>oxacillin sodium for inj 1 gm</i>	1	
<i>oxacillin sodium for inj 2 gm</i>	1	
<i>oxacillin sodium for inj 10 gm</i>	4	NM
<i>pen g proc inj 600000</i>	2	
PENICILL GK/ INJ DEX 2MU	3	
PENICILL GK/ INJ DEX 3MU	3	
<i>penicillin g potassium for inj 5000000 unit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 2-0.25 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 4-0.5 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 36-4.5 gm</i>	1	
TIMENTIN INJ 3.1GM	3	
TIMENTIN INJ 31GM	3	

TETRACYCLINES

<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
VIBRAMYCIN SYP 50MG/5ML	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	3	B/D
CEENU CAP 10MG	2	
CEENU CAP 40MG	2	
<i>cyclophosph inj 1gm</i>	1	B/D
<i>cyclophosph inj 2gm</i>	1	B/D
<i>cyclophosph inj 500mg</i>	1	B/D
<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	3	

Drug Name	Drug Tier	Requirements/Limits
HEXALEN CAP 50MG	4	NM
IFEX INJ 3GM	3	B/D
<i>ifosfamide for inj 1 gm</i>	1	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	B/D
LEUKERAN TAB 2MG	3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	4	B/D, NM
MUSTARGEN INJ 10MG	3	B/D
TREANDA INJ 25MG	4	B/D, NM
TREANDA INJ 100MG	4	B/D, NM

ANTHRACYCLINES

<i>adriamyc inj 50mg</i>	1	B/D
<i>adriamycin inj 2mg/ml</i>	1	B/D
<i>adriamycin inj 20mg</i>	1	B/D
<i>daunorubicin hcl for inj 20 mg</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 for inj 50 mg</i>	1	B/D
<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>epirubicin hcl inj 200 mg/100ml (2 mg/ml)</i>	1	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	4	B/D, NM
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	4	B/D, NM
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	4	B/D, NM

ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	1	B/D
<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

<i>adrucil inj 2.5g/50m</i>	1	B/D
<i>adrucil inj 5gm/100m</i>	1	B/D
ALIMTA INJ 100MG	4	B/D, NM
ALIMTA INJ 500MG	4	B/D, NM
<i>cladribine inj 1 mg/ml</i>	4	B/D, NM
<i>cytarabine for inj 100 mg</i>	1	B/D
<i>cytarabine for inj 500 mg</i>	1	B/D
<i>cytarabine inj 20 mg/ml</i>	1	B/D
<i>fludarabine phosphate for inj 50 mg</i>	1	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	1	B/D
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	4	B/D, NM
<i>gemcitabine hcl for inj 2 gm</i>	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl for inj 200 mg</i>	4	B/D, NM
GEMCITABINE INJ 1GM	4	B/D, NM
GEMCITABINE INJ 2GM	4	B/D, NM
GEMCITABINE INJ 200MG	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	3	
VIDAZA INJ 100MG	4	B/D, NM

ANTIMITOTIC, TAXOIDS

DOCETAXEL FOR INJ CONC 20 MG/ML	4	B/D, NM
DOCETAXEL FOR INJ CONC 80 MG/4ML (204 MG/ML)		B/D, NM
DOCETAXEL INJ 20/0.5ML	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 30 mg/5ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	B/D
TAXOTERE INJ 20MG/ML	4	B/D, NM
TAXOTERE INJ 80MG/2ML	4	B/D, NM
TAXOTERE INJ 80MG/4ML	4	B/D, NM

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine inj 10mg</i>	2	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 10 mg/ml</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
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, PA

Drug Name	Drug Tier	Requirements/Limits
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	3	B/D
<i>exemestane tab 25 mg</i>	1	ST
FARESTON TAB 60MG	4	NM
FASLODEX INJ 250MG	4	B/D, NM
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	NM, PA
LUPR DEP-PED INJ 7.5MG	4	NM, PA
LUPR DEP-PED INJ 11.25MG	4	NM, PA
LUPR DEP-PED INJ 11.25MG	4	QL (1 box / 84 days), NM, PA
LUPR DEP-PED INJ 15MG	4	NM, PA
LUPR DEP-PED INJ 30MG	4	QL (1 box / 84 days), NM, PA
LUPRON DEPOT INJ 3.75MG	4	QL (1 box / 30 days), NM, PA
LYSODREN TAB 500MG	2	
MEGACE ES SUS 625/5ML	2	QL (150 mL / 30 days), PA
<i>megestrol acetate susp 40 mg/ml</i>	1	PA
<i>megestrol acetate tab 20 mg</i>	1	PA
<i>megestrol acetate tab 40 mg</i>	1	PA
NILANDRON TAB 150MG	4	NM
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	NM, PA
TRELSTAR LA INJ 11.25MG	4	NM, PA
XTANDI CAP 40MG	4	NM, LA, PA
ZYTIGA TAB 250MG	4	NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	4	NM, PA
AFINITOR DIS TAB 3MG	4	NM, PA
AFINITOR DIS TAB 5MG	4	NM, PA
AFINITOR TAB 2.5MG	4	NM, PA
AFINITOR TAB 5MG	4	NM, PA
AFINITOR TAB 7.5MG	4	NM, PA
AFINITOR TAB 10MG	4	NM, PA
BOSULIF TAB 100MG	4	NM, PA
BOSULIF TAB 500MG	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
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	NM, PA
GLEEVEC TAB 400MG	4	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	NM, LA, PA
JAKAFI TAB 10MG	4	NM, LA, PA
JAKAFI TAB 15MG	4	NM, LA, PA
JAKAFI TAB 20MG	4	NM, LA, PA
JAKAFI TAB 25MG	4	NM, LA, PA
MEKINIST TAB 0.5MG	4	NM, PA
MEKINIST TAB 2MG	4	NM, PA
NEXAVAR TAB 200MG	4	NM, LA, PA
SPRYCEL TAB 20MG	4	NM, PA
SPRYCEL TAB 50MG	4	NM, PA
SPRYCEL TAB 70MG	4	NM, PA
SPRYCEL TAB 80MG	4	NM, PA
SPRYCEL TAB 100MG	4	NM, PA
SPRYCEL TAB 140MG	4	NM, PA
STIVARGA TAB 40MG	4	NM, LA, PA
SUTENT CAP 12.5MG	4	NM, PA
SUTENT CAP 25MG	4	NM, PA
SUTENT CAP 50MG	4	NM, PA
TAFINLAR CAP 50MG	4	NM, PA
TAFINLAR CAP 75MG	4	NM, PA
TARCEVA TAB 25MG	4	NM, PA
TARCEVA TAB 100MG	4	NM, PA
TARCEVA TAB 150MG	4	NM, PA
TASIGNA CAP 150MG	4	NM, PA
TASIGNA CAP 200MG	4	NM, PA
TYKERB TAB 250MG	4	NM, LA, PA
VOTRIENT TAB 200MG	4	NM, PA
XALKORI CAP 200MG	4	NM, LA, PA
XALKORI CAP 250MG	4	NM, LA, PA
ZELBORAF TAB 240MG	4	NM, LA, PA
MISCELLANEOUS		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	

Drug Name	Drug Tier	Requirements/Limits
DROXIA CAP 400MG	2	
ELSPAR INJ 10000UNT	3	B/D, NM
<i>hydroxyurea cap 500 mg</i>	1	
MATULANE CAP 50MG	4	NM
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	B/D, NM
POMALYST CAP 1MG	4	NM, LA, PA
POMALYST CAP 2MG	4	NM, LA, PA
POMALYST CAP 3MG	4	NM, LA, PA
POMALYST CAP 4MG	4	NM, LA, PA
SYLATRON KIT 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
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	1	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	1	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	1	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	1	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	B/D
<i>oxaliplatin for iv inj 50 mg</i>	4	B/D, NM
<i>oxaliplatin for iv inj 100 mg</i>	4	B/D, NM
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	B/D, NM
<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 250 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
ELITEK INJ 7.5MG	4	B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	1	B/D
<i>leucovorin calcium for inj 100 mg</i>	1	B/D
<i>leucovorin calcium for inj 200 mg</i>	1	B/D
<i>leucovorin calcium for inj 350 mg</i>	1	B/D
<i>leucovorin calcium inj 10 mg/ml</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>leucovorin inj calcium</i>	1	B/D
<i>mesna inj 100 mg/ml</i>	1	B/D
MESNEX TAB 400MG	4	NM

TOPOISOMERASE INHIBITORS

<i>etoposide inj 20 mg/ml</i>	1	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D, NM
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D, NM
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D, NM
<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	
<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 20-251 mg</i>		
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab1 5-12.5 mg</i>		
<i>enalapril maleate & hydrochlorothiazide tab1 10-25 mg</i>		

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

ACE INHIBITORS

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

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone tab 25 mg</i>	1	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	
<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	
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	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	2	
EXFORGEH/5- TAB 160-12.5	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-25MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-12.5	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-25MG	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.51 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>		
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

BENICAR TAB 5MG	2	QL (60 tabs / 30 days)
BENICAR TAB 20MG	2	QL (30 tabs / 30 days)
BENICAR TAB 40MG	2	
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	
<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	

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	PA
<i>disopyramide phosphate cap 150 mg</i>	1	PA

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	PA
NORPACE CAP 150MG CR	3	PA
<i>pacerone tab 100mg</i>	3	
<i>pacerone tab 200mg</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 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 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, PA
TIKOSYN CAP 250MCG	3	NM, PA
TIKOSYN CAP 500MCG	3	NM, PA

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)

Drug Name	Drug Tier	Requirements/Limits
CRESTOR TAB 20MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 40MG	2	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	1	QL (120 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
FENOFIBRATE MICRONIZED CAP 43 MG	1	QL (60 caps / 30 days)
<i>fenofibrate micronized cap 67 mg</i>	1	QL (30 caps / 30 days)
FENOFIBRATE MICRONIZED CAP 130 MG	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
LOVAZA CAP 1GM	2	
NIASPAN TAB 500MG ER	3	QL (90 ea / 30 days)
NIASPAN TAB 750MG ER	3	QL (60 ea / 30 days)
NIASPAN TAB 1000 ER	3	
<i>prevalite pow 4gm</i>	1	
VASCEPA CAP 1GM	3	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	
ZETIA TAB 10MG	3	

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	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab sr 24hr 25 mg</i>	1	QL (60 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 50 mg</i>	1	QL (60 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 100 mg</i>	1	QL (45 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 200 mg</i>	1	
<i>metoprolol tartrate inj 1 mg/ml</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap sr 24hr 60 mg</i>	1	
<i>propranolol hcl cap sr 24hr 80 mg</i>	1	
<i>propranolol hcl cap sr 24hr 120 mg</i>	1	
<i>propranolol hcl cap sr 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>afeditab tab 30mg cr</i>	1	QL (60 tabs / 30 days)
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg</i>	1	QL (45 tabs / 30 days)
<i>amlodipine besylate tab 5 mg</i>	1	QL (45 tabs / 30 days)
<i>amlodipine besylate tab 10 mg</i>	1	
<i>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 180mg</i>	1	
<i>dilt-cd cap 240mg</i>	1	
<i>dilt-cd cap 300mg</i>	1	
<i>dilt-xr cap 120mg</i>	1	QL (30 caps / 30 days)
<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 cap sr 24hr 120 mg</i>	1	QL (30 caps / 30 days)
<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 180 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab sr 24hr osmotic 60 mg</i>	1	
<i>nifedipine tab sr 24hr osmotic 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
NYMALIZE SOL 60/20ML	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	
VERAPAMIL HCL CAP SR 24HR 360 MG	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab cr 120 mg</i>	1	
<i>verapamil hcl tab cr 180 mg</i>	1	
<i>verapamil hcl tab cr 240 mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin inj 0.25 mg/ml</i>	1	
DIGOXIN ORAL SOLN 0.05 MG/ML	1	PA
<i>digoxin tab 0.25 mg</i>	1	PA
<i>digoxin tab 0.125 mg</i>	1	QL (30 tabs / 30 days)
LANOXIN TAB 0.25MG	2	PA
LANOXIN TAB 0.125MG	2	QL (30 tabs / 30 days)
DIRECT RENIN INHIBITORS/COMBINATIONS		
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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA TAB 150MG	2	QL (30 tabs / 30 days)
TEKTURNA TAB 300MG	2	

DIURETICS

<i>acetazolamide cap sr 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	2	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
EDECRIN TAB 25MG	3	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide sol 8mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide inj 20mg/2ml</i>	1	
<i>toremide inj 50mg/5ml</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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

<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	
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	
<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 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	

Drug Name	Drug Tier	Requirements/Limits
<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

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
<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 (90 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (90 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>flvoxamine maleate tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>flvoxamine maleate tab 50 mg</i>	1	QL (45 tabs / 30 days)
<i>flvoxamine maleate tab 100 mg</i>	1	
<i>lorazepam con 2mg/ml</i>	1	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	1	
<i>lorazepam inj 4 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 30 days)

ANTICONVULSANTS

BANZEL SUS 40MG/ML	4	NM
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	4	NM
<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 per 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (4800 tabs per 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (600 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (1200 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (600 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 30 days), PA
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 30 days), PA
<i>diazepam inj 5 mg/ml</i>	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	1	
<i>diazepam soln 1 mg/ml</i>	1	QL (1200 mL / 30 days), PA
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 30 days), PA
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 30 days), PA
<i>dilantin cap 30mg</i>	2	
<i>dilantin cap 100mg</i>	2	
<i>dilantin chw 50mg</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium cap sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 250 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	4	NM
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	4	NM
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	1	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab sr 24hr 25 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 TAB 5MG	3	PA
ONFI TAB 10MG	3	PA
ONFI TAB 20MG	3	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
PHENOBARB INJ 65MG/ML	1	PA
<i>phenobarbital elixir 20 mg/5ml</i>	1	PA
<i>phenobarbital sodium inj 130 mg/ml</i>	1	PA
<i>phenobarbital tab 15 mg</i>	1	PA
<i>phenobarbital tab 16.2 mg</i>	1	PA
<i>phenobarbital tab 30 mg</i>	1	PA
<i>phenobarbital tab 32.4 mg</i>	1	PA
<i>phenobarbital tab 60 mg</i>	1	PA
<i>phenobarbital tab 64.8 mg</i>	1	PA
<i>phenobarbital tab 97.2 mg</i>	1	PA
<i>phenobarbital tab 100 mg</i>	1	PA
<i>phenytek cap 200mg</i>	2	
<i>phenytek cap 300mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
POTIGA TAB 50MG	3	
POTIGA TAB 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
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 SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	3	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
VIMPAT INJ 200MG/20	3	QL (1200 mL / 30 days)
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	
<i>donepezil hydrochloride tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	
EXELON DIS 4.6MG/24	3	QL (30 ptch / 30 days)
EXELON DIS 9.5MG/24	3	QL (30 ptch / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EXELON SOL 2MG/ML	3	
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	1	
NAMENDA SOL 10MG/5ML	2	
NAMENDA TAB 5-10MG	2	
NAMENDA TAB 5MG	2	QL (60 tabs / 30 days)
NAMENDA TAB 10MG	2	
<i>rivastigmine tartrate cap 1.5 mg</i>	1	
<i>rivastigmine tartrate cap 3 mg</i>	1	
<i>rivastigmine tartrate cap 4.5 mg</i>	1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	1	PA
<i>amitriptyline hcl tab 25 mg</i>	1	PA
<i>amitriptyline hcl tab 50 mg</i>	1	PA
<i>amitriptyline hcl tab 75 mg</i>	1	PA
<i>amitriptyline hcl tab 100 mg</i>	1	PA
<i>amitriptyline hcl tab 150 mg</i>	1	PA
<i>amoxapine tab 25mg</i>	2	
<i>amoxapine tab 50mg</i>	2	
<i>amoxapine tab 100mg</i>	2	
<i>amoxapine tab 150mg</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)

Drug Name	Drug Tier	Requirements/Limits
<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	PA
<i>clomipramine hcl cap 50 mg</i>	1	PA
<i>clomipramine hcl cap 75 mg</i>	1	PA
CYMBALTA CAP 20MG	3	QL (60 caps / 30 days)
CYMBALTA CAP 30MG	3	QL (60 caps / 30 days)
CYMBALTA CAP 60MG	3	QL (60 caps / 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	PA
<i>doxepin hcl cap 25 mg</i>	1	PA
<i>doxepin hcl cap 50 mg</i>	1	PA
<i>doxepin hcl cap 75 mg</i>	1	PA
<i>doxepin hcl cap 100 mg</i>	1	PA
<i>doxepin hcl cap 150 mg</i>	1	PA
<i>doxepin hcl conc 10 mg/ml</i>	1	PA
EMSAM DIS 6MG/24HR	3	QL (30 ptch / 30 days), PA
EMSAM DIS 9MG/24HR	3	QL (30 ptch / 30 days), PA
EMSAM DIS 12MG/24H	3	QL (30 ptch / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
<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)
FORFIVO XL TAB 450MG	3	
<i>imipramine hcl tab 10 mg</i>	1	PA
<i>imipramine hcl tab 25 mg</i>	1	PA
<i>imipramine hcl tab 50 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<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 tabs / 30 days)
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	1	QL (60 tabs / 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)
<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	PA
<i>trimipramine maleate cap 50 mg</i>	1	PA
<i>trimipramine maleate cap 100 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	1	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	1	
<i>venlafaxine hcl tab 37.5 mg</i>	1	
<i>venlafaxine hcl tab 50 mg</i>	1	
<i>venlafaxine hcl tab 75 mg</i>	1	
<i>venlafaxine hcl tab 100 mg</i>	1	
VIIBRYD KIT	3	
VIIBRYD TAB 10MG	3	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	3	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	3	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	4	NM, LA, PA
AZILECT TAB 0.5MG	2	
AZILECT TAB 1MG	2	
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	PA
<i>benztropine mesylate tab 1 mg</i>	1	PA
<i>benztropine mesylate tab 2 mg</i>	1	PA
<i>bromocriptine mesylate cap 5 mg</i>	1	
<i>bromocriptine mesylate tab 2.5 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab cr 25-100 mg</i>	1	
<i>carbidopa & levodopa tab cr 50-200 mg</i>	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	1	

Drug Name	Drug Tier	Requirements/Limits
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	1	
<i>entacapone tab 200 mg</i>	1	
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	
ANTIPSYCHOTICS		
ABILIFY DISC TAB 10MG	4	QL (60 tabs / 30 days), NM
ABILIFY DISC TAB 15MG	4	QL (60 tabs / 30 days), NM
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	4	QL (900 mL / 30 days), NM
ABILIFY TAB 2MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 5MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 10MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 15MG	3	QL (30 tabs / 30 days)

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
ABILIFY TAB 20MG	4	QL (30 tabs / 30 days), NM
ABILIFY TAB 30MG	4	QL (30 tabs / 30 days), NM
<i>chlorpromaz inj 25mg/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 ORALLY DISINTEGRATING TAB 1 12.5 MG		PA
CLOZAPINE ORALLY DISINTEGRATING TAB 1 25 MG		PA
CLOZAPINE ORALLY DISINTEGRATING TAB 1 100 MG		QL (270 ea / 30 days), PA
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	1	QL (135 tabs / 30 days)
FANAPT PAK	3	ST
FANAPT TAB 1MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 2MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 4MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 6MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 8MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 10MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 12MG	3	QL (60 tabs / 30 days), ST
FAZACLO TAB 12.5/ODT	3	PA
FAZACLO TAB 25MG ODT	3	PA
FAZACLO TAB 100/ODT	3	QL (270 tabs / 30 days), PA
FAZACLO TAB 150MG	3	QL (180 tabs / 30 days), PA
FAZACLO TAB 200MG	3	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 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 (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (60 tabs / 30 days), NM
<i>olanzapine tab 2.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	1	QL (60 tabs / 30 days)
ORAP TAB 1MG	3	
ORAP TAB 2MG	3	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	1	QL (90 tabs / 30 days)
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	
SAPHRIS SUB 10MG	3	
SEROQUEL XR TAB 50MG	3	QL (120 tab / 30 days)
SEROQUEL XR TAB 150MG	3	QL (30 tabs / 30 days)
SEROQUEL XR TAB 200MG	3	QL (30 tabs / 30 days)
SEROQUEL XR TAB 300MG	3	QL (60 tabs / 30 days)
SEROQUEL XR TAB 400MG	3	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<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 (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	1	QL (90 caps / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.51 mg</i>	1	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
INTUNIV TAB 1MG	3	ST
INTUNIV TAB 2MG	3	ST
INTUNIV TAB 3MG	3	ST
INTUNIV TAB 4MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab cr 10 mg</i>	1	QL (90 ea / 30 days)
<i>methylphenidate hcl tab cr 20 mg</i>	1	QL (90 ea / 30 days)
STRATTERA CAP 10MG	3	QL (120 caps / 30 days)
STRATTERA CAP 18MG	3	QL (120 caps / 30 days)
STRATTERA CAP 25MG	3	QL (120 caps / 30 days)
STRATTERA CAP 40MG	3	QL (60 caps / 30 days)
STRATTERA CAP 60MG	3	QL (30 caps / 30 days)
STRATTERA CAP 80MG	3	QL (30 caps / 30 days)
STRATTERA CAP 100MG	3	QL (30 caps / 30 days)

HYPNOTICS

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

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 tab 5 mg</i>	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg</i>	1	QL (12 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	1	QL (12 sprays / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	1	QL (12 sprays / 30 days)
SUMATRIPTAN SUCCINATE INJ 4 MG/0.5ML	1	QL (4 mL / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs per 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs per 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs per 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs per 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	3	
MESTINON TAB TIMESPAN	2	
NUDEXTA 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	3	
SAVELLA TAB 12.5MG	3	QL (480 tabs / 30 days)
SAVELLA TAB 25MG	3	QL (240 tabs / 30 days)
SAVELLA TAB 50MG	3	QL (120 tabs / 30 days)
SAVELLA TAB 100MG	3	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		
AVONEX KIT 30MCG	4	QL (4 boxes / 28 days), NM, PA
AVONEX PEN 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
TYSABRI INJ 300/15ML	4	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	1	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	4	QL (60 tabs / 30 days), NM, PA
XYREM SOL 500MG/ML	4	QL (540 mL / 30 days), NM, LA

PSYCHOTHERAPEUTIC-MISC

<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 (2688 cartridges / year)
NICOTROL NS SPR 10MG/ML	3	QL (36 bottles / year)

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM DIS 2MG/24HR	3	QL (30 ea / 30 days), PA
ANDRODERM DIS 4MG/24HR	3	QL (30 ea / 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)	2	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	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INJECTABLE		
ALCOHOL PREP PAD	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	4	B/D, NM
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	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 pens / 30 days), PA
SYMLINPEN 120 INJ 1000MCG	3	QL (4 pens / 30 days), PA
VICTOZA INJ 18MG/3ML	2	QL (9 mL / 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)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab sr 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab sr 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab sr 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<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

Drug Name	Drug Tier	Requirements/Limits
<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 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	2	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	2	QL (30 tabs / 30 days)
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 tabs / 30 days)
<i>metformin hcl tab sr 24hr 750 mg</i>	1	QL (60 tabs / 30 days)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>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)
RIOMET SOL	3	QL (946 mL / 30 days)
TRADJENTA TAB 5MG	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BISPHOSPHONATES		
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tabs / 28 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	B/D
<i>pamidronate inj 6mg/ml</i>	1	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
ZOMETA INJ 4MG/5ML	4	B/D, NM
ZOMETA INJ 4MG/100	4	B/D, NM
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
EXJADE TAB 500MG	4	NM, LA, PA
<i>kionex pow usp</i>	1	
<i>kionex sus 15gm/60</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sps sus 15gm/60</i>	1	
SYPRINE CAP 250MG	4	NM
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</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>heather tab 0.35mg</i>	1	
<i>introvale tab</i>	1	
JOLIVETTE TAB 0.35MG	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<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 & ethinyl estradiol tab 0.1 mg-20 mcg</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>lutera tab</i>	1	
<i>marlissa tab 0.15/30</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	
<i>microgestin tab 1.5/30</i>	1	
<i>microgestin tab 1/20</i>	1	
<i>microgestin tab fe1.5/30</i>	1	
<i>microgestin tab fe 1/20</i>	1	
MONONESSA TAB	1	
<i>myzilra tab</i>	1	
<i>necon tab 0.5/35</i>	1	
<i>necon tab 1/35</i>	1	
NECON TAB 1/50-28	2	
NECON TAB 7/7/7	1	
<i>necon tab 10/11-28</i>	2	
<i>next choice tab 1.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NORA-BE TAB 0.35MG	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norgestimate-eth estrad tab</i>	1	
<i>0.18-35/0.215-35/0.25-35 mg-mcg</i>		
NORINYL TAB 1+50-28	2	
<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>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>syeda tab 3-0.03mg</i>	1	
<i>tri-legest tab fe</i>	1	
<i>tri-previfem tab</i>	1	
<i>tri-sprintec tab</i>	1	
TRINESSA TAB	1	
<i>trivora-28 tab</i>	1	
<i>velivet pak</i>	1	
<i>viorele tab</i>	1	
<i>zarah tab 3-0.03mg</i>	1	
<i>zenchent 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	
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	4	NM
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	4	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	4	NM, LA, PA
BUPHENYL TAB 500MG	4	NM
CARBAGLU TAB 200MG	4	NM, LA, PA
CEREZYME INJ 200UNIT	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CEREZYME INJ 400UNIT	4	NM, PA
CYSTADANE POW	4	NM
CYSTAGON CAP 50MG	3	NM, PA
CYSTAGON CAP 150MG	3	NM, PA
ELAPRASE INJ 6MG/3ML	4	NM, PA
ELELYSO INJ 200UNIT	4	NM, PA
FABRAZYME INJ 5MG	4	NM, PA
FABRAZYME INJ 35MG	4	NM, PA
KUVAN TAB 100MG	4	NM, PA
<i>levocarnitine inj 200 mg/ml</i>	1	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	B/D
<i>levocarnitine tab 330 mg</i>	1	B/D
LUMIZYME INJ 50MG	4	NM, PA
MYOZYME INJ 50MG	4	NM, PA
NAGLAZYME INJ 1MG/ML	4	NM, LA, PA
ORFADIN CAP 2MG	4	NM, LA, PA
ORFADIN CAP 5MG	4	NM, LA, PA
ORFADIN CAP 10MG	4	NM, LA, PA
PROCYSBI CAP 25MG	4	NM, LA, PA
PROCYSBI CAP 75MG	4	NM, LA, PA
<i>sodium phenylbutyrate oral powder</i>	4	NM
VPRIV INJ 400UNIT	4	NM, PA
ZAVESCA CAP 100MG	4	NM, LA, PA

ESTROGENS

COMBIPATCH DIS .05/.14	3	PA
COMBIPATCH DIS .05/.25	3	PA
<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
ESTRADIOL VALERATE IM IN OIL 10 MG/ML	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>menest tab 0.3mg</i>	2	PA
<i>menest tab 0.625mg</i>	2	PA
<i>menest tab 1.25mg</i>	2	PA
<i>menest tab 2.5mg</i>	2	PA
PREMARIN VAG CRE 0.625MG	3	
VAGIFEM TAB 10MCG	3	

Drug Name	Drug Tier	Requirements/Limits
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>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative1 free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sodium succinate for inj1 40 mg</i>	1	
<i>methylprednisolone sodium succinate for inj1 125 mg</i>	1	
<i>methylprednisolone sodium succinate for inj1 500 mg</i>	1	
<i>methylprednisolone sodium succinate for inj1 1000 mg</i>	1	
<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	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral soln 251 mg/5ml (base eq)</i>		
<i>prednisolone syrup 15 mg/5ml (usp solution1 equivalent)</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 5 mg dose pack</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 10 mg dose pack</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	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTICAL SPR 200/ACT	2	
INCRELEX INJ 40MG/4ML	4	NM, LA, PA
<i>methylergonovine maleate tab 0.2 mg</i>	1	
<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

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN KIT LAR 30MG	4	NM, PA
SOMATULINE INJ 60/0.2ML	4	NM, PA
SOMATULINE INJ 90/0.3ML	4	NM, PA
SOMATULINE INJ 120/.5ML	4	NM, PA
SOMAVERT INJ 10MG	4	NM, LA, PA
SOMAVERT INJ 15MG	4	NM, LA, PA
SOMAVERT INJ 20MG	4	NM, LA, PA
XGEVA INJ	4	NM, PA

PARATHYROID HORMONES

FORTEO SOL 600/2.4	4	QL (1 pen / 28 days), NM, PA
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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	
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	
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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	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
LEVOXYL TAB 25MCG	1	
LEVOXYL TAB 50MCG	1	
LEVOXYL TAB 75MCG	1	
LEVOXYL TAB 88MCG	1	
LEVOXYL TAB 100MCG	1	
LEVOXYL TAB 112MCG	1	
LEVOXYL TAB 125MCG	1	
LEVOXYL TAB 137MCG	1	
LEVOXYL TAB 150MCG	1	
LEVOXYL TAB 175MCG	1	
LEVOXYL TAB 200MCG	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
UNITHROID TAB 25MCG	1	
UNITHROID TAB 50MCG	1	
UNITHROID TAB 75MCG	1	
UNITHROID TAB 88MCG	1	
UNITHROID TAB 100MCG	1	
UNITHROID TAB 112MCG	1	
UNITHROID TAB 125MCG	1	

Drug Name	Drug Tier	Requirements/Limits
UNITHROID TAB 150MCG	1	
UNITHROID TAB 175MCG	1	
UNITHROID TAB 200MCG	1	
UNITHROID TAB 300MCG	1	

VASOPRESSINS

<i>desmopressin acetate inj 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

GASTROINTESTINAL

ANTIEMETICS

<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days), 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 inj 4 mg/4ml (1 mg/ml)</i>	1	
<i>granisetron hcl tab 1 mg</i>	1	B/D
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl inj 5 mg/ml</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl tab 4 mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl tab 8 mg</i>	1	B/D
<i>ondansetron hcl tab 24 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	1	B/D
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	
<i>prochlorperazine maleate tab 5 mg</i>	1	
<i>prochlorperazine maleate tab 10 mg</i>	1	
<i>prochlorperazine suppos 25 mg</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 50 mg/2ml (25 mg/ml)</i>	1	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	1	
<i>ranitidine hcl inj 1000 mg/40ml (25 mg/ml)</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	

INFLAMMATORY BOWEL DISEASE

APRISO CAP 0.375GM	2	
ASACOL HD TAB 800MG	3	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide cap sr 24hr 3 mg</i>	4	NM
CANASA SUP 1000MG	3	
DELZICOL CAP 400MG	3	
DIPENTUM CAP 250MG	4	NM
<i>hydrocortisone enema 100 mg/60ml</i>	1	
HYDROCORTISONE ENEMA 100 MG/60ML	1	
LIALDA TAB 1.2GM	3	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser</i>	1	
<i>wipe kit</i>		

Drug Name	Drug Tier	Requirements/Limits
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	

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	
GOLYTELY SOL	2	
HALFLYTELY KIT FLAV PKS	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	3	
NULYTELY SOL FLAV PKS	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
RELISTOR INJ 8/0.4ML	3	PA
RELISTOR INJ 12/0.6ML	3	PA
RELISTOR KIT 12/0.6ML	3	PA
SUPREP BOWEL SOL PREP	3	
<i>trilyte sol</i>	1	

MISCELLANEOUS

AMITIZA CAP 8MCG	2	QL (60 caps / 30 days), ST
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days), ST
CARAFATE SUS 1GM/10ML	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	NM
<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
LINZESS CAP 145MCG	2	QL (60 caps / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAP 290MCG	2	QL (30 caps / 30 days), ST
<i>loperamide hcl cap 2 mg</i>	1	
LOTRONEX TAB 0.5MG	4	NM, PA
LOTRONEX TAB 1MG	4	NM, PA
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
PREVPAC MIS	3	
PYLERA CAP	3	
SUCRAID SOL 8500/ML	4	NM
<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	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	2	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	2	QL (30 caps / 30 days)
NEXIUM CAP 20MG	2	QL (30 caps / 30 days)
NEXIUM CAP 40MG	2	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	2	
NEXIUM GRA 5MG DR	2	
NEXIUM GRA 10MG DR	2	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	2	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	2	QL (30 packets / 30 days)
NEXIUM I.V. INJ 20MG	3	
NEXIUM I.V. INJ 40MG	3	
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 tabs / 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	
POTASSIUM CITRATE TAB CR 5 MEQ (540 MG)	1	
POTASSIUM CITRATE TAB CR 10 MEQ (1080 MG)		

URINARY ANTISPASMODICS

DETROL LA CAP 2MG	2	QL (30 caps / 30 days)
DETROL LA CAP 4MG	2	QL (30 caps / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	2	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	1	QL (60 tabs / 30 days)
VESICARE TAB 5MG	3	QL (30 tabs / 30 days)
VESICARE TAB 10MG	3	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	3	
<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	
VANAZOLE GEL 0.75%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zazole cre 0.4%</i>	1	
ZAZOLE CRE 0.8%	1	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN TAB 1MG	3	
COUMADIN TAB 2.5MG	3	
COUMADIN TAB 2MG	3	
COUMADIN TAB 3MG	3	
COUMADIN TAB 4MG	3	
COUMADIN TAB 5MG	3	
COUMADIN TAB 6MG	3	
COUMADIN TAB 7.5MG	3	
COUMADIN TAB 10MG	3	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	4	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	4	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 5 mg/0.4ml</i>	4	NM
<i>fondaparinux sodium inj 7.5 mg/0.6ml</i>	4	NM
<i>fondaparinux sodium inj 10 mg/0.8ml</i>	4	NM
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
HEPARIN SODIUM (PORCINE) 2 UNIT/ML IN2 SODIUM CHLORIDE 0.9%		
HEPARIN SODIUM (PORCINE) 40 UNIT/ML 2 IN D5W		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
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 (9.6 mL / 4 days), NM, PA
NEUMEGA INJ 5MG	4	NM
NEUPOGEN INJ 300/0.5	4	NM, PA
NEUPOGEN INJ 300MCG	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	

Drug Name	Drug Tier	Requirements/Limits
<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)		
ENBREL INJ 25/0.5ML	4	QL (8 syringes / 28 days), NM, PA
ENBREL INJ 25MG	4	QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	4	QL (8 syringes / 28 days), NM, PA
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
HUMIRA PEN KIT PSORIASI	4	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
REMICADE INJ 100MG	4	NM, PA
IMMUNOGLOBULINS		
CARIMUNE NF INJ 3GM	4	NM, PA
CARIMUNE NF INJ 6GM	4	NM, PA
CARIMUNE NF INJ 12GM	4	NM, PA
FLEBOGAMMA INJ 5%	4	NM, PA
FLEBOGAMMA INJ 10%	4	NM, PA
FLEBOGAMMA INJ DIF 5%	4	NM, PA
GAMASTAN S/D INJ	2	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD INJ 1GM/10ML	4	NM, PA
GAMMAGARD INJ 2.5GM/25	4	NM, PA
GAMMAGARD INJ 5GM/50ML	4	NM, PA
GAMMAGARD INJ 10GM/100	4	NM, PA
GAMMAGARD INJ 20GM/200	4	NM, PA
GAMMAGARD INJ 30GM/300	4	NM, PA
GAMMAGARD SD INJ 2.5GM HU	4	NM, PA
GAMMAGARD SD INJ 5GM HU	4	NM, PA
GAMMAGARD SD INJ 10GM HU	4	NM, PA
GAMMAKED INJ 1GM/10ML	4	NM, PA
GAMMAKED INJ 2.5GM/25	4	NM, PA
GAMMAKED INJ 5GM/50ML	4	NM, PA
GAMMAKED INJ 10GM/100	4	NM, PA
GAMMAKED INJ 20GM/200	4	NM, PA
GAMMAPLEX INJ 2.5GM	4	NM, PA
GAMMAPLEX INJ 5GM	4	NM, PA
GAMMAPLEX INJ 10GM	4	NM, PA
GAMUNEX INJ 10%	4	NM, PA
GAMUNEX-C INJ 1GM/10ML	3	NM, PA
GAMUNEX-C INJ 2.5GM/25	4	NM, PA
GAMUNEX-C INJ 5GM/50ML	4	NM, PA
GAMUNEX-C INJ 10GM/100	4	NM, PA
GAMUNEX-C INJ 20GM/200	4	NM, PA
OCTAGAM INJ 1GM	4	NM, PA
OCTAGAM INJ 2.5GM	4	NM, PA
OCTAGAM INJ 5GM	4	NM, PA
OCTAGAM INJ 10GM	4	NM, PA
OCTAGAM INJ 25GM	4	NM, PA
PRIVIGEN INJ 5 GRAMS	4	NM, PA
PRIVIGEN INJ 10GRAMS	4	NM, PA
PRIVIGEN INJ 20GRAMS	4	NM, PA
PRIVIGEN INJ 40GRAMS	4	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	4	NM, LA, PA
ARCALYST INJ 220MG	4	NM, PA
INTRON-A INJ 10MU	4	B/D, NM
INTRON-A INJ 18MU	4	B/D, NM
INTRON-A INJ 25MU	4	B/D, NM
INTRON-A INJ 50MU	4	B/D, NM
PEG-INTRON KIT 50MCG	4	NM, PA
PEG-INTRON KIT 50MCG RP	4	NM, PA
PEG-INTRON KIT 80MCG RP	4	NM, PA
PEG-INTRON KIT 120 RP	4	NM, PA
PEG-INTRON KIT 150 RP	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 2.5MG	4	NM, LA, PA
REVLIMID CAP 5MG	4	NM, LA, PA
REVLIMID CAP 10MG	4	NM, LA, PA
REVLIMID CAP 15MG	4	NM, LA, PA
REVLIMID CAP 20MG	4	NM, LA, PA
REVLIMID CAP 25MG	4	NM, LA, PA
THALOMID CAP 50MG	4	NM, PA
THALOMID CAP 100MG	4	NM, PA
THALOMID CAP 150MG	4	NM, PA
THALOMID CAP 200MG	4	NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine 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>engraf cap 25mg</i>	1	B/D
<i>engraf cap 100mg</i>	1	B/D
<i>engraf 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
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

Drug Name	Drug Tier	Requirements/Limits
<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	
HIBERIX SOL 10-25MCG	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 5MCG/0.5	2	B/D
RECOMBIVA HB INJ 10MCG/ML	2	B/D
RECOMBIVA-HB INJ 40MCG/ML	2	B/D
ROTATEQ SUS	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	
VAQTA INJ 50UNT/ML	2	
VARIVAX INJ	2	
YF-VAX INJ	2	
ZOSTAVAX INJ	2	QL (1 vial per lifetime)

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON 8 TAB 8MEQ ER	1	
KLOR-CON 10 TAB 10MEQ ER	1	
<i>klor-con m15 tab</i>	1	
<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	
MG SO4/D5W INJ 20MG/ML	2	
<i>potassium chloride cap cr 8 meq</i>	1	
<i>potassium chloride cap cr 10 meq</i>	1	
<i>potassium chloride microencapsulated crys 1 cr tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys 1 cr tab 20 meq</i>	1	
POTASSIUM CHLORIDE TAB CR 10 MEQ	1	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F)1 MG/ML SOLN		
TPN ELECTROL INJ	3	B/D
IV NUTRITION		
AMINOSYN 7% INJ /LYTES	3	B/D
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 8.5/LYTE	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN INJ 8.5%	3	B/D
AMINOSYN INJ 8.5/LYTE	3	B/D
AMINOSYN INJ 10%	3	B/D
AMINOSYN M INJ 3.5%	3	B/D
AMINOSYN-HBC INJ 7%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF INJ 5.2%	3	B/D
CLINIMIX 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/D10	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

Drug Name	Drug Tier	Requirements/Limits
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
<i>clinisol sf inj 15%</i>	1	B/D
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 8.5%	3	B/D
FREAMINE III INJ 10%	3	B/D
HEPATAMINE SOL 8%	3	B/D
<i>hepatasol inj 8%</i>	1	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE INJ 5.4%	3	B/D
<i>premasol sol 6%</i>	1	B/D
<i>premasol sol 10%</i>	3	B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
<i>travasol inj 10%</i>	3	B/D
TROPHAMINE INJ 10%	3	B/D

IV REPLACEMENT SOLUTIONS

D5W/LYTES INJ #48	2	
D5W/NACL INJ 0.3%	1	
D10W/NACL INJ 0.2%	2	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE 5% IN LACTATED RINGERS	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	1	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE INJ 5%	1	
DEXTROSE INJ 10%	1	
DEXTROSE INJ 50%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose inj 70%</i>	1	
IONOSOL-B/ INJ D5W	3	
IONOSOL-MB INJ /D5W	3	
ISOLYTE-M INJ /D5W	1	
ISOLYTE-P INJ /D5W	3	
<i>isolyte-s inj</i>	3	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% 1 & NACL 0.2% INJ		
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% 1 & NACL 0.45% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & 1 NACL 0.2% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & 1 NACL 0.9% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & 1 NACL 0.33% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & 1 NACL 0.45% INJ		
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	1	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% 1 & NACL 0.2% INJ		
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% 1 & NACL 0.45% INJ		
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & 1 NACL 0.2% INJ		
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & 1 NACL 0.45% INJ		
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	2	
LACTATED RINGER'S SOLUTION	1	
<i>normosol -m inj /d5w</i>	1	
NORMOSOL -R INJ /D5W	3	
NORMOSOL-R INJ PH 7.4	3	
PLASMA-LYTE INJ 56/D5W	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) 1 IN DEXTROSE 5% INJ		
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN 1 DEXTROSE 5% INJ		
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50 ml</i>	1	
POTASSIUM CHLORIDE INJ 10 MEQ/100 ML		

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride inj 20 meq/50 ml</i>	1	
POTASSIUM CHLORIDE INJ 20 MEQ/100 ML1		
POTASSIUM CHLORIDE INJ 30 MEQ/100 ML1		
<i>potassium chloride inj 40 meq/100 ml</i>	1	
RINGER'S SOLUTION	1	
SODIUM CHLORIDE INJ 0.45%	1	
SODIUM CHLORIDE INJ 3%	1	
SODIUM CHLORIDE INJ 5%	1	
SODIUM CHLORIDE IV SOLN 0.9%	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
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG 1 (GENERIC)		
ZEMPLAR CAP 1MCG	2	B/D
ZEMPLAR CAP 2MCG	2	B/D
ZEMPLAR CAP 4MCG	4	B/D, NM
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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-polymyxin b-gramicidin ophth soln</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 100001 unit/ml-0.1%</i>	1	
<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	
FLUOROMETHOLONE OPHTH SUSP 0.1%	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	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
PRED MILD SUS 0.12% OP	2	
<i>pred sod pho sol 1% op</i>	2	
PREDNISOLONE ACETATE OPHTH SUSP 1%1		

ANTIALLERGICS

<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	2	
<i>cromolyn sodium ophth soln 4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PATADAY SOL 0.2%	2	
PATANOL SOL 0.1% OP	2	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
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 HCL OPHTH SOLN 0.25%	1	
LUMIGAN SOL 0.01%	2	
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	2	
PILOCARPINE HCL OPHTH SOLN 1%	1	
PILOCARPINE HCL OPHTH SOLN 2%	1	
PILOCARPINE HCL OPHTH SOLN 4%	1	
PILOPINE HS GEL 4% OP	2	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	1	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	2	
MISCELLANEOUS		
<i>naphazoline hcl ophth soln 0.1%</i>	1	
PROLENSA SOL 0.07%	2	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS EMU 0.05%	2	QL (64 vials / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT AER	3	QL (2 inhalers / 30 days)
COMBIVENT AER RESPIMAT	3	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>azelastine hcl nasal spray 137 mcg/spray (11 mg/ml)</i>		
<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	PA
<i>cyproheptadine hcl tab 4 mg</i>	1	PA
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	PA
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	PA
<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	
FORADIL CAP AEROLIZE	2	QL (60 caps / 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	B/D
PERFOROMIST NEB 20MCG	3	B/D
PROAIR HFA AER	2	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tab 5 mg</i>	1	
XOPENEX HFA AER	2	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	B/D
<i>acetylcysteine inhal soln 20%</i>	1	B/D
ARALAST NP INJ 400MG	4	NM, LA, PA
ARALAST NP INJ 500MG	4	NM, LA, PA
ARALAST NP INJ 800MG	4	NM, LA, PA
ARALAST NP INJ 1000MG	4	NM, LA, PA
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
CAYSTON INH 75MG	4	NM, LA, PA
DALIRESP TAB 500MCG	3	
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
XOLAIR SOL 150MG	4	NM, LA, PA
ZEMAIRA INJ 1000MG	4	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide nasal soln 0.025%</i>	1	QL (2 bottles / 30 days)
<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 30 days)
NASONEX SPR 50MCG/AC	2	QL (2 bottles / 30 days)
<i>triamcinolone acetate nasal inhal 55 mcg/act</i>	1	QL (1 bottle / 30 days)
STERIOD INHALANTS		
ASMANEX 14 AER 220MCG	2	QL (2 inhalers per 30 days)
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 30 days)
ASMANEX 30 AER 220MCG	2	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	4	B/D, NM
QVAR AER 40MCG	2	QL (1 inhaler / 30 days)
QVAR AER 80MCG	2	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	2	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 250/50	2	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 500/50	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
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	
<i>elixophyllin elx 80/15ml</i>	3	
<i>theo-24 cap 100mg cr</i>	3	
<i>theo-24 cap 200mg cr</i>	3	
<i>theo-24 cap 300mg cr</i>	3	
<i>theo-24 cap 400mg er</i>	3	
<i>theophylline tab sr 12hr 100 mg</i>	1	
<i>theophylline tab sr 12hr 200 mg</i>	1	
<i>theophylline tab sr 12hr 300 mg</i>	1	
<i>theophylline tab sr 12hr 450 mg</i>	1	
<i>theophylline tab sr 24hr 400 mg</i>	1	
<i>theophylline tab sr 24hr 600 mg</i>	1	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>amneestem cap 10mg</i>	1	
<i>amneestem cap 20mg</i>	1	
<i>amneestem cap 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>myorisan cap 10mg</i>	1	
<i>myorisan cap 20mg</i>	1	
<i>myorisan cap 40mg</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	
<i>tretinoin cream 0.05%</i>	1	
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
<i>zenatane cap 10mg</i>	1	
<i>zenatane cap 20mg</i>	1	
<i>zenatane cap 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>		
<i>mupirocin oint 2%</i>	1	
SILVER SULFADIAZINE CREAM 1%	1	
SSD CRE 1%	1	
SULFAMYLON CRE 85MG/GM	2	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>procto-pak cre 1%</i>	1	
<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>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitrene oin 0.005%</i>	1	
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	PA
TAZORAC CRE 0.05%	3	PA
TAZORAC GEL 0.1%	3	PA
TAZORAC GEL 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
ZOVIRAX CRE 5%	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala cort cre 1%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
<i>amcinonide oin 0.1%</i>	3	
<i>betamethasone dipropionate augmented cream 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 cream 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
DESONIDE CREAM 0.05%	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
DESOXIMETASONE OINT 0.05%	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>diflorasone diacetate cream 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
<i>fluocin acet oil 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 cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
LOKARA LOT 0.05%	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>texacort sol 2.5%</i>	3	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D
LIDODERM DIS 5%	3	QL (3 ptch / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
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	
<i>rosadan cre 0.75%</i>	1	
TARGETIN GEL 1%	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
VOLTAREN GEL 1%	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	3	
EURAX LOT 10%	3	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	1	
SANTYL OIN 250/GM	3	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>perio gard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CIPRODEX SUS 0.3-0.1%	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

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<i>alprazolam con 1 mg/ml</i>	40	<i>amitriptyline hcl tab 100 mg</i>	45
<i>alprazolam tab 0.25 mg</i>	40	<i>amitriptyline hcl tab 150 mg</i>	45
<i>alprazolam tab 0.5 mg</i>	40	<i>amitriptyline hcl tab 25 mg</i>	45
<i>alprazolam tab 1 mg</i>	40	<i>amitriptyline hcl tab 50 mg</i>	45
<i>alprazolam tab 2 mg</i>	40	<i>amitriptyline hcl tab 75 mg</i>	45
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<i>amcinonide cream 0.1%</i>	89	<i>10-40 mg</i>	28
<i>amcinonide lotion 0.1%</i>	90	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amcinonide oin 0.1%</i>	90	<i>2.5-10 mg</i>	28
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<i>amoxicillin & k clavulanate tab</i> 875-125 mg	20	<i>ampicillin & sulbactam sodium for inj</i> 1-0.5 gm	21
<i>amoxicillin & k clavulanate tab sr</i> 12hr 1000-62.5 mg	20	<i>ampicillin & sulbactam sodium for inj</i> 10-5 gm	21
<i>amoxicillin (trihydrate) cap</i> 250 mg	20	<i>ampicillin & sulbactam sodium for inj</i> 2-1 gm	21
<i>amoxicillin (trihydrate) cap</i> 500 mg	20	<i>ampicillin & sulbactam sodium for iv soln</i> 1-0.5 gm	21
<i>amoxicillin (trihydrate) chew tab</i> 125 mg	20	<i>ampicillin & sulbactam sodium for iv soln</i> 10-5 gm	21
<i>amoxicillin (trihydrate) chew tab</i> 250 mg	20	<i>ampicillin & sulbactam sodium for iv soln</i> 2-1 gm	21
<i>amoxicillin (trihydrate) for susp</i> 125 mg/5ml	20	<i>ampicillin cap</i> 250 mg	21
<i>amoxicillin (trihydrate) for susp</i> 200 mg/5ml	21	<i>ampicillin cap</i> 500 mg	21
<i>amoxicillin (trihydrate) for susp</i> 250 mg/5ml	21	<i>ampicillin for susp</i> 125 mg/5ml	21
<i>amoxicillin (trihydrate) for susp</i> 400 mg/5ml	21	<i>ampicillin for susp</i> 250 mg/5ml	21
<i>amoxicillin (trihydrate) tab</i> 500 mg	21	<i>ampicillin sodium for inj</i> 1 gm	21
<i>amoxicillin (trihydrate) tab</i> 875 mg	21	<i>ampicillin sodium for inj</i> 10 gm	21
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	53	<i>ampicillin sodium for inj</i> 125 mg	21
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	53	<i>ampicillin sodium for inj</i> 2 gm	21
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	53	<i>ampicillin sodium for inj</i> 250 mg	21
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	53	<i>ampicillin sodium for iv soln</i> 1 gm	21
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	53	<i>ampicillin sodium for iv soln</i> 10 gm	21
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	53	<i>ampicillin sodium for iv soln</i> 2 gm	21
<i>amphetamine-dextroamphetamine tab</i> 10 mg	54	<i>AMTURNIDE150 TAB</i> -5-12.5	37
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	54	<i>AMTURNIDE300 TAB</i> -10-12.5	37
<i>amphetamine-dextroamphetamine tab</i> 15 mg	54	<i>AMTURNIDE300 TAB</i> -10-25MG	38
		<i>AMTURNIDE300 TAB</i> -5-12.5	37
		<i>AMTURNIDE300 TAB</i> -5-25MG	37
		<i>anagrelide hcl cap</i> 0.5 mg	74
		<i>anagrelide hcl cap</i> 1 mg	74
		<i>anastrozole tab</i> 1 mg	25
		<i>ANDRODERM DIS</i> 2MG/24HR	57
		<i>ANDRODERM DIS</i> 4MG/24HR	57
		<i>androxy tab</i> 10mg	57
		<i>APOKYN INJ</i> 10MG/ML	48
		<i>apri tab</i>	60
		<i>APRISO CAP</i> 0.375GM	69

APTIVUS CAP 250MG.....	14	AUVI-Q INJ 0.3MG.....	86
APTIVUS SOL	14	AVASTIN INJ	24
ARALAST NP INJ 1000MG.....	86	<i>aviane tab</i>	60
ARALAST NP INJ 400MG	86	AVINZA CAP 120MG	8
ARALAST NP INJ 500MG	86	AVINZA CAP 30MG	8
ARALAST NP INJ 800MG	86	AVINZA CAP 45MG	8
<i>aranelle tab</i>	60	AVINZA CAP 60MG	8
ARANESP INJ 100MCG	73	AVINZA CAP 75MG	8
ARANESP INJ 150MCG	74	AVINZA CAP 90MG	8
ARANESP INJ 200MCG	74	AVITA CRE 0.025%	87
ARANESP INJ 25MCG.....	73	AVITA GEL 0.025%	87
ARANESP INJ 300MCG	74	AVODART CAP 0.5MG	71
ARANESP INJ 40MCG.....	73	AVONEX KIT 30MCG	56
ARANESP INJ 500MCG	74	AVONEX PEN KIT 30MCG.....	56
ARANESP INJ 60MCG.....	73	AVONEX PREFL KIT 30MCG.....	56
ARCALYST INJ 220MG	76	AZACTAM INJ 2GM	12
ARICEPT TAB 23MG.....	45	AZACTAM/DEX INJ 1GM	12
ASACOL HD TAB 800MG	69	AZACTAM/DEX INJ 2GM	12
ASMANEX 120 AER 220MCG.....	86	AZASITE SOL 1%	82
ASMANEX 14 AER 220MCG.....	86	<i>azathioprine sodium for inj 100 mg</i>	76
ASMANEX 30 AER 110MCG.....	86	<i>azathioprine tab 50 mg</i>	76
ASMANEX 30 AER 220MCG.....	86	<i>azelastine hcl nasal spray 137 mcg/spray</i> <i>(1 mg/ml)</i>	84
ASMANEX 60 AER 220MCG.....	86	<i>azelastine hcl ophth soln 0.05%</i>	83
ASTEPRO SPR 0.15%	84	AZILECT TAB 0.5MG	48
<i>astramorph inj 10/10ml</i>	8	AZILECT TAB 1MG	48
<i>astramorph inj 1mg/2ml</i>	8	<i>azithromycin for susp 100 mg/5ml</i>	19
<i>atenolol & chlorthalidone tab 100-25 mg</i>	34	<i>azithromycin for susp 200 mg/5ml</i>	19
<i>atenolol & chlorthalidone tab 50-25 mg</i>	34	<i>azithromycin iv for soln 500 mg</i>	19
<i>atenolol tab 100 mg</i>	34	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	19
<i>atenolol tab 25 mg</i>	34	<i>azithromycin tab 250 mg</i>	19
<i>atenolol tab 50 mg</i>	34	<i>azithromycin tab 500 mg</i>	19
<i>atorvastatin calcium tab 10 mg (base</i> <i>equivalent)</i>	32	<i>azithromycin tab 600 mg</i>	19
<i>atorvastatin calcium tab 20 mg (base</i> <i>equivalent)</i>	33	AZOPT SUS 1% OP.....	83
<i>atorvastatin calcium tab 40 mg (base</i> <i>equivalent)</i>	33	AZOR TAB 10-20MG	30
<i>atorvastatin calcium tab 80 mg (base</i> <i>equivalent)</i>	33	AZOR TAB 10-40MG	30
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	14	AZOR TAB 5-20MG	30
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG.....	14	AZOR TAB 5-40MG	30
ATRIPLA TAB.....	16	<i>aztreonam for inj 1 gm</i>	12
ATROVENT HFA AER 17MCG	84	<i>aztreonam for inj 2 gm</i>	12
AUVI-Q INJ 0.15MG	86	B	
		<i>bacitracin ophth oint 500 unit/gm</i>	82
		<i>bacitracin-polymyxin b ophth oint</i>	82
		<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>ointment 1%</i>	82
		<i>baclofen tab 10 mg</i>	56
		<i>baclofen tab 20 mg</i>	56

<i>balsalazide disodium cap 750 mg</i>	69	<i>betamethasone valerate cream 0.1%</i> .	90
<i>balziva tab</i>	60	<i>betamethasone valerate lotion 0.1%</i> ..	90
BANZEL SUS 40MG/ML	41	<i>betamethasone valerate oint 0.1%</i>	90
BANZEL TAB 200MG	41	BETASERON INJ 0.3MG	56
BANZEL TAB 400MG	41	<i>betaxolol hcl ophth soln 0.5%</i>	83
BARACLUDE SOL .05MG/ML	17	<i>bethanechol chloride tab 10 mg</i>	71
BARACLUDE TAB 0.5MG.....	17	<i>bethanechol chloride tab 25 mg</i>	71
BARACLUDE TAB 1MG	17	<i>bethanechol chloride tab 5 mg</i>	71
<i>benazepril & hydrochlorothiazide tab</i>		<i>bethanechol chloride tab 50 mg</i>	71
<i>10-12.5 mg</i>	28	BETOPTIC-S SUS 0.25% OP	83
<i>benazepril & hydrochlorothiazide tab</i>		<i>bicalutamide tab 50 mg</i>	25
<i>20-12.5 mg</i>	28	BICILLIN C-R INJ 1200000	21
<i>benazepril & hydrochlorothiazide tab</i>		BICILLIN C-R INJ 900/300.....	21
<i>20-25 mg</i>	28	BICILLIN L-A INJ 1200000	21
<i>benazepril & hydrochlorothiazide tab</i>		BICILLIN L-A INJ 2400000	21
<i>5-6.25 mg</i>	28	BICILLIN L-A INJ 600000	21
<i>benazepril hcl tab 10 mg</i>	29	BICNU INJ 100MG	22
<i>benazepril hcl tab 20 mg</i>	29	BILTRICIDE TAB 600MG.....	12
<i>benazepril hcl tab 40 mg</i>	29	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>benazepril hcl tab 5 mg</i>	29	<i>10-6.25 mg</i>	34
BENICAR HCT TAB 20-12.5	30	<i>bisoprolol & hydrochlorothiazide tab</i>	
BENICAR HCT TAB 40-12.5	30	<i>2.5-6.25 mg</i>	34
BENICAR HCT TAB 40-25MG	31	<i>bisoprolol & hydrochlorothiazide tab</i>	
BENICAR TAB 20MG	31	<i>5-6.25 mg</i>	34
BENICAR TAB 40MG	31	<i>bisoprolol fumarate tab 10 mg</i>	34
BENICAR TAB 5MG.....	31	<i>bisoprolol fumarate tab 5 mg</i>	34
<i>benzoyl peroxide-erythromycin gel 5-3%</i>		<i>bleomycin sulfate for inj 15 unit</i>	23
.....	88	<i>bleomycin sulfate for inj 30 unit</i>	23
<i>benztropine mesylate inj 1 mg/ml</i>	48	<i>blephamide oin s.o.p.</i>	82
<i>benztropine mesylate tab 0.5 mg</i>	48	BOOSTRIX INJ	77
<i>benztropine mesylate tab 1 mg</i>	48	BOSULIF TAB 100MG.....	26
<i>benztropine mesylate tab 2 mg</i>	48	BOSULIF TAB 500MG	26
BEPREVE DRO 1.5%.....	83	<i>briellyn tab</i>	60
BESIVANCE SUS 0.6%.....	82	BRILINTA TAB 90MG.....	74
<i>betamethasone dipropionate augmented</i>		BRIMONIDINE TARTRATE OPHTH SOLN	
<i>cream 0.05%</i>	90	<i>0.15%</i>	83
<i>betamethasone dipropionate augmented</i>		<i>brimonidine tartrate ophth soln 0.2%</i> .	83
<i>gel 0.05%</i>	90	BROMDAY SOL 0.09%.....	83
<i>betamethasone dipropionate augmented</i>		<i>bromocriptine mesylate cap 5 mg</i>	48
<i>lotion 0.05%</i>	90	<i>bromocriptine mesylate tab 2.5 mg</i>	48
<i>betamethasone dipropionate augmented</i>		<i>budeprion tab 100mg sr</i>	45
<i>ointment 0.05%</i>	90	<i>budeprion tab 150mg sr</i>	45
<i>betamethasone dipropionate cream</i>		<i>budesonide cap sr 24hr 3 mg</i>	69
<i>0.05%</i>	90	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
<i>betamethasone dipropionate lotion 0.05%</i>		.....	86
.....	90	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>betamethasone dipropionate oint 0.05%</i>		.....	86
.....	90	<i>bumetanide inj 0.25 mg/ml</i>	38

<i>bumetanide tab 0.5 mg</i>	38
<i>bumetanide tab 1 mg</i>	38
<i>bumetanide tab 2 mg</i>	38
BUPHENYL TAB 500MG	62
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	56
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	56
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	56
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	56
<i>buproban tab 150mg</i>	56
<i>bupropion hcl tab 100 mg</i>	46
<i>bupropion hcl tab 75 mg</i>	45
<i>bupropion hcl tab sr 12hr 100 mg</i>	46
<i>bupropion hcl tab sr 12hr 150 mg</i>	46
<i>bupropion hcl tab sr 12hr 200 mg</i>	46
<i>bupropion hcl tab sr 24hr 150 mg</i>	46
<i>bupropion hcl tab sr 24hr 300 mg</i>	46
<i>buspirone hcl tab 10 mg</i>	41
<i>buspirone hcl tab 15 mg</i>	41
<i>buspirone hcl tab 30 mg</i>	41
<i>buspirone hcl tab 5 mg</i>	40
<i>buspirone hcl tab 7.5 mg</i>	40
BUSULFEX INJ 6MG/ML	22
<i>butorphanol tartrate inj 1 mg/ml</i>	8
<i>butorphanol tartrate inj 2 mg/ml</i>	8
BYSTOLIC TAB 10MG	34
BYSTOLIC TAB 2.5MG	34
BYSTOLIC TAB 20MG	34
BYSTOLIC TAB 5MG	34

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<i>cabergoline tab 0.5 mg</i>	65
<i>cafegot tab 1-100mg</i>	54
<i>calcipotriene cream 0.005%</i>	89
<i>calcipotriene oint 0.005%</i>	89
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	89
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	65
<i>calcitrene oin 0.005%</i>	89
<i>calcitriol cap 0.25 mcg</i>	81
<i>calcitriol cap 0.5 mcg</i>	81
<i>calcitriol inj 1 mcg/ml</i>	81
<i>calcitriol oral soln 1 mcg/ml</i>	81
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	65

<i>camila tab 0.35mg</i>	60
CAMPRAL TAB 333MG	56
CANASA SUP 1000MG	69
CANCIDAS INJ 50MG	13
CANCIDAS INJ 70MG	13
CAPASTAT SUL INJ 1GM	16
CAPRELSA TAB 100MG	26
CAPRELSA TAB 300MG	26
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	28
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	28
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	28
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	29
<i>captopril tab 100 mg</i>	29
<i>captopril tab 12.5 mg</i>	29
<i>captopril tab 25 mg</i>	29
<i>captopril tab 50 mg</i>	29
CARAC CRE 0.5%	88
CARAFATE SUS 1GM/10ML	70
CARBAGLU TAB 200MG	62
<i>carbamazepine cap sr 12hr 100 mg</i>	41
<i>carbamazepine cap sr 12hr 200 mg</i>	41
<i>carbamazepine cap sr 12hr 300 mg</i>	41
<i>carbamazepine chew tab 100 mg</i>	41
<i>carbamazepine susp 100 mg/5ml</i>	41
<i>carbamazepine tab 200 mg</i>	41
<i>carbamazepine tab sr 12hr 200 mg</i>	41
<i>carbamazepine tab sr 12hr 400 mg</i>	41
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	48
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	48
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	49
<i>carbidopa & levodopa tab 10-100 mg</i> .	49
<i>carbidopa & levodopa tab 25-100 mg</i> .	49
<i>carbidopa & levodopa tab 25-250 mg</i> .	49
<i>carbidopa & levodopa tab cr 25-100 mg</i>	49
<i>carbidopa & levodopa tab cr 50-200 mg</i>	49
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	49
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	49

CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG.....	49	<i>cefotaxime sodium for inj 1 gm</i>	18
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	49	<i>cefotaxime sodium for inj 10 gm</i>	18
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	49	<i>cefotaxime sodium for inj 2 gm</i>	18
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG.....	49	<i>cefotaxime sodium for inj 500 mg</i>	18
<i>carboplatin iv soln 150 mg/15ml</i>	27	<i>cefoxitin sodium for inj 1 gm</i>	18
<i>carboplatin iv soln 450 mg/45ml</i>	27	<i>cefoxitin sodium for inj 10 gm</i>	18
<i>carboplatin iv soln 50 mg/5ml</i>	27	<i>cefoxitin sodium for inj 2 gm</i>	18
<i>carboplatin iv soln 600 mg/60ml</i>	27	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	18
CARIMUNE NF INJ 12GM.....	75	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	18
CARIMUNE NF INJ 3GM.....	75	<i>cefpodoxime proxetil tab 100 mg</i>	18
CARIMUNE NF INJ 6GM.....	75	<i>cefpodoxime proxetil tab 200 mg</i>	18
<i>carteolol hcl ophth soln 1%</i>	83	<i>cefprozil for susp 125 mg/5ml</i>	18
<i>cartia xt cap 120/24hr</i>	35	<i>cefprozil for susp 250 mg/5ml</i>	18
<i>cartia xt cap 180/24hr</i>	35	<i>cefprozil tab 250 mg</i>	18
<i>cartia xt cap 240/24hr</i>	35	<i>cefprozil tab 500 mg</i>	18
<i>cartia xt cap 300/24hr</i>	35	<i>ceftazidime for inj 1 gm</i>	18
<i>carvedilol tab 12.5 mg</i>	34	<i>ceftazidime for inj 2 gm</i>	18
<i>carvedilol tab 25 mg</i>	34	<i>ceftazidime for inj 6 gm</i>	18
<i>carvedilol tab 3.125 mg</i>	34	CEFTAZIDIME/ SOL D5W 1GM	18
<i>carvedilol tab 6.25 mg</i>	34	CEFTAZIDIME/ SOL D5W 2GM	18
CAYSTON INH 75MG	86	<i>ceftriaxone sodium for inj 1 gm</i>	18
CEENU CAP 10MG	22	<i>ceftriaxone sodium for inj 10 gm</i>	18
CEENU CAP 40MG	22	<i>ceftriaxone sodium for inj 2 gm</i>	18
<i>cefaclor cap 250 mg</i>	17	<i>ceftriaxone sodium for inj 250 mg</i>	18
<i>cefaclor cap 500 mg</i>	17	<i>ceftriaxone sodium for inj 500 mg</i>	18
<i>cefaclor er tab 500mg</i>	17	<i>ceftriaxone sodium for iv soln 1 gm</i>	18
<i>cefaclor for susp 125 mg/5ml</i>	17	<i>ceftriaxone sodium for iv soln 2 gm</i>	18
<i>cefaclor for susp 250 mg/5ml</i>	17	<i>cefuroxime axetil tab 250 mg</i>	18
<i>cefaclor for susp 375 mg/5ml</i>	17	<i>cefuroxime axetil tab 500 mg</i>	18
<i>cefadroxil cap 500 mg</i>	17	<i>cefuroxime inj 7.5gm</i>	18
<i>cefadroxil for susp 250 mg/5ml</i>	17	<i>cefuroxime sodium for inj 1.5 gm</i>	18
<i>cefadroxil for susp 500 mg/5ml</i>	17	<i>cefuroxime sodium for inj 7.5 gm</i>	18
<i>cefadroxil tab 1 gm</i>	18	<i>cefuroxime sodium for inj 750 mg</i>	18
<i>cefazolin inj 1gm/50ml</i>	18	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	19
<i>cefazolin sodium for inj 1 gm</i>	18	CELEBREX CAP 100MG.....	7
<i>cefazolin sodium for inj 10 gm</i>	18	CELEBREX CAP 200MG.....	7
<i>cefazolin sodium for inj 20 gm</i>	18	CELEBREX CAP 400MG.....	7
<i>cefazolin sodium for inj 500 mg</i>	18	CELEBREX CAP 50MG.....	7
<i>cefazolin sodium for iv soln 1 gm</i>	18	CELLCEPT SUS 200MG/ML.....	76
<i>cefdinir cap 300 mg</i>	18	CELONTIN CAP 300MG.....	41
<i>cefdinir for susp 125 mg/5ml</i>	18	<i>cephalexin cap 250 mg</i>	19
<i>cefdinir for susp 250 mg/5ml</i>	18	<i>cephalexin cap 500 mg</i>	19
<i>cefepime hcl for inj 1 gm</i>	18	<i>cephalexin for susp 125 mg/5ml</i>	19
<i>cefepime hcl for inj 2 gm</i>	18	<i>cephalexin for susp 250 mg/5ml</i>	19
		CEREZYME INJ 200UNIT.....	62
		CEREZYME INJ 400UNIT.....	62

CERVARIX INJ	77	<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	20
<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	84	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	20
.....	84	.....	20
<i>cevimeline hcl cap 30 mg</i>	92	<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	20
CHANTIX PAK 0.5& 1MG	56	<i>1000 mg(base eq)</i>	20
CHANTIX TAB 0.5MG	56	<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	20
CHANTIX TAB 1MG.....	56	<i>500 mg (base eq)</i>	20
CHEMET CAP 100MG	59	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> ..	27
<i>chlorhexidine gluconate soln 0.12%</i>	92	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> ..	27
<i>chloroquine phosphate tab 250 mg</i>	14	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	27
<i>chloroquine phosphate tab 500 mg</i>	14	<i>citalopram hydrobromide oral soln 10</i>	46
<i>chlorothiazide tab 250 mg</i>	38	<i>mg/5ml</i>	46
<i>chlorothiazide tab 500 mg</i>	38	<i>citalopram hydrobromide tab 10 mg (base</i>	46
<i>chlorpromaz inj 25mg/ml</i>	50	<i>equiv)</i>	46
<i>chlorpromazine hcl tab 10 mg</i>	50	<i>citalopram hydrobromide tab 20 mg (base</i>	46
<i>chlorpromazine hcl tab 100 mg</i>	50	<i>equiv)</i>	46
<i>chlorpromazine hcl tab 200 mg</i>	50	<i>citalopram hydrobromide tab 40 mg (base</i>	46
<i>chlorpromazine hcl tab 25 mg</i>	50	<i>equiv)</i>	46
<i>chlorpromazine hcl tab 50 mg</i>	50	<i>cladribine inj 1 mg/ml</i>	23
<i>chlorthalidone tab 25 mg</i>	38	<i>claravis cap 10mg</i>	88
<i>chlorthalidone tab 50 mg</i>	38	<i>claravis cap 20mg</i>	88
<i>cholestyramine light powder packets 4 gm</i>	33	<i>claravis cap 30mg</i>	88
.....	33	<i>claravis cap 40mg</i>	88
<i>cholestyramine powder 4 gm/dose</i>	33	<i>clarithromycin for susp 125 mg/5ml</i> ...	19
<i>cholestyramine powder packets 4 gm</i> ..	33	<i>clarithromycin for susp 250 mg/5ml</i> ...	19
<i>ciclopirox gel 0.77%</i>	88	<i>clarithromycin tab 250 mg</i>	19
<i>ciclopirox olamine cream 0.77% (base</i>	88	<i>clarithromycin tab 500 mg</i>	19
<i>equiv)</i>	88	<i>clarithromycin tab sr 24hr 500 mg</i>	19
<i>ciclopirox olamine susp 0.77% (base</i>	89	CLEOCIN SUP 100MG.....	72
<i>equiv)</i>	89	<i>clindamycin hcl cap 150 mg</i>	12
<i>ciclopirox shampoo 1%</i>	89	<i>clindamycin hcl cap 300 mg</i>	12
<i>cilostazol tab 100 mg</i>	74	<i>clindamycin hcl cap 75 mg</i>	12
<i>cilostazol tab 50 mg</i>	74	<i>clindamycin palmitate hcl for soln 75</i>	12
CILOXAN OIN 0.3% OP.....	82	<i>mg/5ml (base equiv)</i>	12
CIPRO (10%) SUS 500MG/5.....	20	<i>clindamycin phosphate gel 1%</i>	88
CIPRO (5%) SUS 250MG/5	20	<i>clindamycin phosphate inj 300 mg/2ml</i> 12	12
CIPRODEX SUS 0.3-0.1%	92	<i>clindamycin phosphate inj 600 mg/4ml</i> 12	12
<i>ciprofloxacin 200 mg/100ml in d5w</i>	20	<i>clindamycin phosphate inj 9 gm/60ml</i> ..	12
<i>ciprofloxacin 400 mg/200ml in d5w</i>	20	<i>clindamycin phosphate inj 900 mg/6ml</i> 12	12
<i>ciprofloxacin hcl ophth soln 0.3%</i>	82	<i>clindamycin phosphate iv soln 300</i>	12
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	20	<i>mg/2ml</i>	12
.....	20	<i>clindamycin phosphate iv soln 600</i>	12
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	20	<i>mg/4ml</i>	12
.....	20	<i>clindamycin phosphate iv soln 900</i>	12
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	20	<i>mg/6ml</i>	12
.....	20	<i>clindamycin phosphate lotion 1%</i>	88
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	20	<i>clindamycin phosphate soln 1%</i>	88
.....	20		

<i>clindamycin phosphate swab 1%</i>	88	<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	39
<i>clindamycin phosphate vaginal cream 2%</i>	72	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	74
CLINIMIX E INJ 2.75/D10	79	<i>clorazepate dipotassium tab 15 mg</i>	41
CLINIMIX E INJ 2.75/D5W	79	<i>clorazepate dipotassium tab 3.75 mg</i> ..	41
CLINIMIX E INJ 4.25/D10	79	<i>clorazepate dipotassium tab 7.5 mg</i> ...	41
CLINIMIX E INJ 4.25/D25	79	<i>clotrimazole cream 1%</i>	89
CLINIMIX E INJ 4.25/D5W	79	<i>clotrimazole soln 1%</i>	89
CLINIMIX E INJ 5%/D15W	79	<i>clotrimazole troche 10 mg</i>	92
CLINIMIX E INJ 5%/D20W	79	CLOZAPINE ORALLY DISINTEGRATING	
CLINIMIX E INJ 5%/D25W	79	TAB 100 MG	50
CLINIMIX INJ 2.75/D5W	79	CLOZAPINE ORALLY DISINTEGRATING	
CLINIMIX INJ 4.25/D10	79	TAB 12.5 MG	50
CLINIMIX INJ 4.25/D20	79	CLOZAPINE ORALLY DISINTEGRATING	
CLINIMIX INJ 4.25/D25	79	TAB 25 MG	50
CLINIMIX INJ 4.25/D5W	79	<i>clozapine tab 100 mg</i>	50
CLINIMIX INJ 5%/D15W	79	<i>clozapine tab 200 mg</i>	50
CLINIMIX INJ 5%/D20W	79	<i>clozapine tab 25 mg</i>	50
CLINIMIX INJ 5%/D25W	79	<i>clozapine tab 50 mg</i>	50
<i>clinisol sf inj 15%</i>	79	COARTEM TAB 20-120MG.....	14
<i>clobetasol e cre 0.05%</i>	90	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	7
<i>clobetasol propionate cream 0.05%</i>	90	.....	7
<i>clobetasol propionate gel 0.05%</i>	90	COLCRYS TAB 0.6MG.....	7
<i>clobetasol propionate oint 0.05%</i>	90	<i>colestipol hcl granule packets 5 gm</i>	33
<i>clobetasol propionate soln 0.05%</i>	90	<i>colestipol hcl granules 5 gm</i>	33
<i>clomipramine hcl cap 25 mg</i>	46	<i>colestipol hcl tab 1 gm</i>	33
<i>clomipramine hcl cap 50 mg</i>	46	<i>colistimethate sodium for inj 150 mg</i> ..	12
<i>clomipramine hcl cap 75 mg</i>	46	COMBIGAN SOL 0.2/0.5%	83
<i>clonazepam orally disintegrating tab</i>		COMBIPATCH DIS .05/.14	63
<i>0.125 mg</i>	41	COMBIPATCH DIS .05/.25	63
<i>clonazepam orally disintegrating tab 0.25</i>		COMBIVENT AER	84
<i>mg</i>	41	COMBIVENT AER RESPIMAT.....	84
<i>clonazepam orally disintegrating tab 0.5</i>		COMETRIQ KIT 100MG.....	26
<i>mg</i>	41	COMETRIQ KIT 140MG.....	26
<i>clonazepam orally disintegrating tab 1 mg</i>		COMETRIQ KIT 60MG	26
.....	41	COMPLERA TAB.....	16
<i>clonazepam orally disintegrating tab 2 mg</i>		<i>compro sup 25mg</i>	67
.....	41	COMVAX INJ.....	77
<i>clonazepam tab 0.5 mg</i>	41	<i>constulose sol 10gm/15</i>	69
<i>clonazepam tab 1 mg</i>	41	COPAXONE KIT 20MG/ML.....	56
<i>clonazepam tab 2 mg</i>	41	<i>cortisone acetate tab 25 mg</i>	63
<i>clonidine hcl tab 0.1 mg</i>	39	COSMEGEN INJ 0.5MG.....	23
<i>clonidine hcl tab 0.2 mg</i>	39	COUMADIN TAB 10MG	72
<i>clonidine hcl tab 0.3 mg</i>	39	COUMADIN TAB 1MG	72
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	39	COUMADIN TAB 2.5MG	72
.....	39	COUMADIN TAB 2MG	72
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	39	COUMADIN TAB 3MG	72
.....	39		

COUMADIN TAB 4MG.....	72
COUMADIN TAB 5MG.....	72
COUMADIN TAB 6MG.....	72
COUMADIN TAB 7.5MG.....	72
CREON CAP 12000UNT.....	70
CREON CAP 24000UNT.....	70
CREON CAP 3000UNIT.....	70
CREON CAP 36000UNT.....	70
CREON CAP 6000UNIT.....	70
CRESTOR TAB 10MG.....	33
CRESTOR TAB 20MG.....	33
CRESTOR TAB 40MG.....	33
CRESTOR TAB 5MG.....	33
CRIXIVAN CAP 200MG.....	14
CRIXIVAN CAP 400MG.....	14
<i>cromolyn sodium ophth soln 4%</i>	83
<i>cromolyn sodium oral conc 100 mg/5ml</i>	70
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	86
<i>cryselle-28 tab 28 tabs</i>	60
CUBICIN SOL 500MG.....	12
CUVPOSA SOL 1MG/5ML.....	68
<i>cyclafem tab 1/35</i>	60
<i>cyclafem tab 7/7/7</i>	60
<i>cyclophosph inj 1gm</i>	22
<i>cyclophosph inj 2gm</i>	23
<i>cyclophosph inj 500mg</i>	23
<i>cyclophosphamide tab 25 mg</i>	23
<i>cyclophosphamide tab 50 mg</i>	23
<i>cyclosporine cap 100 mg</i>	76
<i>cyclosporine cap 25 mg</i>	76
<i>cyclosporine iv soln 50 mg/ml</i>	76
<i>cyclosporine modified cap 100 mg</i>	76
<i>cyclosporine modified cap 25 mg</i>	76
<i>cyclosporine modified cap 50 mg</i>	76
<i>cyclosporine modified oral soln 100 mg/ml</i>	76
CYMBALTA CAP 20MG.....	46
CYMBALTA CAP 30MG.....	46
CYMBALTA CAP 60MG.....	46
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	85
<i>cyproheptadine hcl tab 4 mg</i>	85
CYSTADANE POW.....	62
CYSTAGON CAP 150MG.....	62
CYSTAGON CAP 50MG.....	62
<i>cytarabine for inj 100 mg</i>	23
<i>cytarabine for inj 500 mg</i>	23

<i>cytarabine inj 20 mg/ml</i>	23
D	
D10W/NACL INJ 0.2%.....	80
D5W/LYTES INJ #48.....	80
D5W/NACL INJ 0.3%.....	80
<i>dacarbazine for inj 200 mg</i>	23
DALIRESP TAB 500MCG.....	86
<i>danazol cap 100 mg</i>	62
<i>danazol cap 200 mg</i>	62
<i>danazol cap 50 mg</i>	62
<i>dantrolene sodium cap 100 mg</i>	56
<i>dantrolene sodium cap 25 mg</i>	56
<i>dantrolene sodium cap 50 mg</i>	56
<i>dapsone tab 100 mg</i>	12
<i>dapsone tab 25 mg</i>	12
DAPTACEL INJ.....	77
DARAPRIM TAB 25MG.....	12
<i>daunorubicin hcl for inj 20 mg</i>	23
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	23
DECAVAC INJ 5-2LF.....	77
DELZICOL CAP 400MG.....	69
DENAVIR CRE 1%.....	89
DEPO-PROVERA INJ 400/ML.....	25
<i>desipramine hcl tab 10 mg</i>	46
<i>desipramine hcl tab 100 mg</i>	46
<i>desipramine hcl tab 150 mg</i>	46
<i>desipramine hcl tab 25 mg</i>	46
<i>desipramine hcl tab 50 mg</i>	46
<i>desipramine hcl tab 75 mg</i>	46
<i>desmopressin acetate inj 4 mcg/ml</i>	67
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED).....	67
<i>desmopressin acetate nasal spray soln 0.01%</i>	67
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	67
<i>desmopressin acetate tab 0.1 mg</i>	67
<i>desmopressin acetate tab 0.2 mg</i>	67
DESONIDE CREAM 0.05%.....	90
<i>desonide lotion 0.05%</i>	90
<i>desonide oint 0.05%</i>	90
<i>desoximetasone cream 0.05%</i>	90
<i>desoximetasone cream 0.25%</i>	90
<i>desoximetasone gel 0.05%</i>	90
DESOXIMETASONE OINT 0.05%.....	90
<i>desoximetasone oint 0.25%</i>	90
DETROL LA CAP 2MG.....	72

DETROL LA CAP 4MG.....	72
<i>dexamethason con 1mg/ml</i>	63
<i>dexamethasone elixir 0.5 mg/5ml</i>	63
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	63
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	63
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	63
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	83
<i>dexamethasone soln 0.5 mg/5ml</i>	63
<i>dexamethasone tab 0.5 mg</i>	63
<i>dexamethasone tab 0.75 mg</i>	63
<i>dexamethasone tab 1 mg</i>	63
<i>dexamethasone tab 1.5 mg</i>	63
<i>dexamethasone tab 2 mg</i>	63
<i>dexamethasone tab 4 mg</i>	63
<i>dexamethasone tab 6 mg</i>	63
DEXILANT CAP 30MG DR	71
DEXILANT CAP 60MG DR	71
<i>dexrazoxane for inj 250 mg</i>	27
<i>dexrazoxane for inj 500 mg</i>	27
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	80
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	80
DEXTROSE 5% IN LACTATED RINGERS80	80
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	80
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	80
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	80
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	80
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	80
DEXTROSE INJ 10%	80
DEXTROSE INJ 5%	80
DEXTROSE INJ 50%	80
<i>dextrose inj 70%</i>	80
<i>diazepam con 5mg/ml</i>	41
<i>diazepam inj 5 mg/ml</i>	42
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	42
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	42

DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	42
<i>diazepam soln 1 mg/ml</i>	42
<i>diazepam tab 10 mg</i>	42
<i>diazepam tab 2 mg</i>	42
<i>diazepam tab 5 mg</i>	42
DIBENZYLINE CAP 10MG	39
<i>diclofenac potassium tab 50 mg</i>	7
<i>diclofenac sodium ophth soln 0.1%</i>	83
<i>diclofenac sodium tab delayed release 25 mg</i>	7
<i>diclofenac sodium tab delayed release 50 mg</i>	7
<i>diclofenac sodium tab delayed release 75 mg</i>	7
<i>diclofenac sodium tab sr 24hr 100 mg</i> ..	7
<i>dicloxacillin sodium cap 250 mg</i>	21
<i>dicloxacillin sodium cap 500 mg</i>	21
<i>dicyclomine hcl cap 10 mg</i>	68
<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	68
<i>dicyclomine hcl tab 20 mg</i>	68
<i>didanosine delayed release capsule 125 mg</i>	14
<i>didanosine delayed release capsule 200 mg</i>	14
<i>didanosine delayed release capsule 250 mg</i>	14
<i>didanosine delayed release capsule 400 mg</i>	14
DIFICID TAB 200MG	19
<i>diflorasone diacetate cream 0.05%</i>	90
<i>diflorasone diacetate oint 0.05%</i>	90
<i>diflunisal tab 500 mg</i>	7
<i>digoxin inj 0.25 mg/ml</i>	37
DIGOXIN ORAL SOLN 0.05 MG/ML	37
<i>digoxin tab 0.125 mg</i>	37
<i>digoxin tab 0.25 mg</i>	37
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	54
<i>dilantin cap 100mg</i>	42
<i>dilantin cap 30mg</i>	42
<i>dilantin chw 50mg</i>	42
DILANTIN-125 SUS 125/5ML	42
<i>dilt-cd cap 120mg</i>	35
<i>dilt-cd cap 180mg</i>	35
<i>dilt-cd cap 240mg</i>	35
<i>dilt-cd cap 300mg</i>	35
<i>diltiazem hcl cap sr 12hr 120 mg</i>	35

<i>diltiazem hcl cap sr 12hr 60 mg</i>	35	<i>diphenhydramine hcl inj 50 mg/ml</i>	85
<i>diltiazem hcl cap sr 12hr 90 mg</i>	35	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>diltiazem hcl cap sr 24hr 120 mg</i>	36	<i>mg/5ml</i>	70
<i>diltiazem hcl coated beads cap sr 24hr 120</i>		<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>mg</i>	36	<i>mg</i>	70
<i>diltiazem hcl coated beads cap sr 24hr 180</i>		<i>disopyramide phosphate cap 100 mg</i> ..	32
<i>mg</i>	36	<i>disopyramide phosphate cap 150 mg</i> ..	32
<i>diltiazem hcl coated beads cap sr 24hr 240</i>		<i>disulfiram tab 250 mg</i>	57
<i>mg</i>	36	<i>disulfiram tab 500 mg</i>	57
<i>diltiazem hcl coated beads cap sr 24hr 300</i>		DIURIL SUS 250/5ML.....	38
<i>mg</i>	36	<i>divalproex sodium cap sprinkle 125 mg</i>	
<i>diltiazem hcl coated beads cap sr 24hr 360</i>		.....	42
<i>mg</i>	36	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>125 mg</i>	42
<i>sr 24hr 120 mg</i>	36	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>250 mg</i>	42
<i>sr 24hr 180 mg</i>	36	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>500 mg</i>	42
<i>sr 24hr 240 mg</i>	36	<i>divalproex sodium tab sr 24 hr 250 mg</i>	42
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab sr 24 hr 500 mg</i>	42
<i>sr 24hr 300 mg</i>	36	DOCETAXEL FOR INJ CONC 20 MG/ML	24
<i>diltiazem hcl extended release beads cap</i>		DOCETAXEL FOR INJ CONC 80 MG/4ML	
<i>sr 24hr 360 mg</i>	36	<i>(20 MG/ML)</i>	24
<i>diltiazem hcl extended release beads cap</i>		<i>docetaxel inj 140/7ml</i>	24
<i>sr 24hr 420 mg</i>	36	DOCETAXEL INJ 20/0.5ML.....	24
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		DOCETAXEL INJ 80MG/8ML	24
<i>mg/ml)</i>	36	<i>donepezil hydrochloride orally</i>	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>		<i>disintegrating tab 10 mg</i>	45
.....	36	<i>donepezil hydrochloride orally</i>	
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		<i>disintegrating tab 5 mg</i>	45
<i>mg/ml)</i>	36	<i>donepezil hydrochloride tab 10 mg</i>	45
<i>diltiazem hcl tab 120 mg</i>	36	<i>donepezil hydrochloride tab 5 mg</i>	45
<i>diltiazem hcl tab 30 mg</i>	36	DORIBAX INJ 250MG	12
<i>diltiazem hcl tab 60 mg</i>	36	DORIBAX INJ 500MG	12
<i>diltiazem hcl tab 90 mg</i>	36	<i>dorzolamide hcl ophth soln 2%</i>	83
<i>dilt-xr cap 120mg</i>	35	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dilt-xr cap 180mg</i>	35	<i>soln 22.3-6.8 mg/ml</i>	83
<i>dilt-xr cap 240mg</i>	35	<i>doxazosin mesylate tab 1 mg</i>	30
<i>diltzac cap 120mg/24</i>	36	<i>doxazosin mesylate tab 2 mg</i>	30
<i>diltzac cap 180mg/24</i>	36	<i>doxazosin mesylate tab 4 mg</i>	30
<i>diltzac cap 240mg/24</i>	36	<i>doxazosin mesylate tab 8 mg</i>	30
<i>diltzac cap 300mg/24</i>	36	<i>doxepin hcl cap 10 mg</i>	46
DIOVAN TAB 160MG.....	31	<i>doxepin hcl cap 100 mg</i>	46
DIOVAN TAB 320MG.....	31	<i>doxepin hcl cap 150 mg</i>	46
DIOVAN TAB 40MG	31	<i>doxepin hcl cap 25 mg</i>	46
DIOVAN TAB 80MG	31	<i>doxepin hcl cap 50 mg</i>	46
DIP/TET PED INJ 25-5LFU	77	<i>doxepin hcl cap 75 mg</i>	46
DIPENTUM CAP 250MG	69	<i>doxepin hcl conc 10 mg/ml</i>	46

DOXIL INJ 2MG/ML	23	ELLA TAB 30MG	60
<i>doxorubicin hcl for inj 50 mg</i>	23	ELMIRON CAP 100MG	71
<i>doxorubicin hcl inj 2 mg/ml</i>	23	ELSPAR INJ 10000UNT	27
<i>doxycycline hyclate cap 100 mg</i>	22	EMCYT CAP 140MG	23
<i>doxycycline hyclate cap 50 mg</i>	22	EMEND CAP 125MG	68
<i>doxycycline hyclate for inj 100 mg</i>	22	EMEND CAP 40MG	68
<i>doxycycline hyclate tab 100 mg</i>	22	EMEND CAP 80MG	68
<i>doxycycline hyclate tab 20 mg</i>	22	EMEND PAK 80 & 125	68
<i>doxycycline monohydrate cap 100 mg</i>	22	<i>emoquette tab</i>	60
<i>doxycycline monohydrate cap 50 mg</i>	22	EMSAM DIS 12MG/24H	46
<i>doxycycline monohydrate tab 100 mg</i>	22	EMSAM DIS 6MG/24HR	46
<i>doxycycline monohydrate tab 150 mg</i>	22	EMSAM DIS 9MG/24HR	46
<i>doxycycline monohydrate tab 50 mg</i>	22	EMTRIVA CAP 200MG	14
<i>doxycycline monohydrate tab 75 mg</i>	22	EMTRIVA SOL 10MG/ML	14
<i>dronabinol cap 10 mg</i>	67	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>dronabinol cap 2.5 mg</i>	67	<i>tab 10-25 mg</i>	29
<i>dronabinol cap 5 mg</i>	67	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02</i>		<i>tab 5-12.5 mg</i>	29
<i>mg</i>	60	<i>enalapril maleate tab 10 mg</i>	29
<i>drospirenone-ethinyl estradiol tab 3-0.03</i>		<i>enalapril maleate tab 2.5 mg</i>	29
<i>mg</i>	60	<i>enalapril maleate tab 20 mg</i>	29
DROXIA CAP 200MG	27	<i>enalapril maleate tab 5 mg</i>	29
DROXIA CAP 300MG	27	ENBREL INJ 25/0.5ML	74
DROXIA CAP 400MG	27	ENBREL INJ 25MG	74
DULERA AER 100-5MCG	87	ENBREL INJ 50MG/ML	75
DULERA AER 200-5MCG	87	<i>endocet tab 10-325mg</i>	9
DURAMORPH INJ 0.5MG/ML	8	<i>endocet tab 5-325mg</i>	9
DURAMORPH INJ 1MG/ML	8	<i>endocet tab 7.5-325</i>	9
DUREZOL EMU 0.05%	83	ENDODAN TAB	9
DYRENIUM CAP 100MG	38	ENGERIX-B INJ 10/0.5ML	77
DYRENIUM CAP 50MG	38	ENGERIX-B INJ 20MCG/ML	77
E		<i>enoxaparin sodium inj 100 mg/ml</i>	72
<i>e.e.s. 400 tab 400mg</i>	19	<i>enoxaparin sodium inj 120 mg/0.8ml.</i>	72
E.E.S. GRAN SUS 200/5ML	19	<i>enoxaparin sodium inj 150 mg/ml</i>	73
<i>e.s.p. sus 200-600</i>	12	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	72
<i>econazole nitrate cream 1%</i>	89	<i>enoxaparin sodium inj 300 mg/3ml</i>	73
EDECIN TAB 25MG	38	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	72
EDURANT TAB 25MG	14	<i>enoxaparin sodium inj 60 mg/0.6ml</i>	72
EFFIENT TAB 10MG	74	<i>enoxaparin sodium inj 80 mg/0.8ml</i>	72
EFFIENT TAB 5MG	74	<i>enpresse-28 tab</i>	60
ELAPRASE INJ 6MG/3ML	62	<i>entacapone tab 200 mg</i>	49
ELELYSO INJ 200UNIT	62	<i>enulose sol 10gm/15</i>	69
ELIDEL CRE 1%	91	EPIPEN 2-PAK INJ 0.3MG	86
ELIQUIS TAB 2.5MG	72	EPIPEN-JR INJ 2-PAK	86
ELIQUIS TAB 5MG	72	<i>epirubicin hcl inj 200 mg/100ml (2</i>	
ELITEK INJ 1.5MG	27	<i>mg/ml)</i>	23
ELITEK INJ 7.5MG	27	<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	
<i>elixophyllin elx 80/15ml</i>	87	.....	23

<i>epitol tab 200mg</i>	42	<i>estradiol td patch weekly 0.075 mg/24hr</i>	63
EPIVIR HBV SOL 5MG/ML.....	17	<i>estradiol td patch weekly 0.1 mg/24hr</i>	63
EPIVIR HBV TAB 100MG	17	ESTRADIOL VALERATE IM IN OIL 10 MG/ML.....	63
EPIVIR SOL 10MG/ML.....	14	<i>estradiol valerate im in oil 20 mg/ml</i> ..	63
<i>eplerenone tab 25 mg</i>	30	<i>estradiol valerate im in oil 40 mg/ml</i> ..	63
<i>eplerenone tab 50 mg</i>	30	<i>ethambutol hcl tab 100 mg</i>	16
EPZICOM TAB 600-300	16	<i>ethambutol hcl tab 400 mg</i>	16
ERAXIS INJ 100MG	13	<i>ethosuximide cap 250 mg</i>	42
ERAXIS INJ 50MG	13	<i>ethosuximide soln 250 mg/5ml</i>	42
ERIVEDGE CAP 150MG	24	<i>etodolac cap 200 mg</i>	7
<i>errin tab 0.35mg</i>	60	<i>etodolac cap 300 mg</i>	7
ERYPED SUS 200/5ML	19	<i>etodolac tab 400 mg</i>	7
ERYPED SUS 400/5ML	19	<i>etodolac tab 500 mg</i>	7
<i>ery-tab tab 250mg ec</i>	19	<i>etodolac tab sr 24hr 400 mg</i>	7
<i>ery-tab tab 333mg ec</i>	19	<i>etodolac tab sr 24hr 500 mg</i>	7
<i>ery-tab tab 500mg ec</i>	19	<i>etodolac tab sr 24hr 600 mg</i>	7
<i>erythrocin tab 250mg</i>	19	<i>etoposide inj 20 mg/ml</i>	28
<i>erythromycin ethylsuccinate tab 400 mg</i>	19	EURAX CRE 10%	92
<i>erythromycin gel 2%</i>	88	EURAX LOT 10%	92
<i>erythromycin ophth oint 5 mg/gm</i>	82	EVISTA TAB 60MG.....	66
<i>erythromycin pads 2%</i>	88	EXELON DIS 4.6MG/24	45
<i>erythromycin soln 2%</i>	88	EXELON DIS 9.5MG/24	45
<i>erythromycin tab 250 mg</i>	19	EXELON SOL 2MG/ML	45
<i>erythromycin tab 500 mg</i>	19	<i>exemestane tab 25 mg</i>	25
<i>erythromycin w/ delayed release particles</i> <i>cap 250 mg</i>	19	EXFORGE TAB 10-160MG	31
<i>erythromycin-sulfisoxazole for susp</i> <i>200-600 mg/5ml</i>	12	EXFORGE TAB 10-320MG	31
<i>escitalopram oxalate soln 5 mg/5ml (base</i> <i>equiv)</i>	46	EXFORGE TAB 5-160MG	31
<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	46	EXFORGE TAB 5-320MG	31
<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i>	47	EXFORGEH/10- TAB 160-12.5.....	31
<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i>	46	EXFORGEH/10- TAB 160-25.....	31
<i>estradiol tab 0.5 mg</i>	63	EXFORGEH/10- TAB 320-25.....	31
<i>estradiol tab 1 mg</i>	63	EXFORGEH/5- TAB 160-12.5.....	31
<i>estradiol tab 2 mg</i>	63	EXFORGEH/5- TAB 160-25	31
<i>estradiol td patch weekly 0.025 mg/24hr</i>	63	EXJADE TAB 125MG.....	60
<i>estradiol td patch weekly 0.0375 mg/24hr</i> <i>(37.5 mcg/24hr)</i>	63	EXJADE TAB 250MG.....	60
<i>estradiol td patch weekly 0.05 mg/24hr</i>	63	EXJADE TAB 500MG.....	60
<i>estradiol td patch weekly 0.06 mg/24hr</i>	63	F	
		FABRAZYME INJ 35MG	62
		FABRAZYME INJ 5MG.....	62
		<i>famciclovir tab 125 mg</i>	17
		<i>famciclovir tab 250 mg</i>	17
		<i>famciclovir tab 500 mg</i>	17
		<i>famotidine for susp 40 mg/5ml</i>	68
		<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	68
		<i>famotidine inj 10 mg/ml</i>	68

<i>famotidine tab 20 mg</i>	69	FLEBOGAMMA INJ DIF 5%	75
<i>famotidine tab 40 mg</i>	69	<i>flecainide acetate tab 100 mg</i>	32
FANAPT PAK	50	<i>flecainide acetate tab 150 mg</i>	32
FANAPT TAB 10MG	50	<i>flecainide acetate tab 50 mg</i>	32
FANAPT TAB 12MG	51	FLOVENT DISK AER 100MCG	86
FANAPT TAB 1MG	50	FLOVENT DISK AER 250MCG	87
FANAPT TAB 2MG	50	FLOVENT DISK AER 50MCG	86
FANAPT TAB 4MG	50	FLOVENT HFA AER 110MCG	87
FANAPT TAB 6MG	50	FLOVENT HFA AER 220MCG	87
FANAPT TAB 8MG	50	FLOVENT HFA AER 44MCG	87
FARESTON TAB 60MG	25	<i>fluconazole for susp 10 mg/ml</i>	13
FASLODEX INJ 250MG	25	<i>fluconazole for susp 40 mg/ml</i>	13
FAZACLO TAB 100/ODT	51	<i>fluconazole in dextrose inj 200 mg/100ml</i>	13
FAZACLO TAB 12.5/ODT	51	<i>fluconazole in dextrose inj 400 mg/200ml</i>	13
FAZACLO TAB 150MG	51	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	13
FAZACLO TAB 200MG	51	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	13
FAZACLO TAB 25MG ODT	51	<i>fluconazole tab 100 mg</i>	13
<i>felbamate susp 600 mg/5ml</i>	42	<i>fluconazole tab 150 mg</i>	13
<i>felbamate tab 400 mg</i>	42	<i>fluconazole tab 200 mg</i>	13
<i>felbamate tab 600 mg</i>	42	<i>fluconazole tab 50 mg</i>	13
<i>felodipine tab sr 24hr 10 mg</i>	36	<i>flucytosine cap 250 mg</i>	13
<i>felodipine tab sr 24hr 2.5 mg</i>	36	<i>flucytosine cap 500 mg</i>	13
<i>felodipine tab sr 24hr 5 mg</i>	36	<i>fludarabine phosphate for inj 50 mg</i> ...	24
FENOFIBRATE MICRONIZED CAP 130 MG	33	<i>fludarabine phosphate inj 25 mg/ml</i> ...	24
<i>fenofibrate micronized cap 134 mg</i>	33	<i>fludrocortisone acetate tab 0.1 mg</i>	63
<i>fenofibrate micronized cap 200 mg</i>	33	<i>flunisolide nasal soln 0.025%</i>	86
FENOFIBRATE MICRONIZED CAP 43 MG	33	<i>flunisolide nasal soln 29 mcg/act</i> <i>(0.025%)</i>	86
<i>fenofibrate micronized cap 67 mg</i>	33	<i>fluocin acet oil body</i>	90
<i>fenofibrate tab 145 mg</i>	33	<i>fluocinolone acetonide (otic) oil 0.01%</i>	92
<i>fenofibrate tab 160 mg</i>	33	<i>fluocinolone acetonide cream 0.01%</i> ..	90
<i>fenofibrate tab 48 mg</i>	33	<i>fluocinolone acetonide cream 0.025%</i> ..	90
<i>fenofibrate tab 54 mg</i>	33	<i>fluocinolone acetonide oint 0.025%</i>	90
<i>fentanyl citrate lollipop 1200 mcg</i>	9	<i>fluocinolone acetonide soln 0.01%</i>	90
<i>fentanyl citrate lollipop 1600 mcg</i>	9	<i>fluocinonide cream 0.05%</i>	90
<i>fentanyl citrate lollipop 200 mcg</i>	9	<i>fluocinonide emulsified base cream 0.05%</i>	90
<i>fentanyl citrate lollipop 400 mcg</i>	9	<i>fluocinonide gel 0.05%</i>	90
<i>fentanyl citrate lollipop 600 mcg</i>	9	<i>fluocinonide oint 0.05%</i>	90
<i>fentanyl citrate lollipop 800 mcg</i>	9	<i>fluocinonide soln 0.05%</i>	90
<i>fentanyl td patch 72hr 100 mcg/hr</i>	9	FLUOROMETHOLONE OPHTH SUSP 0.1%	83
<i>fentanyl td patch 72hr 12 mcg/hr</i>	9	FLUOROPLEX CRE 1%	88
<i>fentanyl td patch 72hr 25 mcg/hr</i>	9	<i>fluorouracil cream 5%</i>	88
<i>fentanyl td patch 72hr 50 mcg/hr</i>	9		
<i>fentanyl td patch 72hr 75 mcg/hr</i>	9		
<i>finasteride tab 5 mg</i>	71		
FLEBOGAMMA INJ 10%	75		
FLEBOGAMMA INJ 5%	75		

<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i> ..24	FOSRENOL CHW 500MG..... 65
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	FOSRENOL CHW 750MG..... 65
.....24	FREAMINE HBC INJ 6.9% 79
<i>fluorouracil soln 2%</i> .....88	FREAMINE III INJ 10%..... 79
<i>fluorouracil soln 5%</i> .....88	FREAMINE III INJ 8.5%..... 79
<i>fluoxetine hcl cap 10 mg</i>.....47	<i>furosemide inj 10 mg/ml</i> 38
<i>fluoxetine hcl cap 20 mg</i>.....47	<i>furosemide oral soln 10 mg/ml</i> 38
<i>fluoxetine hcl cap 40 mg</i>.....47	<i>furosemide sol 8mg/ml</i> 38
<i>fluoxetine hcl solution 20 mg/5ml</i> .....47	<i>furosemide tab 20 mg</i> 38
<i>fluoxetine hcl tab 10 mg</i> .....47	<i>furosemide tab 40 mg</i> 38
<i>fluoxetine hcl tab 20 mg</i> .....47	<i>furosemide tab 80 mg</i> 38
<i>fluphenazine decanoate inj 25 mg/ml</i> ..51	FUZEON INJ 90MG 14
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....51	FUZEON KIT 14
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....51	G
<i>fluphenazine hcl oral conc 5 mg/ml</i> .....51	<i>gabapentin cap 100 mg</i> 42
<i>fluphenazine hcl tab 1 mg</i> .....51	<i>gabapentin cap 300 mg</i> 42
<i>fluphenazine hcl tab 10 mg</i> .....51	<i>gabapentin cap 400 mg</i> 42
<i>fluphenazine hcl tab 2.5 mg</i> .....51	<i>gabapentin oral soln 250 mg/5ml</i> 42
<i>fluphenazine hcl tab 5 mg</i> .....51	<i>gabapentin tab 600 mg</i> 42
<i>flurbiprofen sodium ophth soln 0.03%</i> .83	<i>gabapentin tab 800 mg</i> 42
<i>flurbiprofen tab 100 mg</i> 7	GABITRIL TAB 12MG..... 42
<i>flurbiprofen tab 50 mg</i> 7	GABITRIL TAB 16MG..... 42
<i>flutamide cap 125 mg</i>.....25	<i>galantamine hydrobromide cap sr 24hr 16</i>
<i>fluticasone propionate cream 0.05%</i> ...90	<i>mg</i> 45
<i>fluticasone propionate nasal susp 50</i>	<i>galantamine hydrobromide cap sr 24hr 24</i>
<i>mcg/act</i>.....86	<i>mg</i> 45
<i>fluticasone propionate oint 0.005%</i> .....90	<i>galantamine hydrobromide cap sr 24hr 8</i>
<i>fluvoxamine maleate tab 100 mg</i> .....41	<i>mg</i> 45
<i>fluvoxamine maleate tab 25 mg</i>.....41	<i>galantamine hydrobromide oral soln 4</i>
<i>fluvoxamine maleate tab 50 mg</i>.....41	<i>mg/ml</i> 45
FML FORTE SUS 0.25% OP.....83	<i>galantamine hydrobromide tab 12 mg</i> 45
FML OIN 0.1% OP.....83	<i>galantamine hydrobromide tab 4 mg</i> .. 45
<i>fondaparinux sodium inj 10 mg/0.8ml</i> .73	<i>galantamine hydrobromide tab 8 mg</i> .. 45
<i>fondaparinux sodium inj 2.5 mg/0.5ml</i> 73	GAMASTAN S/D INJ..... 75
<i>fondaparinux sodium inj 5 mg/0.4ml</i> ...73	GAMMAGARD INJ 10GM/100 75
<i>fondaparinux sodium inj 7.5 mg/0.6ml</i> 73	GAMMAGARD INJ 1GM/10ML 75
FORADIL CAP AEROLIZE .....85	GAMMAGARD INJ 2.5GM/25 75
FORFIVO XL TAB 450MG .....47	GAMMAGARD INJ 20GM/200..... 75
FORTEO SOL 600/2.4 .....65	GAMMAGARD INJ 30GM/300..... 75
FORTICAL SPR 200/ACT.....65	GAMMAGARD INJ 5GM/50ML 75
<i>fosinopril sodium & hydrochlorothiazide</i>	GAMMAGARD SD INJ 10GM HU 75
<i>tab 10-12.5 mg</i> .....29	GAMMAGARD SD INJ 2.5GM HU 75
<i>fosinopril sodium & hydrochlorothiazide</i>	GAMMAGARD SD INJ 5GM HU 75
<i>tab 20-12.5 mg</i> .....29	GAMMAKED INJ 10GM/100 75
<i>fosinopril sodium tab 10 mg</i> .....29	GAMMAKED INJ 1GM/10ML..... 75
<i>fosinopril sodium tab 20 mg</i> .....29	GAMMAKED INJ 2.5GM/25..... 75
<i>fosinopril sodium tab 40 mg</i> .....29	GAMMAKED INJ 20GM/200 75
FOSRENOL CHW 1000MG.....65	GAMMAKED INJ 5GM/50ML..... 75

GAMMAPLEX INJ 10GM	75	<i>glimepiride tab 2 mg</i>	58
GAMMAPLEX INJ 2.5GM	75	<i>glimepiride tab 4 mg</i>	58
GAMMAPLEX INJ 5GM	75	<i>glipizide tab 10 mg</i>	58
GAMUNEX INJ 10%	75	<i>glipizide tab 5 mg.....</i>	58
GAMUNEX-C INJ 10GM/100	76	<i>glipizide tab sr 24hr 10 mg</i>	58
GAMUNEX-C INJ 1GM/10ML	75	<i>glipizide tab sr 24hr 2.5 mg.....</i>	58
GAMUNEX-C INJ 2.5GM/25.....	75	<i>glipizide tab sr 24hr 5 mg</i>	58
GAMUNEX-C INJ 20GM/200	76	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
GAMUNEX-C INJ 5GM/50ML	75	<i>.....</i>	58
<i>ganciclovir sodium for inj 500 mg</i>	17	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
GARDASIL INJ	77	<i>.....</i>	58
GAUZE PADS 2" X 2"	57	<i>glipizide-metformin hcl tab 5-500 mg .</i>	58
<i>gavilyte-c sol.....</i>	69	GLUCAGEN INJ HYPOKIT	64
<i>gavilyte-g sol</i>	69	GLUCAGON KIT 1MG	64
<i>gavilyte-n sol flav pk</i>	69	<i>glyburide micronized tab 1.5 mg</i>	58
<i>gemcitabine hcl for inj 1 gm</i>	24	<i>glyburide micronized tab 3 mg</i>	58
<i>gemcitabine hcl for inj 2 gm</i>	24	<i>glyburide micronized tab 6 mg</i>	58
<i>gemcitabine hcl for inj 200 mg</i>	24	<i>glyburide tab 1.25 mg</i>	58
GEMCITABINE INJ 1GM.....	24	<i>glyburide tab 2.5 mg</i>	58
GEMCITABINE INJ 200MG	24	<i>glyburide tab 5 mg</i>	58
GEMCITABINE INJ 2GM.....	24	<i>glyburide-metformin tab 1.25-250 mg</i>	58
<i>gemfibrozil tab 600 mg.....</i>	33	<i>glyburide-metformin tab 2.5-500 mg ..</i>	58
<i>generlac sol 10gm/15.....</i>	69	<i>glyburide-metformin tab 5-500 mg.....</i>	58
<i>gengraf cap 100mg</i>	77	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	
<i>gengraf cap 25mg.....</i>	77	<i>.....</i>	68
<i>gengraf sol 100mg/ml</i>	77	<i>glycopyrrolate tab 1 mg</i>	68
<i>gentak oin 0.3% op.....</i>	82	<i>glycopyrrolate tab 2 mg</i>	68
<i>gentam/nacl inj 0.9mg/ml.....</i>	11	GOLYTELY SOL.....	69
<i>gentam/nacl inj 1.4mg/ml.....</i>	11	<i>granisetron hcl inj 0.1 mg/ml.....</i>	68
<i>gentamicin in saline inj 0.8 mg/ml</i>	11	<i>granisetron hcl inj 1 mg/ml</i>	68
<i>gentamicin in saline inj 1 mg/ml</i>	11	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	11	<i>.....</i>	68
<i>gentamicin in saline inj 1.6 mg/ml</i>	11	<i>granisetron hcl tab 1 mg</i>	68
<i>gentamicin in saline inj 2 mg/ml</i>	11	<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>gentamicin sulfate cream 0.1%</i>	88	<i>.....</i>	13
<i>gentamicin sulfate inj 10 mg/ml</i>	11	<i>griseofulvin microsize tab 500 mg</i>	14
<i>gentamicin sulfate inj 40 mg/ml</i>	11	<i>griseofulvin ultramicrosize tab 125 mg</i>	14
<i>gentamicin sulfate iv soln 10 mg/ml</i>	11	<i>griseofulvin ultramicrosize tab 250 mg</i>	14
<i>gentamicin sulfate oint 0.1%.....</i>	88	H	
<i>gentamicin sulfate ophth soln 0.3% ...</i>	82	HALFLYTELY KIT FLAV PKS	69
GEODON INJ 20MG	51	<i>halobetasol propionate cream 0.05%..</i>	90
GIANVI TAB 3-0.02MG.....	60	<i>halobetasol propionate oint 0.05%</i>	90
<i>gildagia tab 0.4-35.....</i>	60	<i>haloperidol decanoate im soln 100 mg/ml</i>	
GILENYA CAP 0.5MG	56	<i>.....</i>	51
GLASSIA INJ	86	<i>haloperidol decanoate im soln 50 mg/ml</i>	
GLEEEVEC TAB 100MG	26	<i>.....</i>	51
GLEEEVEC TAB 400MG	26	<i>haloperidol lactate inj 5 mg/ml</i>	51
<i>glimepiride tab 1 mg</i>	58	<i>haloperidol lactate oral conc 2 mg/ml .</i>	51

<i>haloperidol tab 0.5 mg</i>	51	<i>mg</i>	8
<i>haloperidol tab 1 mg</i>	51	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>haloperidol tab 10 mg</i>	51	<i>mg</i>	8
<i>haloperidol tab 2 mg</i>	51	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>haloperidol tab 20 mg</i>	51	<i>mg</i>	8
<i>haloperidol tab 5 mg</i>	51	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8
HAVRIX INJ 1440UNIT	77	<i>hydrocortisone butyrate cream 0.1%</i> ..	91
HAVRIX INJ 720UNIT.....	77	<i>hydrocortisone butyrate oint 0.1%</i>	91
<i>heather tab 0.35mg</i>	60	<i>hydrocortisone butyrate soln 0.1%</i>	91
HEP SOD/NACL INJ 25000UNT.....	73	<i>hydrocortisone cream 1%</i>	91
HEPARIN SOD INJ 2000/ML.....	73	<i>hydrocortisone cream 2.5%</i>	91
HEPARIN SOD INJ 2500/ML.....	73	<i>hydrocortisone enema 100 mg/60ml</i> ..	69
HEPARIN SODIUM (PORCINE) 2 UNIT/ML		HYDROCORTISONE ENEMA 100 MG/60ML	
IN SODIUM CHLORIDE 0.9%	73	.....	69
HEPARIN SODIUM (PORCINE) 40 UNIT/ML		<i>hydrocortisone lotion 2.5%</i>	91
IN D5W	73	<i>hydrocortisone oint 1%</i>	91
<i>heparin sodium (porcine) inj 1000 unit/ml</i>		<i>hydrocortisone oint 2.5%</i>	91
.....	73	<i>hydrocortisone tab 10 mg</i>	63
<i>heparin sodium (porcine) inj 10000</i>		<i>hydrocortisone tab 20 mg</i>	64
<i>unit/ml</i>	73	<i>hydrocortisone tab 5 mg</i>	63
<i>heparin sodium (porcine) inj 20000</i>		<i>hydrocortisone valerate cream 0.2%</i> ..	91
<i>unit/ml</i>	73	<i>hydrocortisone valerate oint 0.2%</i>	91
<i>heparin sodium (porcine) inj 5000 unit/ml</i>		<i>hydromorphone hcl liqd 1 mg/ml</i>	9
.....	73	<i>hydromorphone hcl preservative free (pf)</i>	
HEPATAMINE SOL 8%	79	<i>inj 10 mg/ml</i>	9
<i>hepatasol inj 8%</i>	79	<i>hydromorphone hcl tab 2 mg</i>	9
HEPSERA TAB 10MG.....	17	<i>hydromorphone hcl tab 4 mg</i>	9
HERCEPTIN INJ 440MG.....	24	<i>hydromorphone hcl tab 8 mg</i>	9
HEXALEN CAP 50MG.....	23	<i>hydroxychloroquine sulfate tab 200 mg</i>	
HIBERIX SOL 10-25MCG	77	.....	75
HUMIRA KIT 20MG/0.4	75	<i>hydroxyurea cap 500 mg</i>	27
HUMIRA KIT 40MG/0.8	75	<i>hydroxyzine hcl im soln 25 mg/ml</i>	85
HUMIRA PEN KIT 40MG/0.8.....	75	<i>hydroxyzine hcl im soln 50 mg/ml</i>	85
HUMIRA PEN KIT CROHNS	75	I	
HUMIRA PEN KIT PSORIASI.....	75	<i>ibandronate sodium tab 150 mg (base</i>	
HUMULIN R INJ U-500	57	<i>equivalent)</i>	59
<i>hydralazine hcl inj 20 mg/ml</i>	39	<i>ibuprofen susp 100 mg/5ml</i>	7
<i>hydralazine hcl tab 10 mg</i>	39	<i>ibuprofen tab 400 mg</i>	7
<i>hydralazine hcl tab 100 mg</i>	39	<i>ibuprofen tab 600 mg</i>	7
<i>hydralazine hcl tab 25 mg</i>	39	<i>ibuprofen tab 800 mg</i>	7
<i>hydralazine hcl tab 50 mg</i>	39	ICLUSIG TAB 15MG	26
<i>hydrochlorothiazide cap 12.5 mg</i>	38	ICLUSIG TAB 45MG	26
<i>hydrochlorothiazide tab 12.5 mg</i>	38	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	
<i>hydrochlorothiazide tab 25 mg</i>	38	.....	23
<i>hydrochlorothiazide tab 50 mg</i>	38	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	
<i>hydrocodone-acetaminophen soln</i>		.....	23
<i>7.5-325 mg/15ml</i>	8	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	
<i>hydrocodone-acetaminophen tab 10-325</i>		.....	23

IFEX INJ 3GM	23	INVEGA TAB 6MG	51
<i>ifosfamide for inj 1 gm</i>	23	INVEGA TAB 9MG	51
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	23	INVIRASE CAP 200MG	14
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	23	INVIRASE TAB 500MG	14
ILEVRO DRO 0.3% OP	83	IONOSOL-B/ INJ D5W	80
<i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i>	12	IONOSOL-MB INJ /D5W	80
<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	12	IPOL INJ INACTIVE	78
<i>imipramine hcl tab 10 mg</i>	47	<i>ipratropium bromide inhal soln 0.02%</i>	84
<i>imipramine hcl tab 25 mg</i>	47	<i>ipratropium bromide nasal soln 0.03% (21</i> <i>mcg/spray)</i>	84
<i>imipramine hcl tab 50 mg</i>	47	<i>ipratropium bromide nasal soln 0.06% (42</i> <i>mcg/spray)</i>	84
<i>imiquimod cream 5%</i>	91	<i>ipratropium-albuterol nebu soln</i> <i>0.5-2.5(3) mg/3ml</i>	84
IMOVAX RABIE INJ 2.5/ML	77	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	28
INCIVEK TAB 375MG	17	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	28
INCRELEX INJ 40MG/4ML	65	<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	28
<i>indapamide tab 1.25 mg</i>	38	ISENTRESS CHW 100MG	15
<i>indapamide tab 2.5 mg</i>	38	ISENTRESS CHW 25MG	15
INFANRIX INJ	77	ISENTRESS TAB 400MG	15
INLYTA TAB 1MG	26	ISOLYTE-M INJ /D5W	80
INLYTA TAB 5MG	26	ISOLYTE-P INJ /D5W	80
INSULIN PEN NEEDLE	57	<i>isolyte-s inj</i>	80
INSULIN SAFETY NEEDLES	57	<i>isoniazid inj 100 mg/ml</i>	16
INSULIN SYRINGE	57	<i>isoniazid syrup 50 mg/5ml</i>	16
INTELENCE TAB 100MG	14	<i>isoniazid tab 100 mg</i>	16
INTELENCE TAB 200MG	14	<i>isoniazid tab 300 mg</i>	16
INTELENCE TAB 25MG	14	ISOPTO CARP SOL 1% OP	83
INTRALIPID INJ 20%	79	ISOPTO CARP SOL 2% OP	83
INTRALIPID INJ 30%	79	ISOPTO CARP SOL 4% OP	83
INTRON-A INJ 10MU	76	<i>isosorbide dinitrate sl tab 2.5 mg</i>	39
INTRON-A INJ 18MU	76	<i>isosorbide dinitrate tab 10 mg</i>	39
INTRON-A INJ 25MU	76	<i>isosorbide dinitrate tab 20 mg</i>	39
INTRON-A INJ 50MU	76	<i>isosorbide dinitrate tab 30 mg</i>	39
<i>introvale tab</i>	60	<i>isosorbide dinitrate tab 5 mg</i>	39
INTUNIV TAB 1MG	54	<i>isosorbide dinitrate tab cr 40 mg</i>	40
INTUNIV TAB 2MG	54	<i>isosorbide mononitrate tab 10 mg</i>	40
INTUNIV TAB 3MG	54	<i>isosorbide mononitrate tab 20 mg</i>	40
INTUNIV TAB 4MG	54	<i>isosorbide mononitrate tab sr 24hr 120</i> <i>mg</i>	40
INVANZ INJ 1GM	12	<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	40
INVEGA SUST INJ 117/0.75	51	<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	40
INVEGA SUST INJ 156MG/ML	51	<i>isradipine cap 2.5 mg</i>	36
INVEGA SUST INJ 234/1.5	51		
INVEGA SUST INJ 39/0.25	51		
INVEGA SUST INJ 78/0.5ML	51		
INVEGA TAB 1.5MG	51		
INVEGA TAB 3MG	51		

<i>isradipine cap 5 mg</i>	36	KADIAN CAP 130MG CR	9
ISTALOL SOL 0.5% OP	84	KADIAN CAP 150MG CR	9
ISTODAX INJ 10MG.....	24	KADIAN CAP 200MG CR	9
<i>itraconazole cap 100 mg</i>	14	KADIAN CAP 20MG CR	9
IXIARO INJ	78	KADIAN CAP 30MG CR	9
J		KADIAN CAP 40MG CR	9
JAKAFI TAB 10MG	26	KADIAN CAP 50MG CR	9
JAKAFI TAB 15MG	26	KADIAN CAP 60MG CR	9
JAKAFI TAB 20MG	26	KADIAN CAP 70MG CR	9
JAKAFI TAB 25MG	26	KADIAN CAP 80MG CR	9
JAKAFI TAB 5MG.....	26	KALETRA SOL	16
JALYN CAP	71	KALETRA TAB 100-25MG.....	16
<i>jantoven tab 10mg</i>	73	KALETRA TAB 200-50MG.....	16
<i>jantoven tab 1mg</i>	73	<i>kariva tab 28 day</i>	60
<i>jantoven tab 2.5mg</i>	73	KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NAACL 0.2% INJ	80
<i>jantoven tab 2mg</i>	73	KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NAACL 0.45% INJ.....	80
<i>jantoven tab 3mg</i>	73	KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NAACL 0.2% INJ	80
<i>jantoven tab 4mg</i>	73	KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NAACL 0.33% INJ	80
<i>jantoven tab 5mg</i>	73	KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NAACL 0.45% INJ	80
<i>jantoven tab 6mg</i>	73	KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NAACL 0.9% INJ	80
<i>jantoven tab 7.5mg</i>	73	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	80
JANUMET TAB 50-1000.....	58	KCL 20 MEQ/L (0.15%) IN NAACL 0.45% INJ	80
JANUMET TAB 50-500MG	58	KCL 20 MEQ/L (0.15%) IN NAACL 0.9% INJ	80
JANUMET XR TAB 100-1000	58	KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NAACL 0.2% INJ	81
JANUMET XR TAB 50-1000	58	KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NAACL 0.45% INJ.....	81
JANUMET XR TAB 50-500MG	58	KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NAACL 0.2% INJ	81
JANUVIA TAB 100MG.....	58	KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NAACL 0.45% INJ	81
JANUVIA TAB 25MG	58	KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ	81
JANUVIA TAB 50MG	58	KCL/D5W/NAACL INJ 0.15/0.2	81
JENTADUETO TAB 2.5-1000	58	KCL/D5W/NAACL INJ 0.3/0.9%.....	81
JENTADUETO TAB 2.5-500	58	<i>kelnor tab 1/35</i>	60
JENTADUETO TAB 2.5-850	58	<i>ketoconazole cream 2%</i>	89
JOLIVETTE TAB 0.35MG.....	60	<i>ketoconazole shampoo 2%</i>	89
<i>junel 1.5/30 tab</i>	60	<i>ketoconazole tab 200 mg</i>	14
<i>junel 1/20 tab</i>	60		
<i>junel fe tab 1.5/30</i>	60		
<i>junel fe tab 1/20</i>	60		
JUVISYNC TAB 100-10MG	59		
JUVISYNC TAB 100-20MG	59		
JUVISYNC TAB 100-40MG	59		
JUVISYNC TAB 50-10MG.....	58		
JUVISYNC TAB 50-20MG	58		
JUVISYNC TAB 50-40MG.....	58		
K			
KADCYLA INJ 100MG.....	24		
KADCYLA INJ 160MG.....	25		
KADIAN CAP 100MG CR.....	9		
KADIAN CAP 10MG CR.....	9		

<i>ketoprofen cap 50 mg</i>	7	LANTUS INJ SOLOSTAR.....	57
<i>ketoprofen cap 75 mg</i>	7	<i>latanoprost ophth soln 0.005%</i>	84
<i>ketoprofen cap sr 24hr 200 mg</i>	7	LATUDA TAB 120MG	52
<i>ketorolac tromethamine ophth soln 0.4%</i>	83	LATUDA TAB 20MG.....	51
<i>ketorolac tromethamine ophth soln 0.5%</i>	83	LATUDA TAB 40MG.....	51
<i>kionex pow usp</i>	60	LATUDA TAB 80MG.....	51
<i>kionex sus 15gm/60</i>	60	LAZANDA SPR 100MCG	9
KLOR-CON 10 TAB 10MEQ ER.....	78	LAZANDA SPR 400MCG	9
KLOR-CON 8 TAB 8MEQ ER	78	LEENA TAB	60
<i>klor-con m15 tab</i>	78	<i>leflunomide tab 10 mg</i>	75
<i>klor-con m20 tab 20meq er</i>	78	<i>leflunomide tab 20 mg</i>	75
KUVAN TAB 100MG	62	<i>lessina tab</i>	60
L		LETAIRIS TAB 10MG	40
<i>labetalol hcl tab 100 mg</i>	34	LETAIRIS TAB 5MG.....	40
<i>labetalol hcl tab 200 mg</i>	34	<i>letrozole tab 2.5 mg</i>	25
<i>labetalol hcl tab 300 mg</i>	34	<i>leucovorin calcium for inj 100 mg</i>	27
<i>laclotion lot 12%</i>	91	<i>leucovorin calcium for inj 200 mg</i>	28
LACTATED RINGER'S SOLUTION	81	<i>leucovorin calcium for inj 350 mg</i>	28
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	91	<i>leucovorin calcium for inj 50 mg</i>	27
<i>lactic acid (ammonium lactate) lotion 12%</i>	91	<i>leucovorin calcium inj 10 mg/ml</i>	28
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	69	<i>leucovorin calcium tab 10 mg</i>	28
<i>lactulose solution 10 gm/15ml</i>	69	<i>leucovorin calcium tab 15 mg</i>	28
<i>lamivudine tab 150 mg</i>	15	<i>leucovorin calcium tab 25 mg</i>	28
<i>lamivudine tab 300 mg</i>	15	<i>leucovorin calcium tab 5 mg</i>	28
<i>lamivudine-zidovudine tab 150-300 mg</i>	16	<i>leucovorin inj calcium</i>	28
<i>lamotrigine tab 100 mg</i>	42	LEUKERAN TAB 2MG	23
<i>lamotrigine tab 150 mg</i>	42	LEUKINE INJ 250MCG	74
<i>lamotrigine tab 200 mg</i>	43	LEUKINE INJ 500 MCG	74
<i>lamotrigine tab 25 mg</i>	42	<i>leuprolide acetate inj kit 5 mg/ml</i>	25
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	43	<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	85
<i>lamotrigine tab chewable dispersible 5 mg</i>	43	LEVEMIR INJ.....	57
<i>lamotrigine tab sr 24hr 100 mg</i>	43	LEVEMIR INJ FLEXPEN	57
<i>lamotrigine tab sr 24hr 200 mg</i>	43	<i>levetiracetam inj 500 mg/5ml (100</i> <i>mg/ml)</i>	43
<i>lamotrigine tab sr 24hr 25 mg</i>	43	<i>levetiracetam oral soln 100 mg/ml</i>	43
<i>lamotrigine tab sr 24hr 250 mg</i>	43	<i>levetiracetam tab 1000 mg</i>	43
<i>lamotrigine tab sr 24hr 300 mg</i>	43	<i>levetiracetam tab 250 mg</i>	43
<i>lamotrigine tab sr 24hr 50 mg</i>	43	<i>levetiracetam tab 500 mg</i>	43
LANOXIN TAB 0.125MG	37	<i>levetiracetam tab 750 mg</i>	43
LANOXIN TAB 0.25MG	37	<i>levetiracetam tab sr 24hr 500 mg</i>	43
LANTUS INJ 100/ML	57	<i>levetiracetam tab sr 24hr 750 mg</i>	43
		LEVOBUNOLOL HCL OPHTH SOLN 0.25%	84
		<i>levobunolol hcl ophth soln 0.5%</i>	84
		<i>levocarnitine inj 200 mg/ml</i>	62
		<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	62

<i>levocarnitine tab 330 mg</i>	62	LEVOXYL TAB 137MCG.....	66
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	85	LEVOXYL TAB 150MCG.....	66
<i>levocetirizine dihydrochloride tab 5 mg</i>	85	LEVOXYL TAB 175MCG.....	66
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	20	LEVOXYL TAB 200MCG.....	66
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	20	LEVOXYL TAB 25MCG.....	66
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	20	LEVOXYL TAB 50MCG.....	66
<i>levofloxacin iv soln 25 mg/ml</i>	20	LEVOXYL TAB 75MCG.....	66
<i>levofloxacin oral soln 25 mg/ml</i>	20	LEVOXYL TAB 88MCG.....	66
<i>levofloxacin tab 250 mg</i>	20	LEXIVA SUS 50MG/ML	15
<i>levofloxacin tab 500 mg</i>	20	LEXIVA TAB 700MG	15
<i>levofloxacin tab 750 mg</i>	20	LIALDA TAB 1.2GM.....	69
<i>levonest tab</i>	60	<i>lidocaine hcl gel 2%</i>	91
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	60	<i>lidocaine hcl local inj 0.5%</i>	11
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	61	<i>lidocaine hcl local inj 1%</i>	11
<i>levora-28 tab 0.15/30</i>	61	<i>lidocaine hcl local inj 1.5%</i>	11
LEVOTHROID TAB 100MCG	66	<i>lidocaine hcl local inj 2%</i>	11
LEVOTHROID TAB 112MCG	66	<i>lidocaine hcl local inj 4%</i>	11
LEVOTHROID TAB 125MCG	66	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	11
LEVOTHROID TAB 137MCG	66	<i>lidocaine hcl local preservative free (pf) inj 1%</i>	11
LEVOTHROID TAB 150MCG	66	<i>lidocaine hcl local preservative free (pf) inj 2%</i>	11
LEVOTHROID TAB 175MCG	66	<i>lidocaine hcl soln 4%</i>	91
LEVOTHROID TAB 200MCG	66	<i>lidocaine hcl viscous soln 2%</i>	92
LEVOTHROID TAB 25MCG	66	<i>lidocaine oint 5%</i>	91
LEVOTHROID TAB 300MCG	66	<i>lidocaine-prilocaine cream 2.5-2.5%</i> ...	91
LEVOTHROID TAB 50MCG	66	LIDODERM DIS 5%	91
LEVOTHROID TAB 75MCG	66	LINZESS CAP 145MCG	70
LEVOTHROID TAB 88MCG	66	LINZESS CAP 290MCG	70
<i>levothyroxine sodium tab 100 mcg</i>	66	<i>liothyronine sodium tab 25 mcg</i>	66
<i>levothyroxine sodium tab 112 mcg</i>	66	<i>liothyronine sodium tab 5 mcg</i>	66
<i>levothyroxine sodium tab 125 mcg</i>	66	<i>liothyronine sodium tab 50 mcg</i>	66
<i>levothyroxine sodium tab 137 mcg</i>	66	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	29
<i>levothyroxine sodium tab 150 mcg</i>	66	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	29
<i>levothyroxine sodium tab 175 mcg</i>	66	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	29
<i>levothyroxine sodium tab 200 mcg</i>	66	<i>lisinopril tab 10 mg</i>	29
<i>levothyroxine sodium tab 25 mcg</i>	66	<i>lisinopril tab 2.5 mg</i>	29
<i>levothyroxine sodium tab 300 mcg</i>	66	<i>lisinopril tab 20 mg</i>	30
<i>levothyroxine sodium tab 50 mcg</i>	66	<i>lisinopril tab 30 mg</i>	30
<i>levothyroxine sodium tab 75 mcg</i>	66	<i>lisinopril tab 40 mg</i>	30
<i>levothyroxine sodium tab 88 mcg</i>	66	<i>lisinopril tab 5 mg</i>	29
LEVOXYL TAB 100MCG	66	<i>lithium carbonate cap 150 mg</i>	55
LEVOXYL TAB 112MCG	66	<i>lithium carbonate cap 300 mg</i>	55
LEVOXYL TAB 125MCG	66	<i>lithium carbonate cap 600 mg</i>	55

<i>lithium carbonate tab 300 mg</i>	55	LYRICA CAP 100MG	43
<i>lithium carbonate tab cr 300 mg</i>	55	LYRICA CAP 150MG	43
<i>lithium carbonate tab cr 450 mg</i>	55	LYRICA CAP 200MG	43
LITHIUM CITR SOL 8MEQ/5ML	55	LYRICA CAP 225MG	43
LODOSYN TAB 25MG	49	LYRICA CAP 25MG	43
LOKARA LOT 0.05%	91	LYRICA CAP 300MG	43
<i>loperamide hcl cap 2 mg</i>	70	LYRICA CAP 50MG	43
<i>lorazepam con 2mg/ml</i>	41	LYRICA CAP 75MG	43
<i>lorazepam inj 2 mg/ml</i>	41	LYRICA SOL 20MG/ML.....	43
<i>lorazepam inj 4 mg/ml</i>	41	LYSODREN TAB 500MG	25
<i>lorazepam tab 0.5 mg</i>	41	M	
<i>lorazepam tab 1 mg</i>	41	MACRODANTIN CAP 25MG.....	12
<i>lorazepam tab 2 mg</i>	41	<i>mafenide acetate packet for topical soln</i>	
<i>loryna tab 3-0.02mg</i>	61	<i>5% (50 gm)</i>	88
<i>losartan potassium & hydrochlorothiazide</i>		MAGNESIUM SU INJ 40MG/ML	78
<i>tab 100-12.5 mg</i>	31	MAGNESIUM SU INJ 80MG/ML	78
<i>losartan potassium & hydrochlorothiazide</i>		<i>magnesium sulfate inj 50%</i>	78
<i>tab 100-25 mg</i>	31	<i>malathion lotion 0.5%</i>	92
<i>losartan potassium & hydrochlorothiazide</i>		<i>maprotiline hcl tab 25 mg</i>	47
<i>tab 50-12.5 mg</i>	31	<i>maprotiline hcl tab 50 mg</i>	47
<i>losartan potassium tab 100 mg</i>	31	<i>maprotiline hcl tab 75 mg</i>	47
<i>losartan potassium tab 25 mg</i>	31	<i>marlissa tab 0.15/30</i>	61
<i>losartan potassium tab 50 mg</i>	31	MARPLAN TAB 10MG.....	47
LOTEMAX GEL 0.5%	83	MATULANE CAP 50MG.....	27
LOTEMAX OIN 0.5%	83	<i>matzim la tab 180mg/24</i>	36
LOTEMAX SUS 0.5%.....	83	<i>matzim la tab 240mg/24</i>	36
LOTRONEX TAB 0.5MG	70	<i>matzim la tab 300mg/24</i>	36
LOTRONEX TAB 1MG	70	<i>matzim la tab 360mg/24</i>	36
<i>lovastatin tab 10 mg</i>	33	<i>matzim la tab 420mg/24</i>	36
<i>lovastatin tab 20 mg</i>	33	MAXIDEX SUS 0.1% OP	83
<i>lovastatin tab 40 mg</i>	33	<i>meclizine hcl tab 12.5 mg</i>	68
LOVAZA CAP 1GM	33	<i>meclizine hcl tab 25 mg</i>	68
<i>low-ogestrel tab</i>	61	<i>medroxyprogesterone acetate im susp</i>	
<i>loxapine succinate cap 10 mg</i>	52	<i>150 mg/ml</i>	61
<i>loxapine succinate cap 25 mg</i>	52	<i>medroxyprogesterone acetate tab 10 mg</i>	
<i>loxapine succinate cap 5 mg</i>	52	.....	66
<i>loxapine succinate cap 50 mg</i>	52	<i>medroxyprogesterone acetate tab 2.5 mg</i>	
LUMIGAN SOL 0.01%	84	.....	65
LUMIZYME INJ 50MG.....	62	<i>medroxyprogesterone acetate tab 5 mg</i>	
LUNESTA TAB 1MG.....	54	.....	66
LUNESTA TAB 2MG.....	54	<i>mefloquine hcl tab 250 mg</i>	14
LUNESTA TAB 3MG.....	54	MEGACE ES SUS 625/5ML	25
LUPR DEP-PED INJ 11.25MG.....	25	<i>megestrol acetate susp 40 mg/ml</i>	25
LUPR DEP-PED INJ 15MG	25	<i>megestrol acetate tab 20 mg</i>	25
LUPR DEP-PED INJ 30MG	25	<i>megestrol acetate tab 40 mg</i>	25
LUPR DEP-PED INJ 7.5MG	25	MEKINIST TAB 0.5MG	26
LUPRON DEPOT INJ 3.75MG	25	MEKINIST TAB 2MG.....	26
<i>lutera tab</i>	61	MELOXICAM SUSP 7.5 MG/5ML	7

<i>meloxicam tab 15 mg</i>	8	<i>methylphenidate hcl tab 20 mg</i>	54
<i>meloxicam tab 7.5 mg</i>	7	<i>methylphenidate hcl tab 5 mg</i>	54
<i>melphalan hcl for inj 50 mg (base equiv)</i>	23	<i>methylphenidate hcl tab cr 10 mg</i>	54
MENACTRA INJ	78	<i>methylphenidate hcl tab cr 20 mg</i>	54
<i>menest tab 0.3mg</i>	63	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	64
<i>menest tab 0.625mg</i>	63	<i>methylprednisolone acetate inj susp 80 mg/ml</i>	64
<i>menest tab 1.25mg</i>	63	<i>methylprednisolone sodium succinate for inj 1000 mg</i>	64
<i>menest tab 2.5mg</i>	63	<i>methylprednisolone sodium succinate for inj 125 mg</i>	64
MENHIBRIX INJ	78	<i>methylprednisolone sodium succinate for inj 40 mg</i>	64
MENOMUNE INJ A/C/Y/W	78	<i>methylprednisolone sodium succinate for inj 500 mg</i>	64
MENVEO INJ.....	78	<i>methylprednisolone tab 16 mg</i>	64
MEPRON SUS	12	<i>methylprednisolone tab 32 mg</i>	64
<i>mercaptapurine tab 50 mg</i>	24	<i>methylprednisolone tab 4 mg</i>	64
<i>meropenem iv for soln 1 gm</i>	12	<i>methylprednisolone tab 4 mg dose pack</i>	64
<i>meropenem iv for soln 500 mg</i>	12	<i>methylprednisolone tab 8 mg</i>	64
<i>mesalamine enema 4 gm</i>	69	<i>metipranolol ophth soln 0.3%</i>	84
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	69	<i>metoclopramide hcl inj 5 mg/ml</i>	68
<i>mesna inj 100 mg/ml</i>	28	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	68
MESNEX TAB 400MG	28	<i>metoclopramide hcl tab 10 mg</i>	68
MESTINON SYP 60MG/5ML.....	55	<i>metoclopramide hcl tab 5 mg</i>	68
MESTINON TAB TIMESPAN	55	<i>metolazone tab 10 mg</i>	39
<i>metformin hcl tab 1000 mg</i>	59	<i>metolazone tab 2.5 mg</i>	39
<i>metformin hcl tab 500 mg</i>	59	<i>metolazone tab 5 mg</i>	39
<i>metformin hcl tab 850 mg</i>	59	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	34
<i>metformin hcl tab sr 24hr 500 mg</i>	59	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	34
<i>metformin hcl tab sr 24hr 750 mg</i>	59	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	34
<i>methadone hcl conc 10 mg/ml</i>	10	<i>metoprolol succinate tab sr 24hr 100 mg</i>	34
<i>methadone hcl soln 10 mg/5ml</i>	10	<i>metoprolol succinate tab sr 24hr 200 mg</i>	34
<i>methadone hcl soln 5 mg/5ml</i>	10	<i>metoprolol succinate tab sr 24hr 25 mg</i>	34
<i>methadone hcl tab 10 mg</i>	10	<i>metoprolol succinate tab sr 24hr 50 mg</i>	34
<i>methadone hcl tab 5 mg</i>	10	<i>metoprolol tartrate inj 1 mg/ml</i>	35
<i>methazolamide tab 25 mg</i>	38	<i>metoprolol tartrate tab 100 mg</i>	35
<i>methazolamide tab 50 mg</i>	38	<i>metoprolol tartrate tab 25 mg</i>	35
<i>methenamine hippurate tab 1 gm</i>	12		
<i>methimazole tab 10 mg</i>	67		
<i>methimazole tab 5 mg</i>	67		
<i>methotrexate sodium for inj 1 gm</i>	24		
<i>methotrexate sodium inj 25 mg/ml</i>	24		
<i>methotrexate sodium inj pf 25 mg/ml</i>	24		
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	75		
<i>methyclothiazide tab 5 mg</i>	38		
<i>methylergonovine maleate tab 0.2 mg</i>	65		
<i>methylphenidate hcl soln 10 mg/5ml</i>	54		
<i>methylphenidate hcl soln 5 mg/5ml</i>	54		
<i>methylphenidate hcl tab 10 mg</i>	54		

<i>metoprolol tartrate tab 50 mg</i>	35	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	27
METRO IV INJ 5MG/ML	12	M-M-R II INJ LIVE	78
<i>metronidazole cream 0.75%</i>	91	<i>modafinil tab 100 mg</i>	56
<i>metronidazole gel 0.75%</i>	91	<i>modafinil tab 200 mg</i>	56
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	12	<i>moexipril hcl tab 15 mg</i>	30
<i>metronidazole lotion 0.75%</i>	91	<i>moexipril hcl tab 7.5 mg</i>	30
<i>metronidazole tab 250 mg</i>	12	<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	29
<i>metronidazole tab 500 mg</i>	12	<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	29
<i>metronidazole vaginal gel 0.75%</i>	72	<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	29
<i>mexiletine hcl cap 150 mg</i>	32	<i>mometasone furoate cream 0.1%</i>	91
<i>mexiletine hcl cap 200 mg</i>	32	<i>mometasone furoate oint 0.1%</i>	91
<i>mexiletine hcl cap 250 mg</i>	32	<i>mometasone furoate solution 0.1% (lotion)</i>	91
MG SO4/D5W INJ 10MG/ML	78	MONONESSA TAB.....	61
MG SO4/D5W INJ 20MG/ML	78	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	85
<i>microgestin tab 1.5/30</i>	61	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	85
<i>microgestin tab 1/20</i>	61	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	85
<i>microgestin tab fe 1/20</i>	61	<i>montelukast sodium tab 10 mg (base equiv)</i>	85
<i>microgestin tab fe1.5/30</i>	61	MORPHINE SUL INJ 4MG/ML	10
<i>midodrine hcl tab 10 mg</i>	39	MORPHINE SUL INJ 8MG/ML	10
<i>midodrine hcl tab 2.5 mg</i>	39	MORPHINE SULFATE (CONCENTRATE) ORAL SOLN 20 MG/ML	10
<i>midodrine hcl tab 5 mg</i>	39	<i>morphine sulfate inj pf 0.5 mg/ml</i>	10
<i>minitran dis 0.1mg/hr</i>	40	<i>morphine sulfate inj pf 1 mg/ml</i>	10
<i>minitran dis 0.2mg/hr</i>	40	MORPHINE SULFATE IV SOLN 1 MG/ML	10
<i>minitran dis 0.4mg/hr</i>	40	MORPHINE SULFATE IV SOLN PF 10 MG/ML	10
<i>minitran dis 0.6mg/hr</i>	40	MORPHINE SULFATE IV SOLN PF 15 MG/ML	10
<i>minocycline hcl cap 100 mg</i>	22	MORPHINE SULFATE ORAL SOLN 10 MG/5ML	10
<i>minocycline hcl cap 50 mg</i>	22	MORPHINE SULFATE ORAL SOLN 20 MG/5ML	10
<i>minocycline hcl cap 75 mg</i>	22	MORPHINE SULFATE TAB 15 MG	10
<i>minoxidil tab 10 mg</i>	39	MORPHINE SULFATE TAB 30 MG	10
<i>minoxidil tab 2.5 mg</i>	39	<i>morphine sulfate tab cr 100 mg</i>	10
<i>mirtazapine orally disintegrating tab 15 mg</i>	47	<i>morphine sulfate tab cr 15 mg</i>	10
<i>mirtazapine orally disintegrating tab 30 mg</i>	47	<i>morphine sulfate tab cr 200 mg</i>	10
<i>mirtazapine orally disintegrating tab 45 mg</i>	47	<i>morphine sulfate tab cr 30 mg</i>	10
<i>mirtazapine tab 15 mg</i>	47	<i>morphine sulfate tab cr 60 mg</i>	10
<i>mirtazapine tab 30 mg</i>	47		
<i>mirtazapine tab 45 mg</i>	47		
<i>mirtazapine tab 7.5 mg</i>	47		
<i>misoprostol tab 100 mcg</i>	70		
<i>misoprostol tab 200 mcg</i>	70		
<i>mitomycin for inj 20 mg</i>	23		
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	27		
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	27		

MOVIPREP SOL	69	.....	55
MOXEZA SOL 0.5%	82	NASONEX SPR 50MCG/AC	86
MOZOBIL INJ	74	NATACYN SUS 5% OP	82
MULTAQ TAB 400MG	32	<i>nateglinide tab 120 mg</i>	59
<i>mupirocin oint 2%</i>	88	<i>nateglinide tab 60 mg</i>	59
MUSTARGEN INJ 10MG	23	NEBUPENT INH 300MG	12
MYCAMINE INJ 100MG	14	<i>necon tab 0.5/35</i>	61
MYCAMINE INJ 50MG	14	<i>necon tab 1/35</i>	61
MYCOBUTIN CAP 150MG	16	NECON TAB 1/50-28.....	61
<i>mycophenolate mofetil cap 250 mg</i>	77	<i>necon tab 10/11-28</i>	61
<i>mycophenolate mofetil tab 500 mg</i>	77	NECON TAB 7/7/7	61
MYFORTIC TAB 180MG	77	<i>nefazodone hcl tab 100 mg</i>	47
MYFORTIC TAB 360MG	77	<i>nefazodone hcl tab 150 mg</i>	47
<i>myorisan cap 10mg</i>	88	<i>nefazodone hcl tab 200 mg</i>	47
<i>myorisan cap 20mg</i>	88	<i>nefazodone hcl tab 250 mg</i>	47
<i>myorisan cap 40mg</i>	88	<i>nefazodone hcl tab 50 mg</i>	47
MYOZYME INJ 50MG	62	<i>neomycin sulfate tab 500 mg</i>	11
<i>myzilra tab</i>	61	<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	82
N		<i>neomycin-polymyxin b-gramicidin ophth</i> <i>soln</i>	82
<i>nabumetone tab 500 mg</i>	8	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	82
<i>nabumetone tab 750 mg</i>	8	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	82
<i>nadolol tab 20 mg</i>	35	<i>neomycin-polymyxin-hc ophth susp</i>	82
<i>nadolol tab 40 mg</i>	35	<i>neomycin-polymyxin-hc otic soln 1%</i> ..	92
<i>nadolol tab 80 mg</i>	35	<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	92
<i>nafcillin sodium for inj 1 gm</i>	21	NEORAL CAP 100MG	77
<i>nafcillin sodium for inj 10 gm</i>	21	NEORAL CAP 25MG.....	77
<i>nafcillin sodium for inj 2 gm</i>	21	NEORAL SOL 100MG/ML.....	77
<i>nafcillin sodium for iv soln 1 gm</i>	21	NEPHRAMINE INJ 5.4%	79
<i>nafcillin sodium for iv soln 2 gm</i>	21	NEUMEGA INJ 5MG.....	74
NAGLAZYME INJ 1MG/ML	62	NEUPOGEN INJ 300/0.5	74
<i>naloxone hcl inj 0.4 mg/ml</i>	57	NEUPOGEN INJ 300MCG.....	74
<i>naloxone hcl inj 1 mg/ml</i>	57	NEUPOGEN INJ 480/0.8	74
<i>naltrexone hcl tab 50 mg</i>	57	NEUPOGEN INJ 480MCG.....	74
NAMENDA SOL 10MG/5ML	45	NEUPRO DIS 1MG/24HR.....	49
NAMENDA TAB 10MG	45	NEUPRO DIS 2MG/24HR.....	49
NAMENDA TAB 5-10MG	45	NEUPRO DIS 3MG/24HR.....	49
NAMENDA TAB 5MG	45	NEUPRO DIS 4MG/24HR.....	49
<i>naphazoline hcl ophth soln 0.1%</i>	84	NEUPRO DIS 6MG/24HR.....	49
<i>naproxen dr tab 375mg</i>	8	NEUPRO DIS 8MG/24HR.....	49
<i>naproxen dr tab 500mg</i>	8	NEVANAC SUS 0.1%.....	83
<i>naproxen sodium tab 275 mg</i>	8	NEVIRAPINE SUSP 50 MG/5ML.....	15
<i>naproxen sodium tab 550 mg</i>	8	<i>nevirapine tab 200 mg</i>	15
<i>naproxen susp 125 mg/5ml</i>	8	NEXAVAR TAB 200MG	26
<i>naproxen tab 250 mg</i>	8		
<i>naproxen tab 375 mg</i>	8		
<i>naproxen tab 500 mg</i>	8		
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	55		
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>			

NEXIUM CAP 20MG	71	NORDITROPIN INJ 30/3ML	65
NEXIUM CAP 40MG	71	NORDITROPIN INJ 5/1.5ML	64
NEXIUM GRA 10MG DR.....	71	<i>norethindrone acetate tab 5 mg</i>	66
NEXIUM GRA 2.5MG DR.....	71	<i>norethindrone tab 0.35 mg</i>	61
NEXIUM GRA 20MG DR.....	71	<i>norgestimate-eth estrad tab</i>	
NEXIUM GRA 40MG DR.....	71	<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> ...	61
NEXIUM GRA 5MG DR.....	71	NORINYL TAB 1+50-28	61
NEXIUM I.V. INJ 20MG	71	<i>normosol -m inj /d5w</i>	81
NEXIUM I.V. INJ 40MG	71	NORMOSOL -R INJ /D5W.....	81
<i>next choice tab 1.5mg</i>	61	NORMOSOL-R INJ PH 7.4	81
NIASPAN TAB 1000 ER	33	NORPACE CAP 100MG CR.....	32
NIASPAN TAB 500MG ER.....	33	NORPACE CAP 150MG CR.....	32
NIASPAN TAB 750MG ER.....	33	<i>nortrel tab 0.5/35</i>	61
<i>nicardipine hcl cap 20 mg</i>	37	<i>nortrel tab 1/35</i>	61
<i>nicardipine hcl cap 30 mg</i>	37	<i>nortrel tab 7/7/7</i>	61
NICOTROL INH	57	<i>nortriptyline hcl cap 10 mg</i>	47
NICOTROL NS SPR 10MG/ML.....	57	<i>nortriptyline hcl cap 25 mg</i>	47
<i>nifediac cc tab 60mg er</i>	37	<i>nortriptyline hcl cap 50 mg</i>	47
<i>nifedical xl tab 30mg</i>	37	<i>nortriptyline hcl cap 75 mg</i>	47
<i>nifedical xl tab 60mg</i>	37	<i>nortriptyline hcl soln 10 mg/5ml</i>	47
<i>nifedipine tab sr 24hr 30 mg</i>	37	NORVIR CAP 100MG	15
<i>nifedipine tab sr 24hr 60 mg</i>	37	NORVIR SOL 80MG/ML.....	15
<i>nifedipine tab sr 24hr 90 mg</i>	37	NORVIR TAB 100MG	15
<i>nifedipine tab sr 24hr osmotic 30 mg</i> ..	37	NOVOLIN INJ 70/30.....	57
<i>nifedipine tab sr 24hr osmotic 60 mg</i> ..	37	NOVOLIN N INJ U-100	57
<i>nifedipine tab sr 24hr osmotic 90 mg</i> ..	37	NOVOLIN R INJ U-100	57
NILANDRON TAB 150MG.....	25	NOVOLOG INJ 100/ML	57
<i>nimodipine cap 30 mg</i>	37	NOVOLOG INJ FLEXPEN.....	57
<i>nitro-bid oin 2%</i>	40	NOVOLOG MIX INJ 70/30	57
NITRO-DUR DIS 0.3MG/HR	40	NOVOLOG MIX INJ FLEXPEN	57
NITRO-DUR DIS 0.8MG/HR	40	NOXAFIL SUS 40MG/ML	14
<i>nitrofurantoin macrocrystalline cap 100</i>		NUEDEXTA CAP 20-10MG.....	55
<i>mg</i>	13	NULOJIX INJ 250MG	77
<i>nitrofurantoin macrocrystalline cap 50 mg</i>		NULYTELY SOL FLAV PKS	69
.....	12	NUVARING MIS	61
<i>nitrofurantoin monohydrate</i>		<i>nyamyc pow 100000</i>	89
<i>macrocrystalline cap 100 mg</i>	13	NYMALIZE SOL 60/20ML	37
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	40	<i>nystatin cream 100000 unit/gm</i>	89
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	40	<i>nystatin oint 100000 unit/gm</i>	89
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	40	<i>nystatin susp 100000 unit/ml</i>	92
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	40	<i>nystatin tab 500000 unit</i>	14
NITROLINGUAL SPR PUMPSPRA	40	<i>nystatin topical powder</i>	89
NITROSTAT SUB 0.3MG	40	<i>nystop pow 100000</i>	89
NITROSTAT SUB 0.4MG	40	●	
NITROSTAT SUB 0.6MG	40	OCELLA TAB 3-0.03MG	61
NORA-BE TAB 0.35MG	61	OCTAGAM INJ 10GM	76
NORDITROPIN INJ 10/1.5ML	64	OCTAGAM INJ 1GM.....	76
NORDITROPIN INJ 15/1.5ML	64	OCTAGAM INJ 2.5GM.....	76

OCTAGAM INJ 25GM.....	76	ONTAK INJ 150/ML.....	25
OCTAGAM INJ 5GM	76	ORAP TAB 1MG	52
octreotide acetate inj 100 mcg/ml (0.1 mg/ml).....	65	ORAP TAB 2MG	52
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....	65	ORFADIN CAP 10MG	62
octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	65	ORFADIN CAP 2MG.....	62
octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....	65	ORFADIN CAP 5MG.....	62
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....	65	orsythia tab.....	61
ofloxacin ophth soln 0.3%.....	82	ORTHO EVRA DIS WEEK.....	61
ofloxacin otic soln 0.3%.....	92	ORTHO TRI- TAB CYCLN LO.....	61
ogestrel tab	61	oxacillin sodium for inj 1 gm.....	21
olanzapine for im inj 10 mg.....	52	oxacillin sodium for inj 10 gm.....	22
olanzapine orally disintegrating tab 10 mg	52	oxacillin sodium for inj 2 gm.....	22
olanzapine orally disintegrating tab 15 mg	52	oxaliplatin for iv inj 100 mg.....	27
olanzapine orally disintegrating tab 20 mg	52	oxaliplatin for iv inj 50 mg.....	27
olanzapine orally disintegrating tab 5 mg	52	oxaliplatin iv soln 100 mg/20ml.....	27
olanzapine tab 10 mg.....	52	oxaliplatin iv soln 50 mg/10ml.....	27
olanzapine tab 15 mg.....	52	oxandrolone tab 10 mg.....	57
olanzapine tab 2.5 mg.....	52	oxandrolone tab 2.5 mg.....	57
olanzapine tab 20 mg.....	52	oxaprozin tab 600 mg.....	8
olanzapine tab 5 mg.....	52	oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	43
olanzapine tab 7.5 mg.....	52	oxcarbazepine tab 150 mg.....	43
omeprazole cap delayed release 10 mg	71	oxcarbazepine tab 300 mg.....	43
omeprazole cap delayed release 20 mg	71	oxcarbazepine tab 600 mg.....	43
omeprazole cap delayed release 40 mg	71	OXSORALEN-UL CAP 10MG.....	89
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	68	oxybutynin chloride syrup 5 mg/5ml...	72
ondansetron hcl inj 40 mg/20ml (2 mg/ml).....	68	oxybutynin chloride tab 5 mg.....	72
ondansetron hcl oral soln 4 mg/5ml ...	68	oxybutynin chloride tab sr 24hr 10 mg	72
ondansetron hcl tab 24 mg.....	68	oxybutynin chloride tab sr 24hr 15 mg	72
ondansetron hcl tab 4 mg.....	68	oxybutynin chloride tab sr 24hr 5 mg .	72
ondansetron hcl tab 8 mg.....	68	OXYCODONE HCL CAP 5 MG.....	10
ondansetron orally disintegrating tab 4 mg.....	68	OXYCODONE HCL CONC 20 MG/ML.....	10
ondansetron orally disintegrating tab 8 mg.....	68	OXYCODONE HCL SOLN 5 MG/5ML.....	10
ONFI TAB 10MG.....	43	oxycodone hcl tab 10 mg.....	10
ONFI TAB 20MG.....	43	oxycodone hcl tab 15 mg.....	10
ONFI TAB 5MG	43	oxycodone hcl tab 20 mg.....	10
		oxycodone hcl tab 30 mg.....	10
		oxycodone hcl tab 5 mg.....	10
		oxycodone w/ acetaminophen tab 10-325 mg.....	10
		oxycodone w/ acetaminophen tab 2.5-325 mg.....	10
		oxycodone w/ acetaminophen tab 5-325 mg.....	10
		oxycodone w/ acetaminophen tab 7.5-325 mg.....	10
		oxycodone-aspirin tab 4.8355-325 mg	10

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<i>pacerone tab 100mg</i>	32
<i>pacerone tab 200mg</i>	32
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	24
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	24
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	24
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	24
<i>pamidronate disodium iv soln 3 mg/ml</i>	59
<i>pamidronate disodium iv soln 9 mg/ml</i>	59
<i>pamidronate inj 6mg/ml</i>	59
PANRETIN GEL 0.1%	91
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	71
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	71
<i>paromomycin sulfate cap 250 mg</i>	11
<i>paroxetine hcl tab 10 mg</i>	47
<i>paroxetine hcl tab 20 mg</i>	47
<i>paroxetine hcl tab 30 mg</i>	47
<i>paroxetine hcl tab 40 mg</i>	47
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	47
<i>paroxetine hcl tab sr 24hr 25 mg</i>	47
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	47
<i>paser gra 4gm</i>	16
PATADAY SOL 0.2%	83
PATANASE SPR 0.6%	85
PATANOL SOL 0.1% OP	83
PAXIL SUS 10MG/5ML	47
<i>pedi-dri pow 100000</i>	89
PEDVAX HIB INJ	78
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	69
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM.....	70
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	70
PEGANONE TAB 250MG	43
PEG-INTRON KIT 120 RP.....	76
PEG-INTRON KIT 150 RP.....	76
PEG-INTRON KIT 50MCG	76
PEG-INTRON KIT 50MCG RP.....	76
PEG-INTRON KIT 80MCG RP.....	76
<i>pen g proc inj 600000</i>	22
PENICILL GK/ INJ DEX 2MU.....	22

PENICILL GK/ INJ DEX 3MU	22
<i>penicillin g potassium for inj 20000000 unit</i>	22
<i>penicillin g potassium for inj 5000000 unit</i>	22
<i>penicillin g sodium for inj 5000000 unit</i>	22
<i>penicillin v potassium for soln 125 mg/5ml</i>	22
<i>penicillin v potassium for soln 250 mg/5ml</i>	22
<i>penicillin v potassium tab 250 mg</i>	22
<i>penicillin v potassium tab 500 mg</i>	22
PENTAM 300 INJ 300MG.....	13
PENTASA CAP 250MG CR	69
PENTASA CAP 500MG CR	69
<i>pentostatin for inj 10 mg</i>	24
<i>pentoxifylline tab cr 400 mg</i>	74
PERFOROMIST NEB 20MCG	85
<i>perindopril erbumine tab 2 mg</i>	30
<i>perindopril erbumine tab 4 mg</i>	30
<i>perindopril erbumine tab 8 mg</i>	30
<i>periogard sol 0.12%</i>	92
<i>permethrin cream 5%</i>	92
<i>perphenazine tab 16 mg</i>	52
<i>perphenazine tab 2 mg</i>	52
<i>perphenazine tab 4 mg</i>	52
<i>perphenazine tab 8 mg</i>	52
<i>phenelzine sulfate tab 15 mg</i>	47
PHENOBARB INJ 65MG/ML	43
<i>phenobarbital elixir 20 mg/5ml</i>	43
<i>phenobarbital sodium inj 130 mg/ml</i> ..	43
<i>phenobarbital tab 100 mg</i>	44
<i>phenobarbital tab 15 mg</i>	43
<i>phenobarbital tab 16.2 mg</i>	43
<i>phenobarbital tab 30 mg</i>	43
<i>phenobarbital tab 32.4 mg</i>	43
<i>phenobarbital tab 60 mg</i>	43
<i>phenobarbital tab 64.8 mg</i>	43
<i>phenobarbital tab 97.2 mg</i>	43
<i>phenytek cap 200mg</i>	44
<i>phenytek cap 300mg</i>	44
<i>phenytoin chew tab 50 mg</i>	44
<i>phenytoin sodium extended cap 100 mg</i>	44
<i>phenytoin sodium extended cap 200 mg</i>	44
<i>phenytoin sodium extended cap 300 mg</i>	44

.....	44	POMALYST CAP 3MG.....	27
<i>phenytoin sodium inj 50 mg/ml</i>	44	POMALYST CAP 4MG.....	27
<i>phenytoin susp 125 mg/5ml</i>	44	<i>portia-28 tab</i>	61
<i>philith tab 0.4-35</i>	61	POTASSIUM CHLORIDE 20 MEQ/L	
PHOSLYRA SOL.....	65	(0.15%) IN DEXTROSE 5% INJ	81
PHOSPHOLINE SOL 0.125%OP	84	POTASSIUM CHLORIDE 40 MEQ/L (0.3%)	
PILOCARPINE HCL OPHTH SOLN 1% ...	84	IN DEXTROSE 5% INJ.....	81
PILOCARPINE HCL OPHTH SOLN 2% ...	84	<i>potassium chloride cap cr 10 meq</i>	78
PILOCARPINE HCL OPHTH SOLN 4% ...	84	<i>potassium chloride cap cr 8 meq</i>	78
<i>pilocarpine hcl tab 5 mg</i>	92	POTASSIUM CHLORIDE INJ 10 MEQ/100	
<i>pilocarpine hcl tab 7.5 mg</i>	92	ML.....	81
PILOPINE HS GEL 4% OP	84	<i>potassium chloride inj 10 meq/50 ml</i> ..	81
<i>pindolol tab 10 mg</i>	35	<i>potassium chloride inj 2 meq/ml</i>	81
<i>pindolol tab 5 mg</i>	35	POTASSIUM CHLORIDE INJ 20 MEQ/100	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		ML.....	81
.....	59	<i>potassium chloride inj 20 meq/50 ml</i> ..	81
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		POTASSIUM CHLORIDE INJ 30 MEQ/100	
.....	59	ML.....	81
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>potassium chloride inj 40 meq/100 ml</i>	81
.....	59	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>		<i>crys cr tab 10 meq</i>	78
.....	59	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>		<i>crys cr tab 20 meq</i>	78
.....	59	POTASSIUM CHLORIDE TAB CR 10 MEQ	
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		.....	78
<i>mg</i>	59	POTASSIUM CITRATE TAB CR 10 MEQ	
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		(1080 MG)	71
<i>mg</i>	59	POTASSIUM CITRATE TAB CR 5 MEQ (540	
<i>piperacillin sodium-tazobactam sodium</i>		MG).....	71
<i>for inj 2-0.25 gm</i>	22	POTIGA TAB 200MG	44
<i>piperacillin sodium-tazobactam sodium</i>		POTIGA TAB 300MG	44
<i>for inj 3-0.375 gm</i>	22	POTIGA TAB 400MG	44
<i>piperacillin sodium-tazobactam sodium</i>		POTIGA TAB 50MG	44
<i>for inj 36-4.5 gm</i>	22	PRADAXA CAP 150MG.....	73
<i>piperacillin sodium-tazobactam sodium</i>		PRADAXA CAP 75MG.....	73
<i>for inj 4-0.5 gm</i>	22	<i>pramipexole dihydrochloride tab 0.125</i>	
<i>piroxicam cap 10 mg</i>	8	<i>mg</i>	49
<i>piroxicam cap 20 mg</i>	8	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
PLASMA-LYTE INJ -148.....	81	.....	49
PLASMA-LYTE INJ 56/D5W	81	<i>pramipexole dihydrochloride tab 0.5 mg</i>	
PLASMA-LYTE INJ -A	81	.....	49
<i>podofilox soln 0.5%</i>	91	<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>polyethylene glycol 3350 oral packet</i> ...	70	.....	49
<i>polyethylene glycol 3350 oral powder</i> ..	70	<i>pramipexole dihydrochloride tab 1 mg</i>	49
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>10000 unit/ml-0.1%</i>	82	.....	49
POMALYST CAP 1MG	27	<i>pravastatin sodium tab 10 mg</i>	33
POMALYST CAP 2MG	27	<i>pravastatin sodium tab 20 mg</i>	33

<i>pravastatin sodium tab 40 mg</i>	33	PRIVIGEN INJ 20GRAMS	76
<i>pravastatin sodium tab 80 mg</i>	33	PRIVIGEN INJ 40GRAMS	76
<i>prazosin hcl cap 1 mg</i>	30	PRIVIGEN INJ 5 GRAMS	76
<i>prazosin hcl cap 2 mg</i>	30	PROAIR HFA AER.....	85
<i>prazosin hcl cap 5 mg</i>	30	<i>probenecid tab 500 mg</i>	7
PRED MILD SUS 0.12% OP.....	83	PROCALAMINE INJ 3%.....	79
<i>pred sod pho sol 1% op</i>	83	<i>prochlorperazine edisylate inj 5 mg/ml</i> 68	
PREDNISOLONE ACETATE OPHTH SUSP		<i>prochlorperazine maleate tab 10 mg ...</i> 68	
1%	83	<i>prochlorperazine maleate tab 5 mg ...</i> 68	
<i>prednisolone sod phosph oral soln 6.7</i>		<i>prochlorperazine suppos 25 mg</i>	68
<i>mg/5ml (5 mg/5ml base)</i>	64	PROCRIT INJ 10000/ML.....	74
<i>prednisolone sod phosphate oral soln 15</i>		PROCRIT INJ 2000/ML	74
<i>mg/5ml (base equiv)</i>	64	PROCRIT INJ 20000/ML.....	74
<i>prednisolone sodium phosphate oral soln</i>		PROCRIT INJ 3000/ML	74
<i>25 mg/5ml (base eq)</i>	64	PROCRIT INJ 4000/ML	74
<i>prednisolone syrup 15 mg/5ml (usp</i>		PROCRIT INJ 40000/ML.....	74
<i>solution equivalent)</i>	64	<i>proctocream cre hc 2.5%</i>	89
<i>prednisone con 5mg/ml</i>	64	<i>procto-pak cre 1%</i>	89
<i>prednisone oral soln 5 mg/5ml</i>	64	<i>proctozone cre -hc 2.5%</i>	89
<i>prednisone tab 1 mg</i>	64	PROCYSBI CAP 25MG.....	62
<i>prednisone tab 10 mg</i>	64	PROCYSBI CAP 75MG.....	62
<i>prednisone tab 10 mg dose pack</i>	64	PROGLYCEM SUS 50MG/ML	64
<i>prednisone tab 2.5 mg</i>	64	PROGRAF CAP 0.5MG.....	77
<i>prednisone tab 20 mg</i>	64	PROGRAF CAP 1MG	77
<i>prednisone tab 5 mg</i>	64	PROGRAF CAP 5MG	77
<i>prednisone tab 5 mg dose pack</i>	64	PROLASTIN-C INJ 1000MG	86
<i>prednisone tab 50 mg</i>	64	PROLENSA SOL 0.07%.....	84
PREMARIN VAG CRE 0.625MG	63	PROLEUKIN INJ 22MU	25
<i>premasol sol 10%</i>	79	PROLIA SOL 60MG/ML	65
<i>premasol sol 6%</i>	79	PROMACTA TAB 12.5MG.....	74
PRENATAL VITAMIN/FOLIC ACID > 0.8		PROMACTA TAB 25MG	74
MG (GENERIC)	81	PROMACTA TAB 50MG	74
<i>prevalite pow 4gm</i>	33	PROMACTA TAB 75MG	74
<i>previfem tab</i>	61	<i>propafenone hcl cap sr 12hr 225 mg...</i> 32	
PREVPAC MIS	70	<i>propafenone hcl cap sr 12hr 325 mg...</i> 32	
PREZISTA SUS 100MG/ML.....	15	<i>propafenone hcl cap sr 12hr 425 mg...</i> 32	
PREZISTA TAB 150MG	15	<i>propafenone hcl tab 150 mg</i>	32
PREZISTA TAB 400MG	15	<i>propafenone hcl tab 225 mg</i>	32
PREZISTA TAB 600MG	15	<i>propafenone hcl tab 300 mg</i>	32
PREZISTA TAB 75MG.....	15	<i>proparacaine hcl ophth soln 0.5%</i>	84
PREZISTA TAB 800MG	15	<i>propranolol & hydrochlorothiazide tab</i>	
PRIFTIN TAB 150MG.....	16	<i>40-25 mg</i>	34
PRIMAQUINE TAB 26.3MG.....	14	<i>propranolol & hydrochlorothiazide tab</i>	
<i>primidone tab 250 mg</i>	44	<i>80-25 mg</i>	34
<i>primidone tab 50 mg</i>	44	<i>propranolol hcl cap sr 24hr 120 mg ...</i> 35	
PRISTIQ TAB 100MG	47	<i>propranolol hcl cap sr 24hr 160 mg ...</i> 35	
PRISTIQ TAB 50MG	47	<i>propranolol hcl cap sr 24hr 60 mg</i>	35
PRIVIGEN INJ 10GRAMS	76	<i>propranolol hcl cap sr 24hr 80 mg</i>	35

<i>propranolol hcl inj 1 mg/ml</i>	35	<i>ramipril cap 5 mg</i>	30
<i>propranolol hcl oral soln 20 mg/5ml</i>	35	RANEXA TAB 1000MG	39
<i>propranolol hcl oral soln 40 mg/5ml</i>	35	RANEXA TAB 500MG	39
<i>propranolol hcl tab 10 mg</i>	35	<i>ranitidine hcl inj 1000 mg/40ml (25</i>	
<i>propranolol hcl tab 20 mg</i>	35	<i>mg/ml)</i>	69
<i>propranolol hcl tab 40 mg</i>	35	<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	
<i>propranolol hcl tab 60 mg</i>	35	.....	69
<i>propranolol hcl tab 80 mg</i>	35	<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	
<i>propylthiouracil tab 50 mg</i>	67	.....	69
PROQUAD INJ.....	78	<i>ranitidine hcl syrup 15 mg/ml (75</i>	
PROSOL INJ 20%	79	<i>mg/5ml)</i>	69
<i>protriptyline hcl tab 10 mg</i>	48	<i>ranitidine hcl tab 150 mg</i>	69
<i>protriptyline hcl tab 5 mg</i>	47	<i>ranitidine hcl tab 300 mg</i>	69
PRUDOXIN CRE 5%	89	RAPAMUNE SOL 1MG/ML	77
PULMICORT SUS 1MG/2ML.....	87	RAPAMUNE TAB 0.5MG	77
PULMOZYME SOL 1MG/ML.....	86	RAPAMUNE TAB 1MG	77
PYLERA CAP	70	RAPAMUNE TAB 2MG	77
<i>pyrazinamide tab 500 mg</i>	16	REBETOL SOL 40MG/ML	17
<i>pyridostigmine bromide tab 60 mg</i>	55	<i>reclipsen tab</i>	61
Q		RECOMBIVA HB INJ 10MCG/ML	78
<i>quasense tab</i>	61	RECOMBIVA HB INJ 5MCG/0.5	78
<i>quetiapine fumarate tab 100 mg</i>	52	RECOMBIVA-HB INJ 40MCG/ML.....	78
<i>quetiapine fumarate tab 200 mg</i>	52	REGONOL INJ 5MG/ML.....	55
<i>quetiapine fumarate tab 25 mg</i>	52	RELENZA MIS DISKHALE	17
<i>quetiapine fumarate tab 300 mg</i>	52	RELISTOR INJ 12/0.6ML.....	70
<i>quetiapine fumarate tab 400 mg</i>	52	RELISTOR INJ 8/0.4ML	70
<i>quetiapine fumarate tab 50 mg</i>	52	RELISTOR KIT 12/0.6ML	70
<i>quinapril hcl tab 10 mg</i>	30	RELPAK TAB 20MG	55
<i>quinapril hcl tab 20 mg</i>	30	RELPAK TAB 40MG	55
<i>quinapril hcl tab 40 mg</i>	30	REMICADE INJ 100MG	75
<i>quinapril hcl tab 5 mg</i>	30	REMODULIN INJ 10MG/ML.....	40
<i>quinapril-hydrochlorothiazide tab 10-12.5</i>		REMODULIN INJ 1MG/ML	40
<i>mg</i>	29	REMODULIN INJ 2.5MG/ML.....	40
<i>quinapril-hydrochlorothiazide tab 20-12.5</i>		REMODULIN INJ 5MG/ML	40
<i>mg</i>	29	REVELA PAK 0.8GM	65
<i>quinapril-hydrochlorothiazide tab 20-25</i>		REVELA PAK 2.4GM	65
<i>mg</i>	29	REVELA TAB 800MG	65
<i>quinidine gluconate tab cr 324 mg</i>	32	RESCRIPTOR TAB 100 MG	15
<i>quinidine sulfate tab 200 mg</i>	32	RESCRIPTOR TAB 200MG	15
<i>quinidine sulfate tab 300 mg</i>	32	RESTASIS EMU 0.05%	84
<i>quinidine sulfate tab cr 300 mg</i>	32	RETROVIR INJ 10MG/ML	15
QVAR AER 40MCG.....	87	REVLIMID CAP 10MG	76
QVAR AER 80MCG.....	87	REVLIMID CAP 15MG	76
R		REVLIMID CAP 2.5MG	76
RABAVERT INJ.....	78	REVLIMID CAP 20MG	76
<i>ramipril cap 1.25 mg</i>	30	REVLIMID CAP 25MG	76
<i>ramipril cap 10 mg</i>	30	REVLIMID CAP 5MG.....	76
<i>ramipril cap 2.5 mg</i>	30	REYATAZ CAP 100MG	15

REYATAZ CAP 150MG	15
REYATAZ CAP 200MG	15
REYATAZ CAP 300MG	15
<i>ribapak mis 600/day</i>	17
<i>ribapak pak 1000/day</i>	17
<i>ribapak pak 1200/day</i>	17
<i>ribapak pak 800/day</i>	17
<i>ribasphere cap 200mg</i>	17
<i>ribasphere tab 200mg</i>	17
<i>ribasphere tab 400mg</i>	17
<i>ribasphere tab 600mg</i>	17
<i>ribavirin cap 200 mg</i>	17
<i>ribavirin tab 200 mg</i>	17
<i>rifampin cap 150 mg</i>	16
<i>rifampin cap 300 mg</i>	16
<i>rifampin for inj 600 mg</i>	16
RIFATER TAB.....	16
RILUTEK TAB 50MG.....	55
<i>riluzole tab 50 mg</i>	55
<i>rimantadine hydrochloride tab 100 mg</i>	17
RINGER'S SOLUTION.....	81
RIOMET SOL	59
RISPERDAL INJ 12.5MG	52
RISPERDAL INJ 25MG.....	52
RISPERDAL INJ 37.5MG	52
RISPERDAL INJ 50MG.....	52
<i>risperidone orally disintegrating tab 0.25 mg</i>	52
<i>risperidone orally disintegrating tab 0.5 mg</i>	52
<i>risperidone orally disintegrating tab 1 mg</i>	52
<i>risperidone orally disintegrating tab 2 mg</i>	52
<i>risperidone orally disintegrating tab 3 mg</i>	52
<i>risperidone orally disintegrating tab 4 mg</i>	52
<i>risperidone soln 1 mg/ml</i>	52
<i>risperidone tab 0.25 mg</i>	52
<i>risperidone tab 0.5 mg</i>	52
<i>risperidone tab 1 mg</i>	53
<i>risperidone tab 2 mg</i>	53
<i>risperidone tab 3 mg</i>	53
<i>risperidone tab 4 mg</i>	53
RITUXAN INJ 500MG	25
<i>rivastigmine tartrate cap 1.5 mg</i>	45
<i>rivastigmine tartrate cap 3 mg</i>	45

<i>rivastigmine tartrate cap 4.5 mg</i>	45
<i>rivastigmine tartrate cap 6 mg</i>	45
<i>rizatriptan benzoate tab 10 mg</i>	55
<i>rizatriptan benzoate tab 5 mg</i>	55
<i>ropinirole hydrochloride tab 0.25 mg</i> ..	49
<i>ropinirole hydrochloride tab 0.5 mg</i>	49
<i>ropinirole hydrochloride tab 1 mg</i>	49
<i>ropinirole hydrochloride tab 2 mg</i>	49
<i>ropinirole hydrochloride tab 3 mg</i>	49
<i>ropinirole hydrochloride tab 4 mg</i>	49
<i>ropinirole hydrochloride tab 5 mg</i>	49
<i>rosadan cre 0.75%</i>	91
ROTATEQ SUS	78
<i>roxiket sol 5-325/5</i>	10

S

SABRIL POW 500MG.....	44
SABRIL TAB 500MG.....	44
SANDIMMUNE CAP 100MG.....	77
SANDIMMUNE CAP 25MG	77
SANDIMMUNE SOL 100MG/ML	77
SANDOSTATIN KIT LAR 10MG.....	65
SANDOSTATIN KIT LAR 20MG.....	65
SANDOSTATIN KIT LAR 30MG.....	65
SANTYL OIN 250/GM	92
SAPHRIS SUB 10MG	53
SAPHRIS SUB 5MG	53
SAVELLA MIS TITR PAK.....	55
SAVELLA TAB 100MG.....	55
SAVELLA TAB 12.5MG.....	55
SAVELLA TAB 25MG.....	55
SAVELLA TAB 50MG.....	55
<i>selegiline hcl cap 5 mg</i>	49
<i>selegiline hcl tab 5 mg</i>	49
<i>selenium sulfide lotion 2.5%</i>	89
SELZENTRY TAB 150MG	15
SELZENTRY TAB 300MG	15
SENSIPAR TAB 30MG.....	59
SENSIPAR TAB 60MG.....	59
SENSIPAR TAB 90MG.....	59
SEREVENT DIS AER 50MCG	85
<i>seromycin cap 250mg</i>	16
SEROQUEL XR TAB 150MG	53
SEROQUEL XR TAB 200MG	53
SEROQUEL XR TAB 300MG	53
SEROQUEL XR TAB 400MG	53
SEROQUEL XR TAB 50MG.....	53
<i>sertraline hcl oral conc 20 mg/ml</i>	48
<i>sertraline hcl tab 100 mg</i>	48

<i>sertraline hcl tab 25 mg</i>	48	<i>25-25 mg</i>	39
<i>sertraline hcl tab 50 mg</i>	48	<i>spironolactone tab 100 mg</i>	30
<i>sildenafil citrate tab 20 mg</i>	40	<i>spironolactone tab 25 mg</i>	30
SILVER SULFADIAZINE CREAM 1%	88	<i>spironolactone tab 50 mg</i>	30
<i>simvastatin tab 10 mg</i>	33	<i>sprintec 28 tab 28 day</i>	61
<i>simvastatin tab 20 mg</i>	33	SPRYCEL TAB 100MG.....	26
<i>simvastatin tab 40 mg</i>	33	SPRYCEL TAB 140MG.....	26
<i>simvastatin tab 5 mg</i>	33	SPRYCEL TAB 20MG.....	26
<i>simvastatin tab 80 mg</i>	33	SPRYCEL TAB 50MG.....	26
SIRTURO TAB 100MG.....	16	SPRYCEL TAB 70MG.....	26
SODIUM CHLORIDE INJ 0.45%.....	81	SPRYCEL TAB 80MG.....	26
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	78	<i>sps sus 15gm/60</i>	60
SODIUM CHLORIDE INJ 3%	81	SSD CRE 1%	88
SODIUM CHLORIDE INJ 5%	81	<i>stavudine cap 15 mg</i>	15
SODIUM CHLORIDE IRRIGATION SOLN 0.9%.....	92	<i>stavudine cap 20 mg</i>	15
SODIUM CHLORIDE IV SOLN 0.9%	81	<i>stavudine cap 30 mg</i>	15
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	78	<i>stavudine cap 40 mg</i>	15
<i>sodium phenylbutyrate oral powder</i>	62	<i>stavudine for oral soln 1 mg/ml</i>	15
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	60	STIVARGA TAB 40MG	26
SOLARAZE GEL 3% W/W	88	STRATTERA CAP 100MG.....	54
SOLIA TAB.....	61	STRATTERA CAP 10MG.....	54
SOLTAMOX SOL 10MG/5ML.....	25	STRATTERA CAP 18MG.....	54
SOLU-CORTEF INJ 250MG.....	64	STRATTERA CAP 25MG.....	54
SOMATULINE INJ 120/.5ML.....	65	STRATTERA CAP 40MG.....	54
SOMATULINE INJ 60/0.2ML.....	65	STRATTERA CAP 60MG.....	54
SOMATULINE INJ 90/0.3ML.....	65	STRATTERA CAP 80MG.....	54
SOMAVERT INJ 10MG.....	65	<i>streptomycin sulfate for inj 1 gm</i>	11
SOMAVERT INJ 15MG.....	65	STRIBILD TAB.....	16
SOMAVERT INJ 20MG.....	65	SUCRAID SOL 8500/ML.....	70
SORIATANE CAP 10MG	89	<i>sucralfate tab 1 gm</i>	70
SORIATANE CAP 17.5MG	89	<i>sulfacetamide sodium lotion 10% (acne)</i>	88
SORIATANE CAP 25MG	89	<i>sulfacetamide sodium ophth oint 10%</i> 82	
<i>sorine tab 120mg</i>	32	<i>sulfacetamide sodium ophth soln 10%</i> 82	
<i>sorine tab 160mg</i>	32	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	82
<i>sorine tab 240mg</i>	32	<i>sulfadiazine tab 500mg</i>	11
<i>sorine tab 80mg</i>	32	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	13
<i>sotalol hcl (afib/af) tab 120 mg</i>	32	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	13
<i>sotalol hcl (afib/af) tab 160 mg</i>	32	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	13
<i>sotalol hcl (afib/af) tab 80 mg</i>	32	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	13
<i>sotalol hcl tab 160 mg</i>	32	SULFAMYLLON CRE 85MG/GM	88
<i>sotalol hcl tab 240 mg</i>	32	<i>sulfasalazine tab 500 mg</i>	69
<i>sotalol hcl tab 80 mg</i>	32	<i>sulfazine ec tab 500mg</i>	69
SPIRIVA CAP HANDIHLR	84		
<i>spironolactone & hydrochlorothiazide tab</i>			

<i>sulindac tab 150 mg</i>	8
<i>sulindac tab 200 mg</i>	8
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	55
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	55
SUMATRIPTAN SUCCINATE INJ 4 MG/0.5ML.....	55
<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	55
<i>sumatriptan succinate tab 100 mg</i>	55
<i>sumatriptan succinate tab 25 mg</i>	55
<i>sumatriptan succinate tab 50 mg</i>	55
SUPRAX CAP 400MG.....	19
<i>suprax chw 100mg</i>	19
<i>suprax chw 200mg</i>	19
<i>suprax sus 100/5ml</i>	19
<i>suprax sus 200/5ml</i>	19
SUPRAX SUS 500/5ML.....	19
<i>suprax tab 400mg</i>	19
SUPREP BOWEL SOL PREP	70
SUSTIVA CAP 200MG	15
SUSTIVA CAP 50MG	15
SUSTIVA TAB 600MG	15
SUTENT CAP 12.5MG.....	26
SUTENT CAP 25MG	26
SUTENT CAP 50MG	26
<i>syeda tab 3-0.03mg</i>	61
SYLATRON KIT 296MCG.....	27
SYLATRON KIT 444MCG.....	27
SYLATRON KIT 888MCG.....	27
SYMBICORT AER 160-4.5.....	87
SYMBICORT AER 80-4.5.....	87
SYMLINPEN 60 INJ 1000MCG	57
SYMLN PEN 120 INJ 1000MCG.....	57
SYNAREL SOL 2MG/ML	62
SYNTHROID TAB 100MCG	67
SYNTHROID TAB 112MCG	67
SYNTHROID TAB 125MCG	67
SYNTHROID TAB 137MCG	67
SYNTHROID TAB 150MCG	67
SYNTHROID TAB 175MCG	67
SYNTHROID TAB 200MCG	67
SYNTHROID TAB 25MCG.....	67
SYNTHROID TAB 300MCG	67
SYNTHROID TAB 50MCG.....	67
SYNTHROID TAB 75MCG.....	67
SYNTHROID TAB 88MCG.....	67
SYPRINE CAP 250MG.....	60

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TABLOID TAB 40MG	24
<i>tacrolimus cap 0.5 mg</i>	77
<i>tacrolimus cap 1 mg</i>	77
<i>tacrolimus cap 5 mg</i>	77
TAFINLAR CAP 50MG	26
TAFINLAR CAP 75MG	26
TAMIFLU CAP 30MG.....	17
TAMIFLU CAP 45MG.....	17
TAMIFLU CAP 75MG.....	17
TAMIFLU SUS 6MG/ML.....	17
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	25
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	25
<i>tamsulosin hcl cap 0.4 mg</i>	71
TARCEVA TAB 100MG	26
TARCEVA TAB 150MG	26
TARCEVA TAB 25MG	26
TARGRETIN CAP 75MG.....	27
TARGRETIN GEL 1%	91
TASIGNA CAP 150MG	26
TASIGNA CAP 200MG	26
TAXOTERE INJ 20MG/ML.....	24
TAXOTERE INJ 80MG/2ML	24
TAXOTERE INJ 80MG/4ML	24
<i>tazicef inj 1gm</i>	19
<i>tazicef inj 2gm</i>	19
<i>tazicef inj 6gm</i>	19
TAZORAC CRE 0.05%	89
TAZORAC CRE 0.1%	89
TAZORAC GEL 0.05%	89
TAZORAC GEL 0.1%	89
<i>taztia xt cap 120mg/24</i>	37
<i>taztia xt cap 180mg/24</i>	37
<i>taztia xt cap 240mg/24</i>	37
<i>taztia xt cap 300mg/24</i>	37
<i>taztia xt cap 360mg/24</i>	37
TEGRETOL SUS 100/5ML.....	44
TEGRETOL TAB 200MG	44
TEGRETOL-XR TAB 100MG	44
TEGRETOL-XR TAB 200MG	44
TEGRETOL-XR TAB 400MG	44
TEKAMLO TAB 150-10MG	38
TEKAMLO TAB 150-5MG.....	38
TEKAMLO TAB 300-10MG	38
TEKAMLO TAB 300-5MG.....	38
TEKTURNA HCT TAB 150-12.5	38

TEKTURNA HCT TAB 150-25MG	38	<i>thiothixene cap 5 mg</i>	53
TEKTURNA HCT TAB 300-12.5	38	<i>tiagabine hcl tab 2 mg</i>	44
TEKTURNA HCT TAB 300-25MG	38	<i>tiagabine hcl tab 4 mg</i>	44
TEKTURNA TAB 150MG	38	TIKOSYN CAP 125MCG.....	32
TEKTURNA TAB 300MG	38	TIKOSYN CAP 250MCG.....	32
<i>terazosin hcl cap 1 mg</i>	30	TIKOSYN CAP 500MCG.....	32
<i>terazosin hcl cap 10 mg</i>	30	TIMENTIN INJ 3.1GM	22
<i>terazosin hcl cap 2 mg</i>	30	TIMENTIN INJ 31GM	22
<i>terazosin hcl cap 5 mg</i>	30	TIMOLOL MALEATE OPHTH GEL FORMING	
<i>terbinafine hcl tab 250 mg</i>	14	SOLN 0.25%.....	84
<i>terbutaline sulfate inj 1 mg/ml</i>	85	TIMOLOL MALEATE OPHTH GEL FORMING	
<i>terbutaline sulfate tab 2.5 mg</i>	85	SOLN 0.5%	84
<i>terbutaline sulfate tab 5 mg</i>	85	<i>timolol maleate ophth soln 0.25%</i>	84
<i>terconazole vaginal cream 0.4%</i>	72	<i>timolol maleate ophth soln 0.5%</i>	84
<i>terconazole vaginal cream 0.8%</i>	72	<i>timolol maleate tab 10 mg</i>	35
<i>terconazole vaginal suppos 80 mg</i>	72	<i>timolol maleate tab 20 mg</i>	35
TESTIM GEL 1%(50MG).....	57	<i>timolol maleate tab 5 mg</i>	35
<i>testosterone cypionate im in oil 100</i>		<i>tizanidine hcl tab 2 mg</i>	56
<i>mg/ml</i>	57	<i>tizanidine hcl tab 4 mg</i>	56
<i>testosterone cypionate im in oil 200</i>		TOBI NEB 300/5ML.....	11
<i>mg/ml</i>	57	<i>tobra/nacl inj 60/0.9</i>	11
<i>testosterone enanthate im in oil 200</i>		<i>tobra/nacl inj 80/0.9</i>	11
<i>mg/ml</i>	57	TOBRADEX OIN 0.3-0.1%	82
TET/DIP TOX INJ 2-2 LF.....	78	TOBRADEX ST SUS 0.3-0.05.....	82
TETANUS TOX INJ 5LF ADS	78	<i>tobramycin sulfate for inj 1.2 gm</i>	11
TEV-TROPIN INJ 5MG	65	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
<i>texacort sol 2.5%</i>	91	<i>mg/ml)</i>	11
THALOMID CAP 100MG	76	<i>tobramycin sulfate inj 10 mg/ml</i>	11
THALOMID CAP 150MG	76	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
THALOMID CAP 200MG	76	<i>mg/ml)</i>	11
THALOMID CAP 50MG.....	76	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
<i>theo-24 cap 100mg cr</i>	87	<i>mg/ml)</i>	11
<i>theo-24 cap 200mg cr</i>	87	<i>tobramycin sulfate ophth soln 0.3%</i> ...	82
<i>theo-24 cap 300mg cr</i>	87	<i>tobramycin-dexamethasone ophth susp</i>	
<i>theo-24 cap 400mg er</i>	87	<i>0.3-0.1%</i>	82
<i>theophylline tab sr 12hr 100 mg</i>	87	TOBREX OIN 0.3% OP	82
<i>theophylline tab sr 12hr 200 mg</i>	87	<i>tolterodine tartrate tab 1 mg</i>	72
<i>theophylline tab sr 12hr 300 mg</i>	87	<i>tolterodine tartrate tab 2 mg</i>	72
<i>theophylline tab sr 12hr 450 mg</i>	87	<i>topiramate sprinkle cap 15 mg</i>	44
<i>theophylline tab sr 24hr 400 mg</i>	87	<i>topiramate sprinkle cap 25 mg</i>	44
<i>theophylline tab sr 24hr 600 mg</i>	87	<i>topiramate tab 100 mg</i>	44
<i>thioridazine hcl tab 10 mg</i>	53	<i>topiramate tab 200 mg</i>	44
<i>thioridazine hcl tab 100 mg</i>	53	<i>topiramate tab 25 mg</i>	44
<i>thioridazine hcl tab 25 mg</i>	53	<i>topiramate tab 50 mg</i>	44
<i>thioridazine hcl tab 50 mg</i>	53	<i>toposar inj 1gm/50ml</i>	28
<i>thiothixene cap 1 mg</i>	53	<i>topotecan hcl for inj 4 mg</i>	28
<i>thiothixene cap 10 mg</i>	53	<i>torse mide inj 20mg/2ml</i>	39
<i>thiothixene cap 2 mg</i>	53	<i>torse mide inj 50mg/5ml</i>	39

<i>torseamide tab 10 mg</i>	39	<i>triamcinolone acetonide oint 0.5%</i>	91
<i>torseamide tab 100 mg</i>	39	<i>triamterene & hydrochlorothiazide cap</i>	
<i>torseamide tab 20 mg</i>	39	<i>37.5-25 mg</i>	39
<i>torseamide tab 5 mg</i>	39	<i>triamterene & hydrochlorothiazide tab</i>	
TOVIAZ TAB 4MG	72	<i>37.5-25 mg</i>	39
TOVIAZ TAB 8MG	72	<i>triamterene & hydrochlorothiazide tab</i>	
TPN ELECTROL INJ	79	<i>75-50 mg</i>	39
TRACLEER TAB 125MG	40	TRIBENZOR20- TAB 5-12.5MG	31
TRACLEER TAB 62.5MG	40	TRIBENZOR40- TAB 10-12.5	31
TRADJENTA TAB 5MG	59	TRIBENZOR40- TAB 10-25MG	31
<i>tramadol hcl tab 50 mg</i>	8	TRIBENZOR40- TAB 5-12.5MG	31
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIBENZOR40- TAB 5-25MG	31
<i>mg</i>	8	<i>triderm cre 0.1%</i>	91
<i>trandolapril tab 1 mg</i>	30	<i>trifluoperazine hcl tab 1 mg</i>	53
<i>trandolapril tab 2 mg</i>	30	<i>trifluoperazine hcl tab 10 mg</i>	53
<i>trandolapril tab 4 mg</i>	30	<i>trifluoperazine hcl tab 2 mg</i>	53
<i>tranexamic acid inj 100 mg/ml</i>	74	<i>trifluoperazine hcl tab 5 mg</i>	53
<i>tranexamic acid tab 650 mg</i>	74	<i>trifluridine ophth soln 1%</i>	82
TRANSDERM-SC DIS 1.5MG	68	<i>tri-legest tab fe</i>	61
<i>tranylcypromine sulfate tab 10 mg</i>	48	TRILEPTAL SUS 300MG/5M	44
<i>travasol inj 10%</i>	80	<i>trilyte sol</i>	70
TRAVATAN Z DRO 0.004%	84	<i>trimethoprim tab 100 mg</i>	13
<i>trazodone hcl tab 100 mg</i>	48	<i>trimipramine maleate cap 100 mg</i>	48
<i>trazodone hcl tab 150 mg</i>	48	<i>trimipramine maleate cap 25 mg</i>	48
<i>trazodone hcl tab 50 mg</i>	48	<i>trimipramine maleate cap 50 mg</i>	48
TREANDA INJ 100MG	23	TRINESSA TAB	62
TREANDA INJ 25MG	23	<i>tri-previfem tab</i>	61
TRECATOR TAB 250MG	16	TRISENOX SOL 10MG/10M	27
TRELSTAR DEP INJ 3.75MG	25	<i>tri-sprintec tab</i>	62
TRELSTAR LA INJ 11.25MG	25	<i>trivora-28 tab</i>	62
<i>tretinoin cap 10 mg</i>	27	TRIZIVIR TAB	16
<i>tretinoin cream 0.025%</i>	88	TROPHAMINE INJ 10%	80
<i>tretinoin cream 0.05%</i>	88	<i>trosipium chloride tab 20 mg</i>	72
<i>tretinoin cream 0.1%</i>	88	TRUVADA TAB 200-300	16
<i>tretinoin gel 0.01%</i>	88	TWINRIX INJ	78
<i>tretinoin gel 0.025%</i>	88	TYGACIL INJ 50MG	13
<i>triamcinolone acetonide cream 0.025%</i>		TYKERB TAB 250MG	26
.....	91	TYPHIM VI INJ	78
<i>triamcinolone acetonide cream 0.1%</i>	91	TYSABRI INJ 300/15ML	56
<i>triamcinolone acetonide cream 0.5%</i>	91	TYZEKA TAB 600MG	17
<i>triamcinolone acetonide dental paste</i>		U	
<i>0.1%</i>	92	UCERIS TAB 9MG	69
<i>triamcinolone acetonide lotion 0.025%</i>	91	ULORIC TAB 40MG	7
<i>triamcinolone acetonide lotion 0.1%</i>	91	ULORIC TAB 80MG	7
<i>triamcinolone acetonide nasal inhal 55</i>		UNITHROID TAB 100MCG	67
<i>mcg/act</i>	86	UNITHROID TAB 112MCG	67
<i>triamcinolone acetonide oint 0.025%</i>	91	UNITHROID TAB 125MCG	67
<i>triamcinolone acetonide oint 0.1%</i>	91	UNITHROID TAB 150MCG	67

UNITHROID TAB 175MCG	67	<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	48
UNITHROID TAB 200MCG	67	<i>venlafaxine hcl tab 100 mg</i>	48
UNITHROID TAB 25MCG	67	<i>venlafaxine hcl tab 25 mg</i>	48
UNITHROID TAB 300MCG	67	<i>venlafaxine hcl tab 37.5 mg</i>	48
UNITHROID TAB 50MCG	67	<i>venlafaxine hcl tab 50 mg</i>	48
UNITHROID TAB 75MCG	67	<i>venlafaxine hcl tab 75 mg</i>	48
UNITHROID TAB 88MCG	67	<i>verapamil hcl cap sr 24hr 100 mg</i>	37
<i>ursodiol cap 300 mg</i>	70	<i>verapamil hcl cap sr 24hr 120 mg</i>	37
<i>ursodiol tab 250 mg</i>	70	<i>verapamil hcl cap sr 24hr 180 mg</i>	37
<i>ursodiol tab 500 mg</i>	70	<i>verapamil hcl cap sr 24hr 200 mg</i>	37
V		<i>verapamil hcl cap sr 24hr 240 mg</i>	37
VAGIFEM TAB 10MCG	63	<i>verapamil hcl cap sr 24hr 300 mg</i>	37
<i>valacyclovir hcl tab 1 gm</i>	17	VERAPAMIL HCL CAP SR 24HR 360 MG	37
<i>valacyclovir hcl tab 500 mg</i>	17	<i>verapamil hcl iv soln 2.5 mg/ml</i>	37
VALCYTE SOL 50MG/ML	17	<i>verapamil hcl tab 120 mg</i>	37
VALCYTE TAB 450MG	17	<i>verapamil hcl tab 40 mg</i>	37
<i>valproate sodium inj 100 mg/ml</i>	44	<i>verapamil hcl tab 80 mg</i>	37
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	44	<i>verapamil hcl tab cr 120 mg</i>	37
<i>valproic acid cap 250 mg</i>	44	<i>verapamil hcl tab cr 180 mg</i>	37
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	31	<i>verapamil hcl tab cr 240 mg</i>	37
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	31	VESICARE TAB 10MG	72
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	31	VESICARE TAB 5MG	72
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	31	VFEND SUS 40MG/ML	14
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	31	VIBRAMYCIN SYP 50MG/5ML	22
<i>vancomycin hcl cap 125 mg</i>	13	VICTOZA INJ 18MG/3ML	57
<i>vancomycin hcl cap 250 mg</i>	13	VICTRELIS CAP 200MG	17
<i>vancomycin hcl for inj 10 gm</i>	13	VIDAZA INJ 100MG	24
<i>vancomycin hcl for inj 1000 mg</i>	13	VIDEX SOL 2GM	15
<i>vancomycin hcl for inj 500 mg</i>	13	VIDEX SOL 4GM	15
<i>vancomycin hcl for inj 5000 mg</i>	13	VIGAMOX DRO 0.5%	82
<i>vancomycin inj 750mg</i>	13	VIIIBRYD KIT	48
VANDAZOLE GEL 0.75%	72	VIIIBRYD TAB 10MG	48
VAQTA INJ 25/0.5ML	78	VIIIBRYD TAB 20MG	48
VAQTA INJ 50UNT/ML	78	VIIIBRYD TAB 40MG	48
VARIVAX INJ	78	VIMPAT INJ 200MG/20	44
VASCEPA CAP 1GM	33	VIMPAT SOL 10MG/ML	44
VELCADE INJ 3.5MG	25	VIMPAT TAB 100MG	44
<i>velivet pak</i>	62	VIMPAT TAB 150MG	44
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	48	VIMPAT TAB 200MG	44
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	48	VIMPAT TAB 50MG	44
		<i>vinblastine inj 10mg</i>	24
		<i>vincasar pfs inj 1mg/ml</i>	24
		<i>vincristine sulfite iv soln 1 mg/ml</i>	24
		<i>vinorelbine tartrate inj 10 mg/ml</i>	24
		<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	24
		<i>viorele tab</i>	62

VIRACEPT TAB 250MG	15
VIRACEPT TAB 625MG	15
VIRAMUNE SUS 50MG/5ML	15
VIRAMUNE XR TAB 100MG	15
VIRAMUNE XR TAB 400MG	15
VIREAD POW 40MG/GM	15
VIREAD TAB 150MG	15
VIREAD TAB 200MG	15
VIREAD TAB 250MG	16
VIREAD TAB 300MG	16
VOLTAREN GEL 1%	91
<i>voriconazole for inj 200 mg</i>	14
<i>voriconazole tab 200 mg</i>	14
<i>voriconazole tab 50 mg</i>	14
VOTRIENT TAB 200MG	26
VPRIV INJ 400UNIT	62

W

<i>warfarin sodium tab 1 mg</i>	73
<i>warfarin sodium tab 10 mg</i>	73
<i>warfarin sodium tab 2 mg</i>	73
<i>warfarin sodium tab 2.5 mg</i>	73
<i>warfarin sodium tab 3 mg</i>	73
<i>warfarin sodium tab 4 mg</i>	73
<i>warfarin sodium tab 5 mg</i>	73
<i>warfarin sodium tab 6 mg</i>	73
<i>warfarin sodium tab 7.5 mg</i>	73
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	92
WELCHOL PAK 3.75GM	34
WELCHOL TAB 625MG	34

X

XALKORI CAP 200MG	26
XALKORI CAP 250MG	27
XARELTO TAB 10MG	73
XARELTO TAB 15MG	73
XARELTO TAB 20MG	73
XENAZINE TAB 12.5MG	56
XENAZINE TAB 25MG	56
XGEVA INJ	65
XIFAXAN TAB 550MG	70
XOLAIR SOL 150MG	86
XOPENEX HFA AER	85
XTANDI CAP 40MG	25
XYREM SOL 500MG/ML	56

Y

YF-VAX INJ	78
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Z

<i>zafirlukast tab 10 mg</i>	85
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<i>zafirlukast tab 20 mg</i>	85
<i>zaleplon cap 10 mg</i>	54
<i>zaleplon cap 5 mg</i>	54
<i>zarah tab 3-0.03mg</i>	62
ZAVESCA CAP 100MG	62
<i>zazole cre 0.4%</i>	72
ZAZOLE CRE 0.8%	72
ZELBORAF TAB 240MG	27
ZEMAIRA INJ 1000MG	86
ZEMPLAR CAP 1MCG	81
ZEMPLAR CAP 2MCG	81
ZEMPLAR CAP 4MCG	82
ZEMPLAR INJ 2MCG/ML	82
ZEMPLAR INJ 5MCG/ML	82
<i>zenatane cap 10mg</i>	88
<i>zenatane cap 20mg</i>	88
<i>zenatane cap 40mg</i>	88
<i>zenchent tab</i>	62
ZENPEP CAP 10000UNT	71
ZENPEP CAP 15000UNT	71
ZENPEP CAP 20000UNT	71
ZENPEP CAP 25000UNT	71
ZENPEP CAP 3000UNIT	71
ZENPEP CAP 5000UNIT	71
ZETIA TAB 10MG	34
ZIAGEN SOL 20MG/ML	16
<i>zidovudine cap 100 mg</i>	16
<i>zidovudine syrup 10 mg/ml</i>	16
<i>zidovudine tab 300 mg</i>	16
<i>ziprasidone hcl cap 20 mg</i>	53
<i>ziprasidone hcl cap 40 mg</i>	53
<i>ziprasidone hcl cap 60 mg</i>	53
<i>ziprasidone hcl cap 80 mg</i>	53
ZMAX SUS 2GM	19
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	59
ZOLINZA CAP 100MG	25
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	55
<i>zolmitriptan orally disintegrating tab 5 mg</i>	55
<i>zolmitriptan tab 2.5 mg</i>	55
<i>zolmitriptan tab 5 mg</i>	55
<i>zolpidem tartrate tab 10 mg</i>	54
<i>zolpidem tartrate tab 5 mg</i>	54
ZOMETETA INJ 4MG/100	59
ZOMETETA INJ 4MG/5ML	59
ZONALON CRE 5%	89

<i>zonisamide cap 100 mg</i>	45	<i>zovia 1/50e tab</i>	62
<i>zonisamide cap 25 mg</i>	44	ZOVIRAX CRE 5%	89
<i>zonisamide cap 50 mg</i>	44	ZYLET SUS 0.5-0.3%	82
ZORTRESS TAB 0.25MG.....	77	ZYMAXID SOL 0.5%	83
ZORTRESS TAB 0.5MG	77	ZYTIGA TAB 250MG.....	25
ZORTRESS TAB 0.75MG.....	77	ZYVOX SOL 2MG/ML.....	13
ZOSTAVAX INJ	78	ZYVOX SUS 100MG/5M	13
<i>zovia 1/35e tab</i>	62	ZYVOX TAB 600MG.....	13

This formulary was updated on January 1, 2014. For more recent information or other questions, please contact us, Molina Medicare Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. to 8 p.m., local time, or visit www.molinamedicare.com. Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare contract and a contract with the California, Illinois, Michigan, New Mexico, Ohio, Utah, Washington and Wisconsin Medicaid programs. Molina Medicare Options HMO is a Health Plan with a Medicare Contract. Enrollment in Molina Medicare Options or Molina Medicare Options Plus depends on contract renewal.

Este formulario se actualizó el 1.º de enero del 2014. Para información más reciente o si tiene otras preguntas, por favor comuníquese con, al Departamento de Servicios para Miembros de Molina Medicare, al (888) 665-1328 o los usuarios del servicio TTY marquen 711, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., hora local o visite, www.molinamedicare.com. Molina Medicare Options Plus HMO SNP es un plan de salud con un contrato con Medicare y un contrato con los programas de Medicaid en California, Illinois, Michigan, Nuevo México, Ohio, Utah, Washington y Wisconsin. Molina Medicare Options HMO es un plan de salud con un contrato con Medicare. Inscripción en Molina Medicare Options o Molina Medicare Options Plus depende de la renovación del contrato.