

# 2017 Formulary / Formulario

Healthy Advantage Plus HMO

# Utah

Davis, Salt Lake, Utah and Weber

[www.healthyadvantageplus.org](http://www.healthyadvantageplus.org)

HealthyAdvantage*Plus*



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HPMS Approved Formulary File  
Submission 00017306, Version 17

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

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

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

If you need these services, contact Molina Member Services at (877) 644-0344; TTY 711, 7 days a week, 8 a.m. - 8 p.m., local time.

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

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

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

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

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

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

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

## English

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

## Spanish

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

## Chinese

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

## Tagalog

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

## French

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

## Vietnamese

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

## German

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

## Korean

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

## Russian

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

## Arabic

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

والبكم: 711).

## Hindi

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

## Italian

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

## Portugués

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

## French Creole

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

## Polish

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

## Japanese

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

## Hmong

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

## Farsi

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

## Armenian

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

## Cambodian

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

## Albanian

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

## Amharic

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

## Bengali

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

## Cushite (Oromo language)

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

## Dutch

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

## Greek

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

## Gujarati

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

## Kru(Bassa language)

Dè dɛ nìà kɛ dyédɛ́ gbo: ɔ̃ jũ ké m̃ [Bàsóò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò bɛ́in m̃ gbo kpáa. Dá 1-800-665-3086 (TTY:711)

## Ibo

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

## Yoruba

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

## Laotian

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່  
ເສຍຄ່າ, ແມ່ນມີຮັບໃຫ້ທ່ານ. ໂທ 1-800-665-3086 (TTY: 711).

## Navajo

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

## Nepali

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



# Healthy Advantage Plus HMO

## 2017 Formulary

### (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00017306, Version Number 17

This formulary was updated on 11/2017. For more recent information or other questions, please contact us, Healthy Advantage Plus Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit [www.healthyadvantageplus.org](http://www.healthyadvantageplus.org).

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

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

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

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

### **What is the Healthy Advantage Plus Comprehensive Formulary?**

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

### **Can the Formulary (drug list) change?**

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



those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 96. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Healthy Advantage Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Healthy Advantage Plus before you fill your prescriptions. If you don't get approval, Healthy Advantage Plus may not cover the drug.

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

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

You can ask Healthy Advantage Plus to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Healthy Advantage Plus’s formulary?” on page 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 Healthy Advantage Plus does not cover your drug, you have two options:

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

### **How do I request an exception to the Healthy Advantage Plus’s Formulary?**

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

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

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

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

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

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

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

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

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

## **For more information**

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

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

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

## Healthy Advantage Plus's Formulary

The comprehensive formulary below provides coverage information about all the drugs covered by Healthy Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 96.

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

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

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

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

*NM stands for Non Mail Order Drug*

*PA stands for Prior Authorization*

*QL stands for Quality Limits*

*ST stands for Step Therapy criteria*

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

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

Y0050\_17\_1085\_0001\_LRFormulary

Accepted

8/8/16

# Healthy Advantage Plus HMO

## Formulario de 2017

### (Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 00017306, Version Number 17

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

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

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

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

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

### **¿Qué es el formulario detallado de Healthy Advantage Plus?**

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

### **¿El formulario (lista de medicamentos) podría cambiar?**

Normalmente, si usted está tomando un medicamento que aparece en el formulario del 2017 que estaba cubierto a principios del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante la

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

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

## **¿Cómo utilizo el formulario?**

Puede encontrar su medicamento en el formulario en dos formas:

### **Condición médica**

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

### **Lista alfabética**

Si no está seguro de la categoría, busque su medicamento usando el índice que empieza en la página 96. El índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye tanto los medicamentos de marca registrada como los genéricos. Consulte el índice y encuentre su medicamento. Al lado del nombre de su medicamento verá el número de la página donde encontrará información acerca de la cobertura. Vaya a la página que aparece en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

Healthy Advantage Plus cubre tanto medicamentos genéricos como de marca registrada.

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

## ¿Existe alguna restricción en mi cobertura?

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

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

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

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

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

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

Si se entera que Healthy Advantage Plus no cubre su medicamento, usted tendrá dos opciones:

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

- Usted puede pedir a Healthy Advantage Plus que permita una excepción y cubra su medicamento. Consulte la información sobre cómo solicitar una excepción, a continuación.

## ¿Cómo solicito una excepción al formulario de Healthy Advantage Plus?

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

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

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

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

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

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



determinar el curso de acción adecuado para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días de ser miembro con nuestro plan.

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

Si usted es un residente en un centro de cuidados a largo plazo, nosotros le permitiremos surtir de nuevo su receta médica hasta que le hayamos proporcionado un suministro de transición de 98 días, de acuerdo con el incremento de dispensación (a menos que usted tenga una receta médica escrita para menos días). Cubriremos más de una renovación de estos medicamentos durante los primeros 90 días de su membresía en nuestro plan. Si usted necesita un medicamento que no está incluido en nuestro formulario o si su capacidad para obtener su medicamento está limitada, pero ya han pasado los primeros 90 días de su membresía con el plan, nosotros cubriremos un suministro de emergencia de 30 días para ese medicamento (a menos que tenga una receta médica para menos días) mientras que usted solicita una excepción de formulario.

## **Para obtener más información**

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

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

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

## **Formulario de Healthy Advantage Plus**

El formulario detallado a continuación proporciona información de cobertura acerca de todos los medicamentos cubiertos por Healthy Advantage Plus. Si usted no puede encontrar su medicamento en la lista, consulte el índice que comienza en la página 96.

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

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

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

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

*NM significa "Medicamento no disponible para servicio por correo"*

*PA significa "Autorización previa"*

*QL significa "Límite de cantidades"*

*ST significa "Criterio de terapia escalonada"*

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

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

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## MOLINA\_CY17\_GEN\_STRAT eff 11/01/2017

**Drug Name Drug Tier Requirements/Limits**

### **ANALGESICS**

#### **GOUT**

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

#### **NSAIDS**

<i>celecoxib cap 50 mg</i>	4	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	4	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	4	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	4	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg2</i>		
<i>diclofenac sodium tab delayed release 50 mg2</i>		
<i>diclofenac sodium tab delayed release 75 mg2</i>		
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diflunisal tab 500 mg</i>	4	
<i>etodolac cap 200 mg</i>	4	
<i>etodolac cap 300 mg</i>	4	
<i>etodolac tab 400 mg</i>	4	
<i>etodolac tab 500 mg</i>	4	
<i>etodolac tab er 24hr 400 mg</i>	4	
<i>etodolac tab er 24hr 500 mg</i>	4	
<i>etodolac tab er 24hr 600 mg</i>	4	
<i>flurbiprofen tab 50 mg</i>	3	
<i>flurbiprofen tab 100 mg</i>	3	
<i>ibuprofen susp 100 mg/5ml</i>	3	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	3	
<i>ketoprofen cap 75 mg</i>	3	
MELOXICAM SUSP 7.5 MG/5ML	4	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen dr tab 375mg</i>	2	
<i>naproxen dr tab 500mg</i>	2	
<i>naproxen sodium tab 275 mg</i>	4	

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

### **OPIOID ANALGESICS**

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

### **OPIOID ANALGESICS, CII**

DURAMORPH INJ 0.5MG/ML	3	B/D
DURAMORPH INJ 1MG/ML	3	B/D
<i>endocet tab 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	QL (10 patches / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	3	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	B/D
<i>hydromorphone hcl tab 2 mg</i>	3	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	3	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (600 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	3	QL (600 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	3	B/D
MORPHINE SUL INJ 4MG/ML	3	B/D
MORPHINE SUL INJ 8MG/ML	3	B/D
MORPHINE SUL INJ 150/30ML	3	B/D
<i>morphine sulfate inj pf 0.5 mg/ml</i>	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate inj pf 1 mg/ml</i>	3	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	3	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	3	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	3	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	3	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	3	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	3	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	3	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	3	
MORPHINE SULFATE TAB 15 MG	3	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	3	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	3	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	
OXYCODONE HCL SOLN 5 MG/5ML	4	
<i>oxycodone hcl tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	3	QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 15MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	3	QL (120 tabs / 30 days)
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl local inj 0.5%</i>	2	B/D
<i>lidocaine hcl local inj 1%</i>	2	B/D
<i>lidocaine hcl local inj 2%</i>	2	B/D

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

## **ANTI-INFECTIVES**

### **ANTI-BACTERIALS - MISCELLANEOUS**

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

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>ALBENZA TAB 200MG</i>	5	
<i>ALINIA SUS 100/5ML</i>	4	
<i>ALINIA TAB 500MG</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	5	
<i>AZACTAM/DEX INJ 1GM</i>	4	
<i>AZACTAM/DEX INJ 2GM</i>	4	
<i>aztreonam for inj 1 gm</i>	3	
<i>aztreonam for inj 2 gm</i>	3	
<i>BILTRICIDE TAB 600MG</i>	3	
<i>CAYSTON INH 75MG</i>	5	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	3	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml</i>	2	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	2	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium for inj 150 mg</i>	4	
CUBICIN SOL 500MG	5	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>emverm chw 100mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
INVANZ INJ 1GM	4	
<i>ivermectin tab 3 mg</i>	3	
LINEZOLID FOR SUSP 100 MG/5ML	5	
LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%	5	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	
LINEZOLID TAB 600 MG	5	
<i>meropenem iv for soln 1 gm</i>	4	
<i>meropenem iv for soln 500 mg</i>	4	
<i>methenamine hippurate tab 1 gm</i>	4	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
NEBUPENT INH 300MG	4	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	4	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TAB 200MG	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	
TIGECYCLINE INJ 50MG	5	
<i>trimethoprim tab 100 mg</i>	2	
TYGACIL INJ 50MG	5	
<i>vancomycin hcl cap 125 mg</i>	5	
<i>vancomycin hcl cap 250 mg</i>	5	
<i>vancomycin hcl for inj 10 gm</i>	3	
<i>vancomycin hcl for inj 500 mg</i>	3	
<i>vancomycin hcl for inj 750 mg</i>	3	
<i>vancomycin hcl for inj 1000 mg</i>	3	
<i>vancomycin hcl for inj 5000 mg</i>	3	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
<b>ANTIFUNGALS</b>		
ABELCET INJ 5MG/ML	5	B/D
AMBISOME INJ 50MG	4	B/D
<i>amphotericin b for inj 50 mg</i>	4	B/D
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	
CASPOFUNGIN INJ 50MG	5	
CASPOFUNGIN INJ 70MG	5	
<i>fluconazole for susp 10 mg/ml</i>	3	
<i>fluconazole for susp 40 mg/ml</i>	3	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	3	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	3	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMTRIVA SOL 10MG/ML	3	
FUZEON INJ 90MG	5	NM
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG	5	
INTELENCE TAB 200MG	5	
INVIRASE CAP 200MG	5	
INVIRASE TAB 500MG	5	
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	
ISENTRESS HD TAB 600MG	5	
ISENTRESS POW 100MG	5	
ISENTRESS TAB 400MG	5	
<i>lamivudine oral soln 10 mg/ml</i>	3	
<i>lamivudine tab 150 mg</i>	3	
<i>lamivudine tab 300 mg</i>	3	
LEXIVA SUS 50MG/ML	4	
LEXIVA TAB 700MG	5	
NEVIRAPINE SUSP 50 MG/5ML	4	
<i>nevirapine tab 200 mg</i>	3	
<i>nevirapine tab er 24hr 100 mg</i>	4	
<i>nevirapine tab er 24hr 400 mg</i>	4	
NORVIR CAP 100MG	3	
NORVIR SOL 80MG/ML	3	
NORVIR TAB 100MG	3	
PREZISTA SUS 100MG/ML	5	
PREZISTA TAB 75MG	3	
PREZISTA TAB 150MG	3	
PREZISTA TAB 600MG	5	
PREZISTA TAB 800MG	5	
RESCRIPTOR TAB 100 MG	4	
RESCRIPTOR TAB 200MG	4	
RETROVIR INJ 10MG/ML	4	
REYATAZ CAP 150MG	5	
REYATAZ CAP 200MG	5	
REYATAZ CAP 300MG	5	
REYATAZ POW 50MG	5	
SELZENTRY SOL 20MG/ML	5	
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	
SELZENTRY TAB 150MG	5	
SELZENTRY TAB 300MG	5	
<i>stavudine cap 15 mg</i>	4	
<i>stavudine cap 20 mg</i>	4	
<i>stavudine cap 30 mg</i>	4	
<i>stavudine cap 40 mg</i>	4	
SUSTIVA CAP 50MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUSTIVA CAP 200MG	5	
SUSTIVA TAB 600MG	5	
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	5	
TIVICAY TAB 50MG	5	
TYBOST TAB 150MG	3	
VIDEX SOL 2GM	4	
VIDEX SOL 4GM	4	
VIRACEPT TAB 250MG	5	
VIRACEPT TAB 625MG	5	
VIRAMUNE SUS 50MG/5ML	4	
VIREAD POW 40MG/GM	5	
VIREAD TAB 150MG	5	
VIREAD TAB 200MG	5	
VIREAD TAB 250MG	5	
VIREAD TAB 300MG	5	
ZERIT SOL 1MG/ML	5	
ZIAGEN SOL 20MG/ML	3	
<i>zidovudine cap 100 mg</i>	4	
<i>zidovudine syrup 10 mg/ml</i>	4	
<i>zidovudine tab 300 mg</i>	2	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
ABACA VIR SULFATE-LAMIVUDINE TAB 600-300 MG	5	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	
ATRIPLA TAB	5	
COMPLERA TAB	5	
DESCOVY TAB 200/25	5	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
TRIUMEQ TAB	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
<b>ANTITUBERCULAR AGENTS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAPASTAT SUL INJ 1GM	4	
<i>cycloserine cap 250 mg</i>	5	
<i>ethambutol hcl tab 100 mg</i>	4	
<i>ethambutol hcl tab 400 mg</i>	4	
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>paser gra 4gm</i>	3	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	LA, PA
TRECTOR TAB 250MG	4	
<b>ANTIVIRALS</b>		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir sodium for inj 500 mg</i>	4	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	B/D
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDE SOL .05MG/ML	5	
DAKLINZA TAB 30MG	5	NM, PA
DAKLINZA TAB 60MG	5	NM, PA
DAKLINZA TAB 90MG	5	NM, PA
<i>entecavir tab 0.5 mg</i>	5	
<i>entecavir tab 1 mg</i>	5	
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOL 5MG/ML	4	
<i>famciclovir tab 125 mg</i>	3	
<i>famciclovir tab 250 mg</i>	3	
<i>famciclovir tab 500 mg</i>	3	
<i>ganciclovir sodium for inj 500 mg</i>	3	B/D
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	4	
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	
PEGASYS INJ	5	NM, PA
PEGASYS INJ 180MCG/M	5	NM, PA
PEGASYS INJ PROCLICK	5	NM, PA
REBETOL SOL 40MG/ML	5	NM
RELENZA MIS DISKHALE	3	
<i>ribasphere cap 200mg</i>	3	NM
<i>ribasphere tab 200mg</i>	4	NM
<i>ribasphere tab 400mg</i>	5	NM
<i>ribasphere tab 600mg</i>	5	NM
<i>ribavirin cap 200 mg</i>	3	NM
<i>ribavirin tab 200 mg</i>	4	NM
<i>rimantadine hydrochloride tab 100 mg</i>	4	
SOVALDI TAB 400MG	5	NM, PA
TAMIFLU SUS 6MG/ML	3	
TYZEKA TAB 600MG	5	
<i>valacyclovir hcl tab 1 gm</i>	3	
<i>valacyclovir hcl tab 500 mg</i>	3	
VALCYTE SOL 50MG/ML	5	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	
VEMLIDY TAB 25MG	5	
VOSEVI TAB	5	NM, PA
ZEPATIER TAB 50-100MG	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefaclor er tab 500mg</i>	4	
<i>cefaclor for susp 125 mg/5ml</i>	4	
<i>cefaclor for susp 250 mg/5ml</i>	4	
<i>cefaclor for susp 375 mg/5ml</i>	4	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	3	
<i>cefadroxil for susp 500 mg/5ml</i>	3	
<i>cefadroxil tab 1 gm</i>	4	
<i>cefazolin inj 1gm/50ml</i>	3	
<i>cefazolin sodium for inj 1 gm</i>	3	
<i>cefazolin sodium for inj 10 gm</i>	3	
<i>cefazolin sodium for inj 20 gm</i>	3	
<i>cefazolin sodium for inj 500 mg</i>	3	
<i>cefazolin sodium for iv soln 1 gm</i>	3	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefdinir for susp 125 mg/5ml</i>	4	
<i>cefdinir for susp 250 mg/5ml</i>	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
<i>cefixime for susp 100 mg/5ml</i>	4	
<i>cefixime for susp 200 mg/5ml</i>	4	
<i>cefotaxime sodium for inj 1 gm</i>	4	
<i>cefotaxime sodium for inj 2 gm</i>	4	
<i>cefotaxime sodium for inj 500 mg</i>	4	
<i>cefoxitin sodium for inj 10 gm</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	4	
<i>cefpodoxime proxetil tab 200 mg</i>	4	
<i>cefprozil for susp 125 mg/5ml</i>	4	
<i>cefprozil for susp 250 mg/5ml</i>	4	
<i>cefprozil tab 250 mg</i>	3	
<i>cefprozil tab 500 mg</i>	3	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for inj 2 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium for inj 1 gm</i>	3	
<i>ceftriaxone sodium for inj 2 gm</i>	3	
<i>ceftriaxone sodium for inj 10 gm</i>	3	
<i>ceftriaxone sodium for inj 250 mg</i>	3	
<i>ceftriaxone sodium for inj 500 mg</i>	3	
<i>ceftriaxone sodium for iv soln 1 gm</i>	3	
<i>ceftriaxone sodium for iv soln 2 gm</i>	3	
<i>cefuroxime axetil tab 250 mg</i>	3	
<i>cefuroxime axetil tab 500 mg</i>	3	
<i>cefuroxime sodium for inj 1.5 gm</i>	3	
<i>cefuroxime sodium for inj 7.5 gm</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	3	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	3	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	3	
<i>cephalexin for susp 250 mg/5ml</i>	3	
SUPRAX CAP 400MG	3	
<i>suprax chw 100mg</i>	4	
<i>suprax chw 200mg</i>	4	
SUPRAX SUS 500/5ML	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tazicef inj 1gm</i>	4	
<i>tazicef inj 2gm</i>	4	
<i>tazicef inj 6gm</i>	4	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin for susp 100 mg/5ml</i>	3	
<i>azithromycin for susp 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	3	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	3	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	4	
<i>clarithromycin for susp 250 mg/5ml</i>	4	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clarithromycin tab er 24hr 500 mg</i>	4	
DIFICID TAB 200MG	5	
<i>ery-tab tab 250mg ec</i>	4	
<i>ery-tab tab 333mg ec</i>	4	
<i>ery-tab tab 500mg ec</i>	4	
<i>erythrocin inj 500mg</i>	4	
<i>erythrocin tab 250mg</i>	4	
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	4	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	4	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	4	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	4	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	4	
<b>PENICILLINS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	3	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>		
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for inj 15 (10-5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	3	
<i>ampicillin for susp 250 mg/5ml</i>	3	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for inj 2 gm</i>	4	
<i>ampicillin sodium for inj 10 gm</i>	4	
<i>ampicillin sodium for inj 125 mg</i>	4	
<i>ampicillin sodium for inj 250 mg</i>	4	
<i>ampicillin sodium for inj 500 mg</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for inj 10 gm</i>	4	
<i>nafcillin sodium for iv soln 1 gm</i>	4	
<i>nafcillin sodium for iv soln 2 gm</i>	4	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	4	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	4	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	5	
<i>pen g proc inj 600000</i>	4	
PENICILL GK/ INJ DEX 2MU	4	
PENICILL GK/ INJ DEX 3MU	4	
<i>penicillin g potassium for inj 5000000 unit</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
<i>penicillin g sodium for inj 5000000 unit</i>	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piper/tazoba inj 12-1.5gm</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100 inj 100mg</i>	4	
<i>doxycycline hyclate cap 50 mg</i>	3	
<i>doxycycline hyclate cap 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	4	
<i>doxycycline hyclate tab 100 mg</i>	4	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	3	
<i>doxycycline monohydrate tab 75 mg</i>	3	
<i>doxycycline monohydrate tab 100 mg</i>	3	
<i>doxycycline monohydrate tab 150 mg</i>	3	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA INJ 100/4ML	5	B/D, NM
BICNU INJ 100MG	5	B/D
<i>busulfan inj 6 mg/ml</i>	5	B/D
BUSULFEX INJ 6MG/ML	5	B/D
CYCLOPHOSPH CAP 25MG	4	B/D
CYCLOPHOSPH CAP 50MG	4	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	B/D
<i>cyclophosphamide for inj 2 gm</i>	5	B/D
<i>cyclophosphamide for inj 500 mg</i>	5	B/D
<i>dacarbazine for inj 100 mg</i>	3	B/D
<i>dacarbazine for inj 200 mg</i>	3	B/D
EMCYT CAP 140MG	4	
GLEOSTINE CAP 5MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
HEXALEN CAP 50MG	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide for inj 1 gm</i>	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	3	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	3	B/D
LEUKERAN TAB 2MG	4	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	5	B/D
MUSTARGEN INJ 10MG	5	B/D
TREANDA INJ 25MG	5	B/D, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREANDA INJ 100MG	5	B/D, NM
<b>ANTHRACYCLINES</b>		
<i>adriamycin inj 20mg</i>	3	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	3	B/D
<i>doxorubicin hcl for inj 10 mg</i>	3	B/D
<i>doxorubicin hcl for inj 50 mg</i>	3	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	3	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	4	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	4	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	B/D
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate for inj 15 unit</i>	3	B/D
<i>bleomycin sulfate for inj 30 unit</i>	3	B/D
<i>mitomycin for iv soln 5 mg</i>	5	B/D
<i>mitomycin for iv soln 20 mg</i>	5	B/D
<i>mitomycin for iv soln 40 mg</i>	5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil inj 500/10ml</i>	3	B/D
ALIMTA INJ 100MG	5	B/D
ALIMTA INJ 500MG	5	B/D
<i>azacitidine for inj 100 mg</i>	5	B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	B/D
<i>cytarabine inj 20 mg/ml</i>	3	B/D
<i>fludarabine phosphate for inj 50 mg</i>	4	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	4	B/D
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	3	B/D
<i>gemcitabine hcl for inj 1 gm</i>	5	B/D
<i>gemcitabine hcl for inj 2 gm</i>	5	B/D
<i>gemcitabine hcl for inj 200 mg</i>	5	B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	5	B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	5	B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	5	B/D
<i>mercaptopurine tab 50 mg</i>	4	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
NIPENT INJ 10MG	5	B/D
PURIXAN SUS 20MG/ML	5	NM
TABLOID TAB 40MG	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE INJ 100MG	5	B/D
DOCEFREZ INJ 20MG	5	B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	5	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	B/D
DOCETAXEL INJ 20MG/2ML	5	B/D
DOCETAXEL INJ 80MG/4ML	5	B/D
DOCETAXEL INJ 80MG/8ML	5	B/D
DOCETAXEL INJ 160/8ML	5	B/D
DOCETAXEL INJ 160/16ML	5	B/D
<i>docetaxel inj 200/10</i>	5	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	B/D
TAXOTERE INJ 80MG/4ML	5	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate inj 1 mg/ml</i>	3	B/D
<i>vincasar pfs inj 1mg/ml</i>	2	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	3	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	3	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN INJ	5	NM, LA, PA
AVASTIN INJ 400/16ML	5	NM, LA, PA
BELEODAQ INJ 500MG	5	NM, PA
ERIVEDGE CAP 150MG	5	NM, LA, PA
FARYDAK CAP 10MG	5	NM, LA, PA
FARYDAK CAP 15MG	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FARYDAK CAP 20MG	5	NM, LA, PA
HERCEPTIN INJ 150MG	5	NM, PA
HERCEPTIN INJ 440MG	5	NM, PA
IBRANCE CAP 75MG	5	NM, LA, PA
IBRANCE CAP 100MG	5	NM, LA, PA
IBRANCE CAP 125MG	5	NM, LA, PA
IDHIFA TAB 50MG	5	NM, LA, PA
IDHIFA TAB 100MG	5	NM, LA, PA
ISTODAX OVR INJ 10MG	5	B/D, NM
KADCYLA INJ 100MG	5	B/D, NM
KADCYLA INJ 160MG	5	B/D, NM
KEYTRUDA INJ 100MG/4M	5	NM, PA
KEYTRUDA SOL 50MG	5	NM, PA
KISQALI 200 PAK FEMARA	5	NM, PA
KISQALI 400 PAK FEMARA	5	NM, PA
KISQALI 600 PAK FEMARA	5	NM, PA
KISQALI TAB 200DOSE	5	NM, PA
KISQALI TAB 400DOSE	5	NM, PA
KISQALI TAB 600DOSE	5	NM, PA
LYNPARZA CAP 50MG	5	NM, LA, PA
NINLARO CAP 2.3MG	5	NM, PA
NINLARO CAP 3MG	5	NM, PA
NINLARO CAP 4MG	5	NM, PA
PROLEUKIN INJ 22MU	5	B/D, NM
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
RUBRACA TAB 200MG	5	NM, LA, PA
RUBRACA TAB 250MG	5	NM, LA, PA
RUBRACA TAB 300MG	5	NM, LA, PA
TECENTRIQ INJ 1200/20	5	NM, LA, PA
VELCADE INJ 3.5MG	5	NM, PA
VENCLEXTA TAB 10MG	4	NM, LA, PA
VENCLEXTA TAB 50MG	4	NM, LA, PA
VENCLEXTA TAB 100MG	5	NM, LA, PA
VENCLEXTA TAB START PK	5	NM, LA, PA
YERVOY INJ 50MG	5	NM, PA
YERVOY INJ 200MG	5	NM, PA
ZEJULA CAP 100MG	5	NM, LA, PA
ZOLINZA CAP 100MG	5	NM, PA
<b><i>HORMONAL ANTINEOPLASTIC AGENTS</i></b>		
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane tab 25 mg</i>	4	
FARESTON TAB 60MG	5	
FASLODEX INJ 250MG	5	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flutamide cap 125 mg</i>	4	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	4	B/D
<i>letrozole tab 2.5 mg</i>	3	
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	4	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	4	PA
<i>megestrol acetate tab 20 mg</i>	4	PA; PA if 65 years and older
<i>megestrol acetate tab 40 mg</i>	4	PA; PA if 65 years and older
<i>nilutamide tab 150 mg</i>	5	
SOLTAMOX SOL 10MG/5ML	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
TRELSTAR MIX INJ 3.75MG	5	NM, PA
TRELSTAR MIX INJ 11.25MG	5	NM, PA
XTANDI CAP 40MG	5	NM, LA, PA
ZYTIGA TAB 250MG	5	NM, LA, PA
ZYTIGA TAB 500MG	5	NM, LA, PA
<b>KINASE INHIBITORS</b>		
AFINITOR DIS TAB 2MG	5	NM, PA
AFINITOR DIS TAB 3MG	5	NM, PA
AFINITOR DIS TAB 5MG	5	NM, PA
AFINITOR TAB 2.5MG	5	NM, PA
AFINITOR TAB 5MG	5	NM, PA
AFINITOR TAB 7.5MG	5	NM, PA
AFINITOR TAB 10MG	5	NM, PA
ALECENSA CAP 150MG	5	NM, LA, PA
ALUNBRIG TAB 30MG	5	NM, LA, PA
BOSULIF TAB 100MG	5	NM, PA
BOSULIF TAB 500MG	5	NM, PA
CABOMETYX TAB 20MG	5	NM, LA, PA
CABOMETYX TAB 40MG	5	NM, LA, PA
CABOMETYX TAB 60MG	5	NM, LA, PA
CAPRELSA TAB 100MG	5	NM, LA, PA
CAPRELSA TAB 300MG	5	NM, LA, PA
COMETRIQ KIT 60MG	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COTELLIC TAB 20MG	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG TAB 15MG	5	NM, LA, PA
ICLUSIG TAB 45MG	5	NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA TAB 1MG	5	NM, LA, PA
INLYTA TAB 5MG	5	NM, LA, PA
IRESSA TAB 250MG	5	NM, LA, PA
JAKAFI TAB 5MG	5	NM, LA, PA
JAKAFI TAB 10MG	5	NM, LA, PA
JAKAFI TAB 15MG	5	NM, LA, PA
JAKAFI TAB 20MG	5	NM, LA, PA
JAKAFI TAB 25MG	5	NM, LA, PA
LENVIMA CAP 8 MG	5	NM, LA, PA
LENVIMA CAP 10 MG	5	NM, LA, PA
LENVIMA CAP 14 MG	5	NM, LA, PA
LENVIMA CAP 18 MG	5	NM, LA, PA
LENVIMA CAP 20 MG	5	NM, LA, PA
LENVIMA CAP 24 MG	5	NM, LA, PA
MEKINIST TAB 0.5MG	5	NM, LA, PA
MEKINIST TAB 2MG	5	NM, LA, PA
NERLYNX TAB 40MG	5	NM, LA, PA
NEXAVAR TAB 200MG	5	NM, LA, PA
RYDAPT CAP 25MG	5	NM, PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA
SPRYCEL TAB 70MG	5	NM, PA
SPRYCEL TAB 80MG	5	NM, PA
SPRYCEL TAB 100MG	5	NM, PA
SPRYCEL TAB 140MG	5	NM, PA
STIVARGA TAB 40MG	5	NM, LA, PA
SUTENT CAP 12.5MG	5	NM, PA
SUTENT CAP 25MG	5	NM, PA
SUTENT CAP 37.5MG	5	NM, PA
SUTENT CAP 50MG	5	NM, PA
TAFINLAR CAP 50MG	5	NM, LA, PA
TAFINLAR CAP 75MG	5	NM, LA, PA
TAGRISSE TAB 40MG	5	NM, LA, PA
TAGRISSE TAB 80MG	5	NM, LA, PA
TARCEVA TAB 25MG	5	NM, LA, PA
TARCEVA TAB 100MG	5	NM, LA, PA
TARCEVA TAB 150MG	5	NM, LA, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA
TYKERB TAB 250MG	5	NM, LA, PA
VOTRIENT TAB 200MG	5	NM, LA, PA
XALKORI CAP 200MG	5	NM, LA, PA
XALKORI CAP 250MG	5	NM, LA, PA
ZELBORAF TAB 240MG	5	NM, LA, PA
ZYDELIG TAB 100MG	5	NM, LA, PA
ZYDELIG TAB 150MG	5	NM, LA, PA
ZYKADIA CAP 150MG	5	NM, LA, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene cap 75 mg</i>	5	NM, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>hydroxyurea cap 500 mg</i>	3	
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
MATULANE CAP 50MG	5	LA
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	3	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	3	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	3	B/D, NM
ODOMZO CAP 200MG	5	NM, LA, PA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO INJ 3.5MG	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	
TRISENOX SOL 10MG/10M	5	B/D
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin iv soln 50 mg/5ml</i>	4	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	4	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	4	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	4	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	3	B/D
<i>oxaliplatin for iv inj 50 mg</i>	4	B/D
<i>oxaliplatin for iv inj 100 mg</i>	4	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D
<b>PROTECTIVE AGENTS</b>		
AMIFOSTINE FOR INJ 500 MG	5	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexrazoxane for inj 250 mg</i>	5	B/D
<i>dexrazoxane for inj 500 mg</i>	5	B/D
ELITEK INJ 1.5MG	5	B/D
ELITEK INJ 7.5MG	5	B/D
FUSILEV INJ 50MG	5	B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	4	B/D
<i>leucovorin calcium for inj 100 mg</i>	4	B/D
<i>leucovorin calcium for inj 200 mg</i>	4	B/D
<i>leucovorin calcium for inj 350 mg</i>	4	B/D
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	3	
<i>leucovorin calcium tab 25 mg</i>	3	
LEVOLEUCOVOR INJ 175MG	5	B/D, NM
<i>levoleucovor sol 250mg/25</i>	5	B/D, NM
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	5	B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	5	B/D, NM
<i>mesna inj 100 mg/ml</i>	4	B/D
MESNEX TAB 400MG	5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	3	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	3	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D
<i>toposar inj 1gm/50ml</i>	3	B/D
<i>toposar inj 100/5ml</i>	3	B/D
<i>topotecan hcl for inj 4 mg</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; 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	
<b>ACE INHIBITORS</b>		
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone tab 25 mg</i>	4	
<i>eplerenone tab 50 mg</i>	4	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate tab 1 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	3	
<i>prazosin hcl cap 1 mg</i>	3	
<i>prazosin hcl cap 2 mg</i>	3	
<i>prazosin hcl cap 5 mg</i>	3	
<i>terazosin hcl cap 1 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 10 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	4	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	4	
<i>disopyramide phosphate cap 100 mg</i>	4	PA; PA if 65 years and older
<i>disopyramide phosphate cap 150 mg</i>	4	PA; PA if 65 years and older
DOFETILIDE CAP 125 MCG (0.125 MG)	4	NM
DOFETILIDE CAP 250 MCG (0.25 MG)	4	NM
DOFETILIDE CAP 500 MCG (0.5 MG)	4	NM
<i>flecainide acetate tab 50 mg</i>	3	
<i>flecainide acetate tab 100 mg</i>	3	
<i>flecainide acetate tab 150 mg</i>	3	
<i>mexiletine hcl cap 150 mg</i>	4	
<i>mexiletine hcl cap 200 mg</i>	4	
<i>mexiletine hcl cap 250 mg</i>	4	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	PA; PA if 65 years and older
NORPACE CAP 150MG CR	4	PA; PA if 65 years and older
<i>pacerone tab 100mg</i>	4	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	4	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	3	
<i>propafenone hcl tab 225 mg</i>	3	
<i>propafenone hcl tab 300 mg</i>	3	
<i>quinidine gluconate tab er 324 mg</i>	4	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sorine tab 240mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	3	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	3	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	3	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	

### **ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)

### **ANTILIPEMICS, MISCELLANEOUS**

<i>cholestyramine light powder 4 gm/dose</i>	4	
<i>cholestyramine light powder packets 4 gm</i>	4	
<i>cholestyramine powder 4 gm/dose</i>	4	
<i>cholestyramine powder packets 4 gm</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	4	
<i>ezetimibe tab 10 mg</i>	3	
<i>fenofibrate micronized cap 67 mg</i>	3	
<i>fenofibrate micronized cap 134 mg</i>	3	
<i>fenofibrate micronized cap 200 mg</i>	3	
<i>fenofibrate tab 48 mg</i>	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate tab 54 mg</i>	4	
<i>fenofibrate tab 145 mg</i>	4	
<i>fenofibrate tab 160 mg</i>	4	
<i>gemfibrozil tab 600 mg</i>	2	
JUXTAPID CAP 5MG	5	NM, LA, PA
JUXTAPID CAP 10MG	5	NM, LA, PA
JUXTAPID CAP 20MG	5	NM, LA, PA
JUXTAPID CAP 30MG	5	NM, LA, PA
JUXTAPID CAP 40MG	5	NM, LA, PA
JUXTAPID CAP 60MG	5	NM, LA, PA
KYNAMRO INJ 200MG/ML	5	NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	4	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	4	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	4	
<i>niacor tab 500mg</i>	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	4	
PRALUENT INJ 75MG/ML	5	NM, PA
PRALUENT INJ 150MG/ML	5	NM, PA
<i>prevalite pow 4gm</i>	4	
<i>prevalite pow 4gm pk</i>	4	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	3	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	3	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	3	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	3	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
BYSTOLIC TAB 2.5MG	4	
BYSTOLIC TAB 5MG	4	
BYSTOLIC TAB 10MG	4	
BYSTOLIC TAB 20MG	4	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	3	
<i>labetalol hcl tab 200 mg</i>	3	
<i>labetalol hcl tab 300 mg</i>	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	3	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	3	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	3	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	4	
<i>nadolol tab 40 mg</i>	4	
<i>nadolol tab 80 mg</i>	4	
<i>pindolol tab 5 mg</i>	4	
<i>pindolol tab 10 mg</i>	4	
<i>propranolol hcl cap er 24hr 60 mg</i>	4	
<i>propranolol hcl cap er 24hr 80 mg</i>	4	
<i>propranolol hcl cap er 24hr 120 mg</i>	4	
<i>propranolol hcl cap er 24hr 160 mg</i>	4	
<i>propranolol hcl inj 1 mg/ml</i>	3	
<i>propranolol hcl oral soln 20 mg/5ml</i>	3	
<i>propranolol hcl oral soln 40 mg/5ml</i>	3	
<i>propranolol hcl tab 10 mg</i>	3	
<i>propranolol hcl tab 20 mg</i>	3	
<i>propranolol hcl tab 40 mg</i>	3	
<i>propranolol hcl tab 60 mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl tab 80 mg</i>	3	
<i>timolol maleate tab 5 mg</i>	4	
<i>timolol maleate tab 10 mg</i>	4	
<i>timolol maleate tab 20 mg</i>	4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab tab 30mg cr</i>	3	
<i>afeditab tab 60mg cr</i>	3	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	4	
<i>diltiazem hcl cap er 12hr 90 mg</i>	4	
<i>diltiazem hcl cap er 12hr 120 mg</i>	4	
<i>diltiazem hcl cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	3	
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	3	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	3	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>felodipine tab er 24hr 2.5 mg</i>	3	
<i>felodipine tab er 24hr 5 mg</i>	3	
<i>felodipine tab er 24hr 10 mg</i>	3	
<i>isradipine cap 2.5 mg</i>	4	
<i>isradipine cap 5 mg</i>	4	
<i>nicardipine hcl cap 20 mg</i>	4	
<i>nicardipine hcl cap 30 mg</i>	4	
<i>nifedipine tab er 24hr 30 mg</i>	3	
<i>nifedipine tab er 24hr 60 mg</i>	3	
<i>nifedipine tab er 24hr 90 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	3	
<i>nimodipine cap 30 mg</i>	5	
NYMALIZE SOL 60/20ML	5	
<i>verapamil hcl cap er 24hr 100 mg</i>	4	
<i>verapamil hcl cap er 24hr 120 mg</i>	4	
<i>verapamil hcl cap er 24hr 180 mg</i>	4	
<i>verapamil hcl cap er 24hr 200 mg</i>	4	
<i>verapamil hcl cap er 24hr 240 mg</i>	4	
<i>verapamil hcl cap er 24hr 300 mg</i>	4	
VERAPAMIL HCL CAP ER 24HR 360 MG	4	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	4	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digitek tab 0.25mg</i>	3	PA; PA if 65 years and older
<i>digitek tab 0.125mg</i>	3	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	3	
DIGOXIN ORAL SOLN 0.05 MG/ML	3	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	3	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	3	PA; PA if 65 years and older
<b>DIURETICS</b>		
<i>acetazolamide cap er 12hr 500 mg</i>	4	
<i>acetazolamide tab 125 mg</i>	3	
<i>acetazolamide tab 250 mg</i>	3	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	3	
<i>bumetanide inj 0.25 mg/ml</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bumetanide tab 0.5 mg</i>	3	
<i>bumetanide tab 1 mg</i>	3	
<i>bumetanide tab 2 mg</i>	3	
<i>chlorothiazide tab 250 mg</i>	3	
<i>chlorothiazide tab 500 mg</i>	3	
<i>chlorthalidone tab 25 mg</i>	3	
<i>chlorthalidone tab 50 mg</i>	3	
<i>furosemide inj 10 mg/ml</i>	2	
FUROSEMIDE INJ 10 MG/ML	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>methazolamide tab 25 mg</i>	4	
<i>methazolamide tab 50 mg</i>	4	
<i>methyclothiazide tab 5 mg</i>	3	
<i>metolazone tab 2.5 mg</i>	3	
<i>metolazone tab 5 mg</i>	3	
<i>metolazone tab 10 mg</i>	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-3</i>		
<i>25 mg</i>		
<i>torseamide tab 5 mg</i>	2	
<i>torseamide tab 10 mg</i>	2	
<i>torseamide tab 20 mg</i>	2	
<i>torseamide tab 100 mg</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-</i>		
<i>25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-</i>		
<i>25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50</i>		
<i>mg</i>	1	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	4	
DEMSER CAP 250MG	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydralazine hcl inj 20 mg/ml</i>	3	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	4	
<i>midodrine hcl tab 5 mg</i>	4	
<i>midodrine hcl tab 10 mg</i>	4	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	NM, LA, PA
NORTHERA CAP 200MG	5	NM, LA, PA
NORTHERA CAP 300MG	5	NM, LA, PA
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	3	
<i>isosorbide dinitrate tab 10 mg</i>	3	
<i>isosorbide dinitrate tab 20 mg</i>	3	
<i>isosorbide dinitrate tab 30 mg</i>	3	
<i>isosorbide dinitrate tab er 40 mg</i>	4	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>minitran dis 0.1mg/hr</i>	3	
<i>minitran dis 0.2mg/hr</i>	3	
<i>minitran dis 0.4mg/hr</i>	3	
<i>minitran dis 0.6mg/hr</i>	3	
<i>nitro-bid oin 2%</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin sl tab 0.3 mg</i>	3	
<i>nitroglycerin sl tab 0.4 mg</i>	3	
<i>nitroglycerin sl tab 0.6 mg</i>	3	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA TAB 20MG	5	NM, PA
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	5	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	NM, LA, PA
REMODULIN INJ 1MG/ML	5	NM, LA, PA
REMODULIN INJ 2.5MG/ML	5	NM, LA, PA
REMODULIN INJ 5MG/ML	5	NM, LA, PA
REMODULIN INJ 10MG/ML	5	NM, LA, PA
REVATIO SUS 10MG/ML	5	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	5	NM, LA, PA
UPTRAVI TAB 200MCG	5	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	5	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	5	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	5	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	5	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1400MCG	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NM, PA
VENTAVIS SOL 20MCG/ML	5	NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

<i>alprazolam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	3	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	3	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	3	
<i>lorazepam con 2mg/ml</i>	3	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<b>ANTICONVULSANTS</b>		
APTIOM TAB 200MG	4	QL (180 tabs / 30 days)
APTIOM TAB 400MG	5	QL (90 tabs / 30 days)
APTIOM TAB 600MG	5	QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine cap er 12hr 100 mg</i>	4	
<i>carbamazepine cap er 12hr 200 mg</i>	4	
<i>carbamazepine cap er 12hr 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab 200 mg</i>	4	
<i>carbamazepine tab er 12hr 100 mg</i>	4	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
CELONTIN CAP 300MG	4	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	3	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	3	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	3	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	3	QL (120 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL (300 tabs / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
<i>diazepam con 5mg/ml</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	3	
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	4	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	4	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	4	
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>dilantin cap 30mg</i>	3	
<i>dilantin cap 100mg</i>	3	
<i>dilantin chw 50mg</i>	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital tab 60 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 100 mg</i>	4	PA; PA if 65 years and older
<i>phenytek cap 200mg</i>	3	
<i>phenytek cap 300mg</i>	3	
<i>phenytoin chew tab 50 mg</i>	3	
<i>phenytoin sodium extended cap 100 mg</i>	3	
<i>phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin sodium inj 50 mg/ml</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
POTIGA TAB 50MG	4	
POTIGA TAB 200MG	5	QL (180 tabs / 30 days)
POTIGA TAB 300MG	5	QL (90 tabs / 30 days)
POTIGA TAB 400MG	5	QL (90 tabs / 30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra tab 500mg</i>	3	
<i>roweepra tab 750mg</i>	3	
<i>roweepra tab 1000mg</i>	3	
SABRIL POW 500MG	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
TEGRETOL SUS 100/5ML	4	
TEGRETOL TAB 200MG	4	
TEGRETOL-XR TAB 100MG	4	
TEGRETOL-XR TAB 200MG	4	
TEGRETOL-XR TAB 400MG	4	
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	4	
<i>topiramate sprinkle cap 25 mg</i>	4	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valproate sodium inj 100 mg/ml</i>	4	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	3	
<i>vigabatrin powd pack 500 mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	4	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	4	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	4	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	4	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	3	
<i>zonisamide cap 50 mg</i>	3	
<i>zonisamide cap 100 mg</i>	3	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	3	QL (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	3	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	4	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	4	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	4	
<i>galantamine hydrobromide tab 4 mg</i>	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	4	
<i>memantine hcl oral solution 2 mg/ml</i>	3	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	4	PA; PA if < 30 yrs
MEMANTINE HCL TAB 10 MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	4	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
<i>rivastigmine tartrate cap 1.5 mg</i>	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tab 10 mg</i>	4	
<i>desipramine hcl tab 25 mg</i>	4	
<i>desipramine hcl tab 50 mg</i>	4	
<i>desipramine hcl tab 75 mg</i>	4	
<i>desipramine hcl tab 100 mg</i>	4	
<i>desipramine hcl tab 150 mg</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 25 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 50 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 75 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 100 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 150 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	4	PA; PA if 65 years and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	4	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	4	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	4	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	4	QL (180 caps / 30 days)
FETZIMA CAP 40MG	4	QL (90 caps / 30 days)
FETZIMA CAP 80MG	4	QL (30 caps / 30 days)
FETZIMA CAP 120MG	4	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	4	

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

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



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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selegiline hcl cap 5 mg</i>	4	
<i>selegiline hcl tab 5 mg</i>	4	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	4	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	4	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	4	PA; PA if 65 years and older

### **ANTIPSYCHOTICS**

ABILIFY MAIN INJ 300MG	5	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	5	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 vial / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	5	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	5	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	5	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	5	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	5	QL (1 syringe / 56 days)
<i>chlorpromaz inj 25mg/ml</i>	4	
<i>chlorpromaz inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl tab 10 mg</i>	4	
<i>chlorpromazine hcl tab 25 mg</i>	4	
<i>chlorpromazine hcl tab 50 mg</i>	4	
<i>chlorpromazine hcl tab 100 mg</i>	4	
<i>chlorpromazine hcl tab 200 mg</i>	4	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	4	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	4	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	4	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	4	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	3	
<i>clozapine tab 50 mg</i>	3	
<i>clozapine tab 100 mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	4	QL (135 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT PAK	4	
FANAPT TAB 1MG	4	QL (60 tabs / 30 days)
FANAPT TAB 2MG	4	QL (60 tabs / 30 days)
FANAPT TAB 4MG	4	QL (60 tabs / 30 days)
FANAPT TAB 6MG	5	QL (60 tabs / 30 days)
FANAPT TAB 8MG	5	QL (60 tabs / 30 days)
FANAPT TAB 10MG	5	QL (60 tabs / 30 days)
FANAPT TAB 12MG	5	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	4	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	3	
<i>haloperidol decanoate im soln 100 mg/ml</i>	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
<i>haloperidol lactate oral conc 2 mg/ml</i>	3	
<i>haloperidol tab 0.5 mg</i>	3	
<i>haloperidol tab 1 mg</i>	3	
<i>haloperidol tab 2 mg</i>	3	
<i>haloperidol tab 5 mg</i>	3	
<i>haloperidol tab 10 mg</i>	3	
<i>haloperidol tab 20 mg</i>	3	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	5	QL (1 syringe / 90 days)
LATUDA TAB 20MG	4	QL (240 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (60 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loxapine succinate cap 10 mg</i>	3	
<i>loxapine succinate cap 25 mg</i>	3	
<i>loxapine succinate cap 50 mg</i>	3	
<i>molindone hcl tab 10 mg</i>	4	
<i>molindone hcl tab 25 mg</i>	4	
NUPLAZID TAB 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	4	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	3	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	5	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	4	
<i>perphenazine tab 4 mg</i>	4	
<i>perphenazine tab 8 mg</i>	4	
<i>perphenazine tab 16 mg</i>	4	
<i>pimozide tab 1 mg</i>	4	
<i>pimozide tab 2 mg</i>	4	
<i>quetiapine fumarate tab 25 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	4	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	5	QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	5	QL (360 tabs / 30 days)
REXULTI TAB 1MG	5	QL (90 tabs / 30 days)
REXULTI TAB 2MG	5	QL (60 tabs / 30 days)
REXULTI TAB 3MG	5	QL (30 tabs / 30 days)
REXULTI TAB 4MG	5	QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	4	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	4	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	4	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	4	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 100 mg</i>	4	PA; PA if 65 years and older
<i>thiothixene cap 1 mg</i>	4	
<i>thiothixene cap 2 mg</i>	4	
<i>thiothixene cap 5 mg</i>	4	
<i>thiothixene cap 10 mg</i>	4	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	4	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	4	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	4	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	4	
VERSACLOZ SUS 50MG/ML	5	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	
VRAYLAR CAP 1.5MG	5	QL (120 caps / 30 days)
VRAYLAR CAP 3MG	5	QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR CAP 4.5MG	5	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	4	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	4	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), PA

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

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

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

### **HYPNOTICS**

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



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

### **MIGRAINE**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	3	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	3	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	3	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>migergot sup 2/100</i>	5	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
RELPAX TAB 20MG	3	QL (12 tabs / 30 days)
RELPAX TAB 40MG	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	4	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	4	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)

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

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

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

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

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

### **ANTIDIABETICS, INJECTABLE**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
SYMLINPEN 60 INJ 1000MCG	5	QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	5	QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRULICITY INJ 0.75/0.5	4	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	4	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose tab 25 mg</i>	3	
<i>acarbose tab 50 mg</i>	3	
<i>acarbose tab 100 mg</i>	3	
FARXIGA TAB 5MG	3	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
GLIPIZIDE TAB ER 24HR 2.5 MG	1	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
GLIPIZIDE XL TAB 5MG	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	4	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 3 mg</i>	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 6 mg</i>	4	QL (60 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 1.25 mg</i>	4	QL (480 tabs / 30 days), PA; PA if 65 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide tab 2.5 mg</i>	4	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 5 mg</i>	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tabs / 28 days)
<i>pamidronate disodium for inj 30 mg</i>	3	B/D
<i>pamidronate disodium for inj 90 mg</i>	3	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	3	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	3	B/D
<i>pamidronate inj 6mg/ml</i>	3	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	B/D, NM
<i>zoledronic inj 4mg</i>	4	B/D, NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR TAB 30MG	3	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	5	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	5	QL (120 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	
EXJADE TAB 125MG	5	NM, LA, PA
EXJADE TAB 250MG	5	NM, LA, PA
EXJADE TAB 500MG	5	NM, LA, PA
FERRIPROX SOL 100MG/ML	5	NM, LA, PA
FERRIPROX TAB 500MG	5	NM, LA, PA
<i>kionex pow</i>	4	
<i>kionex sus 15gm/60</i>	3	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	4	
SYPRINE CAP 250MG	5	
<b>CONTRACEPTIVES</b>		
<i>alyacen tab 1/35</i>	3	
<i>apri tab</i>	2	
<i>aranelle tab</i>	2	
<i>aubra tab 0.1-0.02</i>	2	
<i>aviane tab</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>balziva tab</i>	3	
<i>bekyree tab</i>	3	
<i>blisovi fe tab 1.5/30</i>	2	
<i>blisovi fe tab 1/20</i>	2	
<i>briellyn tab</i>	3	
<i>camila tab 0.35mg</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	3	
<i>cyclafem tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	
<i>delyla tab 0.1-0.02</i>	2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	3	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	3	
ELLA TAB 30MG	4	
<i>emoquette tab</i>	2	
<i>enpresse-28 tab</i>	2	
<i>errin tab 0.35mg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 13 mg-50 mcg</i>	1	
<i>falmina tab</i>	2	
<i>femynor tab 0.25-35</i>	2	
<i>gildagia tab 0.4-35</i>	3	
<i>introvale tab</i>	3	
<i>isibloom tab 0.15-30</i>	2	
JOLIVETTE TAB 0.35MG	2	
<i>juleber tab</i>	2	
<i>junel 1.5/30 tab</i>	2	
<i>junel 1/20 tab</i>	2	
<i>junel fe tab 1.5/30</i>	2	
<i>junel fe tab 1/20</i>	2	
<i>kariva tab 28 day</i>	3	
<i>kelnor tab 1/35</i>	3	
<i>kimidess tab</i>	3	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>larin tab 1/20</i>	2	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	3	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel tab 1.5 mg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>loryna tab 3-0.02mg</i>	3	
<i>lutra tab</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	2	
MONONESSA TAB	2	
<i>myzilra tab</i>	2	
<i>necon tab 0.5/35</i>	3	
NECON TAB 1/50-28	3	
NECON TAB 7/7/7	2	
<i>necon tab 10/11-28</i>	3	
<i>nikki tab 3-0.02mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	3	
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.52 mg-30 mcg</i>		
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	2	
<i>norethindrone tab 0.35 mg</i>	2	
NORETHINDRONE TAB 0.35 MG	2	
NORETHINDRONE-ETH ESTRADIOL TAB 0.5- 35/1-35/0.5-35 MG-MCG	2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	2	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc tab 0.35mg</i>	2	
<i>nortrel tab 0.5/35</i>	3	
<i>nortrel tab 1/35</i>	3	
<i>nortrel tab 7/7/7</i>	2	
NUVARING MIS	4	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	3	
<i>pimtrea tab</i>	3	
<i>pirmella tab 1/35</i>	3	
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>quasense tab</i>	3	
<i>reclipsen tab</i>	2	
<i>sharobel tab 0.35mg</i>	2	
<i>sprintec 28 tab 28 day</i>	2	
<i>tarina fe tab 1/20</i>	2	
<i>tri-legest tab fe</i>	3	
<i>tri-lo- tab sprintec</i>	3	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
TRINESSA LO TAB	3	
TRINESSA TAB	2	
<i>trivora-28 tab</i>	2	
<i>velivet pak</i>	3	
<i>vienva tab 0.1-20</i>	2	
<i>viorele tab</i>	3	
<i>vyfemla tab 0.4-35</i>	3	
<i>zenchent tab</i>	3	
<i>zovia 1/35e tab</i>	3	
<i>zovia 1/50e tab</i>	3	
<b>ENDOMETRIOSIS</b>		
<i>danazol cap 50 mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>danazol cap 100 mg</i>	4	
<i>danazol cap 200 mg</i>	4	
SYNAREL SOL 2MG/ML	5	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN INJ 250/ML	5	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA
BUPHENYL TAB 500MG	5	NM, LA, PA
CARBAGLU TAB 200MG	5	NM, LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
CYSTADANE POW	5	NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
KUVAN POW 100MG	5	NM, LA, PA
KUVAN POW 500MG	5	NM, LA, PA
KUVAN TAB 100MG	5	NM, LA, PA
<i>levocarnitine inj 200 mg/ml</i>	3	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	B/D
<i>levocarnitine tab 330 mg</i>	4	B/D
LUMIZYME INJ 50MG	5	NM, LA, PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
ORFADIN CAP 2MG	5	NM, LA, PA
ORFADIN CAP 5MG	5	NM, LA, PA
ORFADIN CAP 10MG	5	NM, LA, PA
ORFADIN CAP 20MG	5	NM, LA, PA
ORFADIN SUS 4MG/ML	5	NM, LA, PA
RAVICTI LIQ 1.1GM/ML	5	NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA
ZAVESCA CAP 100MG	5	NM, LA, PA
<b>ESTROGENS</b>		
DELESTROGEN INJ 10MG/ML	4	
<i>estrace vag cre 0.1mg/gm</i>	4	
<i>estradiol tab 0.5 mg</i>	4	PA; PA if 65 years and older
<i>estradiol tab 1 mg</i>	4	PA; PA if 65 years and older
<i>estradiol tab 2 mg</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	4	PA; PA if 65 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol td patch weekly 0.06 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	4	PA; PA if 65 years and older
<i>estradiol vaginal tab 10 mcg</i>	4	
<i>estradiol valerate im in oil 20 mg/ml</i>	3	
<i>estradiol valerate im in oil 40 mg/ml</i>	3	
<i>jinteli tab 1mg-5mcg</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 14 mg-5 mcg</i>		PA; PA if 65 years and older
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate tab 25 mg</i>	4	
<i>dexamethason con 1mg/ml</i>	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	3	
<i>hydrocortisone tab 10 mg</i>	3	
<i>hydrocortisone tab 20 mg</i>	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	3	B/D
<i>methylprednisolone tab 4 mg</i>	3	B/D
<i>methylprednisolone tab 8 mg</i>	3	B/D
<i>methylprednisolone tab 16 mg</i>	3	B/D
<i>methylprednisolone tab 32 mg</i>	3	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	3	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	3	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	3	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	2	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone oral soln 5 mg/5ml</i>	3	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 250MG	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
<b>HUMAN GROWTH HORMONES</b>		
NORDITROPIN INJ 5/1.5ML	5	NM, PA
NORDITROPIN INJ 10/1.5ML	5	NM, PA
NORDITROPIN INJ 15/1.5ML	5	NM, PA
NORDITROPIN INJ 30/3ML	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	4	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	B/D
FORTICAL SPR 200/ACT	3	B/D
INCRELEX INJ 40MG/4ML	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KORLYM TAB 300MG	5	NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NM, PA
LUPR DEP-PED INJ 7.5MG	5	NM, PA
LUPR DEP-PED INJ 11.25MG	5	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
<i>methergine tab 0.2mg</i>	4	
<i>methylergonovine maleate tab 0.2 mg</i>	4	
MIACALCIN INJ 200/ML	5	B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM, PA
PROLIA SOL 60MG/ML	4	QL (1 syringe / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	3	
SANDOSTATIN KIT LAR 10MG	5	NM, PA
SANDOSTATIN KIT LAR 20MG	5	NM, PA
SANDOSTATIN KIT LAR 30MG	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NM, LA, PA
SOMATULINE INJ 60/0.2ML	5	NM, PA
SOMATULINE INJ 90/0.3ML	5	NM, PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA
XGEVA INJ	5	NM, PA
<b>PARATHYROID HORMONES</b>		
FORTEO SOL 600/2.4	5	QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	5	NM, PA
NATPARA INJ 50MCG	5	NM, PA
NATPARA INJ 75MCG	5	NM, PA
NATPARA INJ 100MCG	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	5	
<i>calcium acetate (phosphate binder) cap 667 3 mg (169 mg ca)</i>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium acetate (phosphate binder) tab 667 mg</i>	3	
RENVELA PAK 0.8GM	3	
RENVELA PAK 2.4GM	3	
RENVELA TAB 800MG	3	
<b>PROGESTINS</b>		
<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>	3	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
LEVOTHYROXINE SODIUM TAB 75 MCG	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
LEVOTHYROXINE SODIUM TAB 300 MCG	2	
LEVOXYL TAB 25MCG	2	
LEVOXYL TAB 50MCG	2	
LEVOXYL TAB 75MCG	2	
LEVOXYL TAB 88MCG	2	
LEVOXYL TAB 100MCG	2	
LEVOXYL TAB 112MCG	2	
LEVOXYL TAB 125MCG	2	
LEVOXYL TAB 137MCG	2	
LEVOXYL TAB 150MCG	2	
LEVOXYL TAB 175MCG	2	
LEVOXYL TAB 200MCG	2	
<i>liothyronine sodium tab 5 mcg</i>	3	
<i>liothyronine sodium tab 25 mcg</i>	3	
<i>liothyronine sodium tab 50 mcg</i>	3	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	3	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
UNITHROID TAB 25MCG	2	
UNITHROID TAB 50MCG	2	
UNITHROID TAB 75MCG	2	
UNITHROID TAB 88MCG	2	
UNITHROID TAB 100MCG	2	
UNITHROID TAB 112MCG	2	
UNITHROID TAB 125MCG	2	
UNITHROID TAB 150MCG	2	
UNITHROID TAB 175MCG	2	
UNITHROID TAB 200MCG	2	
UNITHROID TAB 300MCG	2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	4	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	3	
STIMATE SOL 1.5MG/ML	4	NM
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant capsule 40 mg</i>	4	B/D
<i>aprepitant capsule 80 mg</i>	4	B/D
<i>aprepitant capsule 125 mg</i>	4	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	B/D
<i>dronabinol cap 2.5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND SUS 125MG	4	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMEND TRIPAC PAK 80 & 125	4	B/D
<i>granisetron hcl inj 0.1 mg/ml</i>	3	
<i>granisetron hcl inj 1 mg/ml</i>	3	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	3	
<i>granisetron hcl tab 1 mg</i>	4	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	3	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	B/D
<i>ondansetron hcl tab 4 mg</i>	3	B/D
<i>ondansetron hcl tab 8 mg</i>	3	B/D
<i>ondansetron hcl tab 24 mg</i>	3	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	2	B/D
<i>phenadoz sup 12.5mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 12.5mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 25mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 50mg</i>	4	PA; PA if 65 years and older
<i>prochlorperazine edisylate inj 5 mg/ml</i>	3	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl inj 25 mg/ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl inj 50 mg/ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 12.5 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 25 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 50 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	4	PA; PA if 65 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl tab 12.5 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>promethegan sup 25mg</i>	4	PA; PA if 65 years and older
<i>promethegan sup 50mg</i>	4	PA; PA if 65 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SC DIS 1.5MG	4	QL (10 patches / 30 days), PA; PA if 65 years and older

### **ANTISPASMODICS**

<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate tab 1 mg</i>	3	
<i>glycopyrrolate tab 2 mg</i>	3	

### **H2-RECEPTOR ANTAGONISTS**

<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	3	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	3	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	

### **INFLAMMATORY BOWEL DISEASE**

APRISO CAP 0.375GM	3	
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	5	
CANASA SUP 1000MG	5	
DELZICOL CAP 400MG	4	
DIPENTUM CAP 250MG	5	
<i>hydrocortisone enema 100 mg/60ml</i>	4	
HYDROCORTISONE ENEMA 100 MG/60ML	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	4	
MESALAMINE TAB DELAYED RELEASE 800 MG	4	
<i>sulfasalazine tab 500 mg</i>	3	
<i>sulfasalazine tab delayed release 500 mg</i>	3	
<b>LAXATIVES</b>		
<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl3 for soln kit</i>		
<i>constulose sol 10gm/15</i>	2	
<i>enulose sol 10gm/15</i>	2	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac sol 10gm/15</i>	2	
GOLYTELY SOL	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
MOVIPREP SOL	4	
NULYTELY SOL FLAV PKS	3	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	2	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>polyethylene glycol 3350 oral packet</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte sol</i>	2	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	5	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	5	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NM, LA, PA
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (60 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	3	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
SUCRAID SOL 8500/ML	5	LA
<i>sucralfate tab 1 gm</i>	3	
<i>ursodiol cap 300 mg</i>	4	
<i>ursodiol tab 250 mg</i>	4	
<i>ursodiol tab 500 mg</i>	4	
XIFAXAN TAB 550MG	5	PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR	3	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	4	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	4	
<i>lansoprazole cap delayed release 15 mg</i>	3	QL (30 ea / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	3	QL (30 ea / 30 days)
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>rabeprazole sodium ec tab 20 mg</i>	4	QL (30 ea / 30 days)

## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	4	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	2	
<i>tamsulosin hcl cap 0.4 mg</i>	3	

### **MISCELLANEOUS**

<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
ELMIRON CAP 100MG	4	
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	4	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	4	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	4	

### **URINARY ANTISPASMODICS**

MYRBETRIQ TAB 25MG	4	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	3	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	4	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	4	
<i>tolterodine tartrate tab 2 mg</i>	4	
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	4	QL (60 tabs / 30 days)
VESICARE TAB 5MG	4	QL (30 tabs / 30 days)
VESICARE TAB 10MG	4	QL (30 tabs / 30 days)

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2%</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terconazole vaginal cream 0.4%</i>	3	
<i>terconazole vaginal cream 0.8%</i>	3	
<i>terconazole vaginal suppos 80 mg</i>	4	
VANDAZOLE GEL 0.75%	4	

## **HEMATOLOGIC**

### **ANTICOAGULANTS**

COUMADIN TAB 1MG	4	
COUMADIN TAB 2.5MG	4	
COUMADIN TAB 2MG	4	
COUMADIN TAB 3MG	4	
COUMADIN TAB 4MG	4	
COUMADIN TAB 5MG	4	
COUMADIN TAB 6MG	4	
COUMADIN TAB 7.5MG	4	
COUMADIN TAB 10MG	4	
ELIQUIS TAB 2.5MG	4	PA
ELIQUIS TAB 5MG	4	PA
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	4	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	4	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	4	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj 100 mg/ml</i>	4	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj 150 mg/ml</i>	4	
ENOXAPARIN SODIUM INJ 300 MG/3ML	4	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
HEP SOD/NACL INJ 25000UNT	3	
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	3	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	B/D
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX INJ 300/0.5	5	NM, PA
GRANIX INJ 480/0.8	5	NM, PA
LEUKINE INJ 250MCG	5	NM, PA
MOZOBIL INJ	5	NM, PA
NEUPOGEN INJ 300/0.5	5	NM, PA
NEUPOGEN INJ 300MCG	5	NM, PA
NEUPOGEN INJ 480/0.8	5	NM, PA
NEUPOGEN INJ 480MCG	5	NM, PA
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
CINRYZE SOL 500 UNIT	5	NM, LA, PA
FIRAZYR INJ 30MG/3ML	5	NM, PA
HAEGARDA INJ 2000UNIT	5	NM, LA, PA
HAEGARDA INJ 3000UNIT	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pentoxifylline tab er 400 mg</i>	3	
PROMACTA TAB 12.5MG	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	3	
<i>tranexamic acid tab 650 mg</i>	4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	4	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
EFFIENT TAB 5MG	4	
EFFIENT TAB 10MG	4	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	4	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	4	
ZONTIVITY TAB 2.08MG	4	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
HUMIRA INJ 10MG/0.2	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEN INJ 40MG/0.8	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CROHNS	5	NM, PA
HUMIRA PEN INJ PSORIASI	5	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	4	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	4	
REMICADE INJ 100MG	5	NM, PA
XATMEP SOL 2.5MG/ML	4	B/D
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	5	QL (30 tabs / 30 days), NM, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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***IMMUNOGLOBULINS***

BIVIGAM INJ 10%	5	NM, PA
CARIMUNE NF INJ 6GM	5	NM, PA
CARIMUNE NF INJ 12GM	5	NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NM, PA
FLEBOGAMMA INJ 10/100ML	5	NM, PA
FLEBOGAMMA INJ 10/200ML	5	NM, PA
FLEBOGAMMA INJ 20/200ML	5	NM, PA
FLEBOGAMMA INJ 20/400ML	5	NM, PA
FLEBOGAMMA INJ DIF 5%	5	NM, PA
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NM, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA
GAMMAGARD INJ 5GM/50ML	5	NM, PA
GAMMAGARD INJ 10GM/100	5	NM, PA
GAMMAGARD INJ 20GM/200	5	NM, PA
GAMMAGARD INJ 30GM/300	5	NM, PA
GAMMAGARD SD INJ 5GM HU	5	NM, PA
GAMMAGARD SD INJ 10GM HU	5	NM, PA
GAMMAKED INJ 1GM/10ML	5	NM, PA
GAMMAKED INJ 2.5GM/25	5	NM, PA
GAMMAKED INJ 5GM/50ML	5	NM, PA
GAMMAKED INJ 10GM/100	5	NM, PA
GAMMAKED INJ 20GM/200	5	NM, PA
GAMMAPLEX INJ 5%	5	NM, PA
GAMMAPLEX INJ 10%	5	NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NM, PA
GAMUNEX-C INJ 10GM/100	5	NM, PA
GAMUNEX-C INJ 20GM/200	5	NM, PA
GAMUNEX-C INJ 40/400ML	5	NM, PA
OCTAGAM INJ 1GM	5	NM, PA
OCTAGAM INJ 2.5GM	5	NM, PA
OCTAGAM INJ 2GM/20ML	5	NM, PA
OCTAGAM INJ 5GM	5	NM, PA
OCTAGAM INJ 10GM	5	NM, PA
OCTAGAM INJ 25GM	5	NM, PA
PRIVIGEN INJ 5 GRAMS	5	NM, PA
PRIVIGEN INJ 10GRAMS	5	NM, PA
PRIVIGEN INJ 20GRAMS	5	NM, PA
PRIVIGEN INJ 40GRAMS	5	NM, PA

***IMMUNOMODULATORS***

ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
INTRON A INJ 10MU	5	B/D, NM
INTRON A INJ 18MU	5	B/D, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTRON A INJ 25MU	5	B/D, NM
INTRON A INJ 50MU	5	B/D, NM
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID CAP 2.5MG	5	NM, LA, PA
REVLIMID CAP 5MG	5	NM, LA, PA
REVLIMID CAP 10MG	5	NM, LA, PA
REVLIMID CAP 15MG	5	NM, LA, PA
REVLIMID CAP 20MG	5	NM, LA, PA
REVLIMID CAP 25MG	5	NM, LA, PA
THALOMID CAP 50MG	5	NM, PA
THALOMID CAP 100MG	5	NM, PA
THALOMID CAP 150MG	5	NM, PA
THALOMID CAP 200MG	5	NM, PA
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine inj 100mg</i>	4	B/D
<i>azathioprine tab 50 mg</i>	3	B/D
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 400MG	5	NM, PA
<i>cyclosporine cap 25 mg</i>	4	B/D
<i>cyclosporine cap 100 mg</i>	4	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	4	B/D
<i>cyclosporine modified cap 25 mg</i>	4	B/D
<i>cyclosporine modified cap 50 mg</i>	4	B/D
<i>cyclosporine modified cap 100 mg</i>	4	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	B/D
<i>gengraf cap 25mg</i>	4	B/D
<i>gengraf cap 50mg</i>	4	B/D
<i>gengraf cap 100mg</i>	4	B/D
<i>gengraf sol 100mg/ml</i>	4	B/D
<i>mycophenolate mofetil cap 250 mg</i>	4	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	B/D
<i>mycophenolate mofetil tab 500 mg</i>	4	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D
NEORAL CAP 25MG	3	B/D
NEORAL CAP 100MG	3	B/D
NEORAL SOL 100MG/ML	3	B/D
NULOJIX INJ 250MG	5	B/D
PROGRAF CAP 0.5MG	4	B/D
PROGRAF CAP 1MG	4	B/D
PROGRAF CAP 5MG	5	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RAPAMUNE SOL 1MG/ML	5	B/D
SANDIMMUNE SOL 100MG/ML	3	B/D
<i>sirolimus tab 0.5 mg</i>	4	B/D
<i>sirolimus tab 1 mg</i>	4	B/D
<i>sirolimus tab 2 mg</i>	5	B/D
<i>tacrolimus cap 0.5 mg</i>	4	B/D
<i>tacrolimus cap 1 mg</i>	4	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	B/D
<b>VACCINES</b>		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	
GARDASIL INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENOMUNE INJ A/C/Y/W	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNAGIS INJ 50MG	5	NM
SYNAGIS INJ 100MG/ML	5	NM
TENIVAC INJ 5-2LF	3	B/D
TET/DIP TOX INJ 2-2 LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES***

KLOR-CON 8 TAB 8MEQ ER	2	
KLOR-CON 10 TAB 10MEQ ER	2	
<i>klor-con m15 tab 15meq er</i>	2	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>magnesium sulfate inj 50%</i>	2	
MAGNESIUM SULFATE INJ 50%	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
MG SO4/D5W INJ 10MG/ML	3	
MG SO4/D5W INJ 20MG/ML	3	
<i>potassium chloride cap er 8 meq</i>	3	
<i>potassium chloride cap er 10 meq</i>	3	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
POTASSIUM CHLORIDE ORAL SOLN 10% (204 MEQ/15ML)		
POTASSIUM CHLORIDE ORAL SOLN 20% (404 MEQ/15ML)		
POTASSIUM CHLORIDE POWDER PACKET 20 4 MEQ		
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROL INJ	4	B/D
<b>IV NUTRITION</b>		
<i>amino acid infusion 6%</i>	2	B/D
AMINOSYN 7% INJ /LYTES	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 8.5/LYTE	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN INJ 8.5%	4	B/D
AMINOSYN INJ 8.5/LYTE	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN M INJ 3.5%	4	B/D
AMINOSYN-HBC INJ 7%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF INJ 5.2%	4	B/D
CLINIMIX INJ 2.75/D5W	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
CLINIMIX INJ 4.25/D25	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 5%/D25W	4	B/D
<i>fat emulsion iv soln 20%</i>	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
HEPATAMINE SOL 8%	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
<i>premasol sol 10%</i>	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	2	
D10W/NACL INJ 0.2%	3	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5% IN LACTATED RINGERS	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2% <sup>2</sup>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE INJ 5%	2	
DEXTROSE INJ 10%	2	
DEXTROSE INJ 50%	2	
DEXTROSE INJ 70%	2	
IONOSOL-B/ INJ D5W	4	
IONOSOL-MB INJ /D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	2	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	2	
KCL/D5W/NACL INJ 0.3/0.9%	2	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RINGER'S SOLUTION	2	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ /D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	2	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride inj 2 meq/ml</i>	2	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	2	
RINGER'S SOLUTION	2	
SODIUM CHLORIDE INJ 0.45%	2	
SODIUM CHLORIDE INJ 3%	2	
SODIUM CHLORIDE INJ 5%	2	
SODIUM CHLORIDE IV SOLN 0.9%	2	
<b>VITAMINS</b>		
<i>calcitriol cap 0.5 mcg</i>	3	B/D
<i>calcitriol cap 0.25 mcg</i>	3	B/D
<i>calcitriol inj 1 mcg/ml</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol cap 1 mcg</i>	4	B/D
<i>paricalcitol cap 2 mcg</i>	4	B/D
<i>paricalcitol cap 4 mcg</i>	4	B/D
<i>prenatal vitamin/folic acid &gt; 0.8 mg (generic)</i>	2	
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>blephamide oin s.o.p.</i>	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin ophth oint 500 unit/gm</i>	4	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate ophth oint 0.3%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	3	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	3	
<i>sulfacetamide sodium ophth soln 10%</i>	3	
<i>tobramycin ophth soln 0.3%</i>	2	
TOBEX OIN 0.3% OP	4	
<i>trifluridine ophth soln 1%</i>	4	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4	
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	4	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	3	
DUREZOL EMU 0.05%	3	
FLUOROMETHOLONE OPHTH SUSP 0.1%	4	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	3	
<i>ketorolac tromethamine ophth soln 0.5%</i>	3	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
MAXIDEX SUS 0.1% OP	3	
<i>pred sod pho sol 1% op</i>	3	
PREDNISOLONE ACETATE OPHTH SUSP 1%	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl ophth soln 0.05%</i>	3	
BEPREVE DRO 1.5%	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	3	
PATADAY SOL 0.2%	3	
PAZEO DRO 0.7%	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	4	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	4	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	3	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	3	
ISTALOL SOL 0.5% OP	3	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>metipranolol ophth soln 0.3%</i>	3	
PHOSPHOLINE SOL 0.125%OP	4	
PILOCARPINE HCL OPHTH SOLN 1%	4	
PILOCARPINE HCL OPHTH SOLN 2%	4	
PILOCARPINE HCL OPHTH SOLN 4%	4	
SIMBRINZA SUS 1-0.2%	3	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	4	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	4	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	3	
<b>MISCELLANEOUS</b>		
CYSTARAN SOL 0.44%	5	NM, LA, PA
<i>naphazoline hcl ophth soln 0.1%</i>	1	
PROLENSA SOL 0.07%	3	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS EMU 0.05%	3	QL (64 vials / 30 days)
RESTASIS MUL EMU 0.05%	3	QL (1 bottle / 30 days)
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D

### **ANTICHOLINERGICS**

ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	3	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	3	

### **ANTI-HISTAMINES**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	3	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	3	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	3	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	4	PA; PA if 65 years and older
<i>cyproheptadine hcl tab 4 mg</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 100 mg</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	4	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	

### **BETA AGONISTS**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>albuterol sulfate tab er 12hr 4 mg</i>	4	
<i>albuterol sulfate tab er 12hr 8 mg</i>	4	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	4	B/D
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	3	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	5	
<i>terbutaline sulfate tab 2.5 mg</i>	4	
<i>terbutaline sulfate tab 5 mg</i>	4	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	3	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	3	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	3	
<i>zafirlukast tab 10 mg</i>	4	
<i>zafirlukast tab 20 mg</i>	4	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhal soln 10%</i>	3	B/D
<i>acetylcysteine inhal soln 20%</i>	3	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
DALIRESP TAB 500MCG	4	
EPIPEN 2-PAK INJ 0.3MG	3	
EPIPEN-JR INJ 2-PAK	3	
ESBRIET CAP 267MG	5	NM, PA
ESBRIET TAB 267MG	5	NM, PA
ESBRIET TAB 801MG	5	NM, PA

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

### **NASAL STEROIDS**

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

### **STEROID INHALANTS**

ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	3	QL (2 inhalers / 30 days)

### **STEROID/BETA-AGONIST COMBINATIONS**

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

### **XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	3	
<i>elixophyllin elx 80/15ml</i>	4	
<i>theo-24 cap 100mg cr</i>	4	
<i>theo-24 cap 200mg cr</i>	4	
<i>theo-24 cap 300mg cr</i>	4	
<i>theo-24 cap 400mg er</i>	4	
<i>theophylline soln 80 mg/15ml</i>	4	
<i>theophylline tab er 12hr 100 mg</i>	3	
<i>theophylline tab er 12hr 200 mg</i>	3	
<i>theophylline tab er 12hr 300 mg</i>	3	
<i>theophylline tab er 12hr 450 mg</i>	3	
<i>theophylline tab er 24hr 400 mg</i>	3	
<i>theophylline tab er 24hr 600 mg</i>	3	

### **TOPICAL**

#### **DERMATOLOGY, ACNE**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin cream 0.05%</i>	4	PA
<i>tretinoin cream 0.025%</i>	4	PA
TRETINOIN GEL 0.01%	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>zenatane cap 30mg</i>	4	PA

### **DERMATOLOGY, ANTIBIOTICS**

<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>mupirocin oint 2%</i>	2	
SILVER SULFADIAZINE CREAM 1%	2	
SSD CRE 1%	2	
SULFAMYLON CRE 85MG/GM	4	
SULFAMYLON PAK 5%	5	

### **DERMATOLOGY, ANTIFUNGALS**

<i>ciclopirox gel 0.77%</i>	4	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	3	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole cream 1%</i>	3	
<i>clotrimazole soln 1%</i>	3	
<i>ketoconazole cream 2%</i>	3	
<i>nyamyc pow 100000</i>	3	
<i>nyata pow 100000</i>	3	
<i>nystatin cream 100000 unit/gm</i>	3	
<i>nystatin oint 100000 unit/gm</i>	3	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>nystop pow 100000</i>	3	

### **DERMATOLOGY, ANTIPRURITIC**

DOXEPIN HCL CREAM 5%	4	
<i>hydrocortisone rectal cream 2.5%</i>	4	
<i>procto-med cre hc 2.5%</i>	4	
<i>procto-pak cre 1%</i>	4	
<i>proctozone cre -hc 2.5%</i>	4	

### **DERMATOLOGY, ANTIPSORIATICS**

<i>acitretin cap 10 mg</i>	5	PA
<i>acitretin cap 17.5 mg</i>	5	PA
<i>acitretin cap 25 mg</i>	5	PA
<i>calcipotriene cream 0.005%</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	
8-MOP CAP 10MG	4	
<i>tazarotene cream 0.1%</i>	4	PA
TAZORAC CRE 0.1%	4	PA
TAZORAC CRE 0.05%	4	PA

### **DERMATOLOGY, ANTISEBORRHEICS**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	4	
<i>alclometasone dipropionate oint 0.05%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	4	
<i>betamethasone dipropionate cream 0.05%</i>	4	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate oint 0.05%</i>	4	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	3	
<i>desoximetasone cream 0.05%</i>	4	
<i>desoximetasone cream 0.25%</i>	4	
<i>desoximetasone gel 0.05%</i>	4	
DESOXIMETASONE OINT 0.05%	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>fluocin acet oil body</i>	4	
<i>fluocinolone acetonide cream 0.01%</i>	4	
<i>fluocinolone acetonide cream 0.025%</i>	4	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	4	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide cream 0.05%</i>	4	
<i>fluocinonide emulsified base cream 0.05%</i>	4	
<i>fluocinonide gel 0.05%</i>	4	
<i>fluocinonide soln 0.05%</i>	4	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	4	
<i>halobetasol propionate oint 0.05%</i>	4	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	3	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	4	
<i>hydrocortisone valerate oint 0.2%</i>	4	
<i>mometasone furoate cream 0.1%</i>	3	
<i>mometasone furoate oint 0.1%</i>	3	
<i>mometasone furoate solution 0.1% (lotion)</i>	3	
<i>texacort sol 2.5%</i>	4	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	3	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triderm cre 0.1%</i>	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl gel 2%</i>	3	PA
<i>lidocaine hcl soln 4%</i>	1	PA
<i>lidocaine oint 5%</i>	4	PA
<i>lidocaine patch 5%</i>	4	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>diclofenac sodium gel 1%</i>	3	PA
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil soln 2%</i>	4	
<i>fluorouracil soln 5%</i>	4	
<i>imiquimod cream 5%</i>	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	3	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
PANRETIN GEL 0.1%	5	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
<i>podofilox soln 0.5%</i>	3	
<i>tacrolimus oint 0.1%</i>	4	
<i>tacrolimus oint 0.03%</i>	4	
TARGRETIN GEL 1%	5	NM, PA
VALCHLOR GEL 0.016%	5	NM, LA, PA



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

**DERMATOLOGY, SCABICIDES AND PEDICULIDES**

EURAX CRE 10%	4	
EURAX LOT 10%	4	
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	

**DERMATOLOGY, WOUND CARE AGENTS**

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

**MOUTH/THROAT/DENTAL AGENTS**

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

**OTIC**

<i>acetic acid 2% in aluminum acetate otic soln</i>	3	
ACETIC ACID OTIC SOLN 2%	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
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**\_PART B**

**DIABETIC METERS AND TEST STRIPS**

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<i>ampicillin sodium for inj 2 gm</i> .....	16	ARMODAFINIL TAB 200 MG .....	57
<i>ampicillin sodium for inj 250 mg</i> .....	16	<i>armodafinil tab 250 mg</i> .....	57
<i>ampicillin sodium for inj 500 mg</i> .....	16	<i>armodafinil tab 50 mg</i> .....	57
<i>ampicillin sodium for iv soln 1 gm</i> .....	16	ARNUITY ELPT INH 100MCG .....	90
<i>ampicillin sodium for iv soln 10 gm</i> .....	16	ARNUITY ELPT INH 200MCG .....	90
<i>ampicillin sodium for iv soln 2 gm</i> .....	16	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR	
AMPYRA TAB 10MG .....	56	25-200 MG .....	78
ANADROL-50 TAB 50MG .....	58	<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	
<i>anagrelide hcl cap 0.5 mg</i> .....	77	.....	31
<i>anagrelide hcl cap 1 mg</i> .....	77	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	
<i>anastrozole tab 1 mg</i> .....	20	.....	31
ANDRODERM DIS 2MG/24HR.....	58	<i>atenolol tab 100 mg</i> .....	32
ANDRODERM DIS 4MG/24HR.....	58	<i>atenolol tab 25 mg</i> .....	32
ANORO ELLIPT AER 62.5-25 .....	88	<i>atenolol tab 50 mg</i> .....	32
APOKYN INJ 10MG/ML .....	47	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
<i>aprepitant capsule 125 mg</i> .....	70	.....	53
<i>aprepitant capsule 40 mg</i> .....	70	<i>atomoxetine hcl cap 100 mg (base</i>	
<i>aprepitant capsule 80 mg</i> .....	70	<i>equiv)</i> .....	53
<i>aprepitant capsule therapy pack 80 &amp;</i>		<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
<i>125 mg</i> .....	70	.....	53
<i>apri tab</i> .....	61	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
APRISO CAP 0.375GM .....	72	.....	53
APTIOM TAB 200MG .....	38	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	
APTIOM TAB 400MG .....	38	.....	53
APTIOM TAB 600MG .....	38	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	
APTIOM TAB 800MG .....	38	.....	53
APTIVUS CAP 250MG.....	8	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	
APTIVUS SOL .....	8	.....	53
ARALAST NP INJ 1000MG.....	89	<i>atorvastatin calcium tab 10 mg (base</i>	
ARALAST NP INJ 500MG .....	89	<i>equivalent)</i> .....	30
<i>aranelle tab</i> .....	61	<i>atorvastatin calcium tab 20 mg (base</i>	
ARCALYST INJ 220MG .....	79	<i>equivalent)</i> .....	30
<i>aripiprazole oral solution 1 mg/ml</i> .....	49	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>aripiprazole orally disintegrating tab 10</i>		<i>equivalent)</i> .....	30
<i>mg</i> .....	49	<i>atorvastatin calcium tab 80 mg (base</i>	
<i>aripiprazole orally disintegrating tab 15</i>		<i>equivalent)</i> .....	30
<i>mg</i> .....	49	<i>atovaquone susp 750 mg/5ml</i> .....	5
<i>aripiprazole tab 10 mg</i> .....	49	<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>aripiprazole tab 15 mg</i> .....	49	<i>mg</i> .....	8
<i>aripiprazole tab 2 mg</i> .....	49	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>aripiprazole tab 20 mg</i> .....	49	<i>mg</i> .....	8

ATRIPLA TAB.....	10	<i>bekyree tab.....</i>	62
ATROVENT HFA AER 17MCG.....	88	BELEODAQ INJ 500MG.....	19
<i>abra tab 0.1-0.02.....</i>	61	<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg.....</i>	25
AURYXIA TAB 210MG.....	68	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg.....</i>	25
AUSTEDO TAB 12MG.....	56	<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg.....</i>	25
AUSTEDO TAB 6MG.....	56	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg.....</i>	25
AUSTEDO TAB 9MG.....	56	<i>benazepril hcl tab 10 mg.....</i>	25
AVASTIN INJ.....	19	<i>benazepril hcl tab 20 mg.....</i>	25
AVASTIN INJ 400/16ML.....	19	<i>benazepril hcl tab 40 mg.....</i>	25
<i>aviane tab.....</i>	61	<i>benazepril hcl tab 5 mg.....</i>	25
AVITA CRE 0.025%.....	91	BENDEKA INJ 100/4ML.....	17
AVITA GEL 0.025%.....	91	BENLYSTA INJ 120MG.....	80
AXIRON SOL 30MG/ACT.....	58	BENLYSTA INJ 400MG.....	80
<i>azacitidine for inj 100 mg.....</i>	18	<i>benzoyl peroxide-erythromycin gel 5-3%.....</i>	91
AZACTAM/DEX INJ 1GM.....	5	BENZTROPINE MESYLATE INJ 1 MG/ML.....	47
AZACTAM/DEX INJ 2GM.....	5	<i>benztropine mesylate tab 0.5 mg.....</i>	47
<i>azathioprine inj 100mg.....</i>	80	<i>benztropine mesylate tab 1 mg.....</i>	47
<i>azathioprine tab 50 mg.....</i>	80	<i>benztropine mesylate tab 2 mg.....</i>	47
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray).....</i>	88	BEPREVE DRO 1.5%.....	86
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray).....</i>	88	BESIVANCE SUS 0.6%.....	85
<i>azelastine hcl ophth soln 0.05%.....</i>	86	<i>betamethasone dipropionate augmented cream 0.05%.....</i>	93
<i>azithromycin for susp 100 mg/5ml.....</i>	14	<i>betamethasone dipropionate augmented gel 0.05%.....</i>	93
<i>azithromycin for susp 200 mg/5ml.....</i>	14	<i>betamethasone dipropionate augmented lotion 0.05%.....</i>	93
<i>azithromycin iv for soln 500 mg.....</i>	14	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%.....	93
AZITHROMYCIN POWD PACK FOR SUSP 1 GM.....	14	<i>betamethasone dipropionate cream 0.05%.....</i>	93
<i>azithromycin tab 250 mg.....</i>	14	<i>betamethasone dipropionate lotion 0.05%.....</i>	93
<i>azithromycin tab 500 mg.....</i>	14	<i>betamethasone dipropionate oint 0.05%.....</i>	93
<i>azithromycin tab 600 mg.....</i>	14	<i>betamethasone valerate cream 0.1% (base equivalent).....</i>	93
AZOPT SUS 1% OP.....	87	<i>betamethasone valerate lotion 0.1% (base equivalent).....</i>	93
<i>aztreonam for inj 1 gm.....</i>	5	<i>betamethasone valerate oint 0.1% (base equivalent).....</i>	93
<i>aztreonam for inj 2 gm.....</i>	5	BETASERON INJ 0.3MG.....	56
<b>B</b>		<i>betaxolol hcl ophth soln 0.5%.....</i>	87
<i>bacitracin ophth oint 500 unit/gm.....</i>	85	<i>bethanechol chloride tab 10 mg.....</i>	75
<i>bacitracin-polymyxin b ophth oint.....</i>	85		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%.....</i>	85		
<i>baclofen tab 10 mg.....</i>	56		
<i>baclofen tab 20 mg.....</i>	56		
<i>balsalazide disodium cap 750 mg.....</i>	72		
<i>balziva tab.....</i>	62		
BANZEL SUS 40MG/ML.....	38		
BANZEL TAB 200MG.....	38		
BANZEL TAB 400MG.....	38		
BARACLUDGE SOL .05MG/ML.....	11		
BCG VACCINE INJ.....	81		

<i>bethanechol chloride tab 25 mg</i> .....	75	<i>(base equiv) (once-daily)</i> .....	86
<i>bethanechol chloride tab 5 mg</i> .....	75	<i>bromfenac sodium ophth soln 0.09%</i>	
<i>bethanechol chloride tab 50 mg</i> .....	75	<i>(base equivalent)</i> .....	86
BETOPTIC-S SUS 0.25% OP .....	87	<i>bromocriptine mesylate cap 5 mg (base</i>	
BEVESPI AER 9-4.8MCG.....	88	<i>equivalent)</i> .....	47
<i>bexarotene cap 75 mg</i> .....	23	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
BEXSERO INJ .....	81	<i>equivalent)</i> .....	48
<i>bicalutamide tab 50 mg</i> .....	20	BROMSITE DRO 0.075% .....	86
BICILLIN L-A INJ 1200000 .....	16	<i>budesonide delayed release particles cap</i>	
BICILLIN L-A INJ 2400000 .....	16	<i>3 mg</i> .....	72
BICILLIN L-A INJ 600000 .....	16	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
BICNU INJ 100MG.....	17	.....	90
BILTRICIDE TAB 600MG .....	5	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-</i>		.....	90
<i>nacl for soln kit</i> .....	73	<i>bumetanide inj 0.25 mg/ml</i> .....	34
<i>bisoprolol &amp; hydrochlorothiazide tab 10-</i>		<i>bumetanide tab 0.5 mg</i> .....	35
<i>6.25 mg</i> .....	31	<i>bumetanide tab 1 mg</i> .....	35
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-</i>		<i>bumetanide tab 2 mg</i> .....	35
<i>6.25 mg</i> .....	31	BUPHENYL TAB 500MG .....	65
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>		<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>6.25 mg</i> .....	31	<i>equiv)</i> .....	57
<i>bisoprolol fumarate tab 10 mg</i> .....	32	<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>bisoprolol fumarate tab 5 mg</i> .....	32	<i>equiv)</i> .....	57
BIVIGAM INJ 10%.....	79	<i>buprenorphine hcl-naloxone hcl sl tab 2-</i>	
<i>bleomycin sulfate for inj 15 unit</i> .....	18	<i>0.5 mg (base equiv)</i> .....	57
<i>bleomycin sulfate for inj 30 unit</i> .....	18	<i>buprenorphine hcl-naloxone hcl sl tab 8-</i>	
<i>blephamide oin s.o.p.</i> .....	85	<i>2 mg (base equiv)</i> .....	57
<i>blisovi fe tab 1.5/30</i> .....	62	<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>blisovi fe tab 1/20</i> .....	62	<i>12hr 150 mg</i> .....	57
BOOSTRIX INJ.....	81	<i>bupropion hcl tab 100 mg</i> .....	44
BOSULIF TAB 100MG.....	21	<i>bupropion hcl tab 75 mg</i> .....	44
BOSULIF TAB 500MG.....	21	<i>bupropion hcl tab er 12hr 100 mg</i> .....	44
BREO ELLIPTA INH 100-25.....	90	<i>bupropion hcl tab er 12hr 150 mg</i> .....	44
BREO ELLIPTA INH 200-25.....	90	<i>bupropion hcl tab er 12hr 200 mg</i> .....	44
<i>briellyn tab</i> .....	62	<i>bupropion hcl tab er 24hr 150 mg</i> .....	44
BRILINTA TAB 60MG .....	78	<i>bupropion hcl tab er 24hr 300 mg</i> .....	44
BRILINTA TAB 90MG .....	78	<i>bupirone hcl tab 10 mg</i> .....	38
BRIMONIDINE TARTRATE OPHTH SOLN		<i>bupirone hcl tab 15 mg</i> .....	38
0.15% .....	87	<i>bupirone hcl tab 30 mg</i> .....	38
<i>brimonidine tartrate ophth soln 0.2%</i> ..	87	<i>bupirone hcl tab 5 mg</i> .....	38
BRIVIACT INJ 50MG/5ML .....	38	<i>bupirone hcl tab 7.5 mg</i> .....	38
BRIVIACT SOL 10MG/ML.....	38	<i>busulfan inj 6 mg/ml</i> .....	17
BRIVIACT TAB 100MG .....	38	BUSULFEX INJ 6MG/ML.....	17
BRIVIACT TAB 10MG .....	38	<i>butorphanol tartrate inj 1 mg/ml</i> .....	2
BRIVIACT TAB 25MG .....	38	<i>butorphanol tartrate inj 2 mg/ml</i> .....	2
BRIVIACT TAB 50MG .....	38	BUTRANS DIS 10MCG/HR.....	2
BRIVIACT TAB 75MG .....	38	BUTRANS DIS 15MCG/HR.....	2
<i>bromfenac sodium ophth soln 0.09%</i>		BUTRANS DIS 20MCG/HR.....	2

BUTRANS DIS 5MCG/HR .....	2
BUTRANS DIS 7.5/HR.....	2
BYDUREON INJ 2MG.....	58
BYDUREON PEN INJ 2MG .....	58
BYETTA INJ 10MCG .....	58
BYETTA INJ 5MCG.....	58
BYSTOLIC TAB 10MG.....	32
BYSTOLIC TAB 2.5MG.....	32
BYSTOLIC TAB 20MG.....	32
BYSTOLIC TAB 5MG .....	32

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<i>cabergoline tab 0.5 mg</i> .....	67
CABOMETYX TAB 20MG .....	21
CABOMETYX TAB 40MG .....	21
CABOMETYX TAB 60MG .....	21
<i>calcipotriene cream 0.005%</i> .....	92
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	92
<i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i> .....	67
<i>calcitriol cap 0.25 mcg</i> .....	85
<i>calcitriol cap 0.5 mcg</i> .....	85
<i>calcitriol inj 1 mcg/ml</i> .....	85
<i>calcitriol oral soln 1 mcg/ml</i> .....	85
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i> .....	68
<i>calcium acetate (phosphate binder) tab</i> <i>667 mg</i> .....	69
<i>camila tab 0.35mg</i> .....	62
CANASA SUP 1000MG .....	72
CANCIDAS INJ 50MG.....	7
CANCIDAS INJ 70MG.....	7
<i>candesartan cilexetil tab 16 mg</i> .....	28
<i>candesartan cilexetil tab 32 mg</i> .....	28
<i>candesartan cilexetil tab 4 mg</i> .....	28
<i>candesartan cilexetil tab 8 mg</i> .....	28
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 16-12.5 mg</i> .....	27
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-12.5 mg</i> .....	27
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-25 mg</i> .....	27
CAPASTAT SUL INJ 1GM .....	11
CAPRELSA TAB 100MG .....	21
CAPRELSA TAB 300MG .....	21
<i>captopril &amp; hydrochlorothiazide tab 25-15</i> <i>mg</i> .....	25
<i>captopril &amp; hydrochlorothiazide tab 25-25</i> <i>mg</i> .....	25

<i>mg</i> .....	25
<i>captopril &amp; hydrochlorothiazide tab 50-15</i> <i>mg</i> .....	25
<i>captopril &amp; hydrochlorothiazide tab 50-25</i> <i>mg</i> .....	25
<i>captopril tab 100 mg</i> .....	26
<i>captopril tab 12.5 mg</i> .....	25
<i>captopril tab 25 mg</i> .....	25
<i>captopril tab 50 mg</i> .....	25
CARBAGLU TAB 200MG .....	65
<i>carbamazepine cap er 12hr 100 mg</i> ....	38
<i>carbamazepine cap er 12hr 200 mg</i> ....	38
<i>carbamazepine cap er 12hr 300 mg</i> ....	38
<i>carbamazepine chew tab 100 mg</i> .....	38
<i>carbamazepine susp 100 mg/5ml</i> .....	38
<i>carbamazepine tab 200 mg</i> .....	38
<i>carbamazepine tab er 12hr 100 mg</i> ....	38
<i>carbamazepine tab er 12hr 200 mg</i> ....	38
<i>carbamazepine tab er 12hr 400 mg</i> ....	38
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 10-100 mg</i> .....	48
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 25-100 mg</i> .....	48
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 25-250 mg</i> .....	48
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .	48
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .	48
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .	48
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	48
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	48
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG .....	48
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG .....	48
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG .....	48
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG .....	48
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG .....	48
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG .....	48
<i>carboplatin iv soln 150 mg/15ml</i> .....	23
<i>carboplatin iv soln 450 mg/45ml</i> .....	23
<i>carboplatin iv soln 50 mg/5ml</i> .....	23
<i>carboplatin iv soln 600 mg/60ml</i> .....	23



CARIMUNE NF INJ 12GM.....	79	<i>cefprozil for susp 250 mg/5ml</i> .....	13
CARIMUNE NF INJ 6GM.....	79	<i>cefprozil tab 250 mg</i> .....	13
<i>carisoprodol tab 350 mg</i> .....	56	<i>cefprozil tab 500 mg</i> .....	13
<i>carteolol hcl ophth soln 1%</i> .....	87	<i>ceftazidime for inj 1 gm</i> .....	13
<i>carvedilol tab 12.5 mg</i> .....	32	<i>ceftazidime for inj 2 gm</i> .....	13
<i>carvedilol tab 25 mg</i> .....	32	<i>ceftazidime for inj 6 gm</i> .....	13
<i>carvedilol tab 3.125 mg</i> .....	32	CEFTAZIDIME/ SOL D5W 1GM .....	13
<i>carvedilol tab 6.25 mg</i> .....	32	CEFTAZIDIME/ SOL D5W 2GM .....	13
CASPOFUNGIN INJ 50MG .....	7	<i>ceftriaxone sodium for inj 1 gm</i> .....	13
CASPOFUNGIN INJ 70MG .....	7	<i>ceftriaxone sodium for inj 10 gm</i> .....	13
CAYSTON INH 75MG .....	5	<i>ceftriaxone sodium for inj 2 gm</i> .....	13
<i>cefaclor cap 250 mg</i> .....	12	<i>ceftriaxone sodium for inj 250 mg</i> .....	13
<i>cefaclor cap 500 mg</i> .....	12	<i>ceftriaxone sodium for inj 500 mg</i> .....	13
<i>cefaclor er tab 500mg</i> .....	12	<i>ceftriaxone sodium for iv soln 1 gm</i> ....	13
<i>cefaclor for susp 125 mg/5ml</i> .....	12	<i>ceftriaxone sodium for iv soln 2 gm</i> ....	13
<i>cefaclor for susp 250 mg/5ml</i> .....	12	<i>cefuroxime axetil tab 250 mg</i> .....	13
<i>cefaclor for susp 375 mg/5ml</i> .....	12	<i>cefuroxime axetil tab 500 mg</i> .....	13
<i>cefadroxil cap 500 mg</i> .....	12	<i>cefuroxime sodium for inj 1.5 gm</i> .....	13
<i>cefadroxil for susp 250 mg/5ml</i> .....	12	<i>cefuroxime sodium for inj 7.5 gm</i> .....	13
<i>cefadroxil for susp 500 mg/5ml</i> .....	12	<i>cefuroxime sodium for inj 750 mg</i> .....	13
<i>cefadroxil tab 1 gm</i> .....	12	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	13
<i>cefazolin inj 1gm/50ml</i> .....	12	<i>celecoxib cap 100 mg</i> .....	1
<i>cefazolin sodium for inj 1 gm</i> .....	12	<i>celecoxib cap 200 mg</i> .....	1
<i>cefazolin sodium for inj 10 gm</i> .....	12	<i>celecoxib cap 400 mg</i> .....	1
<i>cefazolin sodium for inj 20 gm</i> .....	12	<i>celecoxib cap 50 mg</i> .....	1
<i>cefazolin sodium for inj 500 mg</i> .....	12	CELONTIN CAP 300MG.....	38
<i>cefazolin sodium for iv soln 1 gm</i> .....	12	<i>cephalexin cap 250 mg</i> .....	13
CEFAZOLIN SOL .....	12	<i>cephalexin cap 500 mg</i> .....	13
<i>cefdinir cap 300 mg</i> .....	12	<i>cephalexin for susp 125 mg/5ml</i> .....	13
<i>cefdinir for susp 125 mg/5ml</i> .....	13	<i>cephalexin for susp 250 mg/5ml</i> .....	13
<i>cefdinir for susp 250 mg/5ml</i> .....	13	CERDELGA CAP 84MG.....	65
<i>cefepime hcl for inj 1 gm</i> .....	13	CEREZYME INJ 400UNIT.....	65
<i>cefepime hcl for inj 2 gm</i> .....	13	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefixime for susp 100 mg/5ml</i> .....	13	<i>mg/5ml)</i> .....	88
<i>cefixime for susp 200 mg/5ml</i> .....	13	<i>cevimeline hcl cap 30 mg</i> .....	95
<i>cefotaxime sodium for inj 1 gm</i> .....	13	CHANTIX PAK 0.5& 1MG .....	57
<i>cefotaxime sodium for inj 2 gm</i> .....	13	CHANTIX PAK 1MG .....	57
<i>cefotaxime sodium for inj 500 mg</i> .....	13	CHANTIX TAB 0.5MG .....	57
<i>cefoxitin sodium for inj 10 gm</i> .....	13	CHANTIX TAB 1MG.....	57
<i>cefoxitin sodium for iv soln 1 gm</i> .....	13	CHEMET CAP 100MG.....	61
<i>cefoxitin sodium for iv soln 2 gm</i> .....	13	<i>chlorhexidine gluconate soln 0.12%</i> ....	95
<i>cefpodoxime proxetil for susp 100</i>		<i>chloroquine phosphate tab 250 mg</i> .....	8
<i>mg/5ml</i> .....	13	<i>chloroquine phosphate tab 500 mg</i> .....	8
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>		<i>chlorothiazide tab 250 mg</i> .....	35
.....	13	<i>chlorothiazide tab 500 mg</i> .....	35
<i>cefpodoxime proxetil tab 100 mg</i> .....	13	<i>chlorpromaz inj 25mg/ml</i> .....	49
<i>cefpodoxime proxetil tab 200 mg</i> .....	13	<i>chlorpromaz inj 50mg/2ml</i> .....	49
<i>cefprozil for susp 125 mg/5ml</i> .....	13	<i>chlorpromazine hcl tab 10 mg</i> .....	49

<i>chlorpromazine hcl tab 100 mg</i> .....	49	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ....	23
<i>chlorpromazine hcl tab 200 mg</i> .....	49	<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	44
<i>chlorpromazine hcl tab 25 mg</i> .....	49	<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	44
<i>chlorpromazine hcl tab 50 mg</i> .....	49	<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	44
<i>chlorthalidone tab 25 mg</i> .....	35	<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	44
<i>chlorthalidone tab 50 mg</i> .....	35	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> .....	18
<i>cholestyramine light powder 4 gm/dose</i> .....	30	<i>claravis cap 10mg</i> .....	91
<i>cholestyramine light powder packets 4 gm</i> .....	30	<i>claravis cap 20mg</i> .....	91
<i>cholestyramine powder 4 gm/dose</i> .....	30	<i>claravis cap 30mg</i> .....	91
<i>cholestyramine powder packets 4 gm</i> ..	30	<i>claravis cap 40mg</i> .....	91
<i>ciclopirox gel 0.77%</i> .....	92	<i>clarithromycin for susp 125 mg/5ml</i> ...	14
<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	92	<i>clarithromycin for susp 250 mg/5ml</i> ...	14
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	92	<i>clarithromycin tab 250 mg</i> .....	14
<i>ciclopirox shampoo 1%</i> .....	92	<i>clarithromycin tab 500 mg</i> .....	14
<i>cilostazol tab 100 mg</i> .....	77	<i>clarithromycin tab er 24hr 500 mg</i> ....	14
<i>cilostazol tab 50 mg</i> .....	77	<i>clindamycin hcl cap 150 mg</i> .....	5
<i>CILOXAN OIN 0.3% OP</i> .....	85	<i>clindamycin hcl cap 300 mg</i> .....	6
<i>CINRYZE SOL 500 UNIT</i> .....	77	<i>clindamycin hcl cap 75 mg</i> .....	5
<i>CIPRODEX SUS 0.3-0.1%</i> .....	95	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	6
<i>ciprofloxacin 200 mg/100ml in d5w</i> .....	14	<i>clindamycin phosphate gel 1%</i> .....	91
<i>ciprofloxacin 400 mg/200ml in d5w</i> .....	14	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	6
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i> .....	14	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	6
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> .....	14	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	6
<i>ciprofloxacin hcl ophth soln 0.3%</i> .....	85	<i>clindamycin phosphate inj 300 mg/2ml</i> .	6
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	14	<i>clindamycin phosphate inj 600 mg/4ml</i> .	6
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	14	<i>clindamycin phosphate inj 9 gm/60ml</i> ...	6
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	14	<i>clindamycin phosphate inj 900 mg/6ml</i> .	6
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	14	<i>clindamycin phosphate iv soln 300 mg/2ml</i> .....	6
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i> .....	14	<i>clindamycin phosphate iv soln 900 mg/6ml</i> .....	6
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i> .....	14	<i>clindamycin phosphate lotion 1%</i> .....	91
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i> .....	15	<i>clindamycin phosphate soln 1%</i> .....	91
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i> .....	14	<i>clindamycin phosphate swab 1%</i> .....	91
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	23	<i>clindamycin phosphate vaginal cream 2%</i> .....	75
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	23	<i>CLINDMYC/NAC INJ 300/50ML</i> .....	6
		<i>CLINDMYC/NAC INJ 600/50ML</i> .....	6
		<i>CLINDMYC/NAC INJ 900/50ML</i> .....	6

CLINIMIX INJ 2.75/D5W .....	83	TAB 200 MG .....	49
CLINIMIX INJ 4.25/D10 .....	83	CLOZAPINE ORALLY DISINTEGRATING	
CLINIMIX INJ 4.25/D20 .....	83	TAB 25 MG .....	49
CLINIMIX INJ 4.25/D25 .....	83	<i>clozapine tab 100 mg</i> .....	49
CLINIMIX INJ 4.25/D5W .....	83	<i>clozapine tab 200 mg</i> .....	49
CLINIMIX INJ 5%/D15W .....	83	<i>clozapine tab 25 mg</i> .....	49
CLINIMIX INJ 5%/D20W .....	83	<i>clozapine tab 50 mg</i> .....	49
CLINIMIX INJ 5%/D25W .....	83	COARTEM TAB 20-120MG.....	8
<i>clomipramine hcl cap 25 mg</i> .....	44	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>clomipramine hcl cap 50 mg</i> .....	44	.....	1
<i>clomipramine hcl cap 75 mg</i> .....	44	COLCRYS TAB 0.6MG.....	1
<i>clonazepam orally disintegrating tab</i>		<i>colestipol hcl granule packets 5 gm</i> ....	30
<i>0.125 mg</i> .....	38	<i>colestipol hcl granules 5 gm</i> .....	30
<i>clonazepam orally disintegrating tab 0.25</i>		<i>colestipol hcl tab 1 gm</i> .....	30
<i>mg</i> .....	38	<i>colistimethate sodium for inj 150 mg</i> ....	6
<i>clonazepam orally disintegrating tab 0.5</i>		COMBIGAN SOL 0.2/0.5% .....	87
<i>mg</i> .....	38	COMBIVENT AER 20-100.....	88
<i>clonazepam orally disintegrating tab 1</i>		COMETRIQ KIT 100MG.....	21
<i>mg</i> .....	38	COMETRIQ KIT 140MG.....	21
<i>clonazepam orally disintegrating tab 2</i>		COMETRIQ KIT 60MG .....	21
<i>mg</i> .....	38	COMPLERA TAB.....	10
<i>clonazepam tab 0.5 mg</i> .....	39	<i>constulose sol 10gm/15</i> .....	73
<i>clonazepam tab 1 mg</i> .....	39	COPAXONE INJ 40MG/ML .....	56
<i>clonazepam tab 2 mg</i> .....	39	<i>cortisone acetate tab 25 mg</i> .....	66
<i>clonidine hcl tab 0.1 mg</i> .....	35	COTELIC TAB 20MG .....	21
<i>clonidine hcl tab 0.2 mg</i> .....	35	COUMADIN TAB 10MG .....	76
<i>clonidine hcl tab 0.3 mg</i> .....	35	COUMADIN TAB 1MG .....	76
<i>clonidine hcl td patch weekly 0.1</i>		COUMADIN TAB 2.5MG .....	76
<i>mg/24hr</i> .....	35	COUMADIN TAB 2MG .....	76
<i>clonidine hcl td patch weekly 0.2</i>		COUMADIN TAB 3MG .....	76
<i>mg/24hr</i> .....	35	COUMADIN TAB 4MG .....	76
<i>clonidine hcl td patch weekly 0.3</i>		COUMADIN TAB 5MG .....	76
<i>mg/24hr</i> .....	35	COUMADIN TAB 6MG .....	76
<i>clopidogrel bisulfate tab 75 mg (base</i>		COUMADIN TAB 7.5MG .....	76
<i>equiv)</i> .....	78	CREON CAP 12000UNT.....	74
<i>clorazepate dipotassium tab 15 mg</i> ....	39	CREON CAP 24000UNT.....	74
<i>clorazepate dipotassium tab 3.75 mg</i> ..	39	CREON CAP 3000UNIT .....	74
<i>clorazepate dipotassium tab 7.5 mg</i> ....	39	CREON CAP 36000UNT.....	74
<i>clotrimazole cream 1%</i> .....	92	CREON CAP 6000UNIT .....	74
<i>clotrimazole soln 1%</i> .....	92	CRIXIVAN CAP 200MG .....	8
<i>clotrimazole troche 10 mg</i> .....	95	CRIXIVAN CAP 400MG .....	8
CLOZAPINE ORALLY DISINTEGRATING		<i>cromolyn sodium ophth soln 4%</i> .....	87
TAB 100 MG .....	49	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
CLOZAPINE ORALLY DISINTEGRATING		.....	73
TAB 12.5 MG .....	49	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
CLOZAPINE ORALLY DISINTEGRATING		.....	89
TAB 150 MG .....	49	<i>cryselle-28 tab 28 tabs</i> .....	62
CLOZAPINE ORALLY DISINTEGRATING		CUBICIN SOL 500MG .....	6

<i>cyclafem tab 1/35</i> .....	62	DELESTROGEN INJ 10MG/ML.....	65
<i>cyclafem tab 7/7/7</i> .....	62	<i>delyla tab 0.1-0.02</i> .....	62
<i>cyclobenzaprine hcl tab 10 mg</i> .....	56	DELZICOL CAP 400MG .....	72
<i>cyclobenzaprine hcl tab 5 mg</i> .....	56	DEMSEER CAP 250MG .....	35
CYCLOPHOSPH CAP 25MG.....	17	DEPEN TITRA TAB 250MG .....	61
CYCLOPHOSPH CAP 50MG.....	17	DEPO-PROVERA INJ 400/ML .....	20
<i>cyclophosphamide for inj 1 gm</i> .....	17	DESCOVY TAB 200/25 .....	10
<i>cyclophosphamide for inj 2 gm</i> .....	17	<i>desipramine hcl tab 10 mg</i> .....	45
<i>cyclophosphamide for inj 500 mg</i> .....	17	<i>desipramine hcl tab 100 mg</i> .....	45
<i>cycloserine cap 250 mg</i> .....	11	<i>desipramine hcl tab 150 mg</i> .....	45
<i>cyclosporine cap 100 mg</i> .....	80	<i>desipramine hcl tab 25 mg</i> .....	45
<i>cyclosporine cap 25 mg</i> .....	80	<i>desipramine hcl tab 50 mg</i> .....	45
<i>cyclosporine iv soln 50 mg/ml</i> .....	80	<i>desipramine hcl tab 75 mg</i> .....	45
<i>cyclosporine modified cap 100 mg</i> .....	80	<i>desmopressin acetate inj 4 mcg/ml</i> ....	70
<i>cyclosporine modified cap 25 mg</i> .....	80	DESMOPRESSIN ACETATE NASAL SOLN	
<i>cyclosporine modified cap 50 mg</i> .....	80	0.01% (REFRIGERATED).....	70
<i>cyclosporine modified oral soln 100</i>		<i>desmopressin acetate nasal spray soln</i>	
<i>mg/ml</i> .....	80	0.01% .....	70
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ....	88	<i>desmopressin acetate nasal spray soln</i>	
<i>cyproheptadine hcl tab 4 mg</i> .....	88	0.01% (refrigerated) .....	70
CYSTADANE POW.....	65	<i>desmopressin acetate tab 0.1 mg</i> .....	70
CYSTAGON CAP 150MG .....	65	<i>desmopressin acetate tab 0.2 mg</i> .....	70
CYSTAGON CAP 50MG .....	65	<i>desogest-eth estrad &amp; eth estrad tab</i>	
CYSTARAN SOL 0.44% .....	87	0.15-0.02/0.01 mg(21/5).....	62
<i>cytarabine inj 20 mg/ml</i> .....	18	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
<b>D</b>		0.025/0.15-0.025mg-mg .....	62
D10W/NAACL INJ 0.2% .....	83	<i>desogestrel &amp; ethinyl estradiol tab 0.15</i>	
D5W/LYTES INJ #48 .....	83	<i>mg-30 mcg</i> .....	62
D5W/NAACL INJ 0.3%.....	83	<i>desoximetasone cream 0.05%</i> .....	93
<i>dacarbazine for inj 100 mg</i> .....	17	<i>desoximetasone cream 0.25%</i> .....	93
<i>dacarbazine for inj 200 mg</i> .....	17	<i>desoximetasone gel 0.05%</i> .....	93
DAKLINZA TAB 30MG .....	11	DESOXIMETASONE OINT 0.05% .....	93
DAKLINZA TAB 60MG .....	11	<i>desoximetasone oint 0.25%</i> .....	93
DAKLINZA TAB 90MG .....	11	<i>desvenlafaxine succinate tab er 24hr 100</i>	
DALIRESP TAB 500MCG .....	89	<i>mg (base equiv)</i> .....	45
<i>danazol cap 100 mg</i> .....	65	<i>desvenlafaxine succinate tab er 24hr 25</i>	
<i>danazol cap 200 mg</i> .....	65	<i>mg (base equiv)</i> .....	45
<i>danazol cap 50 mg</i> .....	64	<i>desvenlafaxine succinate tab er 24hr 50</i>	
<i>dantrolene sodium cap 100 mg</i> .....	57	<i>mg (base equiv)</i> .....	45
<i>dantrolene sodium cap 25 mg</i> .....	57	<i>dexamethason con 1mg/ml</i> .....	66
<i>dantrolene sodium cap 50 mg</i> .....	57	<i>dexamethasone elixir 0.5 mg/5ml</i> .....	66
<i>dapsone tab 100 mg</i> .....	6	<i>dexamethasone sod phosphate</i>	
<i>dapsone tab 25 mg</i> .....	6	<i>preservative free inj 10 mg/ml</i> .....	66
DAPTACEL INJ .....	81	<i>dexamethasone sodium phosphate inj 10</i>	
<i>daptomycin for iv soln 500 mg</i> .....	6	<i>mg/ml</i> .....	66
<i>daunorubicin hcl inj 5 mg/ml (base</i>		<i>dexamethasone sodium phosphate inj</i>	
<i>equiv)</i> .....	18	100 mg/10ml.....	66
<i>deblitane tab 0.35mg</i> .....	62	<i>dexamethasone sodium phosphate inj</i>	

120 mg/30ml .....	66
dexamethasone sodium phosphate inj 20 mg/5ml .....	66
dexamethasone sodium phosphate inj 4 mg/ml .....	66
dexamethasone sodium phosphate ophth soln 0.1% .....	86
dexamethasone soln 0.5 mg/5ml .....	66
dexamethasone tab 0.5 mg .....	66
dexamethasone tab 0.75 mg .....	66
dexamethasone tab 1 mg .....	66
dexamethasone tab 1.5 mg .....	66
dexamethasone tab 2 mg .....	66
dexamethasone tab 4 mg .....	66
dexamethasone tab 6 mg .....	66
DEXILANT CAP 30MG DR .....	74
DEXILANT CAP 60MG DR .....	74
dexrazoxane for inj 250 mg .....	24
dexrazoxane for inj 500 mg .....	24
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45% .....	84
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45% .....	83
DEXTROSE 5% IN LACTATED RINGERS	83
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2% .....	83
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225% .....	84
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33% .....	84
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45% .....	84
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9% .....	84
DEXTROSE INJ 10% .....	84
DEXTROSE INJ 5% .....	84
DEXTROSE INJ 50% .....	84
DEXTROSE INJ 70% .....	84
DIASTAT ACDL GEL 12.5-20 .....	39
DIASTAT ACDL GEL 5-10MG .....	39
DIASTAT PED GEL 2.5M GEL .....	39
diazepam con 5mg/ml .....	39
diazepam inj 5 mg/ml .....	39
diazepam oral soln 1 mg/ml .....	39
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG .....	39
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG .....	39

DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG .....	39
diazepam tab 10 mg .....	39
diazepam tab 2 mg .....	39
diazepam tab 5 mg .....	39
diclofenac potassium tab 50 mg .....	1
diclofenac sodium gel 1% .....	94
diclofenac sodium ophth soln 0.1% ....	86
diclofenac sodium tab delayed release 25 mg .....	1
diclofenac sodium tab delayed release 50 mg .....	1
diclofenac sodium tab delayed release 75 mg .....	1
diclofenac sodium tab er 24hr 100 mg ..	1
dicloxacillin sodium cap 250 mg .....	16
dicloxacillin sodium cap 500 mg .....	16
dicyclomine hcl cap 10 mg .....	72
dicyclomine hcl oral soln 10 mg/5ml ...	72
dicyclomine hcl tab 20 mg .....	72
didanosine delayed release capsule 125 mg .....	8
didanosine delayed release capsule 200 mg .....	8
didanosine delayed release capsule 250 mg .....	8
didanosine delayed release capsule 400 mg .....	8
DIFICID TAB 200MG .....	14
diflunisal tab 500 mg .....	1
digitek tab 0.125mg .....	34
digitek tab 0.25mg .....	34
digoxin inj 0.25 mg/ml .....	34
DIGOXIN ORAL SOLN 0.05 MG/ML .....	34
digoxin tab 125 mcg (0.125 mg) .....	34
digoxin tab 250 mcg (0.25 mg) .....	34
dihydroergotamine mesylate inj 1 mg/ml .....	55
dilantin cap 100mg .....	39
dilantin cap 30mg .....	39
dilantin chw 50mg .....	39
DILANTIN-125 SUS 125/5ML .....	39
diltiazem hcl cap er 12hr 120 mg .....	33
diltiazem hcl cap er 12hr 60 mg .....	33
diltiazem hcl cap er 12hr 90 mg .....	33
diltiazem hcl cap er 24hr 120 mg .....	33
diltiazem hcl cap er 24hr 180 mg .....	33
diltiazem hcl cap er 24hr 240 mg .....	33

<i>diltiazem hcl coated beads cap er 24hr</i>	<i>125 mg</i> .....	39
<i>120 mg</i> .....		33
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>180 mg</i> .....	33
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>240 mg</i> .....	33
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>300 mg</i> .....	33
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>360 mg</i> .....	33
<i>DILTIAZEM HCL COATED BEADS CAP ER</i>	<i>24HR 360 MG</i> .....	33
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 120 mg</i> .....	33
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 180 mg</i> .....	33
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 240 mg</i> .....	33
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 300 mg</i> .....	33
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 360 mg</i> .....	33
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 420 mg</i> .....	33
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	<i>mg/ml)</i> .....	33
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	<i>mg/ml)</i> .....	33
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	<i>mg/ml)</i> .....	33
<i>diltiazem hcl tab 120 mg</i> .....		33
<i>diltiazem hcl tab 30 mg</i> .....		33
<i>diltiazem hcl tab 60 mg</i> .....		33
<i>diltiazem hcl tab 90 mg</i> .....		33
<i>DIP/TET PED INJ 25-5LFU</i> .....		81
<i>DIPENTUM CAP 250MG</i> .....		72
<i>diphenhydramine hcl inj 50 mg/ml</i> .....		88
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	<i>mg/5ml</i> .....	73
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	<i>mg</i> .....	73
<i>disopyramide phosphate cap 100 mg</i> ..		29
<i>disopyramide phosphate cap 150 mg</i> ..		29
<i>disulfiram tab 250 mg</i> .....		57
<i>disulfiram tab 500 mg</i> .....		57
<i>divalproex sodium cap delayed release</i>	<i>sprinkle 125 mg</i> .....	39
<i>divalproex sodium tab delayed release</i>	<i>125 mg</i> .....	39
<i>divalproex sodium tab delayed release</i>	<i>250 mg</i> .....	39
<i>divalproex sodium tab delayed release</i>	<i>500 mg</i> .....	40
<i>divalproex sodium tab er 24 hr 250 mg</i>	.....	40
<i>divalproex sodium tab er 24 hr 500 mg</i>	.....	40
<i>DOCEFREZ INJ 20MG</i> .....		19
<i>DOCETAXEL FOR INJ CONC 20 MG/ML</i>		19
<i>docetaxel for inj conc 80 mg/4ml (20</i>	<i>mg/ml)</i> .....	19
<i>DOCETAXEL INJ 160/16ML</i> .....		19
<i>DOCETAXEL INJ 160/8ML</i> .....		19
<i>docetaxel inj 200/10</i> .....		19
<i>DOCETAXEL INJ 20MG/2ML</i> .....		19
<i>DOCETAXEL INJ 80MG/4ML</i> .....		19
<i>DOCETAXEL INJ 80MG/8ML</i> .....		19
<i>DOFETILIDE CAP 125 MCG (0.125 MG)</i>		29
<i>DOFETILIDE CAP 250 MCG (0.25 MG)</i> .		29
<i>DOFETILIDE CAP 500 MCG (0.5 MG)</i> ...		29
<i>donepezil hydrochloride orally</i>	<i>disintegrating tab 10 mg</i> .....	43
<i>donepezil hydrochloride orally</i>	<i>disintegrating tab 5 mg</i> .....	43
<i>donepezil hydrochloride tab 10 mg</i> .....		43
<i>donepezil hydrochloride tab 23 mg</i> .....		43
<i>donepezil hydrochloride tab 5 mg</i> .....		43
<i>dorzolamide hcl ophth soln 2%</i> .....		87
<i>dorzolamide hcl-timolol maleate ophth</i>	<i>soln 22.3-6.8 mg/ml</i> .....	87
<i>doxazosin mesylate tab 1 mg</i> .....		26
<i>doxazosin mesylate tab 2 mg</i> .....		26
<i>doxazosin mesylate tab 4 mg</i> .....		26
<i>doxazosin mesylate tab 8 mg</i> .....		26
<i>doxepin hcl cap 10 mg</i> .....		45
<i>doxepin hcl cap 100 mg</i> .....		45
<i>doxepin hcl cap 150 mg</i> .....		45
<i>doxepin hcl cap 25 mg</i> .....		45
<i>doxepin hcl cap 50 mg</i> .....		45
<i>doxepin hcl cap 75 mg</i> .....		45
<i>doxepin hcl conc 10 mg/ml</i> .....		45
<i>DOXEPIN HCL CREAM 5%</i> .....		92
<i>doxorubicin hcl for inj 10 mg</i> .....		18
<i>doxorubicin hcl for inj 50 mg</i> .....		18
<i>doxorubicin hcl inj 2 mg/ml</i> .....		18
<i>doxorubicin hcl liposomal inj (for iv</i>		

<i>infusion) 2 mg/ml</i> .....	18	ELIQUIS TAB 5MG	76
<i>doxy 100 inj 100mg</i> .....	17	ELITEK INJ 1.5MG	24
<i>doxycycline hyclate cap 100 mg</i> .....	17	ELITEK INJ 7.5MG	24
<i>doxycycline hyclate cap 50 mg</i> .....	17	<i>elixophyllin elx 80/15ml</i> .....	91
<i>doxycycline hyclate for inj 100 mg</i> .....	17	ELLA TAB 30MG	62
<i>doxycycline hyclate tab 100 mg</i> .....	17	ELMIRON CAP 100MG	75
<i>doxycycline hyclate tab 20 mg</i> .....	17	EMCYT CAP 140MG	17
<i>doxycycline monohydrate cap 100 mg</i> .....	17	EMEND CAP 125MG	70
<i>doxycycline monohydrate cap 50 mg</i> .....	17	EMEND CAP 40MG	70
<i>doxycycline monohydrate tab 100 mg</i> .....	17	EMEND CAP 80MG	70
<i>doxycycline monohydrate tab 150 mg</i> .....	17	EMEND SUS 125MG	70
<i>doxycycline monohydrate tab 50 mg</i> .....	17	EMEND TRIPAC PAK 80 & 125	71
<i>doxycycline monohydrate tab 75 mg</i> .....	17	<i>emoquette tab</i> .....	62
<i>dronabinol cap 10 mg</i> .....	70	EMSAM DIS 12MG/24H	45
<i>dronabinol cap 2.5 mg</i> .....	70	EMSAM DIS 6MG/24HR	45
<i>dronabinol cap 5 mg</i> .....	70	EMSAM DIS 9MG/24HR	45
<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i> .....	62	EMTRIVA CAP 200MG	8
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	62	EMTRIVA SOL 10MG/ML	9
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i> .....	62	<i>emverm chw 100mg</i> .....	6
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	62	<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 10-25 mg</i> .....	25
DROXIA CAP 200MG	23	<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 5-12.5 mg</i> .....	25
DROXIA CAP 300MG	23	<i>enalapril maleate tab 10 mg</i> .....	26
DROXIA CAP 400MG	23	<i>enalapril maleate tab 2.5 mg</i> .....	26
<i>duloxetine hcl enteric coated pellets cap</i> <i>20 mg (base eq)</i> .....	45	<i>enalapril maleate tab 20 mg</i> .....	26
<i>duloxetine hcl enteric coated pellets cap</i> <i>30 mg (base eq)</i> .....	45	<i>enalapril maleate tab 5 mg</i> .....	26
<i>duloxetine hcl enteric coated pellets cap</i> <i>60 mg (base eq)</i> .....	45	<i>endocet tab 10-325mg</i> .....	2
DURAMORPH INJ 0.5MG/ML	2	<i>endocet tab 5-325mg</i> .....	2
DURAMORPH INJ 1MG/ML	2	<i>endocet tab 7.5-325</i> .....	2
DUREZOL EMU 0.05%	86	ENGERIX-B INJ 10/0.5ML	81
<i>dutasteride cap 0.5 mg</i> .....	75	ENGERIX-B INJ 20MCG/ML	81
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i> .....	75	<i>enoxaparin sodium inj 100 mg/ml</i> .....	76
<b>E</b>		<i>enoxaparin sodium inj 120 mg/0.8ml</i> ..	76
EDURANT TAB 25MG	8	<i>enoxaparin sodium inj 150 mg/ml</i> .....	76
EFFIENT TAB 10MG	78	<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	76
EFFIENT TAB 5MG	78	ENOXAPARIN SODIUM INJ 300 MG/3ML	76
<i>eletriptan hydrobromide tab 20 mg (base</i> <i>equivalent)</i> .....	55	<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	76
<i>eletriptan hydrobromide tab 40 mg (base</i> <i>equivalent)</i> .....	55	<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	76
ELIQUIS TAB 2.5MG	76	<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	76
		<i>enpresse-28 tab</i> .....	62
		ENTACAPONE TAB 200 MG	48
		<i>entecavir tab 0.5 mg</i> .....	11
		<i>entecavir tab 1 mg</i> .....	11
		ENTRESTO TAB 24-26MG	27
		ENTRESTO TAB 49-51MG	27
		ENTRESTO TAB 97-103MG	27

<i>enulose sol 10gm/15</i> .....	73	<i>soln 40 mg (base equiv)</i> .....	74
EPCLUSA TAB 400-100 .....	11	<i>estrace vag cre 0.1mg/gm</i> .....	65
EPIPEN 2-PAK INJ 0.3MG .....	89	<i>estradiol tab 0.5 mg</i> .....	65
EPIPEN-JR INJ 2-PAK.....	89	<i>estradiol tab 1 mg</i> .....	65
<i>epirubicin hcl iv soln 200 mg/100ml (2</i> <i>mg/ml)</i> .....	18	<i>estradiol tab 2 mg</i> .....	65
<i>epirubicin hcl iv soln 50 mg/25ml (2</i> <i>mg/ml)</i> .....	18	<i>estradiol td patch weekly 0.025 mg/24hr</i> .....	66
<i>epitol tab 200mg</i> .....	40	<i>estradiol td patch weekly 0.0375</i> <i>mg/24hr (37.5 mcg/24hr)</i> .....	66
EPIVIR HBV SOL 5MG/ML.....	11	<i>estradiol td patch weekly 0.05 mg/24hr</i> .....	65
<i>eplerenone tab 25 mg</i> .....	26	<i>estradiol td patch weekly 0.06 mg/24hr</i> .....	66
<i>eplerenone tab 50 mg</i> .....	26	<i>estradiol td patch weekly 0.075 mg/24hr</i> .....	66
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	55	<i>estradiol td patch weekly 0.1 mg/24hr</i>	65
ERIVEDGE CAP 150MG .....	19	<i>estradiol vaginal tab 10 mcg</i> .....	66
<i>errin tab 0.35mg</i> .....	62	<i>estradiol valerate im in oil 20 mg/ml</i> ..	66
<i>ery-tab tab 250mg ec</i> .....	14	<i>estradiol valerate im in oil 40 mg/ml</i> ..	66
<i>ery-tab tab 333mg ec</i> .....	14	<i>eszopiclone tab 1 mg</i> .....	54
<i>ery-tab tab 500mg ec</i> .....	14	<i>eszopiclone tab 2 mg</i> .....	54
<i>erythrocin inj 500mg</i> .....	14	<i>eszopiclone tab 3 mg</i> .....	54
<i>erythrocin tab 250mg</i> .....	14	<i>ethambutol hcl tab 100 mg</i> .....	11
<i>erythromycin ethylsuccinate tab 400 mg</i> .....	14	<i>ethambutol hcl tab 400 mg</i> .....	11
<i>erythromycin gel 2%</i> .....	91	<i>ethosuximide cap 250 mg</i> .....	40
<i>erythromycin ophth oint 5 mg/gm</i> .....	85	<i>ethosuximide soln 250 mg/5ml</i> .....	40
<i>erythromycin pads 2%</i> .....	91	<i>ethynodiol diacetate &amp; ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i> .....	62
<i>erythromycin soln 2%</i> .....	91	<i>etodolac cap 200 mg</i> .....	1
<i>erythromycin tab 250 mg</i> .....	14	<i>etodolac cap 300 mg</i> .....	1
<i>erythromycin tab 500 mg</i> .....	14	<i>etodolac tab 400 mg</i> .....	1
<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i> .....	14	<i>etodolac tab 500 mg</i> .....	1
ESBRIET CAP 267MG.....	89	<i>etodolac tab er 24hr 400 mg</i> .....	1
ESBRIET TAB 267MG.....	89	<i>etodolac tab er 24hr 500 mg</i> .....	1
ESBRIET TAB 801MG.....	89	<i>etodolac tab er 24hr 600 mg</i> .....	1
<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i> .....	45	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	24
<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i> .....	45	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i> .....	24
<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i> .....	45	EURAX CRE 10%.....	95
<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i> .....	45	EURAX LOT 10% .....	95
<i>esomeprazole magnesium cap delayed</i> <i>release 20 mg (base eq)</i> .....	74	EVOTAZ TAB 300-150.....	10
<i>esomeprazole magnesium cap delayed</i> <i>release 40 mg (base eq)</i> .....	74	<i>exemestane tab 25 mg</i> .....	20
<i>esomeprazole sodium for intravenous</i> <i>soln 20 mg (base equiv)</i> .....	74	EXJADE TAB 125MG.....	61
<i>esomeprazole sodium for intravenous</i> <i>soln 40 mg (base equiv)</i> .....	74	EXJADE TAB 250MG.....	61
		EXJADE TAB 500MG.....	61
		<i>ezetimibe tab 10 mg</i> .....	30
		<b>F</b>	
		FABRAZYME INJ 35MG .....	65



FABRAZYME INJ 5MG.....	65	<i>mcg</i> .....	2
<i>falmina tab</i> .....	62	<i>fentanyl citrate lozenge on a handle 400</i>	<i>mcg</i> .....
<i>famciclovir tab 125 mg</i> .....	11	<i>fentanyl citrate lozenge on a handle 600</i>	<i>mcg</i> .....
<i>famciclovir tab 250 mg</i> .....	11	<i>fentanyl citrate lozenge on a handle 800</i>	<i>mcg</i> .....
<i>famciclovir tab 500 mg</i> .....	11	<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	3
<i>famotidine for susp 40 mg/5ml</i> .....	72	<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	2
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	3
<i>mg/50ml</i> .....	72	<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	3
<i>famotidine inj 20 mg/2ml</i> .....	72	<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	3
<i>famotidine inj 200 mg/20ml</i> .....	72	FENTORA TAB 100MCG .....	3
<i>famotidine inj 40 mg/4ml</i> .....	72	FENTORA TAB 200MCG .....	3
<i>famotidine tab 20 mg</i> .....	72	FENTORA TAB 400MCG .....	3
<i>famotidine tab 40 mg</i> .....	72	FENTORA TAB 600MCG .....	3
FANAPT PAK .....	50	FENTORA TAB 800MCG .....	3
FANAPT TAB 10MG.....	50	FERRIPROX SOL 100MG/ML.....	61
FANAPT TAB 12MG.....	50	FERRIPROX TAB 500MG .....	61
FANAPT TAB 1MG.....	50	FETZIMA CAP 120MG.....	45
FANAPT TAB 2MG.....	50	FETZIMA CAP 20MG.....	45
FANAPT TAB 4MG.....	50	FETZIMA CAP 40MG.....	45
FANAPT TAB 6MG.....	50	FETZIMA CAP 80MG.....	45
FANAPT TAB 8MG.....	50	FETZIMA CAP TITRATIO .....	45
FARESTON TAB 60MG.....	20	<i>finasteride tab 5 mg</i> .....	75
FARXIGA TAB 10MG .....	59	FIRAZYR INJ 30MG/3ML.....	77
FARXIGA TAB 5MG.....	59	FLEBOGAMMA INJ 10/100ML .....	79
FARYDAK CAP 10MG.....	19	FLEBOGAMMA INJ 10/200ML .....	79
FARYDAK CAP 15MG.....	19	FLEBOGAMMA INJ 20/200ML .....	79
FARYDAK CAP 20MG.....	20	FLEBOGAMMA INJ 20/400ML .....	79
FASLODEX INJ 250MG .....	20	FLEBOGAMMA INJ 5GM/50ML .....	79
<i>fat emulsion iv soln 20%</i> .....	83	FLEBOGAMMA INJ DIF 5%.....	79
<i>felbamate susp 600 mg/5ml</i> .....	40	<i>flecainide acetate tab 100 mg</i> .....	29
<i>felbamate tab 400 mg</i> .....	40	<i>flecainide acetate tab 150 mg</i> .....	29
<i>felbamate tab 600 mg</i> .....	40	<i>flecainide acetate tab 50 mg</i> .....	29
<i>felodipine tab er 24hr 10 mg</i> .....	34	FLOVENT DISK AER 100MCG .....	90
<i>felodipine tab er 24hr 2.5 mg</i> .....	34	FLOVENT DISK AER 250MCG .....	90
<i>felodipine tab er 24hr 5 mg</i> .....	34	FLOVENT DISK AER 50MCG.....	90
<i>femynor tab 0.25-35</i> .....	62	FLOVENT HFA AER 110MCG.....	90
<i>fenofibrate micronized cap 134 mg</i> .....	30	FLOVENT HFA AER 220MCG.....	90
<i>fenofibrate micronized cap 200 mg</i> .....	30	FLOVENT HFA AER 44MCG.....	90
<i>fenofibrate micronized cap 67 mg</i> .....	30	<i>fluconazole for susp 10 mg/ml</i> .....	7
<i>fenofibrate tab 145 mg</i> .....	31	<i>fluconazole for susp 40 mg/ml</i> .....	7
<i>fenofibrate tab 160 mg</i> .....	31	<i>fluconazole in dextrose inj 200</i>	<i>mg/100ml</i> .....
<i>fenofibrate tab 48 mg</i> .....	30	<i>fluconazole in dextrose inj 400</i>	<i>mg/200ml</i> .....
<i>fenofibrate tab 54 mg</i> .....	31	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>fentanyl citrate lozenge on a handle 1200</i>	<i>mcg</i> .....		
<i>fentanyl citrate lozenge on a handle 1600</i>	<i>mcg</i> .....		
<i>fentanyl citrate lozenge on a handle 200</i>	<i>mcg</i> .....		

<i>mg/100ml</i> .....	7	<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	50
<i>fluconazole in nacl 0.9% inj 400</i>		<i>fluphenazine hcl oral conc 5 mg/ml</i> ....	50
<i>mg/200ml</i> .....	8	<i>fluphenazine hcl tab 1 mg</i> .....	50
<i>fluconazole tab 100 mg</i> .....	8	<i>fluphenazine hcl tab 10 mg</i> .....	50
<i>fluconazole tab 150 mg</i> .....	8	<i>fluphenazine hcl tab 2.5 mg</i> .....	50
<i>fluconazole tab 200 mg</i> .....	8	<i>fluphenazine hcl tab 5 mg</i> .....	50
<i>fluconazole tab 50 mg</i> .....	8	<i>flurbiprofen sodium ophth soln 0.03%</i>	86
<i>fluconazole/ inj nacl 100</i> .....	8	<i>flurbiprofen tab 100 mg</i> .....	1
<i>flucytosine cap 250 mg</i> .....	8	<i>flurbiprofen tab 50 mg</i> .....	1
<i>flucytosine cap 500 mg</i> .....	8	<i>flutamide cap 125 mg</i> .....	21
<i>fludarabine phosphate for inj 50 mg</i> ....	18	<i>fluticasone propionate cream 0.05%</i> ...	93
<i>fludarabine phosphate inj 25 mg/ml</i> ....	18	<i>fluticasone propionate nasal susp 50</i>	
<i>fludrocortisone acetate tab 0.1 mg</i> .....	66	<i>mcg/act</i> .....	90
<i>flunisolide nasal soln 25 mcg/act</i>		<i>fluticasone propionate oint 0.005%</i> ....	93
<i>(0.025%)</i> .....	90	<i>fluvoxamine maleate tab 100 mg</i> .....	38
<i>fluocin acet oil body</i> .....	93	<i>fluvoxamine maleate tab 25 mg</i> .....	38
<i>fluocinolone acetonide (otic) oil 0.01%</i>	95	<i>fluvoxamine maleate tab 50 mg</i> .....	38
<i>fluocinolone acetonide cream 0.01%</i> ...	93	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinolone acetonide cream 0.025%</i> .	93	<i>10 mg/0.8ml</i> .....	76
<i>fluocinolone acetonide oil 0.01% (scalp</i>		<i>fondaparinux sodium subcutaneous inj</i>	
<i>oil)</i> .....	93	<i>2.5 mg/0.5ml</i> .....	76
<i>fluocinolone acetonide oint 0.025%</i> .....	93	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluocinolone acetonide soln 0.01%</i> .....	93	<i>mg/0.4ml</i> .....	76
<i>fluocinonide cream 0.05%</i> .....	93	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinonide emulsified base cream</i>		<i>7.5 mg/0.6ml</i> .....	76
<i>0.05%</i> .....	93	FORTEO SOL 600/2.4 .....	68
<i>fluocinonide gel 0.05%</i> .....	93	FORTICAL SPR 200/ACT .....	67
<i>fluocinonide soln 0.05%</i> .....	93	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
FLUOROMETHOLONE OPHTH SUSP 0.1%		<i>tab 10-12.5 mg</i> .....	25
.....	86	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
<i>fluorouracil cream 5%</i> .....	94	<i>tab 20-12.5 mg</i> .....	25
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i> ..	18	<i>fosinopril sodium tab 10 mg</i> .....	26
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>		<i>fosinopril sodium tab 20 mg</i> .....	26
.....	18	<i>fosinopril sodium tab 40 mg</i> .....	26
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>		FREAMINE HBC INJ 6.9% .....	83
.....	18	FREAMINE III INJ 10%.....	83
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>		<i>furosemide inj 10 mg/ml</i> .....	35
.....	18	FUROSEMIDE INJ 10 MG/ML .....	35
<i>fluorouracil soln 2%</i> .....	94	<i>furosemide oral soln 10 mg/ml</i> .....	35
<i>fluorouracil soln 5%</i> .....	94	<i>furosemide oral soln 8 mg/ml</i> .....	35
<i>fluoxetine hcl cap 10 mg</i> .....	46	<i>furosemide tab 20 mg</i> .....	35
<i>fluoxetine hcl cap 20 mg</i> .....	46	<i>furosemide tab 40 mg</i> .....	35
<i>fluoxetine hcl cap 40 mg</i> .....	46	<i>furosemide tab 80 mg</i> .....	35
<i>fluoxetine hcl solution 20 mg/5ml</i> .....	46	FUSILEV INJ 50MG .....	24
<i>fluoxetine hcl tab 10 mg</i> .....	46	FUZEON INJ 90MG .....	9
<i>fluoxetine hcl tab 20 mg</i> .....	46	FYCOMPA SUS 0.5MG/ML .....	40
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	50	FYCOMPA TAB 10MG.....	40
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....	50	FYCOMPA TAB 12MG.....	40

FYCOMPA TAB 2MG .....	40	GARDASIL INJ .....	81
FYCOMPA TAB 4MG .....	40	<i>gatifloxacin ophth soln 0.5%</i> .....	85
FYCOMPA TAB 6MG .....	40	GATTEX KIT 5MG .....	73
FYCOMPA TAB 8MG .....	40	GAUZE PADS 2 .....	58
<b>G</b>		<i>gavilyte-c sol</i> .....	73
<i>gabapentin cap 100 mg</i> .....	40	<i>gavilyte-g sol</i> .....	73
<i>gabapentin cap 300 mg</i> .....	40	<i>gavilyte-n sol flav pk</i> .....	73
<i>gabapentin cap 400 mg</i> .....	40	<i>gemcitabine hcl for inj 1 gm</i> .....	18
<i>gabapentin oral soln 250 mg/5ml</i> .....	40	<i>gemcitabine hcl for inj 2 gm</i> .....	18
<i>gabapentin tab 600 mg</i> .....	40	<i>gemcitabine hcl for inj 200 mg</i> .....	18
<i>gabapentin tab 800 mg</i> .....	40	GEMCITABINE HCL INJ 1 GM/26.3ML (38	
GABITRIL TAB 12MG .....	40	MG/ML) (BASE EQUIV).....	18
GABITRIL TAB 16MG .....	40	GEMCITABINE HCL INJ 2 GM/52.6ML (38	
<i>galantamine hydrobromide cap er 24hr</i>		MG/ML) (BASE EQUIV).....	18
<i>16 mg</i> .....	43	GEMCITABINE HCL INJ 200 MG/5.26ML	
<i>galantamine hydrobromide cap er 24hr</i>		(38 MG/ML) (BASE EQUIV) .....	18
<i>24 mg</i> .....	43	<i>gemfibrozil tab 600 mg</i> .....	31
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>generlac sol 10gm/15</i> .....	73
<i>mg</i> .....	43	<i>gengraf cap 100mg</i> .....	80
<i>galantamine hydrobromide oral soln 4</i>		<i>gengraf cap 25mg</i> .....	80
<i>mg/ml</i> .....	43	<i>gengraf cap 50mg</i> .....	80
<i>galantamine hydrobromide tab 12 mg</i> .	43	<i>gengraf sol 100mg/ml</i> .....	80
<i>galantamine hydrobromide tab 4 mg</i> ...	43	<i>gentak oin 0.3% op</i> .....	86
<i>galantamine hydrobromide tab 8 mg</i> ...	43	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	5
GAMASTAN S/D INJ.....	79	<i>gentamicin in saline inj 1 mg/ml</i> .....	5
GAMMAGARD INJ 10GM/100 .....	79	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	5
GAMMAGARD INJ 1GM/10ML .....	79	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	5
GAMMAGARD INJ 2.5GM/25 .....	79	<i>gentamicin in saline inj 2 mg/ml</i> .....	5
GAMMAGARD INJ 20GM/200 .....	79	<i>gentamicin sulfate cream 0.1%</i> .....	92
GAMMAGARD INJ 30GM/300 .....	79	<i>gentamicin sulfate inj 10 mg/ml</i> .....	5
GAMMAGARD INJ 5GM/50ML .....	79	<i>gentamicin sulfate inj 40 mg/ml</i> .....	5
GAMMAGARD SD INJ 10GM HU .....	79	<i>gentamicin sulfate iv soln 10 mg/ml</i> ....	5
GAMMAGARD SD INJ 5GM HU.....	79	<i>gentamicin sulfate oint 0.1%</i> .....	92
GAMMAKED INJ 10GM/100.....	79	<i>gentamicin sulfate ophth oint 0.3%</i> ....	86
GAMMAKED INJ 1GM/10ML .....	79	<i>gentamicin sulfate ophth soln 0.3%</i> ....	86
GAMMAKED INJ 2.5GM/25 .....	79	GENVOYA TAB .....	10
GAMMAKED INJ 20GM/200.....	79	GEODON INJ 20MG.....	50
GAMMAKED INJ 5GM/50ML .....	79	<i>gildagia tab 0.4-35</i> .....	62
GAMMAPLEX INJ 10%.....	79	GILENYA CAP 0.5MG.....	56
GAMMAPLEX INJ 5% .....	79	GILOTRIF TAB 20MG.....	22
GAMUNEX-C INJ 10GM/100 .....	79	GILOTRIF TAB 30MG.....	22
GAMUNEX-C INJ 1GM/10ML .....	79	GILOTRIF TAB 40MG.....	22
GAMUNEX-C INJ 2.5GM/25.....	79	<i>glatopa inj 20mg/ml</i> .....	56
GAMUNEX-C INJ 20GM/200 .....	79	GLEOSTINE CAP 100MG .....	17
GAMUNEX-C INJ 40/400ML .....	79	GLEOSTINE CAP 10MG.....	17
GAMUNEX-C INJ 5GM/50ML .....	79	GLEOSTINE CAP 40MG.....	17
<i>ganciclovir sodium for inj 500 mg</i> .....	11	GLEOSTINE CAP 5MG.....	17
GARDASIL 9 INJ .....	81	<i>glimepiride tab 1 mg</i> .....	59

<i>glimepiride tab 2 mg</i> .....	59	HAEGARDA INJ 3000UNIT .....	77
<i>glimepiride tab 4 mg</i> .....	59	<i>halobetasol propionate cream 0.05%</i> ..	93
<i>glipizide tab 10 mg</i> .....	59	<i>halobetasol propionate oint 0.05%</i> .....	93
<i>glipizide tab 5 mg</i> .....	59	<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>glipizide tab er 24hr 10 mg</i> .....	59	.....	50
<i>glipizide tab er 24hr 2.5 mg</i> .....	59	<i>haloperidol decanoate im soln 50 mg/ml</i>	
GLIPIZIDE TAB ER 24HR 2.5 MG .....	59	.....	50
<i>glipizide tab er 24hr 5 mg</i> .....	59	<i>haloperidol lactate inj 5 mg/ml</i> .....	50
GLIPIZIDE XL TAB 5MG .....	59	<i>haloperidol lactate oral conc 2 mg/ml</i> .	50
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		<i>haloperidol tab 0.5 mg</i> .....	50
.....	59	<i>haloperidol tab 1 mg</i> .....	50
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		<i>haloperidol tab 10 mg</i> .....	50
.....	59	<i>haloperidol tab 2 mg</i> .....	50
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	59	<i>haloperidol tab 20 mg</i> .....	50
GLUCAGEN INJ HYPOKIT.....	67	<i>haloperidol tab 5 mg</i> .....	50
GLUCAGON KIT 1MG .....	67	HARVONI TAB 90-400MG .....	11
<i>glyburide micronized tab 1.5 mg</i> .....	59	HAVRIX INJ 1440UNIT .....	81
<i>glyburide micronized tab 3 mg</i> .....	59	HAVRIX INJ 720UNIT .....	81
<i>glyburide micronized tab 6 mg</i> .....	59	HEP SOD/NACL INJ 25000UNT .....	76
<i>glyburide tab 1.25 mg</i> .....	59	<i>heparin sodium (porcine) 100 unit/ml in</i>	
<i>glyburide tab 2.5 mg</i> .....	60	<i>d5w</i> .....	76
<i>glyburide tab 5 mg</i> .....	60	HEPARIN SODIUM (PORCINE) 40	
<i>glycopyrrolate inj 4 mg/20ml (0.2</i>		UNIT/ML IN D5W.....	76
<i>mg/ml)</i> .....	72	HEPARIN SODIUM (PORCINE) 50	
<i>glycopyrrolate tab 1 mg</i> .....	72	UNIT/ML IN D5W.....	76
<i>glycopyrrolate tab 2 mg</i> .....	72	<i>heparin sodium (porcine) inj 1000</i>	
GOLYTELY SOL .....	73	<i>unit/ml</i> .....	76
<i>granisetron hcl inj 0.1 mg/ml</i> .....	71	<i>heparin sodium (porcine) inj 10000</i>	
<i>granisetron hcl inj 1 mg/ml</i> .....	71	<i>unit/ml</i> .....	76
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>		<i>heparin sodium (porcine) inj 20000</i>	
.....	71	<i>unit/ml</i> .....	76
<i>granisetron hcl tab 1 mg</i> .....	71	<i>heparin sodium (porcine) inj 5000</i>	
GRANIX INJ 300/0.5 .....	77	<i>unit/ml</i> .....	76
GRANIX INJ 480/0.8 .....	77	HEPATAMINE SOL 8%.....	83
<i>griseofulvin microsize susp 125 mg/5ml</i> 8		HERCEPTIN INJ 150MG .....	20
<i>griseofulvin microsize tab 500 mg</i> .....	8	HERCEPTIN INJ 440MG .....	20
<i>griseofulvin ultramicrosize tab 125 mg</i> .	8	HETLIOZ CAP 20MG.....	54
<i>griseofulvin ultramicrosize tab 250 mg</i> .	8	HEXALEN CAP 50MG .....	17
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HIBERIX SOL 10MCG .....	81
<i>equiv)</i> .....	53	HUMIRA INJ 10MG/0.2.....	78
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HUMIRA KIT 20MG/0.4 .....	78
<i>equiv)</i> .....	53	HUMIRA KIT 40MG/0.8 .....	78
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		HUMIRA PEDIA INJ CROHNS.....	78
<i>equiv)</i> .....	54	HUMIRA PEN INJ 40MG/0.8 .....	78
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HUMIRA PEN INJ CROHNS .....	78
<i>equiv)</i> .....	54	HUMIRA PEN INJ PSORIASI .....	78
<b>H</b>		HUMULIN R INJ U-500 .....	58
HAEGARDA INJ 2000UNIT .....	77	<i>hydralazine hcl inj 20 mg/ml</i> .....	36

<i>hydralazine hcl tab 10 mg</i> .....	36	<i>hydroxyzine hcl tab 10 mg</i> .....	88
<i>hydralazine hcl tab 100 mg</i> .....	36	<i>hydroxyzine hcl tab 25 mg</i> .....	88
<i>hydralazine hcl tab 25 mg</i> .....	36	<i>hydroxyzine hcl tab 50 mg</i> .....	88
<i>hydralazine hcl tab 50 mg</i> .....	36	<i>hydroxyzine pamoate cap 100 mg</i> .....	88
<i>hydrochlorothiazide cap 12.5 mg</i> .....	35	<i>hydroxyzine pamoate cap 25 mg</i> .....	88
<i>hydrochlorothiazide tab 12.5 mg</i> .....	35	<i>hydroxyzine pamoate cap 50 mg</i> .....	88
<i>hydrochlorothiazide tab 25 mg</i> .....	35	HYSINGLA ER TAB 100 MG .....	3
<i>hydrochlorothiazide tab 50 mg</i> .....	35	HYSINGLA ER TAB 120 MG .....	3
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	3	HYSINGLA ER TAB 20 MG .....	3
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	3	HYSINGLA ER TAB 30 MG .....	3
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	3	HYSINGLA ER TAB 40 MG .....	3
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	3	HYSINGLA ER TAB 60 MG .....	3
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	3	HYSINGLA ER TAB 80 MG .....	3
<i>hydrocortisone butyrate cream 0.1%</i> .....	93	<b>I</b>	
<i>hydrocortisone butyrate oint 0.1%</i> .....	93	IBRANCE CAP 100MG .....	20
<i>hydrocortisone butyrate soln 0.1%</i> .....	93	IBRANCE CAP 125MG .....	20
<i>hydrocortisone cream 1%</i> .....	94	IBRANCE CAP 75MG .....	20
<i>hydrocortisone cream 2.5%</i> .....	94	<i>ibuprofen susp 100 mg/5ml</i> .....	1
<i>hydrocortisone enema 100 mg/60ml</i> .....	72	<i>ibuprofen tab 400 mg</i> .....	1
HYDROCORTISONE ENEMA 100 MG/60ML .....	72	<i>ibuprofen tab 600 mg</i> .....	1
<i>hydrocortisone lotion 2.5%</i> .....	94	<i>ibuprofen tab 800 mg</i> .....	1
<i>hydrocortisone oint 1%</i> .....	94	ICLUSIG TAB 15MG .....	22
<i>hydrocortisone oint 2.5%</i> .....	94	ICLUSIG TAB 45MG .....	22
<i>hydrocortisone rectal cream 2.5%</i> .....	92	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> .....	18
<i>hydrocortisone tab 10 mg</i> .....	66	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> .....	18
<i>hydrocortisone tab 20 mg</i> .....	66	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> .....	18
<i>hydrocortisone tab 5 mg</i> .....	66	.....	18
<i>hydrocortisone valerate cream 0.2%</i> .....	94	IDHIFA TAB 100MG .....	20
<i>hydrocortisone valerate oint 0.2%</i> .....	94	IDHIFA TAB 50MG .....	20
<i>hydromorphone hcl liqd 1 mg/ml</i> .....	3	IFEX INJ 3GM .....	17
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i> .....	3	<i>ifosfamide for inj 1 gm</i> .....	17
<i>hydromorphone hcl tab 2 mg</i> .....	3	IFOSFAMIDE INJ 3GM .....	17
<i>hydromorphone hcl tab 4 mg</i> .....	3	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i> .....	17
<i>hydromorphone hcl tab 8 mg</i> .....	3	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> .....	17
<i>hydroxychloroquine sulfate tab 200 mg</i> .....	78	.....	17
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i> .....	21	ILEVRO DRO 0.3% OP .....	86
<i>hydroxyurea cap 500 mg</i> .....	23	<i>imatinib mesylate tab 100 mg (base equivalent)</i> .....	22
<i>hydroxyzine hcl im soln 25 mg/ml</i> .....	88	<i>imatinib mesylate tab 400 mg (base equivalent)</i> .....	22
<i>hydroxyzine hcl im soln 50 mg/ml</i> .....	88	IMBRUVICA CAP 140MG .....	22
<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	88	<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....	6
		<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	6

<i>imipramine hcl tab 10 mg</i> .....	46	IONOSOL-MB INJ /D5W .....	84
<i>imipramine hcl tab 25 mg</i> .....	46	IPOL INJ INACTIVE .....	81
<i>imipramine hcl tab 50 mg</i> .....	46	<i>ipratropium bromide inhal soln 0.02%</i> .....	88
<i>imiquimod cream 5%</i> .....	94	<i>ipratropium bromide nasal soln 0.03%</i> <i>(21 mcg/spray)</i> .....	88
IMOVAX RABIE INJ 2.5/ML .....	81	<i>ipratropium bromide nasal soln 0.06%</i> <i>(42 mcg/spray)</i> .....	88
INCRELEX INJ 40MG/4ML .....	67	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i> .....	88
INCRUSE ELPT INH 62.5MCG .....	88	<i>irbesartan tab 150 mg</i> .....	28
<i>indapamide tab 1.25 mg</i> .....	35	<i>irbesartan tab 300 mg</i> .....	28
<i>indapamide tab 2.5 mg</i> .....	35	<i>irbesartan tab 75 mg</i> .....	28
INFANRIX INJ .....	81	<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i> .....	27
INLYTA TAB 1MG .....	22	<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i> .....	27
INLYTA TAB 5MG .....	22	IRESSA TAB 250MG .....	22
INSULIN PEN NEEDLE .....	58	<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i> .....	24
INSULIN SAFETY NEEDLES .....	58	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i> .....	24
INSULIN SYRINGE .....	58	<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i> .....	24
INTELENCE TAB 100MG .....	9	ISENTRESS CHW 100MG .....	9
INTELENCE TAB 200MG .....	9	ISENTRESS CHW 25MG .....	9
INTELENCE TAB 25MG .....	9	ISENTRESS HD TAB 600MG .....	9
INTRALIPID INJ 20% .....	83	ISENTRESS POW 100MG .....	9
INTRALIPID INJ 30% .....	83	ISENTRESS TAB 400MG .....	9
INTRON A INJ 10MU .....	79	<i>isibloom tab 0.15-30</i> .....	62
INTRON A INJ 18MU .....	79	ISOLYTE-P INJ /D5W .....	84
INTRON A INJ 25MU .....	80	ISOLYTE-S INJ .....	84
INTRON A INJ 50MU .....	80	<i>isoniazid inj 100 mg/ml</i> .....	11
<i>introvale tab</i> .....	62	<i>isoniazid syrup 50 mg/5ml</i> .....	11
INVANZ INJ 1GM .....	6	<i>isoniazid tab 100 mg</i> .....	11
INVEGA SUST INJ 117/0.75 .....	50	<i>isoniazid tab 300 mg</i> .....	11
INVEGA SUST INJ 156MG/ML .....	50	<i>isosorbide dinitrate tab 10 mg</i> .....	36
INVEGA SUST INJ 234/1.5 .....	50	<i>isosorbide dinitrate tab 20 mg</i> .....	36
INVEGA SUST INJ 39/0.25 .....	50	<i>isosorbide dinitrate tab 30 mg</i> .....	36
INVEGA SUST INJ 78/0.5ML .....	50	<i>isosorbide dinitrate tab 5 mg</i> .....	36
INVEGA TRINZ INJ 273MG .....	50	<i>isosorbide dinitrate tab er 40 mg</i> .....	36
INVEGA TRINZ INJ 410MG .....	50	<i>isosorbide mononitrate tab 10 mg</i> .....	36
INVEGA TRINZ INJ 546MG .....	50	<i>isosorbide mononitrate tab 20 mg</i> .....	36
INVEGA TRINZ INJ 819MG .....	50	<i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i> .....	36
INVIRASE CAP 200MG .....	9	<i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i> .....	36
INVIRASE TAB 500MG .....	9	<i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i> .....	36
INVOKAMET TAB 150-1000 .....	60		
INVOKAMET TAB 150-500 .....	60		
INVOKAMET TAB 50-1000 .....	60		
INVOKAMET TAB 50-500MG .....	60		
INVOKAMET XR TAB 150-1000 .....	60		
INVOKAMET XR TAB 150-500 .....	60		
INVOKAMET XR TAB 50-1000 .....	60		
INVOKAMET XR TAB 50-500MG .....	60		
INVOKANA TAB 100MG .....	60		
INVOKANA TAB 300MG .....	60		
IONOSOL-B/ INJ D5W .....	84		

<i>isotretinoin cap 10 mg</i> .....	91	JUXTAPID CAP 5MG .....	31
<i>isotretinoin cap 20 mg</i> .....	91	JUXTAPID CAP 60MG .....	31
<i>isotretinoin cap 40 mg</i> .....	91	<b>K</b>	
<i>isradipine cap 2.5 mg</i> .....	34	KADCYLA INJ 100MG .....	20
<i>isradipine cap 5 mg</i> .....	34	KADCYLA INJ 160MG .....	20
ISTALOL SOL 0.5% OP .....	87	KALETRA SOL .....	10
ISTODAX OVR INJ 10MG .....	20	KALETRA TAB 100-25MG .....	10
<i>itraconazole cap 100 mg</i> .....	8	KALETRA TAB 200-50MG .....	10
<i>ivermectin tab 3 mg</i> .....	6	KALYDECO PAK 50MG .....	90
IXIARO INJ .....	81	KALYDECO PAK 75MG .....	90
<b>J</b>		KALYDECO TAB 150MG .....	90
JAKAFI TAB 10MG .....	22	<i>kariva tab 28 day</i> .....	62
JAKAFI TAB 15MG .....	22	KCL 10 MEQ/L (0.075%) IN DEXTROSE	
JAKAFI TAB 20MG .....	22	5% & NACL 0.45% INJ .....	84
JAKAFI TAB 25MG .....	22	KCL 20 MEQ/L (0.15%) IN DEXTROSE	
JAKAFI TAB 5MG .....	22	5% & NACL 0.2% INJ .....	84
<i>jantoven tab 10mg</i> .....	77	KCL 20 MEQ/L (0.15%) IN DEXTROSE	
<i>jantoven tab 1mg</i> .....	76	5% & NACL 0.33% INJ .....	84
<i>jantoven tab 2.5mg</i> .....	76	KCL 20 MEQ/L (0.15%) IN DEXTROSE	
<i>jantoven tab 2mg</i> .....	76	5% & NACL 0.45% INJ .....	84
<i>jantoven tab 3mg</i> .....	77	KCL 20 MEQ/L (0.15%) IN DEXTROSE	
<i>jantoven tab 4mg</i> .....	77	5% & NACL 0.9% INJ .....	84
<i>jantoven tab 5mg</i> .....	77	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>jantoven tab 6mg</i> .....	77	.....	84
<i>jantoven tab 7.5mg</i> .....	77	KCL 20 MEQ/L (0.15%) IN NACL 0.45%	
JANUMET TAB 50-1000 .....	60	INJ .....	84
JANUMET TAB 50-500MG .....	60	KCL 20 MEQ/L (0.15%) IN NACL 0.9%	
JANUMET XR TAB 100-1000 .....	60	INJ .....	84
JANUMET XR TAB 50-1000 .....	60	KCL 30 MEQ/L (0.224%) IN DEXTROSE	
JANUMET XR TAB 50-500MG .....	60	5% & NACL 0.45% INJ .....	84
JANUVIA TAB 100MG .....	60	KCL 40 MEQ/L (0.3%) IN DEXTROSE 5%	
JANUVIA TAB 25MG .....	60	& NACL 0.45% INJ .....	84
JANUVIA TAB 50MG .....	60	KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	
JENTADUETO TAB 2.5-1000 .....	60	.....	84
JENTADUETO TAB 2.5-500 .....	60	KCL/D5W/NACL INJ 0.15/0.2 .....	84
JENTADUETO TAB 2.5-850 .....	60	KCL/D5W/NACL INJ 0.3/0.9% .....	84
JENTADUETO TAB XR .....	60	<i>kelnor tab 1/35</i> .....	62
<i>jinteli tab 1mg-5mcg</i> .....	66	<i>ketoconazole cream 2%</i> .....	92
JOLIVETTE TAB 0.35MG .....	62	<i>ketoconazole shampoo 2%</i> .....	93
<i>juleber tab</i> .....	62	<i>ketoconazole tab 200 mg</i> .....	8
<i>junel 1.5/30 tab</i> .....	62	<i>ketoprofen cap 50 mg</i> .....	1
<i>junel 1/20 tab</i> .....	62	<i>ketoprofen cap 75 mg</i> .....	1
<i>junel fe tab 1.5/30</i> .....	62	<i>ketorolac tromethamine ophth soln 0.4%</i>	
<i>junel fe tab 1/20</i> .....	62	.....	86
JUXTAPID CAP 10MG .....	31	<i>ketorolac tromethamine ophth soln 0.5%</i>	
JUXTAPID CAP 20MG .....	31	.....	86
JUXTAPID CAP 30MG .....	31	KEYTRUDA INJ 100MG/4M .....	20
JUXTAPID CAP 40MG .....	31	KEYTRUDA SOL 50MG .....	20

<i>kimidess tab</i> .....	62	<i>lamotrigine tab er 24hr 300 mg</i> .....	40
KINRIX INJ.....	81	<i>lamotrigine tab er 24hr 50 mg</i> .....	40
<i>kionex pow</i> .....	61	<i>lansoprazole cap delayed release 15 mg</i> .....	74
<i>kionex sus 15gm/60</i> .....	61	<i>lansoprazole cap delayed release 30 mg</i> .....	74
KISQALI 200 PAK FEMARA .....	20	LANTUS INJ 100/ML .....	58
KISQALI 400 PAK FEMARA .....	20	LANTUS INJ SOLOSTAR.....	58
KISQALI 600 PAK FEMARA .....	20	<i>larin fe tab 1.5/30</i> .....	62
KISQALI TAB 200DOSE.....	20	<i>larin fe tab 1/20</i> .....	62
KISQALI TAB 400DOSE.....	20	<i>larin tab 1.5/30</i> .....	62
KISQALI TAB 600DOSE.....	20	<i>larin tab 1/20</i> .....	63
KLOR-CON 10 TAB 10MEQ ER.....	82	LASTACRAFT SOL 0.25%.....	87
KLOR-CON 8 TAB 8MEQ ER .....	82	<i>latanoprost ophth soln 0.005%</i> .....	87
<i>klor-con m15 tab 15meq er</i> .....	82	LATUDA TAB 120MG .....	50
KORLYM TAB 300MG .....	68	LATUDA TAB 20MG.....	50
KUVAN POW 100MG .....	65	LATUDA TAB 40MG.....	50
KUVAN POW 500MG .....	65	LATUDA TAB 60MG.....	50
KUVAN TAB 100MG .....	65	LATUDA TAB 80MG.....	50
KYNAMRO INJ 200MG/ML.....	31	<i>leflunomide tab 10 mg</i> .....	78
<b>L</b>		<i>leflunomide tab 20 mg</i> .....	78
<i>labetalol hcl tab 100 mg</i> .....	32	LENVIMA CAP 10 MG .....	22
<i>labetalol hcl tab 200 mg</i> .....	32	LENVIMA CAP 14 MG .....	22
<i>labetalol hcl tab 300 mg</i> .....	32	LENVIMA CAP 18 MG .....	22
LACTATED RINGER'S SOLUTION .....	84	LENVIMA CAP 20 MG .....	22
<i>lactic acid (ammonium lactate) cream</i> 12%.....	94	LENVIMA CAP 24 MG .....	22
<i>lactic acid (ammonium lactate) lotion</i> 12%.....	94	LENVIMA CAP 8 MG .....	22
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i> .....	73	<i>lessina tab</i> .....	63
<i>lactulose solution 10 gm/15ml</i> .....	73	LETAIRIS TAB 10MG .....	37
<i>lamivudine oral soln 10 mg/ml</i> .....	9	LETAIRIS TAB 5MG.....	37
<i>lamivudine tab 100 mg (hbv)</i> .....	11	<i>letrozole tab 2.5 mg</i> .....	21
<i>lamivudine tab 150 mg</i> .....	9	<i>leucovorin calcium for inj 100 mg</i> .....	24
<i>lamivudine tab 300 mg</i> .....	9	<i>leucovorin calcium for inj 200 mg</i> .....	24
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	10	<i>leucovorin calcium for inj 350 mg</i> .....	24
<i>lamotrigine tab 100 mg</i> .....	40	<i>leucovorin calcium for inj 50 mg</i> .....	24
<i>lamotrigine tab 150 mg</i> .....	40	<i>leucovorin calcium for inj 500 mg</i> .....	24
<i>lamotrigine tab 200 mg</i> .....	40	<i>leucovorin calcium tab 10 mg</i> .....	24
<i>lamotrigine tab 25 mg</i> .....	40	<i>leucovorin calcium tab 15 mg</i> .....	24
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i> .....	40	<i>leucovorin calcium tab 25 mg</i> .....	24
<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i> .....	40	<i>leucovorin calcium tab 5 mg</i> .....	24
<i>lamotrigine tab er 24hr 100 mg</i> .....	40	LEUKERAN TAB 2MG.....	17
<i>lamotrigine tab er 24hr 200 mg</i> .....	40	LEUKINE INJ 250MCG .....	77
<i>lamotrigine tab er 24hr 25 mg</i> .....	40	<i>leuprolide acetate inj kit 5 mg/ml</i> .....	21
<i>lamotrigine tab er 24hr 250 mg</i> .....	40	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i> .....	89
		<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i> .....	89
		LEVALBUTEROL TARTRATE INHAL	



AEROSOL 45 MCG/ACT (BASE EQUIV) .89	<i>day) tab 0.15-0.03 mg</i> ..... 63
LEVEMIR INJ .....58	LEVONORGESTREL & ETHINYL
LEVEMIR INJ FLEXTOUC.....58	ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
LEVETIRACETA INJ 10MG/ML.....40	..... 63
LEVETIRACETA INJ 15MG/ML.....41	<i>levonorgestrel &amp; ethinyl estradiol tab 0.1</i>
LEVETIRACETA INJ 5MG/ML .....40	<i>mg-20 mcg</i> ..... 63
LEVETIRACETAM IN SODIUM CHLORIDE	<i>levonorgestrel &amp; ethinyl estradiol tab</i>
IV SOLN 1000 MG/100ML .....41	<i>0.15 mg-30 mcg</i> ..... 63
LEVETIRACETAM IN SODIUM CHLORIDE	<i>levonorgestrel tab 1.5 mg</i> ..... 63
IV SOLN 1500 MG/100ML .....41	<i>levonorgestrel-eth estra tab 0.05-</i>
LEVETIRACETAM IN SODIUM CHLORIDE	<i>30/0.075-40/0.125-30mg-mcg</i> ..... 63
IV SOLN 500 MG/100ML .....41	<i>levora-28 tab 0.15/30</i> ..... 63
<i>levetiracetam inj 500 mg/5ml (100</i>	<i>levothyroxine sodium tab 100 mcg</i> ..... 69
<i>mg/ml)</i> .....41	<i>levothyroxine sodium tab 112 mcg</i> ..... 69
<i>levetiracetam oral soln 100 mg/ml</i> .....41	<i>levothyroxine sodium tab 125 mcg</i> ..... 69
<i>levetiracetam tab 1000 mg</i> .....41	<i>levothyroxine sodium tab 137 mcg</i> ..... 69
<i>levetiracetam tab 250 mg</i> .....41	<i>levothyroxine sodium tab 150 mcg</i> ..... 69
<i>levetiracetam tab 500 mg</i> .....41	<i>levothyroxine sodium tab 175 mcg</i> ..... 69
<i>levetiracetam tab 750 mg</i> .....41	<i>levothyroxine sodium tab 200 mcg</i> ..... 69
<i>levetiracetam tab er 24hr 500 mg</i> .....41	<i>levothyroxine sodium tab 25 mcg</i> ..... 69
<i>levetiracetam tab er 24hr 750 mg</i> .....41	LEVOTHYROXINE SODIUM TAB 300 MCG
<i>levobunolol hcl ophth soln 0.5%</i> .....87	..... 69
<i>levocarnitine inj 200 mg/ml</i> .....65	<i>levothyroxine sodium tab 50 mcg</i> ..... 69
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	LEVOTHYROXINE SODIUM TAB 75 MCG
.....65	..... 69
<i>levocarnitine tab 330 mg</i> .....65	<i>levothyroxine sodium tab 88 mcg</i> ..... 69
<i>levocetirizine dihydrochloride soln 2.5</i>	LEVOXYL TAB 100MCG..... 69
<i>mg/5ml (0.5 mg/ml)</i> .....88	LEVOXYL TAB 112MCG..... 69
<i>levocetirizine dihydrochloride tab 5 mg</i> 88	LEVOXYL TAB 125MCG..... 69
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	LEVOXYL TAB 137MCG..... 69
.....15	LEVOXYL TAB 150MCG..... 69
<i>levofloxacin in d5w iv soln 500</i>	LEVOXYL TAB 175MCG..... 69
<i>mg/100ml</i> .....15	LEVOXYL TAB 200MCG..... 69
<i>levofloxacin in d5w iv soln 750</i>	LEVOXYL TAB 25MCG..... 69
<i>mg/150ml</i> .....15	LEVOXYL TAB 50MCG..... 69
<i>levofloxacin iv soln 25 mg/ml</i> .....15	LEVOXYL TAB 75MCG..... 69
<i>levofloxacin oral soln 25 mg/ml</i> .....15	LEVOXYL TAB 88MCG..... 69
<i>levofloxacin tab 250 mg</i> .....15	LEXIVA SUS 50MG/ML ..... 9
<i>levofloxacin tab 500 mg</i> .....15	LEXIVA TAB 700MG ..... 9
<i>levofloxacin tab 750 mg</i> .....15	<i>lidocaine hcl gel 2%</i> ..... 94
LEVOLEUCOVOR INJ 175MG .....24	<i>lidocaine hcl local inj 0.5%</i> ..... 4
<i>levoleuovor sol 250mg/25</i> .....24	<i>lidocaine hcl local inj 1%</i> ..... 4
<i>levoleuovorin calcium for iv inj 50 mg</i>	<i>lidocaine hcl local inj 2%</i> ..... 4
<i>(base equiv)</i> .....24	<i>lidocaine hcl local preservative free (pf)</i>
<i>levoleuovorin calcium inj 175</i>	<i>inj 0.5%</i> ..... 5
<i>mg/17.5ml (base equiv)</i> .....24	<i>lidocaine hcl local preservative free (pf)</i>
<i>levonest tab</i> .....63	<i>inj 1%</i> ..... 5
<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	<i>lidocaine hcl local preservative free (pf)</i>

<i>inj 1.5%</i> .....	5	<i>loryna tab 3-0.02mg</i> .....	63
<i>lidocaine hcl soln 4%</i> .....	94	<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>lidocaine hcl viscous soln 2%</i> .....	95	<i>tab 100-12.5 mg</i> .....	27
<i>lidocaine oint 5%</i> .....	94	<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>lidocaine patch 5%</i> .....	94	<i>tab 100-25 mg</i> .....	27
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ...	94	<i>losartan potassium &amp; hydrochlorothiazide</i>	
LINEZOLID FOR SUSP 100 MG/5ML.....	6	<i>tab 50-12.5 mg</i> .....	27
LINEZOLID IN SODIUM CHLORIDE IV		<i>losartan potassium tab 100 mg</i> .....	28
SOLN 600 MG/300ML-0.9% .....	6	<i>losartan potassium tab 25 mg</i> .....	28
<i>linezolid iv soln 600 mg/300ml (2</i>		<i>losartan potassium tab 50 mg</i> .....	28
<i>mg/ml)</i> .....	6	LOTEMAX GEL 0.5% .....	86
LINEZOLID TAB 600 MG .....	6	LOTEMAX OIN 0.5% .....	86
LINZESS CAP 145MCG.....	73	LOTEMAX SUS 0.5%.....	86
LINZESS CAP 290MCG.....	73	<i>lovastatin tab 10 mg</i> .....	30
LINZESS CAP 72MCG .....	73	<i>lovastatin tab 20 mg</i> .....	30
<i>liothyronine sodium tab 25 mcg</i> .....	69	<i>lovastatin tab 40 mg</i> .....	30
<i>liothyronine sodium tab 5 mcg</i> .....	69	<i>loxapine succinate cap 10 mg</i> .....	51
<i>liothyronine sodium tab 50 mcg</i> .....	69	<i>loxapine succinate cap 25 mg</i> .....	51
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>		<i>loxapine succinate cap 5 mg</i> .....	50
<i>12.5 mg</i> .....	25	<i>loxapine succinate cap 50 mg</i> .....	51
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		LUMIGAN SOL 0.01% .....	87
<i>12.5 mg</i> .....	25	LUMIZYME INJ 50MG .....	65
<i>lisinopril &amp; hydrochlorothiazide tab 20-25</i>		LUPR DEP-PED INJ 11.25MG .....	68
<i>mg</i> .....	25	LUPR DEP-PED INJ 15MG .....	68
<i>lisinopril tab 10 mg</i> .....	26	LUPR DEP-PED INJ 3M 30MG .....	68
<i>lisinopril tab 2.5 mg</i> .....	26	LUPR DEP-PED INJ 7.5MG .....	68
<i>lisinopril tab 20 mg</i> .....	26	LUPRON DEPOT INJ 11.25MG.....	21
<i>lisinopril tab 30 mg</i> .....	26	LUPRON DEPOT INJ 3.75MG .....	21
<i>lisinopril tab 40 mg</i> .....	26	<i>lutra tab</i> .....	63
<i>lisinopril tab 5 mg</i> .....	26	LYNPARZA CAP 50MG .....	20
<i>lithium carbonate cap 150 mg</i> .....	56	LYRICA CAP 100MG .....	41
<i>lithium carbonate cap 300 mg</i> .....	56	LYRICA CAP 150MG .....	41
<i>lithium carbonate cap 600 mg</i> .....	56	LYRICA CAP 200MG .....	41
<i>lithium carbonate tab 300 mg</i> .....	56	LYRICA CAP 225MG .....	41
<i>lithium carbonate tab er 300 mg</i> .....	56	LYRICA CAP 25MG .....	41
<i>lithium carbonate tab er 450 mg</i> .....	56	LYRICA CAP 300MG .....	41
LITHIUM SOL 8MEQ/5ML.....	56	LYRICA CAP 50MG .....	41
LONSURF TAB 15-6.14 .....	23	LYRICA CAP 75MG .....	41
LONSURF TAB 20-8.19 .....	23	LYRICA SOL 20MG/ML.....	41
<i>loperamide hcl cap 2 mg</i> .....	73	LYSODREN TAB 500MG .....	21
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		<i>lyza tab 0.35mg</i> .....	63
<i>(80-20 mg/ml)</i> .....	10	<b>M</b>	
<i>lorazepam con 2mg/ml</i> .....	38	MAGNESIUM SU INJ 20/500ML.....	82
<i>lorazepam inj 2 mg/ml</i> .....	38	MAGNESIUM SU INJ 2GM/50ML.....	82
<i>lorazepam inj 4 mg/ml</i> .....	38	MAGNESIUM SU INJ 40G/1000 .....	82
<i>lorazepam tab 0.5 mg</i> .....	38	MAGNESIUM SU INJ 4G/100ML .....	82
<i>lorazepam tab 1 mg</i> .....	38	MAGNESIUM SU INJ 80MG/ML .....	82
<i>lorazepam tab 2 mg</i> .....	38	<i>magnesium sulfite in dextrose 5% iv</i>	

<i>soln 1 gm/100ml</i> .....	82	<i>mesalamine enema 4 gm</i> .....	73
<i>magnesium sulfate inj 50%</i> .....	82	<i>mesalamine rectal enema 4 gm &amp;</i>	
MAGNESIUM SULFATE INJ 50% .....	82	<i>cleanser wipe kit</i> .....	73
<i>magnesium sulfate iv soln 2 gm/50ml</i>		MESALAMINE TAB DELAYED RELEASE	
<i>(40 mg/ml)</i> .....	82	800 MG .....	73
<i>malathion lotion 0.5%</i> .....	95	<i>mesna inj 100 mg/ml</i> .....	24
<i>maprotiline hcl tab 25 mg</i> .....	46	MESNEX TAB 400MG .....	24
<i>maprotiline hcl tab 50 mg</i> .....	46	<i>metformin hcl tab 1000 mg</i> .....	60
<i>maprotiline hcl tab 75 mg</i> .....	46	<i>metformin hcl tab 500 mg</i> .....	60
<i>marlissa tab 0.15/30</i> .....	63	<i>metformin hcl tab 850 mg</i> .....	60
MARPLAN TAB 10MG .....	46	<i>metformin hcl tab er 24hr 500 mg</i> .....	60
MATULANE CAP 50MG .....	23	<i>metformin hcl tab er 24hr 750 mg</i> .....	60
MAVYRET TAB 100-40MG .....	11	<i>methadone con 10mg/ml</i> .....	3
MAXIDEX SUS 0.1% OP .....	86	<i>methadone hcl soln 10 mg/5ml</i> .....	3
<i>meclizine hcl tab 12.5 mg</i> .....	71	<i>methadone hcl soln 5 mg/5ml</i> .....	3
<i>meclizine hcl tab 25 mg</i> .....	71	<i>methadone hcl tab 10 mg</i> .....	3
<i>medroxyprogesterone acetate im susp</i>		<i>methadone hcl tab 5 mg</i> .....	3
<i>150 mg/ml</i> .....	63	<i>methazolamide tab 25 mg</i> .....	35
MEDROXYPROGESTERONE ACETATE IM		<i>methazolamide tab 50 mg</i> .....	35
SUSP PREFILLED SYR 150 MG/ML .....	63	<i>methenamine hippurate tab 1 gm</i> .....	6
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>methergine tab 0.2mg</i> .....	68
.....	69	<i>methimazole tab 10 mg</i> .....	69
<i>medroxyprogesterone acetate tab 2.5</i>		<i>methimazole tab 5 mg</i> .....	69
<i>mg</i> .....	69	<i>methocarbamol tab 500 mg</i> .....	57
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>methocarbamol tab 750 mg</i> .....	57
.....	69	<i>methotrexate sodium for inj 1 gm</i> .....	18
<i>mefloquine hcl tab 250 mg</i> .....	8	<i>methotrexate sodium inj 250 mg/10ml</i>	
<i>megestrol acetate susp 40 mg/ml</i> .....	21	<i>(25 mg/ml)</i> .....	19
MEGESTROL ACETATE SUSP 625 MG/5ML		METHOTREXATE SODIUM INJ 50 MG/2ML	
.....	21	<i>(25 MG/ML)</i> .....	18
<i>megestrol acetate tab 20 mg</i> .....	21	<i>methotrexate sodium inj pf 100 mg/4ml</i>	
<i>megestrol acetate tab 40 mg</i> .....	21	<i>(25 mg/ml)</i> .....	19
MEKINIST TAB 0.5MG .....	22	<i>methotrexate sodium inj pf 1000</i>	
MEKINIST TAB 2MG .....	22	<i>mg/40ml (25 mg/ml)</i> .....	19
MELOXICAM SUSP 7.5 MG/5ML .....	1	<i>methotrexate sodium inj pf 200 mg/8ml</i>	
<i>meloxicam tab 15 mg</i> .....	1	<i>(25 mg/ml)</i> .....	19
<i>meloxicam tab 7.5 mg</i> .....	1	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
<i>melphalan hcl for inj 50 mg (base equiv)</i>		<i>(25 mg/ml)</i> .....	19
.....	17	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>memantine hcl oral solution 2 mg/ml</i> ..	43	<i>(25 mg/ml)</i> .....	19
MEMANTINE HCL TAB 10 MG .....	43	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>memantine hcl tab 5 mg</i> .....	43	<i>equiv)</i> .....	78
MENACTRA INJ .....	81	<i>methyclothiazide tab 5 mg</i> .....	35
MENOMUNE INJ A/C/Y/W .....	81	<i>methylergonovine maleate tab 0.2 mg</i>	68
MENVEO INJ .....	81	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	54
<i>mercaptapurine tab 50 mg</i> .....	18	<i>methylphenidate hcl soln 5 mg/5ml</i> ....	54
<i>meropenem iv for soln 1 gm</i> .....	6	<i>methylphenidate hcl tab 10 mg</i> .....	54
<i>meropenem iv for soln 500 mg</i> .....	6	<i>methylphenidate hcl tab 20 mg</i> .....	54

<i>methylphenidate hcl tab 5 mg</i> .....	54	<i>metronidazole cream 0.75%</i> .....	94
<i>methylphenidate hcl tab er 10 mg</i> .....	54	<i>metronidazole gel 0.75%</i> .....	94
<i>methylphenidate hcl tab er 20 mg</i> .....	54	<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>methylprednisolone acetate inj susp 40</i>		<i>mg/100ml</i> .....	6
<i>mg/ml</i> .....	66	<i>metronidazole lotion 0.75%</i> .....	94
<i>methylprednisolone acetate inj susp 80</i>		<i>metronidazole tab 250 mg</i> .....	6
<i>mg/ml</i> .....	66	<i>metronidazole tab 500 mg</i> .....	6
<i>methylprednisolone sod succ for inj 1000</i>		<i>metronidazole vaginal gel 0.75%</i> .....	75
<i>mg (base equiv)</i> .....	67	<i>mexiletine hcl cap 150 mg</i> .....	29
<i>methylprednisolone sod succ for inj 125</i>		<i>mexiletine hcl cap 200 mg</i> .....	29
<i>mg (base equiv)</i> .....	67	<i>mexiletine hcl cap 250 mg</i> .....	29
<i>methylprednisolone sod succ for inj 40</i>		<i>MG SO4/D5W INJ 10MG/ML</i> .....	82
<i>mg (base equiv)</i> .....	67	<i>MG SO4/D5W INJ 20MG/ML</i> .....	82
<i>methylprednisolone tab 16 mg</i> .....	67	<i>MIACALCIN INJ 200/ML</i> .....	68
<i>methylprednisolone tab 32 mg</i> .....	67	<i>midodrine hcl tab 10 mg</i> .....	36
<i>methylprednisolone tab 4 mg</i> .....	67	<i>midodrine hcl tab 2.5 mg</i> .....	36
<i>methylprednisolone tab 8 mg</i> .....	67	<i>midodrine hcl tab 5 mg</i> .....	36
<i>methylprednisolone tab therapy pack 4</i>		<i>migergot sup 2/100</i> .....	55
<i>mg (21)</i> .....	67	<i>minitran dis 0.1mg/hr</i> .....	36
<i>metipranolol ophth soln 0.3%</i> .....	87	<i>minitran dis 0.2mg/hr</i> .....	36
<i>metoclopramide hcl inj 5 mg/ml</i> .....	71	<i>minitran dis 0.4mg/hr</i> .....	36
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>minitran dis 0.6mg/hr</i> .....	36
<i>mg/10ml)</i> .....	71	<i>minocycline hcl cap 100 mg</i> .....	17
<i>metoclopramide hcl tab 10 mg</i> .....	71	<i>minocycline hcl cap 50 mg</i> .....	17
<i>metoclopramide hcl tab 5 mg</i> .....	71	<i>minocycline hcl cap 75 mg</i> .....	17
<i>metolazone tab 10 mg</i> .....	35	<i>minoxidil tab 10 mg</i> .....	36
<i>metolazone tab 2.5 mg</i> .....	35	<i>minoxidil tab 2.5 mg</i> .....	36
<i>metolazone tab 5 mg</i> .....	35	<i>mirtazapine orally disintegrating tab 15</i>	
<i>metoprolol &amp; hydrochlorothiazide tab</i>		<i>mg</i> .....	46
<i>100-25 mg</i> .....	31	<i>mirtazapine orally disintegrating tab 30</i>	
<i>metoprolol &amp; hydrochlorothiazide tab</i>		<i>mg</i> .....	46
<i>100-50 mg</i> .....	31	<i>mirtazapine orally disintegrating tab 45</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 50-</i>		<i>mg</i> .....	46
<i>25 mg</i> .....	31	<i>mirtazapine tab 15 mg</i> .....	46
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>mirtazapine tab 30 mg</i> .....	46
<i>(tartrate equiv)</i> .....	32	<i>mirtazapine tab 45 mg</i> .....	46
<i>metoprolol succinate tab er 24hr 200 mg</i>		<i>mirtazapine tab 7.5 mg</i> .....	46
<i>(tartrate equiv)</i> .....	32	<i>misoprostol tab 100 mcg</i> .....	74
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>misoprostol tab 200 mcg</i> .....	74
<i>(tartrate equiv)</i> .....	32	<i>mitomycin for iv soln 20 mg</i> .....	18
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>mitomycin for iv soln 40 mg</i> .....	18
<i>(tartrate equiv)</i> .....	32	<i>mitomycin for iv soln 5 mg</i> .....	18
<i>metoprolol tartrate iv soln 5 mg/5ml ...</i>	32	<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>	
<i>mg/5ml (1 mg/ml)</i> .....	32	<i>mg/ml)</i> .....	23
<i>metoprolol tartrate tab 100 mg</i> .....	32	<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>	
<i>metoprolol tartrate tab 25 mg</i> .....	32	<i>(2 mg/ml)</i> .....	23
<i>metoprolol tartrate tab 50 mg</i> .....	32	<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>	
		<i>mg/ml)</i> .....	23

M-M-R II INJ .....	81
moexipril hcl tab 15 mg .....	26
moexipril hcl tab 7.5 mg .....	26
moexipril-hydrochlorothiazide tab 15- 12.5 mg .....	25
moexipril-hydrochlorothiazide tab 15-25 mg .....	25
moexipril-hydrochlorothiazide tab 7.5- 12.5 mg .....	25
molindone hcl tab 10 mg .....	51
molindone hcl tab 25 mg .....	51
mometasone furoate cream 0.1% .....	94
mometasone furoate oint 0.1% .....	94
mometasone furoate solution 0.1% (lotion) .....	94
MONONESSA TAB .....	63
montelukast sodium chew tab 4 mg (base equiv) .....	89
montelukast sodium chew tab 5 mg (base equiv) .....	89
montelukast sodium oral granules packet 4 mg (base equiv) .....	89
montelukast sodium tab 10 mg (base equiv) .....	89
MORPHINE SUL INJ 150/30ML .....	3
MORPHINE SUL INJ 2MG/ML .....	3
MORPHINE SUL INJ 4MG/ML .....	3
MORPHINE SUL INJ 8MG/ML .....	3
morphine sulfate inj pf 0.5 mg/ml .....	3
morphine sulfate inj pf 1 mg/ml .....	4
MORPHINE SULFATE IV SOLN 1 MG/ML 4 MG/ML .....	4
MORPHINE SULFATE IV SOLN PF 15 MG/ML .....	4
morphine sulfate iv soln pf 4 mg/ml .....	4
morphine sulfate iv soln pf 8 mg/ml .....	4
MORPHINE SULFATE ORAL SOLN 10 MG/5ML .....	4
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML) .....	4
MORPHINE SULFATE ORAL SOLN 20 MG/5ML .....	4
MORPHINE SULFATE TAB 15 MG .....	4
MORPHINE SULFATE TAB 30 MG .....	4
morphine sulfate tab er 100 mg .....	4
morphine sulfate tab er 15 mg .....	4
morphine sulfate tab er 200 mg .....	4

morphine sulfate tab er 30 mg .....	4
morphine sulfate tab er 60 mg .....	4
MOVANTIK TAB 12.5MG .....	74
MOVANTIK TAB 25MG .....	74
MOVIPREP SOL .....	73
MOXEZA SOL 0.5% .....	86
moxifloxacin hcl ophth soln 0.5% (base equiv) .....	86
moxifloxacin hcl tab 400 mg (base equiv) .....	15
MOZOBIL INJ .....	77
MULTAQ TAB 400MG .....	29
mupirocin oint 2% .....	92
MUSTARGEN INJ 10MG .....	17
MYCAMINE INJ 100MG .....	8
MYCAMINE INJ 50MG .....	8
mycophenolate mofetil cap 250 mg ....	80
mycophenolate mofetil for oral susp 200 mg/ml .....	80
mycophenolate mofetil tab 500 mg .....	80
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) .....	80
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) .....	80
myorisan cap 10mg .....	91
myorisan cap 20mg .....	91
myorisan cap 30mg .....	91
myorisan cap 40mg .....	91
MYRBETRIQ TAB 25MG .....	75
MYRBETRIQ TAB 50MG .....	75
myzilra tab .....	63

## **N**

nabumetone tab 500 mg .....	1
nabumetone tab 750 mg .....	1
nadolol tab 20 mg .....	32
nadolol tab 40 mg .....	32
nadolol tab 80 mg .....	32
nafcillin sodium for inj 1 gm .....	16
nafcillin sodium for inj 10 gm .....	16
nafcillin sodium for inj 2 gm .....	16
nafcillin sodium for iv soln 1 gm .....	16
nafcillin sodium for iv soln 2 gm .....	16
NAGLAZYME INJ 1MG/ML .....	65
nalbuphine hcl inj 10 mg/ml .....	2
nalbuphine hcl inj 20 mg/ml .....	2
naloxone hcl inj 0.4 mg/ml .....	57
naloxone hcl inj 4 mg/10ml .....	57
naloxone hcl soln cartridge 0.4 mg/ml	57

<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	57	<i>ophth oint 0.1%</i> .....	85
<i>naltrexone hcl tab 50 mg</i> .....	57	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	85
NAMENDA XR CAP 14MG.....	43	<i>neomycin-polymyxin-hc ophth susp</i> ....	85
NAMENDA XR CAP 21MG.....	43	<i>neomycin-polymyxin-hc otic soln 1%</i> ..	95
NAMENDA XR CAP 28MG.....	43	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	95
NAMENDA XR CAP 7MG .....	43	NEORAL CAP 100MG.....	80
NAMENDA XR CAP TITRATIO .....	43	NEORAL CAP 25MG.....	80
NAMZARIC CAP.....	43	NEORAL SOL 100MG/ML.....	80
NAMZARIC CAP 14-10MG.....	43	NEPHRAMINE INJ 5.4% .....	83
NAMZARIC CAP 21-10MG.....	43	NERLYNX TAB 40MG .....	22
NAMZARIC CAP 28-10MG.....	43	NEUPOGEN INJ 300/0.5 .....	77
NAMZARIC CAP 7-10MG.....	43	NEUPOGEN INJ 300MCG.....	77
<i>naphazoline hcl ophth soln 0.1%</i> .....	87	NEUPOGEN INJ 480/0.8 .....	77
<i>naproxen dr tab 375mg</i> .....	1	NEUPOGEN INJ 480MCG.....	77
<i>naproxen dr tab 500mg</i> .....	1	NEUPRO DIS 1MG/24HR.....	48
<i>naproxen sodium tab 275 mg</i> .....	1	NEUPRO DIS 2MG/24HR.....	48
<i>naproxen sodium tab 550 mg</i> .....	2	NEUPRO DIS 3MG/24HR.....	48
<i>naproxen susp 125 mg/5ml</i> .....	2	NEUPRO DIS 4MG/24HR.....	48
<i>naproxen tab 250 mg</i> .....	2	NEUPRO DIS 6MG/24HR.....	48
<i>naproxen tab 375 mg</i> .....	2	NEUPRO DIS 8MG/24HR.....	48
<i>naproxen tab 500 mg</i> .....	2	NEVIRAPINE SUSP 50 MG/5ML.....	9
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	55	<i>nevirapine tab 200 mg</i> .....	9
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> .....	55	<i>nevirapine tab er 24hr 100 mg</i> .....	9
NATACYN SUS 5% OP .....	86	<i>nevirapine tab er 24hr 400 mg</i> .....	9
<i>nateglinide tab 120 mg</i> .....	60	NEXAVAR TAB 200MG.....	22
<i>nateglinide tab 60 mg</i> .....	60	NEXIUM GRA 10MG DR .....	74
NATPARA INJ 100MCG.....	68	NEXIUM GRA 2.5MG DR .....	74
NATPARA INJ 25MCG.....	68	NEXIUM GRA 20MG DR .....	74
NATPARA INJ 50MCG.....	68	NEXIUM GRA 40MG DR .....	74
NATPARA INJ 75MCG.....	68	NEXIUM GRA 5MG DR.....	74
NEBUPENT INH 300MG .....	6	<i>niacin tab er 1000 mg (antihyperlipidemic)</i> .....	31
<i>necon tab 0.5/35</i> .....	63	<i>niacin tab er 500 mg (antihyperlipidemic)</i> .....	31
NECON TAB 1/50-28 .....	63	<i>niacin tab er 750 mg (antihyperlipidemic)</i> .....	31
<i>necon tab 10/11-28</i> .....	63	<i>niacor tab 500mg</i> .....	31
NECON TAB 7/7/7.....	63	<i>nicardipine hcl cap 20 mg</i> .....	34
<i>nefazodone hcl tab 100 mg</i> .....	46	<i>nicardipine hcl cap 30 mg</i> .....	34
<i>nefazodone hcl tab 150 mg</i> .....	46	NICOTROL INH .....	57
<i>nefazodone hcl tab 200 mg</i> .....	46	NICOTROL NS SPR 10MG/ML.....	57
<i>nefazodone hcl tab 250 mg</i> .....	46	<i>nifedipine tab er 24hr 30 mg</i> .....	34
<i>nefazodone hcl tab 50 mg</i> .....	46	<i>nifedipine tab er 24hr 60 mg</i> .....	34
<i>neomycin sulfate tab 500 mg</i> .....	5	<i>nifedipine tab er 24hr 90 mg</i> .....	34
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	86	<i>nifedipine tab er 24hr osmotic release 30 mg</i> .....	34
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....	86		
<i>neomycin-polymyxin-dexamethasone</i>			

<i>nifedipine tab er 24hr osmotic release 60 mg</i> .....	34	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....	66
<i>nifedipine tab er 24hr osmotic release 90 mg</i> .....	34	NORETHINDRONE AC-ETHINYL ESTRAD- FE TAB 1-20/1-30/1-35 MG-MCG .....	63
<i>nikki tab 3-0.02mg</i> .....	63	<i>norethindrone tab 0.35 mg</i> .....	64
<i>nilutamide tab 150 mg</i> .....	21	NORETHINDRONE TAB 0.35 MG .....	64
<i>nimodipine cap 30 mg</i> .....	34	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG.....	64
NINLARO CAP 2.3MG.....	20	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	64
NINLARO CAP 3MG.....	20	<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i> .....	64
NINLARO CAP 4MG.....	20	<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i> .....	64
NIPENT INJ 10MG .....	19	<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg- 30 mcg</i> .....	64
<i>nitro-bid oin 2%</i> .....	36	<i>norlyroc tab 0.35mg</i> .....	64
NITRO-DUR DIS 0.3MG/HR .....	36	NORMOSOL -M INJ /D5W .....	84
NITRO-DUR DIS 0.8MG/HR .....	36	NORMOSOL -R INJ /D5W.....	84
<i>nitrofurantoin macrocrystalline cap 100 mg</i> .....	7	NORMOSOL-R INJ PH 7.4 .....	84
<i>nitrofurantoin macrocrystalline cap 50 mg</i> .....	6	NORPACE CAP 100MG CR .....	29
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> .....	7	NORPACE CAP 150MG CR.....	29
<i>nitroglycerin sl tab 0.3 mg</i> .....	36	NORTHERA CAP 100MG.....	36
<i>nitroglycerin sl tab 0.4 mg</i> .....	36	NORTHERA CAP 200MG.....	36
<i>nitroglycerin sl tab 0.6 mg</i> .....	36	NORTHERA CAP 300MG.....	36
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	36	<i>nortrel tab 0.5/35</i> .....	64
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	36	<i>nortrel tab 1/35</i> .....	64
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	36	<i>nortrel tab 7/7/7</i> .....	64
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	36	<i>nortriptyline hcl cap 10 mg</i> .....	46
NORDITROPIN INJ 10/1.5ML .....	67	<i>nortriptyline hcl cap 25 mg</i> .....	46
NORDITROPIN INJ 15/1.5ML .....	67	<i>nortriptyline hcl cap 50 mg</i> .....	46
NORDITROPIN INJ 30/3ML.....	67	<i>nortriptyline hcl cap 75 mg</i> .....	46
NORDITROPIN INJ 5/1.5ML.....	67	<i>nortriptyline hcl soln 10 mg/5ml</i> .....	46
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> .....	63	NORVIR CAP 100MG .....	9
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	63	NORVIR SOL 80MG/ML.....	9
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	63	NORVIR TAB 100MG .....	9
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG .....	63	NOVOLIN INJ 70/30.....	58
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	63	NOVOLIN N INJ U-100 .....	58
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG .....	63	NOVOLIN R INJ U-100 .....	58
NORETHINDRONE ACE & ETHINYL ESTRADIOL-TAB 1 MG-20 MCG .....	63	NOVOLOG INJ 100/ML .....	59
NORETHINDRONE ACE & ETHINYL ESTRADIOL-TAB 1.5 MG-30 MCG....	64	NOVOLOG INJ FLEXPEN.....	59
<i>norethindrone acetate tab 5 mg</i> .....	69	NOVOLOG INJ PENFILL .....	59
		NOVOLOG MIX INJ 70/30 .....	59
		NOVOLOG MIX INJ FLEXPEN .....	59
		NOXAFIL SUS 40MG/ML .....	8
		NOXAFIL TAB 100MG.....	8
		NUEDEXTA CAP 20-10MG .....	56
		NULOJIX INJ 250MG .....	80

NULYTELY SOL FLAV PKS .....	73	olanzapine tab 20 mg .....	51
NUPLAZID TAB 17MG .....	51	olanzapine tab 5 mg .....	51
NUVARING MIS.....	64	olanzapine tab 7.5 mg .....	51
<i>nyamyc pow 100000</i> .....	92	olmesartan medoxomil tab 20 mg .....	28
<i>nyata pow 100000</i> .....	92	olmesartan medoxomil tab 40 mg .....	28
NYMALIZE SOL 60/20ML.....	34	olmesartan medoxomil tab 5 mg .....	28
<i>nystatin cream 100000 unit/gm</i> .....	92	olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg ...	28
<i>nystatin oint 100000 unit/gm</i> .....	92	olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg ...	28
<i>nystatin susp 100000 unit/ml</i> .....	95	olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg .....	28
<i>nystatin tab 500000 unit</i> .....	8	olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg	28
<i>nystatin topical powder 100000 unit/gm</i> .....	92	olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg	28
<i>nystop pow 100000</i> .....	92	.....	28
<b>○</b>		olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg .	28
OCTAGAM INJ 10GM.....	79	olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg	28
OCTAGAM INJ 1GM .....	79	olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg ...	28
OCTAGAM INJ 2.5GM.....	79	olopatadine hcl ophth soln 0.2% (base equivalent).....	87
OCTAGAM INJ 25GM.....	79	omega-3-acid ethyl esters cap 1 gm ...	31
OCTAGAM INJ 2GM/20ML.....	79	omeprazole cap delayed release 10 mg75	
OCTAGAM INJ 5GM .....	79	omeprazole cap delayed release 20 mg75	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> .....	68	omeprazole cap delayed release 40 mg75	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> .....	68	ondansetron hcl inj 4 mg/2ml (2 mg/ml)	71
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> .....	68	.....	71
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> .....	68	ondansetron hcl inj 40 mg/20ml (2 mg/ml) .....	71
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> .....	68	ondansetron hcl oral soln 4 mg/5ml....	71
ODEFSEY TAB.....	10	ondansetron hcl tab 24 mg.....	71
ODOMZO CAP 200MG .....	23	ondansetron hcl tab 4 mg.....	71
OFEV CAP 100MG .....	90	ondansetron hcl tab 8 mg.....	71
OFEV CAP 150MG .....	90	ondansetron orally disintegrating tab 4 mg .....	71
<i>ofloxacin ophth soln 0.3%</i> .....	86	ondansetron orally disintegrating tab 8 mg .....	71
<i>ofloxacin otic soln 0.3%</i> .....	95	ONFI SUS 2.5MG/ML.....	41
<i>olanzapine for im inj 10 mg</i> .....	51	ONFI TAB 10MG .....	41
<i>olanzapine orally disintegrating tab 10 mg</i> .....	51	ONFI TAB 20MG .....	41
<i>olanzapine orally disintegrating tab 15 mg</i> .....	51	OPSUMIT TAB 10MG .....	37
<i>olanzapine orally disintegrating tab 20 mg</i> .....	51	ORFADIN CAP 10MG .....	65
<i>olanzapine orally disintegrating tab 5 mg</i> .....	51	ORFADIN CAP 20MG .....	65
<i>olanzapine tab 10 mg</i> .....	51	ORFADIN CAP 2MG.....	65
<i>olanzapine tab 15 mg</i> .....	51		
<i>olanzapine tab 2.5 mg</i> .....	51		



ORFADIN CAP 5MG .....	65	<i>oxycodone w/ acetaminophen tab 5-325</i>	4
ORFADIN SUS 4MG/ML .....	65	<i>mg</i> .....	4
ORKAMBI TAB 100-125 .....	90	<i>oxycodone w/ acetaminophen tab 7.5-</i>	
ORKAMBI TAB 200-125 .....	90	<i>325 mg</i> .....	4
<i>orsythia tab</i> .....	64	OXYCONTIN TAB 10MG CR .....	4
<i>oseltamivir phosphate cap 30 mg (base</i>		OXYCONTIN TAB 15MG CR .....	4
<i>equiv)</i> .....	11	OXYCONTIN TAB 20MG CR .....	4
<i>oseltamivir phosphate cap 45 mg (base</i>		OXYCONTIN TAB 30MG CR .....	4
<i>equiv)</i> .....	11	OXYCONTIN TAB 40MG CR .....	4
<i>oseltamivir phosphate cap 75 mg (base</i>		OXYCONTIN TAB 60MG CR .....	4
<i>equiv)</i> .....	12	OXYCONTIN TAB 80MG CR .....	4
<i>oxacillin sodium for inj 1 gm (base</i>		<b>P</b>	
<i>equivalent)</i> .....	16	<i>pacerone tab 100mg</i> .....	29
<i>oxacillin sodium for inj 10 gm (base</i>		<i>pacerone tab 200mg</i> .....	29
<i>equivalent)</i> .....	16	<i>pacerone tab 400mg</i> .....	29
<i>oxacillin sodium for inj 2 gm (base</i>		<i>paclitaxel iv conc 100 mg/16.7ml (6</i>	
<i>equivalent)</i> .....	16	<i>mg/ml)</i> .....	19
<i>oxaliplatin for iv inj 100 mg</i> .....	23	<i>paclitaxel iv conc 150 mg/25ml (6</i>	
<i>oxaliplatin for iv inj 50 mg</i> .....	23	<i>mg/ml)</i> .....	19
<i>oxaliplatin iv soln 100 mg/20ml</i> .....	23	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	
<i>oxaliplatin iv soln 50 mg/10ml</i> .....	23	.....	19
<i>oxandrolone tab 10 mg</i> .....	58	<i>paclitaxel iv conc 300 mg/50ml (6</i>	
<i>oxandrolone tab 2.5 mg</i> .....	58	<i>mg/ml)</i> .....	19
<i>oxcarbazepine susp 300 mg/5ml (60</i>		<i>paliperidone tab er 24hr 1.5 mg</i> .....	51
<i>mg/ml)</i> .....	41	<i>paliperidone tab er 24hr 3 mg</i> .....	51
<i>oxcarbazepine tab 150 mg</i> .....	41	<i>paliperidone tab er 24hr 6 mg</i> .....	51
<i>oxcarbazepine tab 300 mg</i> .....	41	<i>paliperidone tab er 24hr 9 mg</i> .....	51
<i>oxcarbazepine tab 600 mg</i> .....	41	<i>pamidronate disodium for inj 30 mg ...</i>	61
<i>oxybutynin chloride syrup 5 mg/5ml ...</i>	75	<i>pamidronate disodium for inj 90 mg ...</i>	61
<i>oxybutynin chloride tab 5 mg</i> .....	75	<i>pamidronate disodium iv soln 3 mg/ml</i>	61
<i>oxybutynin chloride tab er 24hr 10 mg</i>	75	<i>pamidronate disodium iv soln 9 mg/ml</i>	61
<i>oxybutynin chloride tab er 24hr 15 mg</i>	75	<i>pamidronate inj 6mg/ml</i> .....	61
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	75	PANRETIN GEL 0.1% .....	94
<i>oxycodone hcl cap 5 mg</i> .....	4	<i>pantoprazole sodium ec tab 20 mg (base</i>	
<i>oxycodone hcl conc 100 mg/5ml (20</i>		<i>equiv)</i> .....	75
<i>mg/ml)</i> .....	4	<i>pantoprazole sodium ec tab 40 mg (base</i>	
OXYCODONE HCL SOLN 5 MG/5ML.....	4	<i>equiv)</i> .....	75
<i>oxycodone hcl tab 10 mg</i> .....	4	<i>paricalcitol cap 1 mcg</i> .....	85
<i>oxycodone hcl tab 15 mg</i> .....	4	<i>paricalcitol cap 2 mcg</i> .....	85
<i>oxycodone hcl tab 20 mg</i> .....	4	<i>paricalcitol cap 4 mcg</i> .....	85
<i>oxycodone hcl tab 30 mg</i> .....	4	<i>paromomycin sulfate cap 250 mg</i> .....	5
<i>oxycodone hcl tab 5 mg</i> .....	4	<i>paroxetine hcl tab 10 mg</i> .....	46
<i>oxycodone w/ acetaminophen soln 5-325</i>		<i>paroxetine hcl tab 20 mg</i> .....	46
<i>mg/5ml</i> .....	4	<i>paroxetine hcl tab 30 mg</i> .....	46
<i>oxycodone w/ acetaminophen tab 10-325</i>		<i>paroxetine hcl tab 40 mg</i> .....	46
<i>mg</i> .....	4	<i>paser gra 4gm</i> .....	11
<i>oxycodone w/ acetaminophen tab 2.5-</i>		PATADAY SOL 0.2% .....	87
<i>325 mg</i> .....	4	PAXIL SUS 10MG/5ML.....	46

PAZEO DRO 0.7% .....	87	<i>phenobarbital tab 100 mg</i> .....	42
PEDIARIX INJ 0.5ML.....	81	<i>phenobarbital tab 15 mg</i> .....	41
PEDVAX HIB INJ .....	81	<i>phenobarbital tab 16.2 mg</i> .....	41
PEG 3350-KCL-NA BICARB-NACL-NA		<i>phenobarbital tab 30 mg</i> .....	41
SULFATE FOR SOLN 236 GM.....	73	<i>phenobarbital tab 32.4 mg</i> .....	41
PEG 3350-KCL-NA BICARB-NACL-NA		<i>phenobarbital tab 60 mg</i> .....	42
SULFATE FOR SOLN 240 GM.....	73	<i>phenobarbital tab 64.8 mg</i> .....	42
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>phenobarbital tab 97.2 mg</i> .....	42
<i>420 gm</i> .....	73	<i>phenytek cap 200mg</i> .....	42
PEGANONE TAB 250MG .....	41	<i>phenytek cap 300mg</i> .....	42
PEGASYS INJ.....	12	<i>phenytoin chew tab 50 mg</i> .....	42
PEGASYS INJ 180MCG/M .....	12	<i>phenytoin sodium extended cap 100 mg</i>	
PEGASYS INJ PROCLICK .....	12	.....	42
<i>pen g proc inj 600000</i> .....	16	<i>phenytoin sodium extended cap 200 mg</i>	
PENICILL GK/ INJ DEX 2MU.....	16	.....	42
PENICILL GK/ INJ DEX 3MU.....	16	<i>phenytoin sodium extended cap 300 mg</i>	
<i>penicillin g potassium for inj 20000000</i>		.....	42
<i>unit</i> .....	16	<i>phenytoin sodium inj 50 mg/ml</i> .....	42
<i>penicillin g potassium for inj 5000000</i>		<i>phenytoin susp 125 mg/5ml</i> .....	42
<i>unit</i> .....	16	<i>philith tab 0.4-35</i> .....	64
<i>penicillin g sodium for inj 5000000 unit</i>		PHOSPHOLINE SOL 0.125%OP.....	87
.....	16	PICATO GEL 0.015% .....	94
<i>penicillin v potassium for soln 125</i>		PICATO GEL 0.05% .....	94
<i>mg/5ml</i> .....	16	PILOCARPINE HCL OPHTH SOLN 1% ...	87
<i>penicillin v potassium for soln 250</i>		PILOCARPINE HCL OPHTH SOLN 2% ...	87
<i>mg/5ml</i> .....	16	PILOCARPINE HCL OPHTH SOLN 4% ...	87
<i>penicillin v potassium tab 250 mg</i> .....	16	PILOCARPINE HCL TAB 5 MG .....	95
<i>penicillin v potassium tab 500 mg</i> .....	16	<i>pilocarpine hcl tab 7.5 mg</i> .....	95
PENTACEL INJ .....	81	<i>pimozide tab 1 mg</i> .....	51
PENTAM 300 INJ 300MG .....	7	<i>pimozide tab 2 mg</i> .....	51
<i>pentoxifylline tab er 400 mg</i> .....	78	<i>pimtrea tab</i> .....	64
<i>perindopril erbumine tab 2 mg</i> .....	26	<i>pindolol tab 10 mg</i> .....	32
<i>perindopril erbumine tab 4 mg</i> .....	26	<i>pindolol tab 5 mg</i> .....	32
<i>perindopril erbumine tab 8 mg</i> .....	26	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>periogard sol 0.12%</i> .....	95	.....	60
<i>permethrin cream 5%</i> .....	95	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>perphenazine tab 16 mg</i> .....	51	.....	60
<i>perphenazine tab 2 mg</i> .....	51	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>perphenazine tab 4 mg</i> .....	51	.....	60
<i>perphenazine tab 8 mg</i> .....	51	<i>piper/tazoba inj 12-1.5gm</i> .....	16
<i>phenadoz sup 12.5mg</i> .....	71	<i>piperacillin sod-tazobactam na for inj</i>	
<i>phenelzine sulfate tab 15 mg</i> .....	46	<i>3.375 gm (3-0.375 gm)</i> .....	16
<i>phenergan sup 12.5mg</i> .....	71	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenergan sup 25mg</i> .....	71	<i>2.25 gm (2-0.25 gm)</i> .....	16
<i>phenergan sup 50mg</i> .....	71	<i>piperacillin sod-tazobactam sod for inj</i>	
PHENOBARB INJ 65MG/ML .....	41	<i>4.5 gm (4-0.5 gm)</i> .....	16
<i>phenobarbital elixir 20 mg/5ml</i> .....	41	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital sodium inj 130 mg/ml</i> ...	41	<i>40.5 gm (36-4.5 gm)</i> .....	17

<i>pirmella tab 1/35</i> .....	64	(1080 MG) .....	75
<i>piroxicam cap 10 mg</i> .....	2	<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	75
<i>piroxicam cap 20 mg</i> .....	2	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG) .....	75
PLASMA-LYTE INJ -148 .....	84	POTIGA TAB 200MG .....	42
PLASMA-LYTE INJ -A .....	84	POTIGA TAB 300MG .....	42
<i>podofilox soln 0.5%</i> .....	94	POTIGA TAB 400MG .....	42
<i>polyethylene glycol 3350 oral packet</i> ...	73	POTIGA TAB 50MG .....	42
<i>polyethylene glycol 3350 oral powder</i> ..	73	PRADAXA CAP 110MG .....	77
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	86	PRADAXA CAP 150MG .....	77
POMALYST CAP 1MG .....	80	PRADAXA CAP 75MG .....	77
POMALYST CAP 2MG .....	80	PRALUENT INJ 150MG/ML .....	31
POMALYST CAP 3MG .....	80	PRALUENT INJ 75MG/ML .....	31
POMALYST CAP 4MG .....	80	<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	48
<i>portia-28 tab</i> .....	64	<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	48
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ .....	84	<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	48
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ .....	84	<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	48
<i>potassium chloride cap er 10 meq</i> .....	82	<i>pramipexole dihydrochloride tab 1 mg</i> .....	48
<i>potassium chloride cap er 8 meq</i> .....	82	<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	48
POTASSIUM CHLORIDE INJ 10 MEQ/100ML .....	85	<i>prasugrel hcl tab 10 mg (base equiv)</i> ..	78
POTASSIUM CHLORIDE INJ 10 MEQ/50ML .....	85	<i>prasugrel hcl tab 5 mg (base equiv)</i> ...	78
<i>potassium chloride inj 2 meq/ml</i> .....	85	<i>pravastatin sodium tab 10 mg</i> .....	30
POTASSIUM CHLORIDE INJ 20 MEQ/100ML .....	85	<i>pravastatin sodium tab 20 mg</i> .....	30
POTASSIUM CHLORIDE INJ 20 MEQ/50ML .....	85	<i>pravastatin sodium tab 40 mg</i> .....	30
POTASSIUM CHLORIDE INJ 40 MEQ/100ML .....	85	<i>pravastatin sodium tab 80 mg</i> .....	30
<i>potassium chloride microencapsulated crys er tab 10 meq</i> .....	82	<i>prazosin hcl cap 1 mg</i> .....	26
<i>potassium chloride microencapsulated crys er tab 20 meq</i> .....	82	<i>prazosin hcl cap 2 mg</i> .....	26
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML) .....	82	<i>prazosin hcl cap 5 mg</i> .....	26
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML) .....	82	<i>pred sod pho sol 1% op</i> .....	86
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ .....	82	PREDNISOLONE ACETATE OPHTH SUSP 1% .....	86
<i>potassium chloride tab er 10 meq</i> .....	82	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> .....	67
<i>potassium chloride tab er 20 meq (1500 mg)</i> .....	82	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> .....	67
<i>potassium chloride tab er 8 meq (600 mg)</i> .....	82	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> .....	67
POTASSIUM CITRATE TAB ER 10 MEQ		<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i> .....	67
		<i>prednisone con 5mg/ml</i> .....	67
		<i>prednisone oral soln 5 mg/5ml</i> .....	67
		<i>prednisone tab 1 mg</i> .....	67

<i>prednisone tab 10 mg</i> .....	67	PROCRIT INJ 4000/ML .....	77
<i>prednisone tab 2.5 mg</i> .....	67	PROCRIT INJ 40000/ML.....	77
<i>prednisone tab 20 mg</i> .....	67	<i>procto-med cre hc 2.5%</i> .....	92
<i>prednisone tab 5 mg</i> .....	67	<i>procto-pak cre 1%</i> .....	92
<i>prednisone tab 50 mg</i> .....	67	<i>proctozone cre -hc 2.5%</i> .....	92
<i>prednisone tab therapy pack 10 mg (21)</i> .....	67	PROGLYCEM SUS 50MG/ML .....	67
<i>prednisone tab therapy pack 10 mg (48)</i> .....	67	PROGRAF CAP 0.5MG.....	80
<i>prednisone tab therapy pack 5 mg (21)</i> .....	67	PROGRAF CAP 1MG .....	80
<i>prednisone tab therapy pack 5 mg (48)</i> .....	67	PROGRAF CAP 5MG .....	80
<i>premasol sol 10%</i> .....	83	PROLASTIN-C INJ 1000MG .....	90
<i>prenatal vitamin/folic acid &gt; 0.8 mg</i> (generic) .....	85	PROLENSA SOL 0.07%.....	87
<i>prevalite pow 4gm</i> .....	31	PROLEUKIN INJ 22MU .....	20
<i>prevalite pow 4gm pk</i> .....	31	PROLIA SOL 60MG/ML .....	68
<i>previfem tab</i> .....	64	PROMACTA TAB 12.5MG.....	78
PREZCOBIX TAB 800-150 .....	10	PROMACTA TAB 25MG .....	78
PREZISTA SUS 100MG/ML.....	9	PROMACTA TAB 50MG .....	78
PREZISTA TAB 150MG .....	9	PROMACTA TAB 75MG .....	78
PREZISTA TAB 600MG .....	9	<i>promethazine hcl inj 25 mg/ml</i> .....	71
PREZISTA TAB 75MG.....	9	<i>promethazine hcl inj 50 mg/ml</i> .....	71
PREZISTA TAB 800MG .....	9	<i>promethazine hcl suppos 12.5 mg</i> .....	71
PRIFTIN TAB 150MG.....	11	<i>promethazine hcl suppos 25 mg</i> .....	71
PRIMAQUINE TAB 26.3MG.....	8	<i>promethazine hcl suppos 50 mg</i> .....	71
<i>primidone tab 250 mg</i> .....	42	<i>promethazine hcl syrup 6.25 mg/5ml.</i>	71
<i>primidone tab 50 mg</i> .....	42	<i>promethazine hcl tab 12.5 mg</i> .....	72
PRISTIQ TAB 100MG .....	46	<i>promethazine hcl tab 25 mg</i> .....	72
PRISTIQ TAB 25MG .....	46	<i>promethazine hcl tab 50 mg</i> .....	72
PRISTIQ TAB 50MG .....	46	<i>promethegan sup 25mg</i> .....	72
PRIVIGEN INJ 10GRAMS .....	79	<i>promethegan sup 50mg</i> .....	72
PRIVIGEN INJ 20GRAMS .....	79	<i>propafenone hcl cap er 12hr 225 mg</i> ..	29
PRIVIGEN INJ 40GRAMS .....	79	<i>propafenone hcl cap er 12hr 325 mg</i> ..	29
PRIVIGEN INJ 5 GRAMS .....	79	<i>propafenone hcl cap er 12hr 425 mg</i> ..	29
<i>probenecid tab 500 mg</i> .....	1	<i>propafenone hcl tab 150 mg</i> .....	29
PROCALAMINE INJ 3%.....	83	<i>propafenone hcl tab 225 mg</i> .....	29
<i>prochlorperazine edisylate inj 5 mg/ml</i>	71	<i>propafenone hcl tab 300 mg</i> .....	29
<i>prochlorperazine maleate tab 10 mg</i> (base equivalent).....	71	<i>proparacaine hcl ophth soln 0.5%</i> .....	87
<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i> .....	71	<i>propranolol &amp; hydrochlorothiazide tab</i> <i>40-25 mg</i> .....	31
<i>prochlorperazine suppos 25 mg</i> .....	71	<i>propranolol &amp; hydrochlorothiazide tab</i> <i>80-25 mg</i> .....	31
PROCRIT INJ 10000/ML .....	77	<i>propranolol hcl cap er 24hr 120 mg</i> ....	32
PROCRIT INJ 2000/ML .....	77	<i>propranolol hcl cap er 24hr 160 mg</i> ....	32
PROCRIT INJ 20000/ML .....	77	<i>propranolol hcl cap er 24hr 60 mg</i> .....	32
PROCRIT INJ 3000/ML .....	77	<i>propranolol hcl cap er 24hr 80 mg</i> .....	32
		<i>propranolol hcl inj 1 mg/ml</i> .....	32
		<i>propranolol hcl oral soln 20 mg/5ml</i> ...	32
		<i>propranolol hcl oral soln 40 mg/5ml</i> ...	32
		<i>propranolol hcl tab 10 mg</i> .....	32
		<i>propranolol hcl tab 20 mg</i> .....	32

<i>propranolol hcl tab 40 mg</i> .....	32
<i>propranolol hcl tab 60 mg</i> .....	32
<i>propranolol hcl tab 80 mg</i> .....	33
<i>propylthiouracil tab 50 mg</i> .....	69
PROQUAD INJ.....	81
PROSOL INJ 20%.....	83
<i>protriptyline hcl tab 10 mg</i> .....	46
<i>protriptyline hcl tab 5 mg</i> .....	46
PULMICORT INH 180MCG.....	90
PULMICORT INH 90MCG .....	90
PULMOZYME SOL 1MG/ML.....	90
PURIXAN SUS 20MG/ML.....	19
<i>pyrazinamide tab 500 mg</i> .....	11
<i>pyridostigmine bromide tab 60 mg</i> .....	56
<b>Q</b>	
QUADRACEL INJ .....	81
<i>quasense tab</i> .....	64
<i>quetiapine fumarate tab 100 mg</i> .....	51
<i>quetiapine fumarate tab 200 mg</i> .....	51
<i>quetiapine fumarate tab 25 mg</i> .....	51
<i>quetiapine fumarate tab 300 mg</i> .....	51
<i>quetiapine fumarate tab 400 mg</i> .....	51
<i>quetiapine fumarate tab 50 mg</i> .....	51
<i>quetiapine fumarate tab er 24hr 150 mg</i> .....	51
<i>quetiapine fumarate tab er 24hr 200 mg</i> .....	51
<i>quetiapine fumarate tab er 24hr 300 mg</i> .....	51
<i>quetiapine fumarate tab er 24hr 400 mg</i> .....	51
<i>quetiapine fumarate tab er 24hr 50 mg</i> .....	51
<i>quinapril hcl tab 10 mg</i> .....	26
<i>quinapril hcl tab 20 mg</i> .....	26
<i>quinapril hcl tab 40 mg</i> .....	26
<i>quinapril hcl tab 5 mg</i> .....	26
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i> .....	25
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i> .....	25
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i> .....	25
<i>quinidine gluconate tab er 324 mg</i> .....	29
<i>quinidine sulfate tab 200 mg</i> .....	29
<i>quinidine sulfate tab 300 mg</i> .....	29
<i>quinine sulfate cap 324 mg</i> .....	8

<b>R</b>	
RABAVERT INJ .....	81
<i>rabeprazole sodium ec tab 20 mg</i> .....	75
<i>raloxifene hcl tab 60 mg</i> .....	68
<i>ramipril cap 1.25 mg</i> .....	26
<i>ramipril cap 10 mg</i> .....	26
<i>ramipril cap 2.5 mg</i> .....	26
<i>ramipril cap 5 mg</i> .....	26
RANEXA TAB 1000MG .....	36
RANEXA TAB 500MG.....	36
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i> .....	72
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i> .....	72
<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i> .....	72
<i>ranitidine hcl tab 150 mg</i> .....	72
<i>ranitidine hcl tab 300 mg</i> .....	72
RAPAMUNE SOL 1MG/ML.....	81
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i> .....	48
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i> .....	48
RAVICTI LIQ 1.1GM/ML.....	65
REBETOL SOL 40MG/ML.....	12
<i>reclipsen tab</i> .....	64
RECOMBIVA HB INJ 10MCG/ML.....	81
RECOMBIVA HB INJ 5MCG/0.5 .....	81
RECOMBIVA-HB INJ 40MCG/ML.....	81
REGANEX GEL 0.01% .....	95
RELENZA MIS DISKHALE.....	12
RELISTOR INJ 12/0.6ML.....	74
RELISTOR INJ 8/0.4ML .....	74
RELPAK TAB 20MG .....	55
RELPAK TAB 40MG .....	55
REMICADE INJ 100MG .....	78
REMODULIN INJ 10MG/ML.....	37
REMODULIN INJ 1MG/ML .....	37
REMODULIN INJ 2.5MG/ML.....	37
REMODULIN INJ 5MG/ML .....	37
REVELA PAK 0.8GM .....	69
REVELA PAK 2.4GM .....	69
REVELA TAB 800MG .....	69
<i>repaglinide tab 0.5 mg</i> .....	60
<i>repaglinide tab 1 mg</i> .....	60
<i>repaglinide tab 2 mg</i> .....	60
RESCRIPTOR TAB 100 MG .....	9
RESCRIPTOR TAB 200MG .....	9

RESTASIS EMU 0.05%.....	87	<i>risperidone orally disintegrating tab 4 mg</i>	52
RESTASIS MUL EMU 0.05%.....	87	<i>risperidone soln 1 mg/ml</i> .....	52
RETROVIR INJ 10MG/ML.....	9	<i>risperidone tab 0.25 mg</i> .....	52
REVATIO SUS 10MG/ML.....	37	<i>risperidone tab 0.5 mg</i> .....	52
REVLIMID CAP 10MG.....	80	<i>risperidone tab 1 mg</i> .....	52
REVLIMID CAP 15MG.....	80	<i>risperidone tab 2 mg</i> .....	52
REVLIMID CAP 2.5MG.....	80	<i>risperidone tab 3 mg</i> .....	52
REVLIMID CAP 20MG.....	80	<i>risperidone tab 4 mg</i> .....	52
REVLIMID CAP 25MG.....	80	RITUXAN INJ 100MG.....	20
REVLIMID CAP 5MG .....	80	RITUXAN INJ 500MG.....	20
REXULTI TAB 0.25MG.....	51	RITUXAN INJ HYCELA .....	20
REXULTI TAB 0.5MG.....	51	<i>rivastigmine tartrate cap 1.5 mg</i> .....	43
REXULTI TAB 1MG .....	51	<i>rivastigmine tartrate cap 3 mg</i> .....	44
REXULTI TAB 2MG .....	51	<i>rivastigmine tartrate cap 4.5 mg</i> .....	44
REXULTI TAB 3MG .....	51	<i>rivastigmine tartrate cap 6 mg</i> .....	44
REXULTI TAB 4MG .....	51	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	44
REYATAZ CAP 150MG .....	9	.....	44
REYATAZ CAP 200MG .....	9	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	44
REYATAZ CAP 300MG .....	9	.....	44
REYATAZ POW 50MG.....	9	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	44
<i>ribasphere cap 200mg</i> .....	12	.....	44
<i>ribasphere tab 200mg</i> .....	12	<i>rizatriptan benzoate oral disintegrating</i>	
<i>ribasphere tab 400mg</i> .....	12	<i>tab 10 mg (base eq)</i> .....	55
<i>ribasphere tab 600mg</i> .....	12	<i>rizatriptan benzoate oral disintegrating</i>	
<i>ribavirin cap 200 mg</i> .....	12	<i>tab 5 mg (base eq)</i> .....	55
<i>ribavirin tab 200 mg</i> .....	12	<i>rizatriptan benzoate tab 10 mg (base</i>	
<i>rifabutin cap 150 mg</i> .....	11	<i>equivalent)</i> .....	55
<i>rifampin cap 150 mg</i> .....	11	<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>rifampin cap 300 mg</i> .....	11	<i>equivalent)</i> .....	55
<i>rifampin for inj 600 mg</i> .....	11	<i>ropinirole hydrochloride tab 0.25 mg</i> ..	48
RIFATER TAB.....	11	<i>ropinirole hydrochloride tab 0.5 mg</i> ....	48
<i>riluzole tab 50 mg</i> .....	56	<i>ropinirole hydrochloride tab 1 mg</i> .....	48
<i>rimantadine hydrochloride tab 100 mg</i>	12	<i>ropinirole hydrochloride tab 2 mg</i> .....	48
RINGER'S SOLUTION.....	85	<i>ropinirole hydrochloride tab 3 mg</i> .....	48
RISPERDAL INJ 12.5MG .....	51	<i>ropinirole hydrochloride tab 4 mg</i> .....	48
RISPERDAL INJ 25MG.....	52	<i>ropinirole hydrochloride tab 5 mg</i> .....	48
RISPERDAL INJ 37.5MG .....	52	<i>rosuvastatin calcium tab 10 mg</i> .....	30
RISPERDAL INJ 50MG.....	52	<i>rosuvastatin calcium tab 20 mg</i> .....	30
<i>risperidone orally disintegrating tab 0.25</i>		<i>rosuvastatin calcium tab 40 mg</i> .....	30
<i>mg</i> .....	52	<i>rosuvastatin calcium tab 5 mg</i> .....	30
<i>risperidone orally disintegrating tab 0.5</i>		ROTARIX SUS .....	81
<i>mg</i> .....	52	ROTATEQ SOL.....	81
<i>risperidone orally disintegrating tab 1 mg</i>		<i>rowepra tab 1000mg</i> .....	42
.....	52	<i>rowepra tab 500mg</i> .....	42
<i>risperidone orally disintegrating tab 2 mg</i>		<i>rowepra tab 750mg</i> .....	42
.....	52	RUBRACA TAB 200MG.....	20
<i>risperidone orally disintegrating tab 3 mg</i>		RUBRACA TAB 250MG.....	20
.....	52		

RUBRACA TAB 300MG .....	20	SIRTURO TAB 100MG .....	11
RYDAPT CAP 25MG.....	22	SIVEXTRO INJ 200MG.....	7
<b>S</b>		SIVEXTRO TAB 200MG.....	7
SABRIL POW 500MG .....	42	SODIUM CHLORIDE INJ 0.45% .....	85
SABRIL TAB 500MG.....	42	SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%).....	83
SANDIMMUNE SOL 100MG/ML.....	81	SODIUM CHLORIDE INJ 3%.....	85
SANDOSTATIN KIT LAR 10MG .....	68	SODIUM CHLORIDE INJ 5%.....	85
SANDOSTATIN KIT LAR 20MG .....	68	SODIUM CHLORIDE IRRIGATION SOLN 0.9% .....	95
SANDOSTATIN KIT LAR 30MG .....	68	SODIUM CHLORIDE IV SOLN 0.9%.....	85
SANTYL OIN 250/GM.....	95	sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln.....	83
SAPHRIS SUB 10MG.....	52	sodium phenylbutyrate oral powder 3 gm/teaspoonful.....	65
SAPHRIS SUB 2.5MG.....	52	sodium phenylbutyrate tab 500 mg ....	65
SAPHRIS SUB 5MG.....	52	sodium polystyrene sulfonate oral susp 15 gm/60ml .....	61
<i>scopolamine td patch 72hr 1 mg/3days</i> .....	72	sodium polystyrene sulfonate powder .	61
<i>selegiline hcl cap 5 mg</i> .....	49	SOLTAMOX SOL 10MG/5ML .....	21
<i>selegiline hcl tab 5 mg</i> .....	49	SOLU-CORTEF INJ 250MG .....	67
<i>selenium sulfide lotion 2.5%</i> .....	93	SOMATULINE INJ 120/.5ML .....	68
SELZENTRY SOL 20MG/ML .....	9	SOMATULINE INJ 60/0.2ML .....	68
SELZENTRY TAB 150MG.....	9	SOMATULINE INJ 90/0.3ML .....	68
SELZENTRY TAB 25MG .....	9	SOMAVERT INJ 10MG .....	68
SELZENTRY TAB 300MG.....	9	SOMAVERT INJ 15MG .....	68
SELZENTRY TAB 75MG .....	9	SOMAVERT INJ 20MG .....	68
SENSIPAR TAB 30MG .....	61	SOMAVERT INJ 25MG .....	68
SENSIPAR TAB 60MG .....	61	SOMAVERT INJ 30MG .....	68
SENSIPAR TAB 90MG .....	61	<i>sorine tab 120mg</i> .....	29
SEREVENT DIS AER 50MCG.....	89	<i>sorine tab 160mg</i> .....	29
<i>sertraline hcl oral conc 20 mg/ml</i> .....	46	<i>sorine tab 240mg</i> .....	30
<i>sertraline hcl tab 100 mg</i> .....	47	<i>sorine tab 80mg</i> .....	29
<i>sertraline hcl tab 25 mg</i> .....	46	<i>sotalol hcl (afib/af) tab 120 mg</i> .....	30
<i>sertraline hcl tab 50 mg</i> .....	47	<i>sotalol hcl (afib/af) tab 160 mg</i> .....	30
<i>sharobel tab 0.35mg</i> .....	64	<i>sotalol hcl (afib/af) tab 80 mg</i> .....	30
SIGNIFOR INJ 0.3MG/ML .....	68	<i>sotalol hcl tab 120 mg</i> .....	30
SIGNIFOR INJ 0.6MG/ML .....	68	<i>sotalol hcl tab 160 mg</i> .....	30
SIGNIFOR INJ 0.9MG/ML .....	68	<i>sotalol hcl tab 240 mg</i> .....	30
<i>sildenafil citrate tab 20 mg</i> .....	37	<i>sotalol hcl tab 80 mg</i> .....	30
SILENOR TAB 3MG.....	54	SOVALDI TAB 400MG .....	12
SILENOR TAB 6MG.....	54	<i>spironolactone &amp; hydrochlorothiazide tab</i> <i>25-25 mg</i> .....	35
SILVER SULFADIAZINE CREAM 1% ....	92	<i>spironolactone tab 100 mg</i> .....	26
SIMBRINZA SUS 1-0.2%.....	87	<i>spironolactone tab 25 mg</i> .....	26
<i>simvastatin tab 10 mg</i> .....	30	<i>spironolactone tab 50 mg</i> .....	26
<i>simvastatin tab 20 mg</i> .....	30	<i>sprintec 28 tab 28 day</i> .....	64
<i>simvastatin tab 40 mg</i> .....	30	SPRITAM TAB 1000MG.....	42
<i>simvastatin tab 5 mg</i> .....	30		
<i>simvastatin tab 80 mg</i> .....	30		
<i>sirolimus tab 0.5 mg</i> .....	81		
<i>sirolimus tab 1 mg</i> .....	81		
<i>sirolimus tab 2 mg</i> .....	81		

SPRITAM TAB 250MG .....	42	<i>sulfasalazine tab 500 mg</i> .....	73
SPRITAM TAB 500MG .....	42	<i>sulfasalazine tab delayed release 500 mg</i>	
SPRITAM TAB 750MG .....	42	.....	73
SPRYCEL TAB 100MG .....	22	<i>sulindac tab 150 mg</i> .....	2
SPRYCEL TAB 140MG .....	22	<i>sulindac tab 200 mg</i> .....	2
SPRYCEL TAB 20MG .....	22	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	
SPRYCEL TAB 50MG .....	22	.....	55
SPRYCEL TAB 70MG .....	22	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	
SPRYCEL TAB 80MG .....	22	.....	55
SSD CRE 1% .....	92	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	55
<i>stavudine cap 15 mg</i> .....	9	SUMATRIPTAN SUCCINATE SOLUTION	
<i>stavudine cap 20 mg</i> .....	9	AUTO-INJECTOR 4 MG/0.5ML .....	55
<i>stavudine cap 30 mg</i> .....	9	<i>sumatriptan succinate solution auto-</i>	
<i>stavudine cap 40 mg</i> .....	9	<i>injector 6 mg/0.5ml</i> .....	55
STIMATE SOL 1.5MG/ML.....	70	SUMATRIPTAN SUCCINATE SOLUTION	
STIVARGA TAB 40MG .....	22	CARTRIDGE 4 MG/0.5ML.....	55
STRATTERA CAP 100MG .....	54	<i>sumatriptan succinate solution cartridge</i>	
STRATTERA CAP 10MG .....	54	<i>6 mg/0.5ml</i> .....	55
STRATTERA CAP 18MG .....	54	<i>sumatriptan succinate solution prefilled</i>	
STRATTERA CAP 25MG .....	54	<i>syringe 6 mg/0.5ml</i> .....	55
STRATTERA CAP 40MG .....	54	<i>sumatriptan succinate tab 100 mg</i> .....	56
STRATTERA CAP 60MG .....	54	<i>sumatriptan succinate tab 25 mg</i> .....	55
STRATTERA CAP 80MG .....	54	<i>sumatriptan succinate tab 50 mg</i> .....	55
<i>streptomycin sulfate for inj 1 gm</i> .....	5	SUPRAX CAP 400MG .....	13
STRIBILD TAB .....	10	<i>suprax chw 100mg</i> .....	13
SUBOXONE MIS 12-3MG.....	58	<i>suprax chw 200mg</i> .....	13
SUBOXONE MIS 2-0.5MG.....	57	SUPRAX SUS 500/5ML .....	13
SUBOXONE MIS 4-1MG.....	58	SUPREP BOWEL SOL PREP KIT .....	73
SUBOXONE MIS 8-2MG.....	58	SUSTIVA CAP 200MG.....	10
SUCRAID SOL 8500/ML .....	74	SUSTIVA CAP 50MG.....	9
<i>sucralfate tab 1 gm</i> .....	74	SUSTIVA TAB 600MG.....	10
<i>sulfacetamide sodium lotion 10% (acne)</i>		SUTENT CAP 12.5MG .....	22
.....	91	SUTENT CAP 25MG .....	22
<i>sulfacetamide sodium ophth oint 10%</i> .	86	SUTENT CAP 37.5MG .....	22
<i>sulfacetamide sodium ophth soln 10%</i> .	86	SUTENT CAP 50MG .....	22
<i>sulfacetamide sodium-prednisolone</i>		SYLATRON KIT 200MCG .....	23
<i>ophth soln 10-0.23(0.25)%</i> .....	85	SYLATRON KIT 300MCG .....	23
<i>sulfadiazine tab 500mg</i> .....	5	SYLATRON KIT 600MCG .....	23
<i>sulfamethoxazole-trimethoprim iv soln</i>		SYMBICORT AER 160-4.5 .....	91
<i>400-80 mg/5ml</i> .....	7	SYMBICORT AER 80-4.5 .....	91
<i>sulfamethoxazole-trimethoprim susp</i>		SYMLINPEN 60 INJ 1000MCG.....	59
<i>200-40 mg/5ml</i> .....	7	SYMLINPEN 120 INJ 1000MCG .....	59
<i>sulfamethoxazole-trimethoprim tab 400-</i>		SYNAGIS INJ 100MG/ML .....	82
<i>80 mg</i> .....	7	SYNAGIS INJ 50MG .....	82
<i>sulfamethoxazole-trimethoprim tab 800-</i>		SYNAREL SOL 2MG/ML.....	65
<i>160 mg</i> .....	7	SYNERCID INJ 500MG.....	7
SULFAMYLON CRE 85MG/GM .....	92	SYNRIBO INJ 3.5MG .....	23
SULFAMYLON PAK 5% .....	92	SYNTHROID TAB 100MCG .....	69



SYNTHROID TAB 112MCG .....	70	TEGRETOL-XR TAB 100MG .....	42
SYNTHROID TAB 125MCG .....	70	TEGRETOL-XR TAB 200MG .....	42
SYNTHROID TAB 137MCG .....	70	TEGRETOL-XR TAB 400MG .....	42
SYNTHROID TAB 150MCG .....	70	<i>telmisartan tab 20 mg</i> .....	28
SYNTHROID TAB 175MCG .....	70	<i>telmisartan tab 40 mg</i> .....	29
SYNTHROID TAB 200MCG .....	70	<i>telmisartan tab 80 mg</i> .....	29
SYNTHROID TAB 25MCG .....	69	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
SYNTHROID TAB 300MCG .....	70	<i>12.5 mg</i> .....	28
SYNTHROID TAB 50MCG .....	69	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYNTHROID TAB 75MCG .....	69	<i>12.5 mg</i> .....	28
SYNTHROID TAB 88MCG .....	69	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYPRINE CAP 250MG .....	61	<i>25 mg</i> .....	28
<b>T</b>		<i>temazepam cap 15 mg</i> .....	54
TABLOID TAB 40MG .....	19	<i>temazepam cap 7.5 mg</i> .....	54
<i>tacrolimus cap 0.5 mg</i> .....	81	TENIVAC INJ 5-2LF .....	82
<i>tacrolimus cap 1 mg</i> .....	81	<i>terazosin hcl cap 1 mg</i> .....	26
<i>tacrolimus cap 5 mg</i> .....	81	<i>terazosin hcl cap 10 mg</i> .....	27
<i>tacrolimus oint 0.03%</i> .....	94	<i>terazosin hcl cap 2 mg</i> .....	27
<i>tacrolimus oint 0.1%</i> .....	94	<i>terazosin hcl cap 5 mg</i> .....	27
TAFINLAR CAP 50MG .....	22	<i>terbinafine hcl tab 250 mg</i> .....	8
TAFINLAR CAP 75MG .....	22	<i>terbutaline sulfate inj 1 mg/ml</i> .....	89
TAGRISSE TAB 40MG .....	22	<i>terbutaline sulfate tab 2.5 mg</i> .....	89
TAGRISSE TAB 80MG .....	22	<i>terbutaline sulfate tab 5 mg</i> .....	89
TAMIFLU SUS 6MG/ML .....	12	<i>terconazole vaginal cream 0.4%</i> .....	76
<i>tamoxifen citrate tab 10 mg (base</i>		<i>terconazole vaginal cream 0.8%</i> .....	76
<i>equivalent)</i> .....	21	<i>terconazole vaginal suppos 80 mg</i> .....	76
<i>tamoxifen citrate tab 20 mg (base</i>		<i>testosterone cypionate im inj in oil 100</i>	
<i>equivalent)</i> .....	21	<i>mg/ml</i> .....	58
<i>tamsulosin hcl cap 0.4 mg</i> .....	75	<i>testosterone cypionate im inj in oil 200</i>	
TARCEVA TAB 100MG .....	22	<i>mg/ml</i> .....	58
TARCEVA TAB 150MG .....	22	<i>testosterone enanthate im inj in oil 200</i>	
TARCEVA TAB 25MG .....	22	<i>mg/ml</i> .....	58
TARGRETIN GEL 1% .....	94	<i>testosterone td soln 30 mg/act</i> .....	58
<i>tarina fe tab 1/20</i> .....	64	TET/DIP TOX INJ 2-2 LF .....	82
TASIGNA CAP 150MG .....	23	TETRABENAZINE TAB 12.5 MG .....	56
TASIGNA CAP 200MG .....	23	TETRABENAZINE TAB 25 MG .....	56
TAXOTERE INJ 80MG/4ML .....	19	<i>texacort sol 2.5%</i> .....	94
<i>tazarotene cream 0.1%</i> .....	92	THALOMID CAP 100MG .....	80
<i>tazicef inj 1gm</i> .....	14	THALOMID CAP 150MG .....	80
<i>tazicef inj 2gm</i> .....	14	THALOMID CAP 200MG .....	80
<i>tazicef inj 6gm</i> .....	14	THALOMID CAP 50MG .....	80
TAZORAC CRE 0.05% .....	92	<i>theo-24 cap 100mg cr</i> .....	91
TAZORAC CRE 0.1% .....	92	<i>theo-24 cap 200mg cr</i> .....	91
TECENTRIQ INJ 1200/20 .....	20	<i>theo-24 cap 300mg cr</i> .....	91
TEFLARO INJ 400MG .....	14	<i>theo-24 cap 400mg er</i> .....	91
TEFLARO INJ 600MG .....	14	<i>theophylline soln 80 mg/15ml</i> .....	91
TEGRETOL SUS 100/5ML .....	42	<i>theophylline tab er 12hr 100 mg</i> .....	91
TEGRETOL TAB 200MG .....	42	<i>theophylline tab er 12hr 200 mg</i> .....	91

<i>theophylline tab er 12hr 300 mg</i> .....	91	<i>tolterodine tartrate cap er 24hr 4 mg</i> ..	75
<i>theophylline tab er 12hr 450 mg</i> .....	91	<i>tolterodine tartrate tab 1 mg</i> .....	75
<i>theophylline tab er 24hr 400 mg</i> .....	91	<i>tolterodine tartrate tab 2 mg</i> .....	75
<i>theophylline tab er 24hr 600 mg</i> .....	91	<i>topiramate sprinkle cap 15 mg</i> .....	42
<i>thioridazine hcl tab 10 mg</i> .....	52	<i>topiramate sprinkle cap 25 mg</i> .....	42
<i>thioridazine hcl tab 100 mg</i> .....	52	<i>topiramate tab 100 mg</i> .....	42
<i>thioridazine hcl tab 25 mg</i> .....	52	<i>topiramate tab 200 mg</i> .....	42
<i>thioridazine hcl tab 50 mg</i> .....	52	<i>topiramate tab 25 mg</i> .....	42
<i>thiothixene cap 1 mg</i> .....	52	<i>topiramate tab 50 mg</i> .....	42
<i>thiothixene cap 10 mg</i> .....	52	<i>toposar inj 100/5ml</i> .....	24
<i>thiothixene cap 2 mg</i> .....	52	<i>toposar inj 1gm/50ml</i> .....	24
<i>thiothixene cap 5 mg</i> .....	52	<i>topotecan hcl for inj 4 mg</i> .....	24
<i>tiagabine hcl tab 2 mg</i> .....	42	TOPOTECAN INJ 4MG/4ML.....	24
<i>tiagabine hcl tab 4 mg</i> .....	42	<i>toremide tab 10 mg</i> .....	35
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TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25% .....	87	<i>toremide tab 20 mg</i> .....	35
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5% .....	87	<i>toremide tab 5 mg</i> .....	35
<i>timolol maleate ophth soln 0.25%</i> .....	87	TOUJEO SOLO INJ 300IU/ML .....	59
<i>timolol maleate ophth soln 0.5%</i> .....	87	TOVIAZ TAB 4MG .....	75
<i>timolol maleate tab 10 mg</i> .....	33	TOVIAZ TAB 8MG .....	75
<i>timolol maleate tab 20 mg</i> .....	33	TPN ELECTROL INJ .....	83
<i>timolol maleate tab 5 mg</i> .....	33	TRACLEER TAB 125MG.....	37
TIVICAY TAB 10MG .....	10	TRACLEER TAB 62.5MG .....	37
TIVICAY TAB 25MG .....	10	TRADJENTA TAB 5MG .....	60
TIVICAY TAB 50MG .....	10	<i>tramadol hcl tab 50 mg</i> .....	2
<i>tizanidine hcl tab 2 mg (base equivalent)</i> .....	57	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i> .....	2
<i>tizanidine hcl tab 4 mg (base equivalent)</i> .....	57	<i>trandolapril tab 1 mg</i> .....	26
TOBRADEX OIN 0.3-0.1% .....	85	<i>trandolapril tab 2 mg</i> .....	26
TOBRADEX ST SUS 0.3-0.05 .....	85	<i>trandolapril tab 4 mg</i> .....	26
<i>tobramycin nebu soln 300 mg/5ml</i> .....	5	<i>tranexamic acid iv soln 1000 mg/10ml</i> <i>(100 mg/ml)</i> .....	78
<i>tobramycin ophth soln 0.3%</i> .....	86	<i>tranexamic acid tab 650 mg</i> .....	78
<i>tobramycin sulfate for inj 1.2 gm</i> .....	5	TRANSDERM-SC DIS 1.5MG.....	72
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i> <i>mg/ml) (base equiv)</i> .....	5	<i>tranylcypramine sulfate tab 10 mg</i> .....	47
<i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i> .....	5	TRAVASOL INJ 10%.....	83
<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml) (base equiv)</i> .....	5	TRAVATAN Z DRO 0.004% .....	87
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i> .....	5	<i>trazodone hcl tab 100 mg</i> .....	47
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i> .....	85	<i>trazodone hcl tab 150 mg</i> .....	47
TOBEX OIN 0.3% OP .....	86	<i>trazodone hcl tab 50 mg</i> .....	47
<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	75	TREANDA INJ 100MG.....	18
		TREANDA INJ 25MG.....	17
		TRECATOR TAB 250MG .....	11
		TRELSTAR MIX INJ 11.25MG.....	21
		TRELSTAR MIX INJ 3.75MG .....	21
		TRESIBA FLEX INJ 100UNIT.....	59
		TRESIBA FLEX INJ 200UNIT.....	59
		<i>tretinoin cap 10 mg</i> .....	23

<i>tretinoin cream 0.025%</i> .....	92
<i>tretinoin cream 0.05%</i> .....	92
<i>tretinoin cream 0.1%</i> .....	91
TRETINOIN GEL 0.01%.....	92
<i>tretinoin gel 0.025%</i> .....	92
<i>triamcinolone acetonide cream 0.025%</i> .....	94
<i>triamcinolone acetonide cream 0.1%</i> ...94	
<i>triamcinolone acetonide cream 0.5%</i> ...94	
<i>triamcinolone acetonide dental paste</i> <i>0.1%</i> .....	95
<i>triamcinolone acetonide lotion 0.025%</i> 94	
<i>triamcinolone acetonide lotion 0.1%</i> ...94	
<i>triamcinolone acetonide oint 0.025%</i> ...94	
<i>triamcinolone acetonide oint 0.1%</i> .....	94
<i>triamcinolone acetonide oint 0.5%</i> .....	94
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i> .....	35
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>37.5-25 mg</i> .....	35
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>75-50 mg</i> .....	35
<i>triderm cre 0.1%</i> .....	94
<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i> .....	52
<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i> .....	52
<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i> .....	52
<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i> .....	52
<i>trifluridine ophth soln 1%</i> .....	86
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ...49	
<i>trihexyphenidyl hcl tab 2 mg</i> .....	49
<i>trihexyphenidyl hcl tab 5 mg</i> .....	49
<i>tri-legest tab fe</i> .....	64
<i>tri-lo- tab sprintec</i> .....	64
<i>trilyte sol</i> .....	73
<i>trimethoprim tab 100 mg</i> .....	7
<i>trimipramine maleate cap 100 mg</i> .....	47
<i>trimipramine maleate cap 25 mg</i> .....	47
<i>trimipramine maleate cap 50 mg</i> .....	47
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TRINTELLIX TAB 10MG .....	47
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TRISENOX SOL 10MG/10M .....	23
<i>tri-sprintec tab</i> .....	64
TRIUMEQ TAB .....	10
<i>trivora-28 tab</i> .....	64
TROPHAMINE INJ 10%.....	83
<i>trosipium chloride tab 20 mg</i> .....	75
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TRUE METRIX TES GLUCOSE .....	95
TRULICITY INJ 0.75/0.5 .....	59
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TRUVADA TAB 100-150.....	10
TRUVADA TAB 133-200.....	10
TRUVADA TAB 167-250.....	10
TRUVADA TAB 200-300.....	10
TWINRIX INJ .....	82
TYBOST TAB 150MG .....	10
TYGACIL INJ 50MG .....	7
TYKERB TAB 250MG .....	23
TYPHIM VI INJ .....	82
TYSABRI INJ 300/15ML.....	56
TYZEKA TAB 600MG .....	12

## U

ULORIC TAB 40MG .....	1
ULORIC TAB 80MG .....	1
UNITHROID TAB 100MCG.....	70
UNITHROID TAB 112MCG.....	70
UNITHROID TAB 125MCG.....	70
UNITHROID TAB 150MCG.....	70
UNITHROID TAB 175MCG.....	70
UNITHROID TAB 200MCG.....	70
UNITHROID TAB 25MCG.....	70
UNITHROID TAB 300MCG.....	70
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UNITHROID TAB 75MCG.....	70
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UPTRAVI TAB 200MCG .....	37
UPTRAVI TAB 400MCG .....	37
UPTRAVI TAB 600MCG .....	37
UPTRAVI TAB 800MCG .....	37
<i>ursodiol cap 300 mg</i> .....	74
<i>ursodiol tab 250 mg</i> .....	74

ursodiol tab 500 mg .....74

**V**

valacyclovir hcl tab 1 gm .....12

valacyclovir hcl tab 500 mg .....12

VALCHLOR GEL 0.016%.....94

VALCYTE SOL 50MG/ML .....12

valganciclovir hcl for soln 50 mg/ml  
(base equiv).....12

valganciclovir hcl tab 450 mg (base  
equivalent) .....12

valproate sodium inj 100 mg/ml .....43

valproate sodium oral soln 250 mg/5ml  
(base equiv).....43

valproic acid cap 250 mg .....43

valsartan tab 160 mg .....29

valsartan tab 320 mg .....29

valsartan tab 40 mg .....29

valsartan tab 80 mg .....29

valsartan-hydrochlorothiazide tab 160-  
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valsartan-hydrochlorothiazide tab 160-25  
mg .....28

valsartan-hydrochlorothiazide tab 320-  
12.5 mg .....28

valsartan-hydrochlorothiazide tab 320-25  
mg .....28

valsartan-hydrochlorothiazide tab 80-  
12.5 mg .....28

vancomycin hcl cap 125 mg ..... 7

vancomycin hcl cap 250 mg ..... 7

vancomycin hcl for inj 10 gm..... 7

vancomycin hcl for inj 1000 mg ..... 7

vancomycin hcl for inj 500 mg ..... 7

vancomycin hcl for inj 5000 mg ..... 7

vancomycin hcl for inj 750 mg ..... 7

VANCOMYCIN INJ 1 GM ..... 7

VANCOMYCIN INJ 500MG ..... 7

VANCOMYCIN INJ 750MG ..... 7

VANDAZOLE GEL 0.75% .....76

VAQTA INJ 25/0.5ML .....82

VAQTA INJ 50UNT/ML .....82

VARIVAX INJ .....82

VASCEPA CAP 0.5GM .....31

VASCEPA CAP 1GM .....31

VELCADE INJ 3.5MG .....20

velivet pak .....64

VEMLIDY TAB 25MG .....12

VENCLEXTA TAB 100MG .....20

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VENCLEXTA TAB 50MG..... 20

VENCLEXTA TAB START PK..... 20

venlafaxine hcl cap er 24hr 150 mg  
(base equivalent) ..... 47

venlafaxine hcl cap er 24hr 37.5 mg  
(base equivalent) ..... 47

venlafaxine hcl cap er 24hr 75 mg (base  
equivalent) ..... 47

venlafaxine hcl tab 100 mg ..... 47

venlafaxine hcl tab 25 mg ..... 47

venlafaxine hcl tab 37.5 mg ..... 47

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VENTAVIS SOL 10MCG/ML ..... 37

VENTAVIS SOL 20MCG/ML ..... 37

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verapamil hcl cap er 24hr 120 mg ..... 34

verapamil hcl cap er 24hr 180 mg ..... 34

verapamil hcl cap er 24hr 200 mg ..... 34

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verapamil hcl cap er 24hr 300 mg ..... 34

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verapamil hcl tab 120 mg ..... 34

verapamil hcl tab 40 mg ..... 34

verapamil hcl tab 80 mg ..... 34

verapamil hcl tab er 120 mg ..... 34

verapamil hcl tab er 180 mg ..... 34

verapamil hcl tab er 240 mg ..... 34

VERSACLOZ SUS 50MG/ML..... 52

VESICARE TAB 10MG ..... 75

VESICARE TAB 5MG..... 75

VICTOZA INJ 18MG/3ML ..... 59

VIDEX SOL 2GM ..... 10

VIDEX SOL 4GM ..... 10

vienva tab 0.1-20..... 64

vigabatrin powd pack 500 mg ..... 43

VIGAMOX DRO 0.5% ..... 86

VIIBRYD KIT STARTER ..... 47

VIIBRYD TAB 10MG ..... 47

VIIBRYD TAB 20MG ..... 47

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VIMPAT SOL 10MG/ML ..... 43

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VIMPAT TAB 50MG .....	43
<i>vinblastine sulfate inj 1 mg/ml</i> .....	19
<i>vincasar pfs inj 1mg/ml</i> .....	19
<i>vincristine sulfate iv soln 1 mg/ml</i> .....	19
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> .....	19
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> .....	19
<i>viorele tab</i> .....	64
VIRACEPT TAB 250MG .....	10
VIRACEPT TAB 625MG .....	10
VIRAMUNE SUS 50MG/5ML .....	10
VIREAD POW 40MG/GM .....	10
VIREAD TAB 150MG .....	10
VIREAD TAB 200MG .....	10
VIREAD TAB 250MG .....	10
VIREAD TAB 300MG .....	10
<i>voriconazole for inj 200 mg</i> .....	8
<i>voriconazole for susp 40 mg/ml</i> .....	8
<i>voriconazole tab 200 mg</i> .....	8
<i>voriconazole tab 50 mg</i> .....	8
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VRAYLAR CAP 1.5-3MG.....	52
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<i>vyfemla tab 0.4-35</i> .....	64
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<i>warfarin sodium tab 1 mg</i> .....	77
<i>warfarin sodium tab 10 mg</i> .....	77
<i>warfarin sodium tab 2 mg</i> .....	77
<i>warfarin sodium tab 2.5 mg</i> .....	77
<i>warfarin sodium tab 3 mg</i> .....	77
<i>warfarin sodium tab 4 mg</i> .....	77
<i>warfarin sodium tab 5 mg</i> .....	77
<i>warfarin sodium tab 6 mg</i> .....	77
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XARELTO TAB 10MG .....	77
XARELTO TAB 15MG .....	77
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XATMEP SOL 2.5MG/ML .....	78
XELJANZ TAB 5MG .....	78
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XIGDUO XR TAB 5-1000MG .....	61
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XOLAIR SOL 150MG .....	90
XTANDI CAP 40MG .....	21
XYREM SOL 500MG/ML .....	57
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YERVOY INJ 200MG .....	20
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<i>zafirlukast tab 10 mg</i> .....	89
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ZELBORAF TAB 240MG.....	23
ZEMAIRA INJ 1000MG.....	90
<i>zenatane cap 30mg</i> .....	92
<i>zenchent tab</i> .....	64
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ZERIT SOL 1MG/ML.....	10
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<i>zidovudine cap 100 mg</i> .....	10
<i>zidovudine syrup 10 mg/ml</i> .....	10
<i>zidovudine tab 300 mg</i> .....	10
<i>ziprasidone hcl cap 20 mg</i> .....	53
<i>ziprasidone hcl cap 40 mg</i> .....	53
<i>ziprasidone hcl cap 60 mg</i> .....	53
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<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> .....	61

<i>zoledronic acid iv soln 5 mg/100ml</i> .....	61	ZORTRESS TAB 0.25MG .....	81
<i>zoledronic inj 4mg</i> .....	61	ZORTRESS TAB 0.5MG .....	81
ZOLINZA CAP 100MG .....	20	ZORTRESS TAB 0.75MG .....	81
<i>zolmitriptan orally disintegrating tab 2.5 mg</i> .....	56	ZOSTAVAX INJ.....	82
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<i>zolmitriptan tab 2.5 mg</i> .....	56	<i>zovia 1/50e tab</i> .....	64
<i>zolmitriptan tab 5 mg</i> .....	56	ZYDELIG TAB 100MG .....	23
<i>zolpidem tartrate tab 10 mg</i> .....	55	ZYDELIG TAB 150MG .....	23
<i>zolpidem tartrate tab 5 mg</i> .....	55	ZYKADIA CAP 150MG.....	23
<i>zonisamide cap 100 mg</i> .....	43	ZYLET SUS 0.5-0.3%.....	85
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Healthy Advantage Plus HMO is a Health Plan with a Medicare Contract. Enrollment in Healthy Advantage Plus depends on contract renewal

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

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

Other Providers are Available in Our Network.

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

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

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

Otros proveedores están disponibles en nuestra red.

This formulary was updated on 11/2017. For more recent information or other questions, please contact us, Healthy Advantage Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit [www.healthyadvantageplus.org](http://www.healthyadvantageplus.org).

Este formulario se actualizó en 11/2017. Para obtener información más reciente o si tiene otras preguntas, por favor comuníquese con nosotros al Departamento de Servicios para Miembros de, Healthy Advantage, al (888) 665-1328, los usuarios del servicio TTY llamen al 711, los 7 días de la semana de 8:00 a.m. a 8:00 p.m., hora local. O bien, visite [www.healthyadvantageplus.org](http://www.healthyadvantageplus.org).





# HealthyAdvantage*Plus*

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UNIVERSITY OF UTAH  
HEALTH PLANS



Member Services (888) 665-1328, TTY/TDD 711  
7 days a week, 8 a.m. - 8 p.m. local time

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