

FORMULARY/ FORMULARIO

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

2014



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Molina Medicare 2014 Comprehensive Formulary (List of Covered Drugs)

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

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

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

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

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

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

What is the Molina Medicare Comprehensive Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2014. To get updated information about the drugs covered by Molina Medicare, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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 91. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

If you learn that Molina Medicare does not cover your drug, you have two options:

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Molina Medicare's Formulary

The Comprehensive formulary below provides coverage information about all the drugs covered by Molina Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

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

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

LA stands for Limited Access Drug

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quantity Limits

STC stands for Step Therapy Criteria

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

For more information please refer to the following:

- Provider/Pharmacy Directory
- Visit www.molinamedicare.com.
- The Evidence of Coverage for more information.
- Call Member Services (CA) (800) 665-0898; (IL) (855) 966-5462; (MI) (800) 665-3072; (NM) (866) 440-0127; (OH) (866) 472-4584; (UT) (888) 665-1328; (WA) (800) 665-1029 (WI) (855) 315-5663, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users please call 711.



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

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

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

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

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

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

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

¿Qué es el Formulario Detallado de Molina Medicare?

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

¿Puede cambiar el formulario (lista de medicamentos)?

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

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

¿Cómo utilizo el formulario?

Puede encontrar su medicamento en el formulario de dos maneras:

Condición médica

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

Lista alfabética

Si no está seguro de la categoría, debería de buscar su medicamento usando el índice que empieza en la página 91. El índice le proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Se incluyen en el índice ambos medicamentos genéricos y de marca registrada. Busque en el índice y encuentre su medicamento. Al lado de su medicamento encontrará el número de la página donde podrá encontrar la información de cobertura. Pase a la página enumerada en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué es un medicamento genérico?

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

¿Existe alguna restricción en mi cobertura?

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

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

Puede enterarse si su medicamento tiene cualquier requerimiento o límite adicional repasando el formulario que empieza en la página 1. También puede recibir más información acerca de las restricciones aplicadas a medicamentos recetados específicos visitando nuestro sitio Web. Nuestra información de contacto y la fecha en cual se actualizó el formulario por última vez, aparece en las páginas de la portada y contraportada.

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

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

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

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

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

¿Cómo solicito una excepción del formulario de Molina Medicare?

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

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

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

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

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

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

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

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

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

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

Para más información

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

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

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

Formulario de Molina Medicare

El formulario detallado a continuación proporciona información de cobertura acerca de todos los medicamentos cubiertos por Molina Medicare. Si tiene problemas para encontrar su medicamento en la lista, regrese al índice que empieza en la página 91.

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

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

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

LA significa Medicamento de Acceso Limitado

NM significa Medicamento no Disponible para Ordenar por Correo

PA significa Autorización Previa

QL significa Límites de cantidades

STC significa Criterio de Terapia Escalonada

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

Para más información, por favor consulte lo siguiente:

- Directorio de Proveedores/Farmacias
- O visite www.molinamedicare.com.
- La Evidencia de Cobertura, para más información.
- Comuníquese con el Departamento de Servicios para Miembros (CA) (800) 665-0898; (IL) (855) 966-5462; (MI) (800) 665-3072; (NM) (866) 440-0127; (OH) (866) 472-4584; (UT) (888) 665-1328; (WA) (800) 665-1029 (WI) (855) 315-5663, los 7 días de la semana, 8:00 a.m. a 8:00 p.m., horal local. Los usuarios de TTY/TDD, favor de marcar 711.

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TAB 0.6MG	2	QL (120 tabs / 30 days)
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	ST
ULORIC TAB 80MG	2	ST

NSAIDS

CELEBREX CAP 50MG	2	QL (60 caps / 30 days)
CELEBREX CAP 100MG	2	QL (60 caps / 30 days)
CELEBREX CAP 200MG	2	QL (60 caps / 30 days)
CELEBREX CAP 400MG	2	QL (60 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab sr 24hr 100 mg</i>	1	
<i>diflunisal tab 500 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab sr 24hr 400 mg</i>	1	
<i>etodolac tab sr 24hr 500 mg</i>	1	
<i>etodolac tab sr 24hr 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap sr 24hr 200 mg</i>	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (5400mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
AVINZA CAP 30MG	3	QL (60 caps / 30 days)
AVINZA CAP 45MG	3	QL (60 caps / 30 days)
AVINZA CAP 60MG	3	QL (60 caps / 30 days)
AVINZA CAP 75MG	3	QL (60 caps / 30 days)
AVINZA CAP 90MG	3	QL (60 caps / 30 days)
AVINZA CAP 120MG	3	QL (60 caps / 30 days)
DURAMORPH INJ 0.5MG/ML	1	B/D
DURAMORPH INJ 1MG/ML	1	B/D
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (360 tabs / 30 days)
ENDODAN TAB	1	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lollipop 200 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 400 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 600 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 800 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 1200 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl citrate lollipop 1600 mcg</i>	4	QL (120 lpop / 30 days), NM, PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 ptch / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 ptch / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	1	B/D
<i>hydromorphone hcl tab 2 mg</i>	1	
<i>hydromorphone hcl tab 4 mg</i>	1	
<i>hydromorphone hcl tab 8 mg</i>	1	
KADIAN CAP 10MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 20MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 30MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 40MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 50MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 60MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 70MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 80MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 100MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 130MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 150MG CR	2	QL (60 caps / 30 days)
KADIAN CAP 200MG CR	2	QL (60 caps / 30 days)
LAZANDA SPR 100MCG	4	QL (30 bottles / 30 days), NM, PA
LAZANDA SPR 400MCG	4	QL (30 bottles / 30 days), NM, PA
<i>methadone con 10mg/ml</i>	1	
<i>methadone hcl soln 5 mg/5ml</i>	1	
<i>methadone hcl soln 10 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	1	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	1	B/D
MORPHINE SUL INJ 4MG/ML	1	B/D
MORPHINE SUL INJ 8MG/ML	1	B/D
MORPHINE SULFATE (CONCENTRATE) ORAL SOLN 20 MG/ML		
<i>morphine sulfate beads cap sr 24hr 30 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate beads cap sr 24hr 45 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate beads cap sr 24hr 60 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate beads cap sr 24hr 75 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate beads cap sr 24hr 90 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate beads cap sr 24hr 120 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate cap sr 24hr 10 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate cap sr 24hr 20 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate cap sr 24hr 30 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate cap sr 24hr 50 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate cap sr 24hr 60 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate cap sr 24hr 80 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate cap sr 24hr 100 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	1	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	1	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	1	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	1	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	1	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	1	
MORPHINE SULFATE TAB 15 MG	1	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	1	QL (180 tabs / 30 days)
<i>morphine sulfate tab cr 15 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 30 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 60 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 200 mg</i>	1	QL (60 tabs / 30 days)
OXYCODONE HCL CAP 5 MG	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs / 30 days)
<i>roxicet sol 5-325/5</i>	2	QL (1800 mL / 30 days)
<i>roxicet tab 5-325mg</i>	1	QL (360 tabs / 30 days)

ANESTHETICS**LOCAL ANESTHETICS**

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

ANTI-INFECTIVES**ANTI-BACTERIALS - MISCELLANEOUS**

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	1	
<i>tobramycin sulfate inj 10 mg/ml</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	3	
ALINIA SUS 100/5ML	3	QL (540 mL / 30 days)
ALINIA TAB 500MG	3	QL (20 tabs / 30 days)
<i>atovaquone susp 750 mg/5ml</i>	4	NM
AZACTAM INJ 2GM	3	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	4	NM
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
BILTRICIDE TAB 600MG	2	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	1	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	1	
<i>colistimethate sodium for inj 150 mg</i>	1	
CUBICIN SOL 500MG	4	B/D, NM
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
DARAPRIM TAB 25MG	3	
DORIBAX INJ 250MG	3	
DORIBAX INJ 500MG	3	
<i>e.s.p. sus 200-600</i>	1	
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
INVANZ INJ 1GM	3	
MACRODANTIN CAP 25MG	2	PA; 90 day limit if >64 yr
MEPRON SUS	4	NM
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
METRO IV INJ 5MG/ML	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	3	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; 90 day limit if >64 yr
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; 90 day limit if >64 yr
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; 90 day limit if >64 yr
PENTAM 300 INJ 300MG	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
TYGACIL INJ 50MG	4	NM
<i>vancomycin hcl cap 125 mg</i>	4	NM
<i>vancomycin hcl cap 250 mg</i>	4	NM
<i>vancomycin hcl for inj 10 gm</i>	1	B/D
<i>vancomycin hcl for inj 500 mg</i>	1	B/D
<i>vancomycin hcl for inj 1000 mg</i>	1	B/D
<i>vancomycin hcl for inj 5000 mg</i>	1	B/D
<i>vancomycin inj 750mg</i>	1	B/D
ZYVOX SOL 2MG/ML	4	NM
ZYVOX SUS 100MG/5M	4	NM
ZYVOX TAB 600MG	4	NM
ANTIFUNGALS		
ABELCET INJ 5MG/ML	4	B/D, NM
AMBISOME INJ 50MG	4	B/D, NM
<i>amphotericin b for inj 50 mg</i>	1	B/D
CANCIDAS INJ 50MG	4	NM
CANCIDAS INJ 70MG	4	NM
ERAXIS INJ 50MG	4	NM
ERAXIS INJ 100MG	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	1	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>flucytosine cap 250 mg</i>	4	NM
<i>flucytosine cap 500 mg</i>	4	NM
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	
MYCAMINE INJ 50MG	3	
MYCAMINE INJ 100MG	4	NM
NOXAFIL SUS 40MG/ML	4	NM
NOXAFIL TAB 100MG	4	NM
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	4	NM
<i>voriconazole tab 50 mg</i>	4	NM
<i>voriconazole tab 200 mg</i>	4	NM
ANTIMALARIALS		
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	2	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	2	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
APTIVUS CAP 250MG	4	NM
APTIVUS SOL	4	NM
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	
<i>didanosine delayed release capsule 125 mg1</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine delayed release capsule 200 mg1</i>		
<i>didanosine delayed release capsule 250 mg1</i>		
<i>didanosine delayed release capsule 400 mg1</i>		
EDURANT TAB 25MG	4	NM
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	2	
FUZEON INJ 90MG	4	NM
FUZEON KIT	4	NM
INTELENCE TAB 25MG	3	
INTELENCE TAB 100MG	4	NM
INTELENCE TAB 200MG	4	NM
INVIRASE CAP 200MG	3	
INVIRASE TAB 500MG	4	NM
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	4	NM
ISENTRESS TAB 400MG	4	NM
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	4	NM
NEVIRAPINE SUSP 50 MG/5ML	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab sr 24hr 400 mg</i>	1	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	4	NM
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	4	NM
PREZISTA TAB 800MG	4	NM
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
RETROVIR INJ 10MG/ML	2	
REYATAZ CAP 100MG	2	
REYATAZ CAP 150MG	4	NM
REYATAZ CAP 200MG	4	NM
REYATAZ CAP 300MG	4	NM
SELZENTRY TAB 150MG	4	NM
SELZENTRY TAB 300MG	4	NM
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine cap 40 mg</i>	1	
<i>stavudine for oral soln 1 mg/ml</i>	1	
SUSTIVA CAP 50MG	2	
SUSTIVA CAP 200MG	2	
SUSTIVA TAB 600MG	2	
TIVICAY TAB 50MG	4	NM
VIDEX SOL 2GM	3	
VIDEX SOL 4GM	3	
VIRACEPT TAB 250MG	4	NM
VIRACEPT TAB 625MG	4	NM
VIRAMUNE SUS 50MG/5ML	3	
VIRAMUNE XR TAB 100MG	3	
VIRAMUNE XR TAB 400MG	3	
VIREAD POW 40MG/GM	4	NM
VIREAD TAB 150MG	4	NM
VIREAD TAB 200MG	4	NM
VIREAD TAB 250MG	4	NM
VIREAD TAB 300MG	4	NM
ZIAGEN SOL 20MG/ML	3	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	4	NM
ATRIPLA TAB	4	NM
COMPLERA TAB	4	NM
EPZICOM TAB 600-300	4	NM
KALETRA SOL	4	NM
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
STRIBILD TAB	4	NM
TRUVADA TAB 200-300	4	NM
ANTITUBERCULAR AGENTS		
CAPASTAT SUL INJ 1GM	4	NM
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYCOBUTIN CAP 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>paser gra 4gm</i>	2	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
RIFATER TAB	3	
<i>seromycin cap 250mg</i>	3	
SIRTURO TAB 100MG	4	NM, LA, PA
TRECTOR TAB 250MG	3	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	1	B/D
<i>acyclovir sodium for inj 1000 mg</i>	1	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	B/D
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	4	NM, ST
BARACLUDE SOL .05MG/ML	2	
BARACLUDE TAB 0.5MG	4	NM
BARACLUDE TAB 1MG	4	NM
EPIVIR HBV SOL 5MG/ML	3	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>ganciclovir sodium for inj 500 mg</i>	1	B/D
INCIVEK TAB 375MG	4	NM, PA
<i>lamivudine tab 100 mg</i>	1	
<i>moderiba pak 600/day</i>	4	NM, PA
<i>moderiba pak 800/day</i>	4	NM, PA
<i>moderiba pak 1000/day</i>	4	NM, PA
<i>moderiba pak 1200/day</i>	4	NM, PA
OLYSIO CAP 150MG	4	NM, PA
REBETOL SOL 40MG/ML	4	NM, PA
RELENZA MIS DISKHALE	2	
<i>ribapak pak 600/day</i>	4	NM, PA
<i>ribapak pak 800/day</i>	4	NM, PA
<i>ribapak pak 1000/day</i>	4	NM, PA
<i>ribapak pak 1200/day</i>	4	NM, PA
<i>ribasphere cap 200mg</i>	1	NM, PA
<i>ribasphere tab 200mg</i>	1	NM, PA
<i>ribasphere tab 400mg</i>	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere tab 600mg</i>	4	NM, PA
<i>ribavirin cap 200 mg</i>	1	NM, PA
<i>ribavirin tab 200 mg</i>	1	NM, PA
<i>rimantadine hydrochloride tab 100 mg</i>	1	
SOVALDI TAB 400MG	4	NM, PA
TAMIFLU CAP 30MG	2	
TAMIFLU CAP 45MG	2	
TAMIFLU CAP 75MG	2	
TAMIFLU SUS 6MG/ML	2	
TYZEKA TAB 600MG	4	NM
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALCYTE SOL 50MG/ML	4	NM
VALCYTE TAB 450MG	4	NM
VICTRELIS CAP 200MG	4	NM, PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor er tab 500mg</i>	2	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefazolin inj 1gm/50ml</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 20 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for iv soln 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
<i>cefotaxime sodium for inj 1 gm</i>	1	
<i>cefotaxime sodium for inj 2 gm</i>	1	
<i>cefotaxime sodium for inj 10 gm</i>	1	
<i>cefotaxime sodium for inj 500 mg</i>	1	
<i>cefoxitin sodium for inj 1 gm</i>	1	
<i>cefoxitin sodium for inj 2 gm</i>	1	
<i>cefoxitin sodium for inj 10 gm</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab sr 24hr 500 mg</i>	1	
DIFICID TAB 200MG	4	NM, ST
<i>e.e.s. 400 tab 400mg</i>	1	
E.E.S. GRAN SUS 200/5ML	3	
<i>ery-tab tab 250mg ec</i>	2	
<i>ery-tab tab 333mg ec</i>	2	
<i>ery-tab tab 500mg ec</i>	2	
ERYPED SUS 200/5ML	3	
ERYPED SUS 400/5ML	3	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
ZMAX SUS 2GM	2	
FLUOROQUINOLONES		
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	1	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-571 mg</i>		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-571 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1-0.5 gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 10-5 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1-0.5 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 2-1 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 1 gm</i>	1	
<i>ampicillin sodium for iv soln 2 gm</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A INJ 600000	3	
BICILLIN L-A INJ 1200000	3	
BICILLIN L-A INJ 2400000	3	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	4	NM
<i>nafcillin sodium for inj 10 gm</i>	4	NM
<i>nafcillin sodium for iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	4	NM
<i>oxacillin sodium for inj 1 gm</i>	1	
<i>oxacillin sodium for inj 2 gm</i>	1	
<i>oxacillin sodium for inj 10 gm</i>	4	NM
<i>pen g proc inj 600000</i>	2	
PENICILL GK/ INJ DEX 2MU	3	
PENICILL GK/ INJ DEX 3MU	3	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 2-0.25 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 4-0.5 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium-tazobactam sodium for inj 36-4.5 gm</i>	1	
TIMENTIN INJ 3.1GM	3	
TIMENTIN INJ 31GM	3	
TETRACYCLINES		
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
VIBRAMYCIN SYP 50MG/5ML	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	3	B/D
CEENU CAP 10MG	2	
CEENU CAP 40MG	2	
<i>cyclophosph inj 1gm</i>	1	B/D
<i>cyclophosph inj 2gm</i>	1	B/D
<i>cyclophosph inj 500mg</i>	1	B/D
<i>cyclophosphamide tab 25 mg</i>	1	B/D
<i>cyclophosphamide tab 50 mg</i>	1	B/D
<i>dacarbazine for inj 200 mg</i>	1	B/D
EMCYT CAP 140MG	3	
HEXALEN CAP 50MG	4	NM
IFEX INJ 3GM	3	B/D
<i>ifosfamide for inj 1 gm</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	B/D
LEUKERAN TAB 2MG	3	
LOMUSTINE CAP 10 MG	1	
LOMUSTINE CAP 40 MG	1	
LOMUSTINE CAP 100 MG	1	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN INJ 10MG	3	B/D
TREANDA INJ 25MG	4	B/D, NM
TREANDA INJ 100MG	4	B/D, NM
ANTHRACYCLINES		
<i>adriamyc inj 50mg</i>	1	B/D
<i>adriamycin inj 20mg</i>	1	B/D
<i>daunorubicin hcl for inj 20 mg</i>	1	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	1	B/D
DOXIL INJ 2MG/ML	4	B/D, NM
<i>doxorubicin hcl for inj 50 mg</i>	1	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	1	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	4	B/D, NM
<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	1	B/D
<i>epirubicin hcl inj 200 mg/100ml (2 mg/ml)</i>	1	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	4	B/D, NM
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	4	B/D, NM
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	4	B/D, NM
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	1	B/D
<i>bleomycin sulfate for inj 30 unit</i>	1	B/D
COSMEGEN INJ 0.5MG	4	B/D, NM
<i>mitomycin for inj 5 mg</i>	1	B/D
<i>mitomycin for inj 20 mg</i>	1	B/D
<i>mitomycin for inj 40 mg</i>	1	B/D
ANTIMETABOLITES		
<i>adrucil inj 2.5g/50m</i>	1	B/D
<i>adrucil inj 5gm/100m</i>	1	B/D
<i>adrucil inj 500/10ml</i>	1	B/D
ALIMTA INJ 100MG	4	B/D, NM
ALIMTA INJ 500MG	4	B/D, NM
<i>azacitidine for inj 100 mg</i>	4	B/D, NM
<i>cladribine inj 1 mg/ml</i>	4	B/D, NM
<i>cytarabine for inj 100 mg</i>	1	B/D
<i>cytarabine for inj 500 mg</i>	1	B/D
<i>cytarabine inj 20 mg/ml</i>	1	B/D
<i>fludarabine phosphate for inj 50 mg</i>	1	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	1	B/D
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	4	B/D, NM
<i>gemcitabine hcl for inj 2 gm</i>	4	B/D, NM
<i>gemcitabine hcl for inj 200 mg</i>	4	B/D, NM
GEMCITABINE INJ 1GM	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
GEMCITABINE INJ 2GM	4	B/D, NM
GEMCITABINE INJ 200MG	4	B/D, NM
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	B/D
<i>methotrexate sodium inj 25 mg/ml</i>	1	B/D
<i>methotrexate sodium inj pf 25 mg/ml</i>	1	B/D
TABLOID TAB 40MG	3	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL FOR INJ CONC 20 MG/ML	4	B/D, NM
DOCETAXEL FOR INJ CONC 80 MG/4ML (204 MG/ML)		B/D, NM
DOCETAXEL INJ 20/0.5ML	4	B/D, NM
DOCETAXEL INJ 80MG/8ML	4	B/D, NM
<i>docetaxel inj 140/7ml</i>	4	B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	B/D
TAXOTERE INJ 20MG/ML	4	B/D, NM
TAXOTERE INJ 80MG/2ML	4	B/D, NM
TAXOTERE INJ 80MG/4ML	4	B/D, NM
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine inj 1mg/ml</i>	2	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 10 mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	4	B/D, NM
ERIVEDGE CAP 150MG	4	NM, LA, PA
HERCEPTIN INJ 440MG	4	B/D, NM
ISTODAX INJ 10MG	4	B/D, NM
KADCYLA INJ 100MG	4	B/D, NM
KADCYLA INJ 160MG	4	B/D, NM
PROLEUKIN INJ 22MU	4	B/D, NM
RITUXAN INJ 500MG	4	NM, PA
VELCADE INJ 3.5MG	4	B/D, NM
ZOLINZA CAP 100MG	4	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	QL (30 tabs / 30 days)
DEPO-PROVERA INJ 400/ML	3	B/D
<i>exemestane tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FARESTON TAB 60MG	4	NM
FASLODEX INJ 250MG	4	B/D, NM
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	NM, PA
LUPR DEP-PED INJ 7.5MG	4	NM, PA
LUPR DEP-PED INJ 11.25MG	4	NM, PA
LUPR DEP-PED INJ 11.25MG	4	QL (1 box / 84 days), NM, PA
LUPR DEP-PED INJ 15MG	4	NM, PA
LUPR DEP-PED INJ 30MG	4	QL (1 box / 84 days), NM, PA
LUPRON DEPOT INJ 3.75MG	4	QL (1 box / 30 days), NM, PA
LYSODREN TAB 500MG	2	
MEGACE ES SUS 625/5ML	2	QL (150 mL / 30 days), PA
<i>megestrol acetate susp 40 mg/ml</i>	1	PA
<i>megestrol acetate tab 20 mg</i>	1	PA
<i>megestrol acetate tab 40 mg</i>	1	PA
NILANDRON TAB 150MG	4	NM
SOLTAMOX SOL 10MG/5ML	3	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
TRELSTAR DEP INJ 3.75MG	4	NM, PA
TRELSTAR LA INJ 11.25MG	4	NM, PA
XTANDI CAP 40MG	4	NM, LA, PA
ZYTIGA TAB 250MG	4	NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	4	NM, PA
AFINITOR DIS TAB 3MG	4	NM, PA
AFINITOR DIS TAB 5MG	4	NM, PA
AFINITOR TAB 2.5MG	4	NM, PA
AFINITOR TAB 5MG	4	NM, PA
AFINITOR TAB 7.5MG	4	NM, PA
AFINITOR TAB 10MG	4	NM, PA
BOSULIF TAB 100MG	4	NM, PA
BOSULIF TAB 500MG	4	NM, PA
CAPRELSA TAB 100MG	4	NM, LA, PA
CAPRELSA TAB 300MG	4	NM, LA, PA
COMETRIQ KIT 60MG	4	NM, PA
COMETRIQ KIT 100MG	4	NM, PA
COMETRIQ KIT 140MG	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TAB 20MG	4	NM, PA
GILOTRIF TAB 30MG	4	NM, PA
GILOTRIF TAB 40MG	4	NM, PA
GLEEVEC TAB 100MG	4	NM, PA
GLEEVEC TAB 400MG	4	NM, PA
ICLUSIG TAB 15MG	4	NM, LA, PA
ICLUSIG TAB 45MG	4	NM, LA, PA
IMBRUVICA CAP 140MG	4	NM, PA
INLYTA TAB 1MG	4	NM, LA, PA
INLYTA TAB 5MG	4	NM, LA, PA
JAKAFI TAB 5MG	4	NM, LA, PA
JAKAFI TAB 10MG	4	NM, LA, PA
JAKAFI TAB 15MG	4	NM, LA, PA
JAKAFI TAB 20MG	4	NM, LA, PA
JAKAFI TAB 25MG	4	NM, LA, PA
MEKINIST TAB 0.5MG	4	NM, PA
MEKINIST TAB 2MG	4	NM, PA
NEXAVAR TAB 200MG	4	NM, LA, PA
SPRYCEL TAB 20MG	4	NM, PA
SPRYCEL TAB 50MG	4	NM, PA
SPRYCEL TAB 70MG	4	NM, PA
SPRYCEL TAB 80MG	4	NM, PA
SPRYCEL TAB 100MG	4	NM, PA
SPRYCEL TAB 140MG	4	NM, PA
STIVARGA TAB 40MG	4	NM, LA, PA
SUTENT CAP 12.5MG	4	NM, PA
SUTENT CAP 25MG	4	NM, PA
SUTENT CAP 50MG	4	NM, PA
TAFINLAR CAP 50MG	4	NM, PA
TAFINLAR CAP 75MG	4	NM, PA
TARCEVA TAB 25MG	4	NM, PA
TARCEVA TAB 100MG	4	NM, PA
TARCEVA TAB 150MG	4	NM, PA
TASIGNA CAP 150MG	4	NM, PA
TASIGNA CAP 200MG	4	NM, PA
TYKERB TAB 250MG	4	NM, LA, PA
VOTRIENT TAB 200MG	4	NM, PA
XALKORI CAP 200MG	4	NM, LA, PA
XALKORI CAP 250MG	4	NM, LA, PA
ZELBORAF TAB 240MG	4	NM, LA, PA
MISCELLANEOUS		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MATULANE CAP 50MG	4	NM
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	B/D, NM
POMALYST CAP 1MG	4	NM, LA, PA
POMALYST CAP 2MG	4	NM, LA, PA
POMALYST CAP 3MG	4	NM, LA, PA
POMALYST CAP 4MG	4	NM, LA, PA
SYLATRON KIT 296MCG	4	NM, PA
SYLATRON KIT 444MCG	4	NM, PA
SYLATRON KIT 888MCG	4	NM, PA
TARGRETIN CAP 75MG	4	NM, PA
<i>tretinoin cap 10 mg</i>	4	NM
TRISENOX SOL 10MG/10M	4	B/D, NM
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	1	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	1	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	1	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	1	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	B/D
<i>oxaliplatin for iv inj 50 mg</i>	4	B/D, NM
<i>oxaliplatin for iv inj 100 mg</i>	4	B/D, NM
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	B/D, NM
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D, NM
PROTECTIVE AGENTS		
<i>amifostine crystalline for inj 500 mg</i>	4	B/D, NM
<i>dexrazoxane for inj 250 mg</i>	4	B/D, NM
ELITEK INJ 1.5MG	4	B/D, NM
ELITEK INJ 7.5MG	4	B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	1	B/D
<i>leucovorin calcium for inj 100 mg</i>	1	B/D
<i>leucovorin calcium for inj 200 mg</i>	1	B/D
<i>leucovorin calcium for inj 350 mg</i>	1	B/D
<i>leucovorin calcium inj 10 mg/ml</i>	1	B/D
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>leucovorin inj calcium</i>	1	B/D
<i>mesna inj 100 mg/ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
MESNEX TAB 400MG	4	NM
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	1	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D, NM
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D, NM
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D, NM
<i>toposar inj 1gm/50ml</i>	1	B/D
<i>topotecan hcl for inj 4 mg</i>	4	B/D, NM
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-101 mg</i>		QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-201 mg</i>		QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-401 mg</i>		QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.251 mg</i>		
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 1 mg</i>		
<i>captopril & hydrochlorothiazide tab 25-15 1 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 1 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 1 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 1 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab1 5-12.5 mg</i>		
<i>enalapril maleate & hydrochlorothiazide tab1 10-25 mg</i>		
<i>fosinopril sodium & hydrochlorothiazide tab 1 10-12.5 mg</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	PA
<i>eplerenone tab 50 mg</i>	1	PA
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg</i>	1	
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
AZOR TAB 5-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	2	
BENICAR HCT TAB 20-12.5	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-25MG	2	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	2	
EXFORGEH/5- TAB 160-12.5	2	QL (30 tabs / 30 days)
EXFORGEH/5- TAB 160-25	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EXFORGEH/10- TAB 160-12.5	2	QL (30 tabs / 30 days)
EXFORGEH/10- TAB 160-25	2	QL (30 tabs / 30 days)
EXFORGEH/10- TAB 320-25	2	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-25MG	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-12.5	2	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-25MG	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.51 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.51 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR TAB 5MG	2	QL (60 tabs / 30 days)
BENICAR TAB 20MG	2	QL (30 tabs / 30 days)
BENICAR TAB 40MG	2	
DIOVAN TAB 40MG	2	QL (60 tabs / 30 days)
DIOVAN TAB 80MG	2	QL (60 tabs / 30 days)
DIOVAN TAB 160MG	2	QL (60 tabs / 30 days)
DIOVAN TAB 320MG	2	
<i>losartan potassium tab 25 mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium tab 50 mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium tab 100 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	PA
<i>disopyramide phosphate cap 150 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	3	
NORPACE CAP 100MG CR	3	PA
NORPACE CAP 150MG CR	3	PA
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	1	
<i>propafenone hcl cap sr 12hr 225 mg</i>	1	
<i>propafenone hcl cap sr 12hr 325 mg</i>	1	
<i>propafenone hcl cap sr 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine gluconate tab cr 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<i>quinidine sulfate tab cr 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
TIKOSYN CAP 125MCG	3	NM, PA
TIKOSYN CAP 250MCG	3	NM, PA
TIKOSYN CAP 500MCG	3	NM, PA
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
CRESTOR TAB 5MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 10MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 20MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 40MG	2	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	1	QL (120 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
FENOFIBRATE MICRONIZED CAP 43 MG	1	QL (60 caps / 30 days)
<i>fenofibrate micronized cap 67 mg</i>	1	QL (30 caps / 30 days)
FENOFIBRATE MICRONIZED CAP 130 MG	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
LOVAZA CAP 1GM	2	
<i>niacin tab cr 500 mg (antihyperlipidemic)</i>	1	QL (90 ea / 30 days)
<i>niacin tab cr 750 mg (antihyperlipidemic)</i>	1	QL (60 ea / 30 days)
<i>niacin tab cr 1000 mg (antihyperlipidemic)</i>	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite pow 4gm</i>	1	
VASCEPA CAP 1GM	3	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	
ZETIA TAB 10MG	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab sr 24hr 25 mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab sr 24hr 50 mg</i>	1	QL (60 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 100 mg</i>	1	QL (45 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 200 mg</i>	1	
<i>metoprolol tartrate inj 1 mg/ml</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap sr 24hr 60 mg</i>	1	
<i>propranolol hcl cap sr 24hr 80 mg</i>	1	
<i>propranolol hcl cap sr 24hr 120 mg</i>	1	
<i>propranolol hcl cap sr 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab tab 30mg cr</i>	1	QL (60 tabs / 30 days)
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg</i>	1	QL (45 tabs / 30 days)
<i>amlodipine besylate tab 5 mg</i>	1	QL (45 tabs / 30 days)
<i>amlodipine besylate tab 10 mg</i>	1	
<i>cartia xt cap 120/24hr</i>	1	QL (30 caps / 30 days)
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>dilt-cd cap 120mg</i>	1	QL (30 caps / 30 days)
<i>dilt-cd cap 180mg</i>	1	
<i>dilt-cd cap 240mg</i>	1	
<i>dilt-cd cap 300mg</i>	1	
<i>dilt-xr cap 120mg</i>	1	QL (30 caps / 30 days)
<i>dilt-xr cap 180mg</i>	1	
<i>dilt-xr cap 240mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap sr 12hr 60 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 90 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 120 mg</i>	1	
<i>diltiazem hcl cap sr 24hr 120 mg</i>	1	QL (30 caps / 30 days)
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	1	QL (30 caps / 30 days)
<i>diltiazem hcl coated beads cap sr 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 120 mg</i>	1	QL (30 caps / 30 days)
<i>diltiazem hcl extended release beads cap sr 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltzac cap 120mg/24</i>	1	QL (30 caps / 30 days)
<i>diltzac cap 180mg/24</i>	1	
<i>diltzac cap 240mg/24</i>	1	
<i>diltzac cap 300mg/24</i>	1	
<i>felodipine tab sr 24hr 2.5 mg</i>	1	QL (30 tabs / 30 days)
<i>felodipine tab sr 24hr 5 mg</i>	1	QL (60 tabs / 30 days)
<i>felodipine tab sr 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifediac cc tab 60mg er</i>	1	
<i>nifedical xl tab 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedical xl tab 60mg</i>	1	
<i>nifedipine tab sr 24hr 30 mg</i>	1	QL (60 ea / 30 days)
<i>nifedipine tab sr 24hr 60 mg</i>	1	
<i>nifedipine tab sr 24hr 90 mg</i>	1	
<i>nifedipine tab sr 24hr osmotic 30 mg</i>	1	QL (30 tabs / 30 days)
<i>nifedipine tab sr 24hr osmotic 60 mg</i>	1	
<i>nifedipine tab sr 24hr osmotic 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
NYMALIZE SOL 60/20ML	4	NM
<i>taztia xt cap 120mg/24</i>	1	QL (30 caps / 30 days)
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg/24</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap sr 24hr 100 mg</i>	1	
<i>verapamil hcl cap sr 24hr 120 mg</i>	1	
<i>verapamil hcl cap sr 24hr 180 mg</i>	1	
<i>verapamil hcl cap sr 24hr 200 mg</i>	1	
<i>verapamil hcl cap sr 24hr 240 mg</i>	1	
<i>verapamil hcl cap sr 24hr 300 mg</i>	1	
VERAPAMIL HCL CAP SR 24HR 360 MG	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab cr 120 mg</i>	1	
<i>verapamil hcl tab cr 180 mg</i>	1	
<i>verapamil hcl tab cr 240 mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin inj 0.25 mg/ml</i>	1	
DIGOXIN ORAL SOLN 0.05 MG/ML	1	PA
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	PA
LANOXIN TAB 0.25MG	2	PA
LANOXIN TAB 0.125MG	2	QL (30 tabs / 30 days)
DIRECT RENIN INHIBITORS/COMBINATIONS		
AMTURNIDE150 TAB -5-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE300 TAB -5-12.5	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
AMTURNIDE300 TAB -5-25MG	2	QL (30 tabs / 30 days)
AMTURNIDE300 TAB -10-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE300 TAB -10-25MG	2	
TEKAMLO TAB 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 150-10MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 300-5MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 300-10MG	2	
TEKTURNA HCT TAB 150-12.5	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	2	
TEKTURNA TAB 150MG	2	QL (30 tabs / 30 days)
TEKTURNA TAB 300MG	2	
DIURETICS		
<i>acetazolamide cap sr 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	2	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
EDECRIN TAB 25MG	3	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide sol 8mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide inj 20mg/2ml</i>	1	
<i>toremide inj 50mg/5ml</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	1	
DIBENZYLIN CAP 10MG	3	
<i>hydralazine hcl inj 20 mg/ml</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
RANEXA TAB 500MG	3	QL (90 tabs / 30 days), PA
RANEXA TAB 1000MG	3	QL (60 tabs / 30 days), PA
NITRATES		
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab cr 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	1	
<i>minitran dis 0.1mg/hr</i>	1	
<i>minitran dis 0.2mg/hr</i>	1	
<i>minitran dis 0.4mg/hr</i>	1	
<i>minitran dis 0.6mg/hr</i>	1	
<i>nitro-bid oin 2%</i>	2	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
NITROLINGUAL SPR PUMPSRA	2	
NITROSTAT SUB 0.3MG	2	
NITROSTAT SUB 0.4MG	2	
NITROSTAT SUB 0.6MG	2	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADCIRCA TAB 20MG	4	QL (60 tabs / 30 days), NM, PA
ADEMPAS TAB 0.5MG	4	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1.5MG	4	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1MG	4	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2.5MG	4	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2MG	4	QL (90 tabs / 30 days), NM, PA
LETAIRIS TAB 5MG	4	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	4	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	4	B/D, NM, LA
REMODULIN INJ 2.5MG/ML	4	B/D, NM, LA

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 5MG/ML	4	B/D, NM, LA
REMODULIN INJ 10MG/ML	4	B/D, NM, LA
<i>sildenafil citrate tab 20 mg</i>	4	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	4	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	4	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM**ANTI-ANXIETY**

<i>alprazolam con 1 mg/ml</i>	1	QL (300 ml / 30 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>lorazepam con 2mg/ml</i>	1	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	1	
<i>lorazepam inj 4 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 30 days)

ANTICONVULSANTS

APTIOM TAB 200MG	3	QL (180 tabs / 30 days), PA
APTIOM TAB 400MG	3	QL (90 tabs / 30 days), PA
APTIOM TAB 600MG	3	QL (60 tabs / 30 days), PA
APTIOM TAB 800MG	3	QL (30 tabs / 30 days), PA
BANZEL SUS 40MG/ML	4	NM
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	4	NM
<i>carbamazepine cap sr 12hr 100 mg</i>	1	
<i>carbamazepine cap sr 12hr 200 mg</i>	1	
<i>carbamazepine cap sr 12hr 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab sr 12hr 200 mg</i>	1	
<i>carbamazepine tab sr 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	QL (1200 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (2400 tabs per 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (4800 tabs per 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (600 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (1200 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (600 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 30 days), PA
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 30 days), PA
<i>diazepam inj 5 mg/ml</i>	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	1	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	1	
<i>diazepam soln 1 mg/ml</i>	1	QL (1200 mL / 30 days), PA
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 30 days), PA
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 30 days), PA
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 30 days), PA
<i>dilantin cap 30mg</i>	2	
<i>dilantin cap 100mg</i>	2	
<i>dilantin chw 50mg</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium cap sprinkle 125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 250 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	4	NM
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	4	NM
FYCOMPA TAB 2MG	3	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	3	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	3	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	3	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	3	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	3	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	1	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab sr 24hr 25 mg</i>	1	
<i>lamotrigine tab sr 24hr 50 mg</i>	1	
<i>lamotrigine tab sr 24hr 100 mg</i>	1	
<i>lamotrigine tab sr 24hr 200 mg</i>	1	
<i>lamotrigine tab sr 24hr 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab sr 24hr 300 mg</i>	1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab sr 24hr 500 mg</i>	1	
<i>levetiracetam tab sr 24hr 750 mg</i>	1	
LYRICA CAP 25MG	2	QL (120 caps / 30 days)
LYRICA CAP 50MG	2	QL (120 caps / 30 days)
LYRICA CAP 75MG	2	QL (120 caps / 30 days)
LYRICA CAP 100MG	2	QL (120 caps / 30 days)
LYRICA CAP 150MG	2	QL (120 caps / 30 days)
LYRICA CAP 200MG	2	QL (90 caps / 30 days)
LYRICA CAP 225MG	2	QL (60 caps / 30 days)
LYRICA CAP 300MG	2	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	2	QL (946mL / 30 days)
ONFI SUS 2.5MG/ML	3	PA
ONFI TAB 5MG	3	PA
ONFI TAB 10MG	3	PA
ONFI TAB 20MG	3	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
PHENOBARB INJ 65MG/ML	1	PA
<i>phenobarbital elixir 20 mg/5ml</i>	1	PA
<i>phenobarbital sodium inj 130 mg/ml</i>	1	PA
<i>phenobarbital tab 15 mg</i>	1	PA
<i>phenobarbital tab 16.2 mg</i>	1	PA
<i>phenobarbital tab 30 mg</i>	1	PA
<i>phenobarbital tab 32.4 mg</i>	1	PA
<i>phenobarbital tab 60 mg</i>	1	PA
<i>phenobarbital tab 64.8 mg</i>	1	PA
<i>phenobarbital tab 97.2 mg</i>	1	PA
<i>phenobarbital tab 100 mg</i>	1	PA
<i>phenytek cap 200mg</i>	2	
<i>phenytek cap 300mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
POTIGA TAB 50MG	3	
POTIGA TAB 200MG	3	
POTIGA TAB 300MG	3	
POTIGA TAB 400MG	3	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
SABRIL POW 500MG	4	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	4	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	3	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
VIMPAT INJ 200MG/20	3	QL (1200 mL / 30 days)
VIMPAT SOL 10MG/ML	3	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	3	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	3	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	3	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	3	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	QL (30 ptch / 30 days)
EXELON DIS 9.5MG/24	3	QL (30 ptch / 30 days)
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	1	
NAMENDA SOL 10MG/5ML	2	
NAMENDA TAB 5-10MG	2	
NAMENDA TAB 5MG	2	QL (60 tabs / 30 days)
NAMENDA TAB 10MG	2	
NAMENDA XR CAP 7MG	2	
NAMENDA XR CAP 14MG	2	
NAMENDA XR CAP 21MG	2	
NAMENDA XR CAP 28MG	2	
NAMENDA XR CAP TITRATIO	2	
<i>rivastigmine tartrate cap 1.5 mg</i>	1	
<i>rivastigmine tartrate cap 3 mg</i>	1	
<i>rivastigmine tartrate cap 4.5 mg</i>	1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	1	PA
<i>amitriptyline hcl tab 25 mg</i>	1	PA
<i>amitriptyline hcl tab 50 mg</i>	1	PA
<i>amitriptyline hcl tab 75 mg</i>	1	PA
<i>amitriptyline hcl tab 100 mg</i>	1	PA
<i>amitriptyline hcl tab 150 mg</i>	1	PA
<i>amoxapine tab 25mg</i>	1	
<i>amoxapine tab 50mg</i>	1	
<i>amoxapine tab 100mg</i>	1	
<i>amoxapine tab 150mg</i>	1	
BRINTELLIX TAB 5MG	3	QL (120 tabs / 30 days)
BRINTELLIX TAB 10MG	3	QL (60 tabs / 30 days)
BRINTELLIX TAB 20MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budeprion tab 100mg sr</i>	1	
<i>budeprion tab 150mg sr</i>	1	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab sr 12hr 100 mg</i>	1	
<i>bupropion hcl tab sr 12hr 150 mg</i>	1	
<i>bupropion hcl tab sr 12hr 200 mg</i>	1	
<i>bupropion hcl tab sr 24hr 150 mg</i>	1	QL (90 ea / 30 days)
<i>bupropion hcl tab sr 24hr 300 mg</i>	1	QL (30 ea / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QL (600 mL / 30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>clomipramine hcl cap 25 mg</i>	1	PA
<i>clomipramine hcl cap 50 mg</i>	1	PA
<i>clomipramine hcl cap 75 mg</i>	1	PA
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	PA
<i>doxepin hcl cap 25 mg</i>	1	PA
<i>doxepin hcl cap 50 mg</i>	1	PA
<i>doxepin hcl cap 75 mg</i>	1	PA
<i>doxepin hcl cap 100 mg</i>	1	PA
<i>doxepin hcl cap 150 mg</i>	1	PA
<i>doxepin hcl conc 10 mg/ml</i>	1	PA
<i>duloxetine hcl enteric coated pellets cap 201 mg</i>	1	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 301 mg</i>	1	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 601 mg</i>	1	QL (60 ea / 30 days)
EMSAM DIS 6MG/24HR	3	QL (30 ptch / 30 days), PA
EMSAM DIS 9MG/24HR	3	QL (30 ptch / 30 days), PA
EMSAM DIS 12MG/24H	3	QL (30 ptch / 30 days), PA

PA - Prior Authorization
available at mail-order

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

ST - Step Therapy

NM - Not

LA - Limited Access

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	3	QL (180 ea / 30 days)
FETZIMA CAP 40MG	3	QL (90 ea / 30 days)
FETZIMA CAP 80MG	3	QL (30 ea / 30 days)
FETZIMA CAP 120MG	3	QL (30 ea / 30 days)
FETZIMA CAP TITRATIO	3	
<i>fluoxetine hcl cap 10 mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	QL (600 mL / 30 days)
<i>fluoxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	1	QL (120 tabs / 30 days)
FORFIVO XL TAB 450MG	3	
<i>imipramine hcl tab 10 mg</i>	1	PA
<i>imipramine hcl tab 25 mg</i>	1	PA
<i>imipramine hcl tab 50 mg</i>	1	PA
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	1	QL (45 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>paroxetine hcl tab sr 24hr 25 mg</i>	1	QL (90 tabs / 30 days)
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	1	QL (60 tabs / 30 days)
PAXIL SUS 10MG/5ML	3	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	1	
PRISTIQ TAB 50MG	2	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	2	QL (30 tabs / 30 days)
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>sertraline hcl oral conc 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	1	
SURMONTIL CAP 25MG	3	PA
SURMONTIL CAP 50MG	3	PA
SURMONTIL CAP 100MG	3	PA
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	PA
<i>trimipramine maleate cap 50 mg</i>	1	PA
<i>trimipramine maleate cap 100 mg</i>	1	PA
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	1	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	1	
<i>venlafaxine hcl tab 37.5 mg</i>	1	
<i>venlafaxine hcl tab 50 mg</i>	1	
<i>venlafaxine hcl tab 75 mg</i>	1	
<i>venlafaxine hcl tab 100 mg</i>	1	
VIIBRYD KIT	3	
VIIBRYD TAB 10MG	3	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	3	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	3	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
APOKYN INJ 10MG/ML	4	NM, LA, PA
AZILECT TAB 0.5MG	2	
AZILECT TAB 1MG	2	
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	PA
<i>benztropine mesylate tab 1 mg</i>	1	PA
<i>benztropine mesylate tab 2 mg</i>	1	PA
<i>bromocriptine mesylate cap 5 mg</i>	1	
<i>bromocriptine mesylate tab 2.5 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab cr 25-100 mg</i>	1	
<i>carbidopa & levodopa tab cr 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	1	
<i>entacapone tab 200 mg</i>	1	
LODOSYN TAB 25MG	3	
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl hcl tab 2 mg</i>	1	PA
<i>trihexyphenidyl hcl tab 5 mg</i>	1	PA
ANTIPSYCHOTICS		
ABILIFY DISC TAB 10MG	4	QL (60 tabs / 30 days), NM
ABILIFY DISC TAB 15MG	4	QL (60 tabs / 30 days), NM
ABILIFY INJ 9.75MG	3	QL (3 vials / 1 day)
ABILIFY MAIN INJ 300MG	4	QL (1 vial / 30 days), NM, PA
ABILIFY MAIN INJ 400MG	4	QL (1 vial / 30 days), NM, PA
ABILIFY SOL 1MG/ML	4	QL (900 mL / 30 days), NM
ABILIFY TAB 2MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 5MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 10MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 15MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 20MG	4	QL (30 tabs / 30 days), NM
ABILIFY TAB 30MG	4	QL (30 tabs / 30 days), NM
<i>chlorpromaz inj 25mg/ml</i>	3	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
CLOZAPINE ORALLY DISINTEGRATING TAB 1 12.5 MG		PA
CLOZAPINE ORALLY DISINTEGRATING TAB 1 25 MG		PA

Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	1	QL (270 ea / 30 days), PA
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	1	QL (135 tabs / 30 days)
FANAPT PAK	3	ST
FANAPT TAB 1MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 2MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 4MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 6MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 8MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 10MG	3	QL (60 tabs / 30 days), ST
FANAPT TAB 12MG	3	QL (60 tabs / 30 days), ST
FAZACLO TAB 12.5/ODT	3	PA
FAZACLO TAB 25MG ODT	3	PA
FAZACLO TAB 100/ODT	3	QL (270 tabs / 30 days), PA
FAZACLO TAB 150MG	3	QL (180 tabs / 30 days), PA
FAZACLO TAB 200MG	3	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
GEODON INJ 20MG	3	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
INVEGA SUST INJ 39/0.25	3	QL (1 inj / 28 days), PA
INVEGA SUST INJ 78/0.5ML	3	QL (1 inj / 28 days), PA
INVEGA SUST INJ 117/0.75	4	QL (1 inj / 28 days), NM, PA
INVEGA SUST INJ 156MG/ML	4	QL (1 inj / 28 days), NM, PA
INVEGA SUST INJ 234/1.5	4	QL (1 inj / 28 days), NM, PA
INVEGA TAB 1.5MG	3	QL (30 tabs / 30 days)
INVEGA TAB 3MG	3	QL (30 tabs / 30 days)
INVEGA TAB 6MG	3	QL (60 tabs / 30 days)
INVEGA TAB 9MG	3	QL (30 tabs / 30 days)
LATUDA TAB 20MG	3	
LATUDA TAB 40MG	3	QL (30 tabs / 30 days)
LATUDA TAB 60MG	3	QL (60 tabs / 30 days)
LATUDA TAB 80MG	3	QL (60 tabs / 30 days)
LATUDA TAB 120MG	3	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (60 tabs / 30 days), NM
<i>olanzapine tab 2.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	1	QL (60 tabs / 30 days)
ORAP TAB 1MG	3	
ORAP TAB 2MG	3	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 200 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	1	QL (90 tabs / 30 days)
RISPERDAL INJ 12.5MG	3	QL (2 inj / 28 days), PA
RISPERDAL INJ 25MG	3	QL (2 inj / 28 days), PA
RISPERDAL INJ 37.5MG	4	QL (2 inj / 28 days), NM, PA
RISPERDAL INJ 50MG	4	QL (2 inj / 28 days), NM, PA
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	1	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	1	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	1	QL (120 tabs / 30 days)
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL XR TAB 50MG	3	QL (120 tab / 30 days)
SEROQUEL XR TAB 150MG	3	QL (30 tabs / 30 days)
SEROQUEL XR TAB 200MG	3	QL (30 tabs / 30 days)
SEROQUEL XR TAB 300MG	3	QL (60 tabs / 30 days)
SEROQUEL XR TAB 400MG	3	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	1	PA
<i>thioridazine hcl tab 25 mg</i>	1	PA
<i>thioridazine hcl tab 50 mg</i>	1	PA
<i>thioridazine hcl tab 100 mg</i>	1	PA
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg</i>	1	
<i>trifluoperazine hcl tab 2 mg</i>	1	
<i>trifluoperazine hcl tab 5 mg</i>	1	
<i>trifluoperazine hcl tab 10 mg</i>	1	
VERSACLOZ SUS 50MG/ML	4	QL (600 ML / 30 days), NM
<i>ziprasidone hcl cap 20 mg</i>	1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	1	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	1	QL (90 caps / 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
INTUNIV TAB 1MG	3	ST
INTUNIV TAB 2MG	3	ST
INTUNIV TAB 3MG	3	ST
INTUNIV TAB 4MG	3	ST
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab cr 10 mg</i>	1	QL (90 ea / 30 days)
<i>methylphenidate hcl tab cr 20 mg</i>	1	QL (90 ea / 30 days)
STRATTERA CAP 10MG	3	QL (120 caps / 30 days)
STRATTERA CAP 18MG	3	QL (120 caps / 30 days)
STRATTERA CAP 25MG	3	QL (120 caps / 30 days)
STRATTERA CAP 40MG	3	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAP 60MG	3	QL (30 caps / 30 days)
STRATTERA CAP 80MG	3	QL (30 caps / 30 days)
STRATTERA CAP 100MG	3	QL (30 caps / 30 days)
HYPNOTICS		
<i>eszopiclone tab 1 mg</i>	1	QL (30 tabs / 30 days), PA; 90 day limit if > 64 yr
<i>eszopiclone tab 2 mg</i>	1	QL (30 tabs / 30 days), PA; 90 day limit if > 64 yr
<i>eszopiclone tab 3 mg</i>	1	QL (30 tabs / 30 days), PA; 90 day limit if > 64 yr
LUNESTA TAB 1MG	2	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
LUNESTA TAB 2MG	2	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
LUNESTA TAB 3MG	2	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
SILENOR TAB 3MG	2	QL (60 tabs / 30 days)
SILENOR TAB 6MG	2	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	1	QL (30 caps / 30 days)
<i>temazepam cap 15 mg</i>	1	QL (60 caps / 30 days)
<i>zaleplon cap 5 mg</i>	1	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
<i>zaleplon cap 10 mg</i>	1	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate tab 5 mg</i>	1	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate tab 10 mg</i>	1	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
MIGRAINE		
<i>cafergot tab 1-100mg</i>	3	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (9 tabs / 30 days)
RELPAK TAB 20MG	2	QL (12 tabs / 30 days)
RELPAK TAB 40MG	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate orally disintegrating tab 5 mg</i>	1	QL (12 ea / 30 days)
<i>rizatriptan benzoate orally disintegrating tab 10 mg</i>	1	QL (12 ea / 30 days)
<i>rizatriptan benzoate tab 5 mg</i>	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg</i>	1	QL (12 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	1	QL (12 sprays / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	1	QL (12 sprays / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (4mL/30 days)

Drug Name	Drug Tier	Requirements/Limits
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	1	QL (4mL/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (4mL/30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	1	QL (4mL/30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	1	QL (4mL/30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (4mL/30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (9 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs per 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs per 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs per 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs per 30 days)
MISCELLANEOUS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab cr 300 mg</i>	1	
<i>lithium carbonate tab cr 450 mg</i>	1	
LITHIUM CITR SOL 8MEQ/5ML	2	
MESTINON SYP 60MG/5ML	3	
MESTINON TAB TIMESPAN	2	
NUEDEXTA CAP 20-10MG	2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	1	
RILUTEK TAB 50MG	4	NM
<i>riluzole tab 50 mg</i>	1	
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	QL (480 tabs / 30 days)
SAVELLA TAB 25MG	3	QL (240 tabs / 30 days)
SAVELLA TAB 50MG	3	QL (120 tabs / 30 days)
SAVELLA TAB 100MG	3	QL (60 tabs / 30 days)
XENAZINE TAB 12.5MG	4	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE TAB 25MG	4	QL (120 tabs / 30 days), NM, LA, PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX KIT 30MCG	4	QL (4 boxes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AVONEX PEN KIT 30MCG	4	QL (4 boxes / 28 days), NM, PA
AVONEX PREFL KIT 30MCG	4	QL (4 boxes / 28 days), NM, PA
BETASERON INJ 0.3MG	4	QL (14 vials / 28 days), NM, PA
COPAXONE INJ 40MG/ML	4	QL (12 syringes per 28 days), NM, PA
COPAXONE KIT 20MG/ML	4	QL (30 syringes / 30 days), NM, PA
GILENYA CAP 0.5MG	4	QL (30 caps / 30 days), NM, PA
TYSABRI INJ 300/15ML	4	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>tizanidine hcl tab 2 mg</i>	1	
<i>tizanidine hcl tab 4 mg</i>	1	
NARCOLEPSY/CATAPLEXY		
<i>modafinil tab 100 mg</i>	1	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	4	QL (60 tabs / 30 days), NM, PA
NUVIGIL TAB 50MG	3	QL (150 tabs / 30 days), PA
NUVIGIL TAB 150MG	3	QL (60 tabs / 30 days), PA
NUVIGIL TAB 200MG	3	QL (30 tabs / 30 days), PA
NUVIGIL TAB 250MG	3	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	4	QL (540 mL / 30 days), NM, LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.51 mg (base equiv)</i>	1	QL (120 ea / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 ea / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>buproban tab 150mg</i>	1	
CHANTIX PAK 0.5& 1MG	3	QL (106 tabs / year), PA
CHANTIX TAB 0.5MG	3	QL (336 tabs / year), PA
CHANTIX TAB 1MG	3	QL (336 tabs / year), PA
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 1 mg/ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NICOTROL INH	3	QL (2688 cartridges / year)
NICOTROL NS SPR 10MG/ML	3	QL (36 bottles / year)
SUBOXONE MIS 2-0.5MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 4-1MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 8-2MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 12-3MG	3	QL (2 boxes / 30 days), PA

ENDOCRINE AND METABOLIC**ANDROGENS**

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

ANTIDIABETICS, INJECTABLE

ALCOHOL PREP PAD	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	4	B/D, NM
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS INJ 100/ML	2	
LANTUS INJ SOLOSTAR	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXPEN	2	
NOVOLIN INJ 70/30	2	RELION not covered

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N INJ U-100	2	RELION not covered
NOVOLIN R INJ U-100	2	RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SYMLINPEN 60 INJ 1000MCG	3	QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	3	QL (4 pens / 30 days), PA
VICTOZA INJ 18MG/3ML	2	QL (9 mL / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab sr 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab sr 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab sr 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide micronized tab 3 mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized tab 6 mg</i>	1	QL (60 tabs / 30 days), PA
<i>glyburide tab 1.25 mg</i>	1	QL (480 tabs / 30 days), PA
<i>glyburide tab 2.5 mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide tab 5 mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide-metformin tab 1.25-250 mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide-metformin tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide-metformin tab 5-500 mg</i>	1	QL (120 tabs / 30 days), PA
INVOKANA TAB 100MG	2	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	2	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	2	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JUVISYNC TAB 50-10MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 50-20MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 50-40MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 100-10MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 100-20MG	2	QL (30 tabs / 30 days)
JUVISYNC TAB 100-40MG	2	QL (30 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab sr 24hr 500 mg</i>	1	QL (120 tabs / 30 days)
<i>metformin hcl tab sr 24hr 750 mg</i>	1	QL (60 tabs / 30 days)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
RIOMET SOL	3	QL (946 mL / 30 days)
TRADJENTA TAB 5MG	2	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	B/D
<i>pamidronate inj 6mg/ml</i>	1	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
ZOMETA INJ 4MG/5ML	4	B/D, NM
ZOMETA INJ 4MG/100	4	B/D, NM
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR TAB 30MG	2	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	4	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	4	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	3	
EXJADE TAB 125MG	4	NM, LA, PA
EXJADE TAB 250MG	4	NM, LA, PA
EXJADE TAB 500MG	4	NM, LA, PA
<i>kionex pow</i>	1	
<i>kionex sus 15gm/60</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sps sus 15gm/60</i>	1	
SYPRINE CAP 250MG	4	NM
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	
<i>aviane tab</i>	1	
<i>balziva tab</i>	1	
<i>briellyn tab</i>	1	
<i>camila tab 0.35mg</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
ELLA TAB 30MG	2	
<i>emoquette tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enpresse-28 tab</i>	1	
<i>errin tab 0.35mg</i>	1	
GIANVI TAB 3-0.02MG	1	
<i>gildagia tab 0.4-35</i>	1	
<i>heather tab 0.35mg</i>	1	
<i>introvale tab</i>	1	
JOLIVETTE TAB 0.35MG	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<i>junel fe tab 1/20</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>larin fe tab 1.5/30</i>	1	
<i>larin fe tab 1/20</i>	1	
<i>larin tab 1/20</i>	1	
LEENA TAB	1	
<i>lessina tab</i>	1	
<i>levonest tab</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel tab 0.75 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
<i>loryna tab 3-0.02mg</i>	1	
<i>low-ogestrel tab</i>	1	
<i>lutra tab</i>	1	
<i>lyza tab 0.35mg</i>	1	
<i>marlissa tab 0.15/30</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	
<i>microgestin tab 1.5/30</i>	1	
<i>microgestin tab 1/20</i>	1	
<i>microgestin tab fe1.5/30</i>	1	
<i>microgestin tab fe 1/20</i>	1	
MONONESSA TAB	1	
<i>my way tab 1.5mg</i>	1	
<i>myzilra tab</i>	1	
<i>necon tab 0.5/35</i>	1	
<i>necon tab 1/35</i>	1	
NECON TAB 1/50-28	1	
NECON TAB 7/7/7	1	

Drug Name	Drug Tier	Requirements/Limits
<i>necon tab 10/11-28</i>	2	
<i>next choice tab 1.5mg</i>	1	
NORA-BE TAB 0.35MG	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
NORINYL TAB 1+50-28	2	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
NUVARING MIS	3	
OCELLA TAB 3-0.03MG	1	
<i>ogestrel tab</i>	1	
<i>orsythia tab</i>	1	
ORTHO EVRA DIS WEEK	3	
ORTHO TRI- TAB CYCLN LO	3	
<i>philith tab 0.4-35</i>	1	
<i>pimtrea tab</i>	1	
<i>pirmella tab 1/35</i>	1	
<i>portia-28 tab</i>	1	
<i>previfem tab</i>	1	
<i>quasense tab</i>	1	
<i>reclipsen tab</i>	1	
SOLIA TAB	1	
<i>sprintec 28 tab 28 day</i>	1	
<i>syeda tab 3-0.03mg</i>	1	
<i>tri-legest tab fe</i>	1	
<i>tri-previfem tab</i>	1	
<i>tri-sprintec tab</i>	1	
TRINESSA TAB	1	
<i>trivora-28 tab</i>	1	
<i>velivet pak</i>	1	
<i>violele tab</i>	1	
<i>vyfemla</i>	1	
<i>xulane dis 150-35</i>	1	
<i>zarah tab 3-0.03mg</i>	1	
<i>zenchent tab</i>	1	
<i>zovia 1/35e tab</i>	1	
<i>zovia 1/50e tab</i>	1	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	4	NM

Drug Name	Drug Tier	Requirements/Limits
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	4	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	4	NM, LA, PA
BUPHENYL TAB 500MG	4	NM
CARBAGLU TAB 200MG	4	NM, LA, PA
CEREZYME INJ 200UNIT	4	NM, PA
CEREZYME INJ 400UNIT	4	NM, PA
CYSTADANE POW	4	NM
CYSTAGON CAP 50MG	3	NM, PA
CYSTAGON CAP 150MG	3	NM, PA
ELAPRASE INJ 6MG/3ML	4	NM, PA
ELELYSO INJ 200UNIT	4	NM, PA
FABRAZYME INJ 5MG	4	NM, PA
FABRAZYME INJ 35MG	4	NM, PA
KUVAN POW 100MG	4	NM, PA
KUVAN TAB 100MG	4	NM, PA
<i>levocarnitine inj 200 mg/ml</i>	1	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	B/D
<i>levocarnitine tab 330 mg</i>	1	B/D
LUMIZYME INJ 50MG	4	NM, PA
MYOZYME INJ 50MG	4	NM, PA
NAGLAZYME INJ 1MG/ML	4	NM, LA, PA
ORFADIN CAP 2MG	4	NM, LA, PA
ORFADIN CAP 5MG	4	NM, LA, PA
ORFADIN CAP 10MG	4	NM, LA, PA
PROCYSBI CAP 25MG	4	NM, LA, PA
PROCYSBI CAP 75MG	4	NM, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	NM
VPRIV INJ 400UNIT	4	NM, PA
ZAVESCA CAP 100MG	4	NM, LA, PA
ESTROGENS		
COMBIPATCH DIS .05/.14	3	PA
COMBIPATCH DIS .05/.25	3	PA
<i>estradiol tab 0.5 mg</i>	1	PA
<i>estradiol tab 1 mg</i>	1	PA
<i>estradiol tab 2 mg</i>	1	PA
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	PA
ESTRADIOL VALERATE IM IN OIL 10 MG/ML1		

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>menest tab 0.3mg</i>	2	PA
<i>menest tab 0.625mg</i>	2	PA
<i>menest tab 1.25mg</i>	2	PA
<i>menest tab 2.5mg</i>	2	PA
PREMARIN VAG CRE 0.625MG	3	
VAGIFEM TAB 10MCG	3	
GLUCOCORTICOIDS		
<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>cortisone acetate tab 25 mg</i>	1	
<i>dexamethason con 1mg/ml</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sodium succinate for inj 40 mg</i>	1	
<i>methylprednisolone sodium succinate for inj 125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succinate for inj1 500 mg</i>		
<i>methylprednisolone sodium succinate for inj1 1000 mg</i>		
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 4 mg dose pack</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 251 mg/5ml (base eq)</i>		
<i>prednisolone syrup 15 mg/5ml (usp solution1 equivalent)</i>		
<i>prednisone con 5mg/ml</i>	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 5 mg dose pack</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 10 mg dose pack</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>SOLU-CORTEF INJ 250MG</i>	2	
GLUCOSE ELEVATING AGENTS		
<i>GLUCAGEN INJ HYPOKIT</i>	2	
<i>GLUCAGON KIT 1MG</i>	2	
<i>PROGLYCEM SUS 50MG/ML</i>	4	NM
HUMAN GROWTH HORMONES		
<i>NORDITROPIN INJ 5/1.5ML</i>	4	NM, PA
<i>NORDITROPIN INJ 10/1.5ML</i>	4	NM, PA
<i>NORDITROPIN INJ 15/1.5ML</i>	4	NM, PA
<i>NORDITROPIN INJ 30/3ML</i>	4	NM, PA
<i>TEV-TROPIN INJ 5MG</i>	4	NM, PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
<i>FORTICAL SPR 200/ACT</i>	2	
<i>INCRELEX INJ 40MG/4ML</i>	4	NM, LA, PA
<i>methylergonovine maleate tab 0.2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	NM, PA
PROLIA SOL 60MG/ML	3	QL (1 syringe / 180 days), NM
SANDOSTATIN KIT LAR 10MG	4	NM, PA
SANDOSTATIN KIT LAR 20MG	4	NM, PA
SANDOSTATIN KIT LAR 30MG	4	NM, PA
SOMATULINE INJ 60/0.2ML	4	NM, PA
SOMATULINE INJ 90/0.3ML	4	NM, PA
SOMATULINE INJ 120/.5ML	4	NM, PA
SOMAVERT INJ 10MG	4	NM, LA, PA
SOMAVERT INJ 15MG	4	NM, LA, PA
SOMAVERT INJ 20MG	4	NM, LA, PA
XGEVA INJ	4	NM, PA
PARATHYROID HORMONES		
FORTEO SOL 600/2.4	4	QL (1 pen / 28 days), NM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 6671 mg (169 mg ca)</i>		
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
PHOSLYRA SOL	2	
RENVELA PAK 0.8GM	2	
RENVELA PAK 2.4GM	2	
RENVELA TAB 800MG	2	
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA TAB 60MG	2	
<i>raloxifene hcl tab 60 mg</i>	1	
THYROID AGENTS		

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

Drug Name	Drug Tier	Requirements/Limits
UNITHROID TAB 88MCG	1	
UNITHROID TAB 100MCG	1	
UNITHROID TAB 112MCG	1	
UNITHROID TAB 125MCG	1	
UNITHROID TAB 150MCG	1	
UNITHROID TAB 175MCG	1	
UNITHROID TAB 200MCG	1	
UNITHROID TAB 300MCG	1	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
GASTROINTESTINAL ANTIEMETICS		
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days), NM
EMEND CAP 40MG	3	QL (3 caps / 180 days)
EMEND CAP 80MG	3	B/D, QL (4 caps / 30 days)
EMEND CAP 125MG	3	B/D, QL (2 caps / 30 days)
EMEND PAK 80 & 125	3	B/D, QL (12 caps / 30 days)
<i>granisetron hcl inj 0.1 mg/ml</i>	1	
<i>granisetron hcl inj 1 mg/ml</i>	1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	
<i>granisetron hcl tab 1 mg</i>	1	B/D
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl inj 5 mg/ml</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl tab 4 mg</i>	1	B/D
<i>ondansetron hcl tab 8 mg</i>	1	B/D
<i>ondansetron hcl tab 24 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	1	B/D
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	
<i>prochlorperazine maleate tab 5 mg</i>	1	
<i>prochlorperazine maleate tab 10 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
TRANSDERM-SC DIS 1.5MG	3	QL (10 ptch / 30 days), PA
ANTISPASMODICS		
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>famotidine inj 20 mg/2ml</i>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	1	
<i>ranitidine hcl inj 1000 mg/40ml (25 mg/ml)</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	2	
ASACOL HD TAB 800MG	3	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide cap sr 24hr 3 mg</i>	4	NM
CANASA SUP 1000MG	3	
DELZICOL CAP 400MG	3	
DIPENTUM CAP 250MG	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone enema 100 mg/60ml</i>	1	
HYDROCORTISONE ENEMA 100 MG/60ML	1	
LIALDA TAB 1.2GM	3	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
PENTASA CAP 250MG CR	3	
PENTASA CAP 500MG CR	3	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfazine ec tab 500mg</i>	1	
UCERIS TAB 9MG	3	
LAXATIVES		
<i>constulose sol 10gm/15</i>	1	
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
GOLYTELY SOL	2	
HALFLYTELY KIT FLAV PKS	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	3	
NULYTELY SOL FLAV PKS	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
RELISTOR INJ 8/0.4ML	3	PA
RELISTOR INJ 12/0.6ML	3	PA
RELISTOR KIT 12/0.6ML	3	PA
SUPREP BOWEL SOL PREP	3	
<i>trilyte sol</i>	1	
MISCELLANEOUS		
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
CARAFATE SUS 1GM/10ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	NM
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	PA
LINZESS CAP 145MCG	2	QL (60 caps / 30 days)
LINZESS CAP 290MCG	2	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	1	
LOTRONEX TAB 0.5MG	4	NM, PA
LOTRONEX TAB 1MG	4	NM, PA
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
PYLERA CAP	3	
SUCRAID SOL 8500/ML	4	NM
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
XIFAXAN TAB 550MG	4	NM, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	2	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	2	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	
NEXIUM CAP 20MG	2	QL (30 caps / 30 days)
NEXIUM CAP 40MG	2	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	2	
NEXIUM GRA 5MG DR	2	
NEXIUM GRA 10MG DR	2	QL (30 packets / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 20MG DR	2	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	2	QL (30 packets / 30 days)
NEXIUM I.V. INJ 20MG	3	
NEXIUM I.V. INJ 40MG	3	
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (30 ea / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab sr 24hr 10 mg</i>	1	QL (30 tabs / 30 days)
AVODART CAP 0.5MG	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tabs / 30 days)
JALYN CAP	2	QL (30 caps / 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
POTASSIUM CITRATE TAB CR 5 MEQ (540 MG)	1	
POTASSIUM CITRATE TAB CR 10 MEQ (10801 MG)		
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG	3	QL (60 ea / 30 days)
MYRBETRIQ TAB 50MG	3	QL (30 ea / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap sr 24hr 2 mg</i>	1	QL (30 ea / 30 days)
<i>tolterodine tartrate cap sr 24hr 4 mg</i>	1	QL (30 ea / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride tab 20 mg</i>	1	QL (60 tabs / 30 days)
VESICARE TAB 5MG	3	QL (30 tabs / 30 days)
VESICARE TAB 10MG	3	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VANDAZOLE GEL 0.75%	1	
<i>zazole cre 0.4%</i>	1	
ZAZOLE CRE 0.8%	1	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN TAB 1MG	3	
COUMADIN TAB 2.5MG	3	
COUMADIN TAB 2MG	3	
COUMADIN TAB 3MG	3	
COUMADIN TAB 4MG	3	
COUMADIN TAB 5MG	3	
COUMADIN TAB 6MG	3	
COUMADIN TAB 7.5MG	3	
COUMADIN TAB 10MG	3	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	4	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	4	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 5 mg/0.4ml</i>	4	NM
<i>fondaparinux sodium inj 7.5 mg/0.6ml</i>	4	NM
<i>fondaparinux sodium inj 10 mg/0.8ml</i>	4	NM
HEP SOD/NAACL INJ 25000UNT	2	
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
HEPARIN SODIUM (PORCINE) 2 UNIT/ML IN2 SODIUM CHLORIDE 0.9%		

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	B/D
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	2	
PRADAXA CAP 150MG	2	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 25MCG	2	NM, PA
ARANESP INJ 40MCG	2	NM, PA
ARANESP INJ 60MCG	2	NM, PA
ARANESP INJ 100MCG	4	NM, PA
ARANESP INJ 150MCG	4	NM, PA
ARANESP INJ 200MCG	4	NM, PA
ARANESP INJ 300MCG	4	NM, PA
ARANESP INJ 500MCG	4	NM, PA
GRANIX INJ 300/0.5	4	NM, PA
GRANIX INJ 480/0.8	4	NM, PA
LEUKINE INJ 250MCG	4	NM, PA
MOZOBIL INJ	4	QL (9.6 mL / 4 days), NM, PA
NEUMEGA INJ 5MG	4	NM

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJ 300/0.5	4	NM, PA
NEUPOGEN INJ 300MCG	4	NM, PA
NEUPOGEN INJ 480/0.8	4	NM, PA
NEUPOGEN INJ 480MCG	4	NM, PA
PROCRIT INJ 2000/ML	2	NM, PA
PROCRIT INJ 3000/ML	2	NM, PA
PROCRIT INJ 4000/ML	2	NM, PA
PROCRIT INJ 10000/ML	2	NM, PA
PROCRIT INJ 20000/ML	4	NM, PA
PROCRIT INJ 40000/ML	4	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	1	PA
<i>anagrelide hcl cap 1 mg</i>	1	PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>pentoxifylline tab cr 400 mg</i>	1	
PROMACTA TAB 12.5MG	4	NM, LA, PA
PROMACTA TAB 25MG	4	NM, LA, PA
PROMACTA TAB 50MG	4	NM, LA, PA
PROMACTA TAB 75MG	4	QL (30 tabs / 30 days), NM, LA, PA
<i>tranexamic acid inj 100 mg/ml</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX CAP 25-200MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ENBREL INJ 25/0.5ML	4	QL (8 syringes / 28 days), NM, PA
ENBREL INJ 25MG	4	QL (16 syringes / 28 days), NM, PA
ENBREL INJ 50MG/ML	4	QL (8 syringes / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	4	QL (8 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	4	QL (2 boxes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	4	QL (4 boxes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT 40MG/0.8	4	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN KIT CROHNS	4	NM, PA
HUMIRA PEN KIT PSORIASI	4	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
REMICADE INJ 100MG	4	NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	4	NM, PA
CARIMUNE NF INJ 3GM	4	NM, PA
CARIMUNE NF INJ 6GM	4	NM, PA
CARIMUNE NF INJ 12GM	4	NM, PA
FLEBOGAMMA INJ 5%	4	NM, PA
FLEBOGAMMA INJ 10%	4	NM, PA
FLEBOGAMMA INJ DIF 5%	4	NM, PA
GAMASTAN S/D INJ	2	B/D, NM
GAMMAGARD INJ 1GM/10ML	4	NM, PA
GAMMAGARD INJ 2.5GM/25	4	NM, PA
GAMMAGARD INJ 5GM/50ML	4	NM, PA
GAMMAGARD INJ 10GM/100	4	NM, PA
GAMMAGARD INJ 20GM/200	4	NM, PA
GAMMAGARD INJ 30GM/300	4	NM, PA
GAMMAGARD SD INJ 2.5GM HU	4	NM, PA
GAMMAGARD SD INJ 5GM HU	4	NM, PA
GAMMAGARD SD INJ 10GM HU	4	NM, PA
GAMMAKED INJ 1GM/10ML	4	NM, PA
GAMMAKED INJ 2.5GM/25	4	NM, PA
GAMMAKED INJ 5GM/50ML	4	NM, PA
GAMMAKED INJ 10GM/100	4	NM, PA
GAMMAKED INJ 20GM/200	4	NM, PA
GAMMAPLEX INJ 2.5GM	4	NM, PA
GAMMAPLEX INJ 5GM	4	NM, PA
GAMMAPLEX INJ 10GM	4	NM, PA
GAMUNEX INJ 10%	4	NM, PA
GAMUNEX-C INJ 1GM/10ML	3	NM, PA
GAMUNEX-C INJ 2.5GM/25	4	NM, PA
GAMUNEX-C INJ 5GM/50ML	4	NM, PA
GAMUNEX-C INJ 10GM/100	4	NM, PA
GAMUNEX-C INJ 20GM/200	4	NM, PA
OCTAGAM INJ 1GM	4	NM, PA
OCTAGAM INJ 2.5GM	4	NM, PA
OCTAGAM INJ 5GM	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INJ 10GM	4	NM, PA
OCTAGAM INJ 25GM	4	NM, PA
PRIVIGEN INJ 5 GRAMS	4	NM, PA
PRIVIGEN INJ 10GRAMS	4	NM, PA
PRIVIGEN INJ 20GRAMS	4	NM, PA
PRIVIGEN INJ 40GRAMS	4	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	4	NM, LA, PA
ARCALYST INJ 220MG	4	NM, PA
INTRON-A INJ 10MU	4	B/D, NM
INTRON-A INJ 18MU	4	B/D, NM
INTRON-A INJ 25MU	4	B/D, NM
INTRON-A INJ 50MU	4	B/D, NM
PEG-INTRON KIT 50MCG	4	NM, PA
PEG-INTRON KIT 50MCG RP	4	NM, PA
PEG-INTRON KIT 80MCG	4	NM, PA
PEG-INTRON KIT 80MCG RP	4	NM, PA
PEG-INTRON KIT 120 RP	4	NM, PA
PEG-INTRON KIT 120MCG	4	NM, PA
PEG-INTRON KIT 150 RP	4	NM, PA
PEG-INTRON KIT 150MCG	4	NM, PA
REVLIMID CAP 2.5MG	4	NM, LA, PA
REVLIMID CAP 5MG	4	NM, LA, PA
REVLIMID CAP 10MG	4	NM, LA, PA
REVLIMID CAP 15MG	4	NM, LA, PA
REVLIMID CAP 20MG	4	NM, LA, PA
REVLIMID CAP 25MG	4	NM, LA, PA
THALOMID CAP 50MG	4	NM, PA
THALOMID CAP 100MG	4	NM, PA
THALOMID CAP 150MG	4	NM, PA
THALOMID CAP 200MG	4	NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	1	B/D
CELLCEPT SUS 200MG/ML	4	B/D, NM
<i>cyclosporine cap 25 mg</i>	1	B/D
<i>cyclosporine cap 100 mg</i>	1	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	1	B/D
<i>cyclosporine modified cap 25 mg</i>	1	B/D
<i>cyclosporine modified cap 50 mg</i>	1	B/D
<i>cyclosporine modified cap 100 mg</i>	1	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	B/D
<i>gengraf cap 25mg</i>	1	B/D
<i>gengraf cap 100mg</i>	1	B/D
<i>gengraf sol 100mg/ml</i>	1	B/D
<i>mycophenolate mofetil cap 250 mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil tab 500 mg</i>	1	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D, NM
NEORAL CAP 25MG	2	B/D
NEORAL CAP 100MG	2	B/D
NEORAL SOL 100MG/ML	2	B/D
NULOJIX INJ 250MG	4	B/D, NM
PROGRAF CAP 0.5MG	3	B/D
PROGRAF CAP 1MG	3	B/D
PROGRAF CAP 5MG	4	B/D, NM
RAPAMUNE SOL 1MG/ML	4	B/D, NM
RAPAMUNE TAB 0.5MG	3	B/D
RAPAMUNE TAB 1MG	4	B/D, NM
RAPAMUNE TAB 2MG	4	B/D, NM
SANDIMMUNE CAP 25MG	2	B/D
SANDIMMUNE CAP 100MG	2	B/D
SANDIMMUNE SOL 100MG/ML	2	B/D
<i>sirolimus tab 0.5 mg</i>	1	B/D
<i>tacrolimus cap 0.5 mg</i>	1	B/D
<i>tacrolimus cap 1 mg</i>	1	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D, NM
ZORTRESS TAB 0.5MG	4	B/D, NM
ZORTRESS TAB 0.25MG	4	B/D, NM
ZORTRESS TAB 0.75MG	4	B/D, NM
VACCINES		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE INJ	2	
BOOSTRIX INJ	2	
CERVARIX INJ	2	
COMVAX INJ	2	
DAPTACEL INJ	2	
DECAVAC INJ 5-2LF	2	B/D
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B INJ 10/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL INJ	2	
HAVRIX INJ 720UNIT	2	
HAVRIX INJ 1440UNIT	2	
HIBERIX SOL 10-25MCG	2	
IMOVAX RABIE INJ 2.5/ML	2	
INFANRIX INJ	2	

Drug Name	Drug Tier	Requirements/Limits
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
M-M-R II INJ LIVE	2	
MENACTRA INJ	2	
MENHIBRIX INJ	2	
MENOMUNE INJ A/C/Y/W	2	
MENVEO INJ	2	
PEDVAX HIB INJ	2	
PROQUAD INJ	2	
RABAVERT INJ	2	
RECOMBIVA HB INJ 5MCG/0.5	2	B/D
RECOMBIVA HB INJ 10MCG/ML	2	B/D
RECOMBIVA-HB INJ 40MCG/ML	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
TENIVAC INJ 5-2LF	2	B/D
TET/DIP TOX INJ 2-2 LF	2	B/D
TETANUS TOX INJ 5LF ADS	2	B/D
TWINRIX INJ	2	
TYPHIM VI INJ	2	
VAQTA INJ 25/0.5ML	2	
VAQTA INJ 50UNT/ML	2	
VARIVAX INJ	2	
YF-VAX INJ	2	
ZOSTAVAX INJ	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES**

KLOR-CON 8 TAB 8MEQ ER	1	
KLOR-CON 10 TAB 10MEQ ER	1	
<i>klor-con m15 tab</i>	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>klor-con pow 20meq</i>	1	
MAGNESIUM SU INJ 40MG/ML	2	
MAGNESIUM SU INJ 80MG/ML	2	
<i>magnesium sulfate inj 50%</i>	1	
MG SO4/D5W INJ 10MG/ML	2	
MG SO4/D5W INJ 20MG/ML	2	
<i>potassium chloride cap cr 8 meq</i>	1	
<i>potassium chloride cap cr 10 meq</i>	1	
<i>potassium chloride microencapsulated crys 1 cr tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys 1 cr tab 20 meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral liq 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral liq 20% (40 meq/15ml)</i>	1	
POTASSIUM CHLORIDE TAB CR 8 MEQ (6001 MG)		
POTASSIUM CHLORIDE TAB CR 10 MEQ	1	
POTASSIUM CHLORIDE TAB CR 20 MEQ (1500 MG)	1	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F)1 MG/ML SOLN		
TPN ELECTROL INJ	3	B/D
IV NUTRITION		
AMINOSYN 7% INJ /LYTES	3	B/D
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 8.5/LYTE	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN INJ 8.5%	3	B/D
AMINOSYN INJ 8.5/LYTE	3	B/D
AMINOSYN INJ 10%	3	B/D
AMINOSYN M INJ 3.5%	3	B/D
AMINOSYN-HBC INJ 7%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF INJ 5.2%	3	B/D
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 2.75/D10	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 4.25/D25	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 5%/D25W	3	B/D
CLINIMIX INJ 2.75/D5W	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
CLINIMIX INJ 4.25/D25	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 5%/D25W	3	B/D
<i>clinisol sf inj 15%</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 10%	3	B/D
HEPATAMINE SOL 8%	3	B/D
<i>hepatasol inj 8%</i>	1	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE INJ 5.4%	3	B/D
<i>premasol sol 6%</i>	1	B/D
<i>premasol sol 10%</i>	3	B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
<i>travasol inj 10%</i>	3	B/D
TROPHAMINE INJ 10%	3	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	2	
D5W/NACL INJ 0.3%	1	
D10W/NACL INJ 0.2%	2	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE 5% IN LACTATED RINGERS	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	1	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE INJ 5%	1	
DEXTROSE INJ 10%	1	
DEXTROSE INJ 50%	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-B/ INJ D5W	3	
IONOSOL-MB INJ /D5W	3	
ISOLYTE-P INJ /D5W	3	
<i>isolyte-s inj</i>	3	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% 1 & NACL 0.2% INJ		
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% 1 & NACL 0.45% INJ		

Drug Name	Drug Tier	Requirements/Limits
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% &1 NACL 0.2% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% &1 NACL 0.9% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% &1 NACL 0.33% INJ		
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% &1 NACL 0.45% INJ		
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	1	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% 1 & NACL 0.2% INJ		
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% 1 & NACL 0.45% INJ		
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & 1 NACL 0.2% INJ		
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & 1 NACL 0.45% INJ		
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	2	
LACTATED RINGER'S SOLUTION	1	
<i>normosol -m inj /d5w</i>	1	
NORMOSOL -R INJ /D5W	3	
NORMOSOL-R INJ PH 7.4	3	
PLASMA-LYTE INJ 56/D5W	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) 1 IN DEXTROSE 5% INJ		
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN1 DEXTROSE 5% INJ		
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50 ml</i>	1	
POTASSIUM CHLORIDE INJ 10 MEQ/100 ML1		
<i>potassium chloride inj 20 meq/50 ml</i>	1	
POTASSIUM CHLORIDE INJ 20 MEQ/100 ML1		
POTASSIUM CHLORIDE INJ 30 MEQ/100 ML1		
<i>potassium chloride inj 40 meq/100 ml</i>	1	
RINGER'S SOLUTION	1	
SODIUM CHLORIDE INJ 0.45%	1	
SODIUM CHLORIDE INJ 3%	1	
SODIUM CHLORIDE INJ 5%	1	
SODIUM CHLORIDE IV SOLN 0.9%	1	

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	1	B/D
<i>calcitriol cap 0.25 mcg</i>	1	B/D
<i>calcitriol inj 1 mcg/ml</i>	1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>paricalcitol cap 1 mcg</i>	1	B/D
<i>paricalcitol cap 2 mcg</i>	1	B/D
<i>paricalcitol cap 4 mcg</i>	1	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	1	
ZEMPLAR INJ 2MCG/ML	3	B/D
ZEMPLAR INJ 5MCG/ML	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>blephamide oin s.o.p.</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOL 1%	2	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
CILOXAN OIN 0.3% OP	2	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
MOXEZA SOL 0.5%	2	
NATACYN SUS 5% OP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx</i>	1	
<i>5(3.5)mg-400unt-10000unt op oin</i>		
<i>neomycin-polymy-gramicid op sol</i>	1	
<i>1.75-10000-0.025mg-unt-mg/ml</i>		
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 100001</i>		
<i>unit/ml-0.1%</i>		
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	2	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	2	
BROMDAY SOL 0.09%	2	
BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	1	
<i>dexamethasone sodium phosphate ophth</i>	1	
<i>soln 0.1%</i>		
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
FLUOROMETHOLONE OPHTH SUSP 0.1%	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	2	
LOTEMAX OIN 0.5%	2	
LOTEMAX SUS 0.5%	2	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
PRED MILD SUS 0.12% OP	2	
<i>pred sod pho sol 1% op</i>	2	
PREDNISOLONE ACETATE OPHTH SUSP 1%1		
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	2	
<i>cromolyn sodium ophth soln 4%</i>	1	
PATADAY SOL 0.2%	2	
PATANOL SOL 0.1% OP	2	
ANTI GLAUCOMA		

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhal soln 0.02%</i>	1	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA CAP HANDIHLR	2	QL (30 caps / 30 days)
ANTIHISTAMINES		
ASTEPRO SPR 0.15%	2	
<i>azelastine hcl nasal spray 137 mcg/spray (11 mg/ml)</i>		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	PA
<i>cyproheptadine hcl tab 4 mg</i>	1	PA
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	PA
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	PA
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA
<i>hydroxyzine hcl tab 10 mg</i>	1	PA
<i>hydroxyzine hcl tab 25 mg</i>	1	PA
<i>hydroxyzine hcl tab 50 mg</i>	1	PA
<i>hydroxyzine pamoate cap 25 mg</i>	1	PA
<i>hydroxyzine pamoate cap 50 mg</i>	1	PA
<i>hydroxyzine pamoate cap 100 mg</i>	1	PA
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
PATANASE SPR 0.6%	2	
BETA AGONISTS		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab sr 12hr 4 mg</i>	1	
<i>albuterol sulfate tab sr 12hr 8 mg</i>	1	
FORADIL CAP AEROLIZE	2	QL (60 caps / 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	B/D
PERFOROMIST NEB 20MCG	3	B/D
PROAIR HFA AER	2	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DIS AER 50MCG	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
XOPENEX HFA AER	2	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	B/D
<i>acetylcysteine inhal soln 20%</i>	1	B/D
ARALAST NP INJ 400MG	4	NM, LA, PA
ARALAST NP INJ 500MG	4	NM, LA, PA
ARALAST NP INJ 800MG	4	NM, LA, PA
ARALAST NP INJ 1000MG	4	NM, LA, PA
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
CAYSTON INH 75MG	4	NM, LA, PA
DALIRESP TAB 500MCG	3	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	
GLASSIA INJ	4	NM, LA, PA
PROLASTIN-C INJ 1000MG	4	NM, LA, PA
PULMOZYME SOL 1MG/ML	4	B/D, NM
XOLAIR SOL 150MG	4	NM, LA, PA
ZEMAIRA INJ 1000MG	4	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 30 days)
NASONEX SPR 50MCG/AC	2	QL (2 bottles / 30 days)
<i>triamcinolone acetonide nasal inhal 55 mcg/act</i>	1	QL (1 bottle / 30 days)
STEROID INHALANTS		

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 14 AER 220MCG	2	QL (2 inhalers per 30 days)
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 30 days)
ASMANEX 30 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 60 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 120 AER 220MCG	2	QL (2 inhalers / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	B/D
FLOVENT DISK AER 50MCG	2	QL (2 inhalers / 30 days)
FLOVENT DISK AER 100MCG	2	QL (2 inhalers / 30 days)
FLOVENT DISK AER 250MCG	2	QL (4 inhalers / 30 days)
FLOVENT HFA AER 44MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	2	QL (2 inhalers / 30 days)
PULMICORT SUS 1MG/2ML	4	B/D, NM
QVAR AER 40MCG	2	QL (1 inhaler / 30 days)
QVAR AER 80MCG	2	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	2	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 250/50	2	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 500/50	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	2	QL (1 kit / 30 days)
DULERA AER 100-5MCG	2	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	2	QL (1 inhaler / 30 days)
SYMBICORT AER 80-4.5	2	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	2	QL (1 inhaler / 30 days)
XANTHINES		
<i>aminophylline inj 25 mg/ml</i>	1	
<i>elixophyllin elx 80/15ml</i>	3	
<i>theo-24 cap 100mg cr</i>	3	
<i>theo-24 cap 200mg cr</i>	3	
<i>theo-24 cap 300mg cr</i>	3	
<i>theo-24 cap 400mg er</i>	3	
<i>theophylline tab sr 12hr 100 mg</i>	1	
<i>theophylline tab sr 12hr 200 mg</i>	1	
<i>theophylline tab sr 12hr 300 mg</i>	1	
<i>theophylline tab sr 12hr 450 mg</i>	1	
<i>theophylline tab sr 24hr 400 mg</i>	1	
<i>theophylline tab sr 24hr 600 mg</i>	1	
DERMATOLOGY, ACNE		
<i>adapalene cream 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene gel 0.1%</i>	1	
<i>amnesteem cap 10mg</i>	1	
<i>amnesteem cap 20mg</i>	1	
<i>amnesteem cap 40mg</i>	1	
AVITA CRE 0.025%	1	
AVITA GEL 0.025%	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>claravis cap 10mg</i>	1	
<i>claravis cap 20mg</i>	1	
<i>claravis cap 30mg</i>	1	
<i>claravis cap 40mg</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>myorisan cap 10mg</i>	1	
<i>myorisan cap 20mg</i>	1	
<i>myorisan cap 40mg</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	
<i>tretinoin cream 0.05%</i>	1	
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
<i>zenatane cap 10mg</i>	1	
<i>zenatane cap 20mg</i>	1	
<i>zenatane cap 40mg</i>	1	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC CRE 0.5%	3	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mafenide acetate packet for topical soln 5%1 (50 gm)</i>		
<i>mupirocin oint 2%</i>	1	
SILVER SULFADIAZINE CREAM 1%	1	

Drug Name	Drug Tier	Requirements/Limits
SSD CRE 1%	1	
SULFAMYLON CRE 85MG/GM	2	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder</i>	1	
<i>nystop pow 100000</i>	1	
<i>pedi-dri pow 100000</i>	1	
DERMATOLOGY, ANTIPRURITIC		
<i>procto-pak cre 1%</i>	1	
<i>proctocream cre hc 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	
PRUDOXIN CRE 5%	1	
ZONALON CRE 5%	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	4	NM, PA
<i>acitretin cap 17.5 mg</i>	4	NM, PA
<i>acitretin cap 25 mg</i>	4	NM, PA
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitrene oin 0.005%</i>	1	
OXSORALEN-UL CAP 10MG	4	NM
TAZORAC CRE 0.1%	3	PA
TAZORAC CRE 0.05%	3	PA
TAZORAC GEL 0.1%	3	PA
TAZORAC GEL 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX CRE 5%	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala cort cre 1%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
<i>amcinonide oin 0.1%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate cream 0.1%</i>	1	
<i>betamethasone valerate lotion 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
<i>clobetasol e cre 0.05%</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
DESONIDE CREAM 0.05%	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
DESOXIMETASONE OINT 0.05%	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>diflorasone diacetate cream 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
<i>fluocin acet oil body</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
LOKARA LOT 0.05%	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>texacort sol 2.5%</i>	3	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine patch 5%</i>	1	QL (3 ptch / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ELIDEL CRE 1%	3	PA
<i>imiquimod cream 5%</i>	1	
<i>laclotion lot 12%</i>	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
PANRETIN GEL 0.1%	4	NM
<i>podofilox soln 0.5%</i>	1	
<i>rosadan cre 0.75%</i>	1	
TARGRETIN GEL 1%	4	NM, PA
VALCHLOR GEL 0.016%	4	NM, LA, PA
VOLTAREN GEL 1%	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	3	
EURAX LOT 10%	3	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	1	
REGANEX GEL 0.01%	4	NM, PA
SANTYL OIN 250/GM	3	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CIPRODEX SUS 0.3-0.1%	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

Index**A**

<i>abacavir sulfate tab 300 mg (base equiv)</i>	8	<i>acitretin cap 25 mg</i>	87
<i>abacavir sulfate-lamivudine-zidovudine</i> <i>tab 300-150-300 mg</i>	10	ACTHIB INJ	75
ABELCET INJ 5MG/ML.....	7	ACTIMMUNE INJ 2MU/0.5.....	74
ABILIFY DISC TAB 10MG.....	46	<i>acyclovir cap 200 mg</i>	11
ABILIFY DISC TAB 15MG.....	46	<i>acyclovir oint 5%</i>	87
ABILIFY INJ 9.75MG	46	<i>acyclovir sodium for inj 1000 mg</i>	11
ABILIFY MAIN INJ 300MG	46	<i>acyclovir sodium for inj 500 mg</i>	11
ABILIFY MAIN INJ 400MG	46	<i>acyclovir sodium iv soln 50 mg/ml</i>	11
ABILIFY SOL 1MG/ML	46	<i>acyclovir susp 200 mg/5ml</i>	11
ABILIFY TAB 10MG.....	46	<i>acyclovir tab 400 mg</i>	11
ABILIFY TAB 15MG.....	46	<i>acyclovir tab 800 mg</i>	11
ABILIFY TAB 20MG.....	46	ADACEL INJ.....	75
ABILIFY TAB 2MG	46	ADAGEN INJ 250/ML.....	60
ABILIFY TAB 30MG.....	46	<i>adapalene cream 0.1%</i>	85
ABILIFY TAB 5MG	46	<i>adapalene gel 0.1%</i>	86
<i>acamprosate calcium tab delayed release</i> <i>333 mg</i>	53	ADCIRCA TAB 20MG	35
<i>acarbose tab 100 mg</i>	55	<i>adefovir dipivoxil tab 10 mg</i>	11
<i>acarbose tab 25 mg</i>	55	ADEMPAS TAB 0.5MG	35
<i>acarbose tab 50 mg</i>	55	ADEMPAS TAB 1.5MG	35
<i>acebutolol hcl cap 200 mg</i>	29	ADEMPAS TAB 1MG	35
<i>acebutolol hcl cap 400 mg</i>	29	ADEMPAS TAB 2.5MG	35
<i>acetaminophen w/ codeine soln 120-12</i> <i>mg/5ml</i>	2	ADEMPAS TAB 2MG	35
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	<i>adriamyc inj 50mg</i>	18
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	<i>adriamycin inj 20mg</i>	18
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	<i>adrucil inj 2.5g/50m</i>	18
<i>acetazolamide cap sr 12hr 500 mg</i>	33	<i>adrucil inj 500/10ml</i>	18
<i>acetazolamide tab 125 mg</i>	33	<i>adrucil inj 5gm/100m</i>	18
<i>acetazolamide tab 250 mg</i>	33	ADVAIR DISKU AER 100/50.....	85
<i>acetic acid 2% in aluminum acetate otic</i> <i>soln</i>	90	ADVAIR DISKU AER 250/50.....	85
<i>acetic acid irrigation soln 0.25%</i>	90	ADVAIR DISKU AER 500/50.....	85
<i>acetic acid otic soln 2%</i>	90	ADVAIR HFA AER 115/21	85
<i>acetylcysteine inhal soln 10%</i>	84	ADVAIR HFA AER 230/21	85
<i>acetylcysteine inhal soln 20%</i>	84	ADVAIR HFA AER 45/21	85
<i>acitretin cap 10 mg</i>	87	<i>afeditab tab 30mg cr</i>	30
<i>acitretin cap 17.5 mg</i>	87	<i>afeditab tab 60mg cr</i>	30
		AFINITOR DIS TAB 2MG.....	20
		AFINITOR DIS TAB 3MG.....	20
		AFINITOR DIS TAB 5MG.....	20
		AFINITOR TAB 10MG	20
		AFINITOR TAB 2.5MG	20
		AFINITOR TAB 5MG.....	20
		AFINITOR TAB 7.5MG	20
		AGGRENOX CAP 25-200MG	72
		<i>a-hydrocort inj 100mg</i>	61

<i>ala cort cre 1%</i>	88	<i>amcinonide lotion 0.1%</i>	88
ALBENZA TAB 200MG	6	<i>amcinonide oin 0.1%</i>	88
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	83	<i>a-methapred inj 125mg</i>	61
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	83	<i>amifostine crystalline for inj 500 mg</i> ...	22
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	83	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	5
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	83	<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	5
<i>albuterol sulfate syrup 2 mg/5ml</i>	83	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	33
<i>albuterol sulfate tab 2 mg</i>	83	<i>amiloride hcl tab 5 mg</i>	33
<i>albuterol sulfate tab 4 mg</i>	83	<i>aminophylline inj 25 mg/ml</i>	85
<i>albuterol sulfate tab sr 12hr 4 mg</i>	83	AMINOSYN 7% INJ /LYTES	77
<i>albuterol sulfate tab sr 12hr 8 mg</i>	83	AMINOSYN II INJ 10%.....	77
<i>alclometasone dipropionate cream 0.05%</i>	88	AMINOSYN II INJ 7%.....	77
<i>alclometasone dipropionate oint 0.05%</i>	88	AMINOSYN II INJ 8.5%	77
ALCOHOL PREP PAD	54	AMINOSYN II INJ 8.5/LYTE.....	77
ALDURAZYME INJ 2.9MG/5M	60	AMINOSYN INJ 10%	77
<i>alendronate sodium tab 10 mg</i>	56	AMINOSYN INJ 8.5%	77
<i>alendronate sodium tab 35 mg</i>	56	AMINOSYN INJ 8.5/LYTE	77
<i>alendronate sodium tab 40 mg</i>	56	AMINOSYN M INJ 3.5%	77
<i>alendronate sodium tab 5 mg</i>	56	AMINOSYN-HBC INJ 7%.....	77
<i>alendronate sodium tab 70 mg</i>	56	AMINOSYN-PF INJ 10%.....	77
<i>alfuzosin hcl tab sr 24hr 10 mg</i>	69	AMINOSYN-PF INJ 7%	77
ALIMTA INJ 100MG	18	AMINOSYN-RF INJ 5.2%	77
ALIMTA INJ 500MG	18	<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	26
ALINIA SUS 100/5ML	6	<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	26
ALINIA TAB 500MG	6	<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	26
<i>allopurinol tab 100 mg</i>	1	<i>amiodarone hcl tab 100 mg</i>	26
<i>allopurinol tab 300 mg</i>	1	<i>amiodarone hcl tab 200 mg</i>	26
ALPHAGAN P SOL 0.1%	82	<i>amiodarone hcl tab 400 mg</i>	26
<i>alprazolam con 1 mg/ml</i>	36	AMITIZA CAP 24MCG	67
<i>alprazolam tab 0.25 mg</i>	36	AMITIZA CAP 8MCG.....	67
<i>alprazolam tab 0.5 mg</i>	36	<i>amitriptyline hcl tab 10 mg</i>	41
<i>alprazolam tab 1 mg</i>	36	<i>amitriptyline hcl tab 100 mg</i>	41
<i>alprazolam tab 2 mg</i>	36	<i>amitriptyline hcl tab 150 mg</i>	41
ALREX SUS 0.2%	81	<i>amitriptyline hcl tab 25 mg</i>	41
<i>altavera tab</i>	57	<i>amitriptyline hcl tab 50 mg</i>	41
<i>amantadine hcl cap 100 mg</i>	44	<i>amitriptyline hcl tab 75 mg</i>	41
<i>amantadine hcl syrup 50 mg/5ml</i>	44	<i>amlodipine besylate tab 10 mg</i>	30
<i>amantadine hcl tab 100 mg</i>	44	<i>amlodipine besylate tab 2.5 mg</i>	30
AMBISOME INJ 50MG	7	<i>amlodipine besylate tab 5 mg</i>	30
<i>amcinonide cream 0.1%</i>	88	<i>amlodipine besylate-benazepril hcl cap</i>	

10-20 mg	23	<i>amoxicillin (trihydrate) for susp 200 mg/5ml.....</i>	15
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin (trihydrate) for susp 250 mg/5ml.....</i>	15
10-40 mg	23	<i>amoxicillin (trihydrate) for susp 400 mg/5ml.....</i>	15
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin (trihydrate) tab 500 mg</i>	15
2.5-10 mg	23	<i>amoxicillin (trihydrate) tab 875 mg</i>	15
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5-10 mg	23	<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	50
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	50
5-20 mg	23	<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	50
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	50
5-40 mg	23	<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	50
<i>amnesteem cap 10mg</i>	86	<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	50
<i>amnesteem cap 20mg</i>	86	<i>amphetamine-dextroamphetamine tab 10 mg</i>	50
<i>amnesteem cap 40mg</i>	86	<i>amphetamine-dextroamphetamine tab 12.5 mg.....</i>	50
<i>amoxapine tab 100mg.....</i>	41	<i>amphetamine-dextroamphetamine tab 15 mg</i>	50
<i>amoxapine tab 150mg.....</i>	41	<i>amphetamine-dextroamphetamine tab 20 mg</i>	50
<i>amoxapine tab 25mg</i>	41	<i>amphetamine-dextroamphetamine tab 30 mg</i>	50
<i>amoxapine tab 50mg</i>	41	<i>amphetamine-dextroamphetamine tab 5 mg</i>	50
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	15	<i>amphetamine-dextroamphetamine tab 7.5 mg.....</i>	50
<i>amoxicillin & k clavulanate chew tab 400-57 mg.....</i>	15	<i>amphotericin b for inj 50 mg</i>	7
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	15	<i>ampicillin & sulbactam sodium for inj 1-0.5 gm.....</i>	15
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	15	<i>ampicillin & sulbactam sodium for inj 10-5 gm</i>	15
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	15	<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	15
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	15	<i>ampicillin & sulbactam sodium for iv soln 1-0.5 gm.....</i>	15
<i>amoxicillin & k clavulanate tab 250-125 mg.....</i>	15	<i>ampicillin & sulbactam sodium for iv soln</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg.....</i>	15		
<i>amoxicillin & k clavulanate tab 875-125 mg.....</i>	15		
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	15		
<i>amoxicillin (trihydrate) cap 250 mg</i>	15		
<i>amoxicillin (trihydrate) cap 500 mg</i>	15		
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	15		
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	15		
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	15		

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<i>ampicillin & sulbactam sodium for iv soln</i>		ARANESP INJ 60MCG	71
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<i>ampicillin cap 250 mg</i>	16	ASACOL HD TAB 800MG.....	66
<i>ampicillin cap 500 mg</i>	16	ASMANEX 120 AER 220MCG	85
<i>ampicillin for susp 125 mg/5ml</i>	16	ASMANEX 14 AER 220MCG	85
<i>ampicillin for susp 250 mg/5ml</i>	16	ASMANEX 30 AER 110MCG	85
<i>ampicillin sodium for inj 1 gm</i>	16	ASMANEX 30 AER 220MCG	85
<i>ampicillin sodium for inj 125 mg</i>	16	ASMANEX 60 AER 220MCG	85
<i>ampicillin sodium for inj 2 gm</i>	16	ASTEPRO SPR 0.15%.....	83
<i>ampicillin sodium for inj 250 mg</i>	16	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>ampicillin sodium for inj 500 mg</i>	16	.....	29
<i>ampicillin sodium for iv soln 1 gm</i>	16	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>ampicillin sodium for iv soln 10 gm</i>	16	29
<i>ampicillin sodium for iv soln 2 gm</i>	16	<i>atenolol tab 100 mg</i>	29
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AMTURNIDE300 TAB -10-12.5	33	<i>atenolol tab 50 mg</i>	29
AMTURNIDE300 TAB -10-25MG	33	<i>atorvastatin calcium tab 10 mg (base</i>	
AMTURNIDE300 TAB -5-12.5.....	32	<i>equivalent)</i>	27
AMTURNIDE300 TAB -5-25MG	33	<i>atorvastatin calcium tab 20 mg (base</i>	
<i>anagrelide hcl cap 0.5 mg</i>	72	<i>equivalent)</i>	27
<i>anagrelide hcl cap 1 mg</i>	72	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>anastrozole tab 1 mg</i>	19	<i>equivalent)</i>	27
ANDRODERM DIS 2MG/24HR.....	54	<i>atorvastatin calcium tab 80 mg (base</i>	
ANDRODERM DIS 4MG/24HR.....	54	<i>equivalent)</i>	28
<i>androxy tab 10mg</i>	54	<i>atovaquone susp 750 mg/5ml</i>	6
APOKYN INJ 10MG/ML	45	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>apri tab</i>	57	.....	8
APRISO CAP 0.375GM	66	ATOVAQUONE-PROGUANIL HCL TAB	
APTIOM TAB 200MG	36	62.5-25 MG	8
APTIOM TAB 400MG	36	ATRIPLA TAB	10
APTIOM TAB 600MG	36	ATROVENT HFA AER 17MCG	82
APTIOM TAB 800MG	36	AUVI-Q INJ 0.15MG.....	84
APTIVUS CAP 250MG.....	8	AUVI-Q INJ 0.3MG.....	84
APTIVUS SOL	8	AVASTIN INJ	19
ARALAST NP INJ 1000MG.....	84	<i>aviane tab</i>	57
ARALAST NP INJ 400MG	84	AVINZA CAP 120MG	2
ARALAST NP INJ 500MG	84	AVINZA CAP 30MG	2
ARALAST NP INJ 800MG	84	AVINZA CAP 45MG	2
<i>aranelle tab</i>	57	AVINZA CAP 60MG	2
ARANESP INJ 100MCG	71	AVINZA CAP 75MG	2
ARANESP INJ 150MCG	71	AVINZA CAP 90MG	2
ARANESP INJ 200MCG	71	AVITA CRE 0.025%	86
ARANESP INJ 25MCG.....	71	AVITA GEL 0.025%	86
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 AZOR TAB 5-20MG.....25
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aztreonam for inj 2 gm 6

B

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bacitracin-polymyxin b ophth oint80
bacitracin-polymyxin-neomycin-hc ophth oint 1%80
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benazepril hcl tab 20 mg 24
benazepril hcl tab 40 mg 24
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benztropine mesylate tab 0.5 mg 45
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betamethasone dipropionate lotion 0.05% 88
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budesonide inhalation susp 0.5 mg/2ml85

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bumetanide tab 0.5 mg 33
bumetanide tab 1 mg 33
bumetanide tab 2 mg 33
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buprenorphine hcl sl tab 8 mg (base equiv) 53
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 53
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 53
buproban tab 150mg 54
bupropion hcl tab 100 mg 42
bupropion hcl tab 75 mg 42
bupropion hcl tab sr 12hr 100 mg 42
bupropion hcl tab sr 12hr 150 mg 42
bupropion hcl tab sr 12hr 200 mg 42
bupropion hcl tab sr 24hr 150 mg 42
bupropion hcl tab sr 24hr 300 mg 42
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buspirone hcl tab 15 mg 36
buspirone hcl tab 30 mg 36
buspirone hcl tab 5 mg 36
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butorphanol tartrate inj 2 mg/ml 2
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 BYSTOLIC TAB 2.5MG 29
 BYSTOLIC TAB 20MG 29
 BYSTOLIC TAB 5MG 29
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cafegot tab 1-100mg 51
calcipotriene cream 0.005% 87
calcipotriene oint 0.005% 87
calcipotriene soln 0.005% (50 mcg/ml) 87
calcitonin (salmon) nasal soln 200 unit/act 62
calcitrene oin 0.005% 87
calcitriol cap 0.25 mcg 80
calcitriol cap 0.5 mcg 80
calcitriol inj 1 mcg/ml 80

<i>calcitriol oral soln 1 mcg/ml</i>	80	<i>carbidopa tab 25 mg</i>	45
<i>calcium acetate (phosphate binder) cap</i>		CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>667 mg (169 mg ca)</i>	63	TABS 12.5-50-200 MG	45
<i>camila tab 0.35mg</i>	57	CARBIDOPA-LEVODOPA-ENTACAPONE	
CANASA SUP 1000MG	66	TABS 18.75-75-200 MG	45
CANCIDAS INJ 50MG.....	7	CARBIDOPA-LEVODOPA-ENTACAPONE	
CANCIDAS INJ 70MG.....	7	TABS 25-100-200 MG	45
CAPASTAT SUL INJ 1GM	10	CARBIDOPA-LEVODOPA-ENTACAPONE	
CAPRELSA TAB 100MG	20	TABS 31.25-125-200 MG	45
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<i>captopril & hydrochlorothiazide tab 25-15</i>		TABS 37.5-150-200 MG	45
<i>mg</i>	23	CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>captopril & hydrochlorothiazide tab 25-25</i>		TABS 50-200-200 MG	45
<i>mg</i>	23	<i>carboplatin iv soln 150 mg/15ml</i>	22
<i>captopril & hydrochlorothiazide tab 50-15</i>		<i>carboplatin iv soln 450 mg/45ml</i>	22
<i>mg</i>	23	<i>carboplatin iv soln 50 mg/5ml</i>	22
<i>captopril & hydrochlorothiazide tab 50-25</i>		<i>carboplatin iv soln 600 mg/60ml</i>	22
<i>mg</i>	23	CARIMUNE NF INJ 12GM	73
<i>captopril tab 100 mg</i>	24	CARIMUNE NF INJ 3GM	73
<i>captopril tab 12.5 mg</i>	24	CARIMUNE NF INJ 6GM	73
<i>captopril tab 25 mg</i>	24	<i>carteolol hcl ophth soln 1%</i>	82
<i>captopril tab 50 mg</i>	24	<i>cartia xt cap 120/24hr</i>	30
CARAC CRE 0.5%	86	<i>cartia xt cap 180/24hr</i>	30
CARAFATE SUS 1GM/10ML.....	67	<i>cartia xt cap 240/24hr</i>	30
CARBAGLU TAB 200MG.....	60	<i>cartia xt cap 300/24hr</i>	30
<i>carbamazepine cap sr 12hr 100 mg</i>	36	<i>carvedilol tab 12.5 mg</i>	29
<i>carbamazepine cap sr 12hr 200 mg</i>	36	<i>carvedilol tab 25 mg</i>	29
<i>carbamazepine cap sr 12hr 300 mg</i>	36	<i>carvedilol tab 3.125 mg</i>	29
<i>carbamazepine chew tab 100 mg</i>	37	<i>carvedilol tab 6.25 mg</i>	29
<i>carbamazepine susp 100 mg/5ml</i>	37	CAYSTON INH 75MG.....	84
<i>carbamazepine tab 200 mg</i>	37	CEENU CAP 10MG	17
<i>carbamazepine tab sr 12hr 200 mg</i>	37	CEENU CAP 40MG	17
<i>carbamazepine tab sr 12hr 400 mg</i>	37	<i>cefaclor cap 250 mg</i>	12
<i>carbidopa & levodopa orally disintegrating</i>		<i>cefaclor cap 500 mg</i>	12
<i>tab 10-100 mg</i>	45	<i>cefaclor er tab 500mg</i>	12
<i>carbidopa & levodopa orally disintegrating</i>		<i>cefaclor for susp 125 mg/5ml</i>	12
<i>tab 25-100 mg</i>	45	<i>cefaclor for susp 250 mg/5ml</i>	12
<i>carbidopa & levodopa orally disintegrating</i>		<i>cefaclor for susp 375 mg/5ml</i>	12
<i>tab 25-250 mg</i>	45	<i>cefadroxil cap 500 mg</i>	12
<i>carbidopa & levodopa tab 10-100 mg</i> ..	45	<i>cefadroxil for susp 250 mg/5ml</i>	12
<i>carbidopa & levodopa tab 25-100 mg</i> ..	45	<i>cefadroxil for susp 500 mg/5ml</i>	12
<i>carbidopa & levodopa tab 25-250 mg</i> ..	45	<i>cefadroxil tab 1 gm</i>	12
<i>carbidopa & levodopa tab cr 25-100 mg</i>		<i>cefazolin inj 1gm/50ml</i>	12
.....	45	<i>cefazolin sodium for inj 1 gm</i>	12
<i>carbidopa & levodopa tab cr 50-200 mg</i>		<i>cefazolin sodium for inj 10 gm</i>	12
.....	45	<i>cefazolin sodium for inj 20 gm</i>	12

<i>cefazolin sodium for inj 500 mg</i>	12	CELEBREX CAP 50MG.....	1
<i>cefazolin sodium for iv soln 1 gm</i>	12	CELLCEPT SUS 200MG/ML	74
<i>cefdinir cap 300 mg</i>	12	CELONTIN CAP 300MG.....	37
<i>cefdinir for susp 125 mg/5ml</i>	12	<i>cephalexin cap 250 mg</i>	13
<i>cefdinir for susp 250 mg/5ml</i>	12	<i>cephalexin cap 500 mg</i>	13
<i>cefepime hcl for inj 1 gm</i>	12	<i>cephalexin for susp 125 mg/5ml</i>	13
<i>cefepime hcl for inj 2 gm</i>	12	<i>cephalexin for susp 250 mg/5ml</i>	13
<i>cefotaxime sodium for inj 1 gm</i>	12	CEREZYME INJ 200UNIT.....	60
<i>cefotaxime sodium for inj 10 gm</i>	12	CEREZYME INJ 400UNIT.....	60
<i>cefotaxime sodium for inj 2 gm</i>	12	CERVARIX INJ.....	75
<i>cefotaxime sodium for inj 500 mg</i>	12	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefoxitin sodium for inj 1 gm</i>	12	<i>mg/5ml)</i>	83
<i>cefoxitin sodium for inj 10 gm</i>	12	<i>cevimeline hcl cap 30 mg</i>	90
<i>cefoxitin sodium for inj 2 gm</i>	12	CHANTIX PAK 0.5& 1MG	54
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>		CHANTIX TAB 0.5MG	54
.....	13	CHANTIX TAB 1MG	54
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>		CHEMET CAP 100MG.....	57
.....	13	<i>chlorhexidine gluconate soln 0.12%</i>	90
<i>cefpodoxime proxetil tab 100 mg</i>	13	<i>chloroquine phosphate tab 250 mg</i>	8
<i>cefpodoxime proxetil tab 200 mg</i>	13	<i>chloroquine phosphate tab 500 mg</i>	8
<i>cefprozil for susp 125 mg/5ml</i>	13	<i>chlorothiazide tab 250 mg</i>	33
<i>cefprozil for susp 250 mg/5ml</i>	13	<i>chlorothiazide tab 500 mg</i>	33
<i>cefprozil tab 250 mg</i>	13	<i>chlorpromaz inj 25mg/ml</i>	46
<i>cefprozil tab 500 mg</i>	13	<i>chlorpromazine hcl tab 10 mg</i>	46
<i>ceftazidime for inj 1 gm</i>	13	<i>chlorpromazine hcl tab 100 mg</i>	46
<i>ceftazidime for inj 2 gm</i>	13	<i>chlorpromazine hcl tab 200 mg</i>	46
<i>ceftazidime for inj 6 gm</i>	13	<i>chlorpromazine hcl tab 25 mg</i>	46
CEFTAZIDIME/ SOL D5W 1GM	13	<i>chlorpromazine hcl tab 50 mg</i>	46
CEFTAZIDIME/ SOL D5W 2GM	13	<i>chlorthalidone tab 25 mg</i>	33
<i>ceftriaxone sodium for inj 1 gm</i>	13	<i>chlorthalidone tab 50 mg</i>	33
<i>ceftriaxone sodium for inj 10 gm</i>	13	<i>cholestyramine light powder packets 4 gm</i>	
<i>ceftriaxone sodium for inj 2 gm</i>	13	.....	28
<i>ceftriaxone sodium for inj 250 mg</i>	13	<i>cholestyramine powder 4 gm/dose</i>	28
<i>ceftriaxone sodium for inj 500 mg</i>	13	<i>cholestyramine powder packets 4 gm</i> .	28
<i>ceftriaxone sodium for iv soln 1 gm</i>	13	<i>choline fenofibrate cap dr 135 mg</i>	
<i>ceftriaxone sodium for iv soln 2 gm</i>	13	<i>(fenofibric acid equiv)</i>	28
<i>cefuroxime axetil tab 250 mg</i>	13	<i>choline fenofibrate cap dr 45 mg</i>	
<i>cefuroxime axetil tab 500 mg</i>	13	<i>(fenofibric acid equiv)</i>	28
<i>cefuroxime inj 7.5gm</i>	13	<i>ciclopirox gel 0.77%</i>	87
<i>cefuroxime sodium for inj 1.5 gm</i>	13	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cefuroxime sodium for inj 7.5 gm</i>	13	<i>equiv)</i>	87
<i>cefuroxime sodium for inj 750 mg</i>	13	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	13	<i>equiv)</i>	87
CELEBREX CAP 100MG	1	<i>ciclopirox shampoo 1%</i>	87
CELEBREX CAP 200MG	1	<i>cilostazol tab 100 mg</i>	72
CELEBREX CAP 400MG	1	<i>cilostazol tab 50 mg</i>	72

CILOXAN OIN 0.3% OP.....	80	<i>clindamycin hcl cap 300 mg</i>	6
CIPRO (10%) SUS 500MG/5.....	14	<i>clindamycin hcl cap 75 mg</i>	6
CIPRO (5%) SUS 250MG/5	14	<i>clindamycin palmitate hcl for soln 75</i>	
CIPRODEX SUS 0.3-0.1%	90	<i>mg/5ml (base equiv)</i>	6
<i>ciprofloxacin 200 mg/100ml in d5w</i>	14	<i>clindamycin phosphate gel 1%</i>	86
<i>ciprofloxacin 400 mg/200ml in d5w</i>	14	<i>clindamycin phosphate inj 300 mg/2ml</i> .	6
<i>ciprofloxacin hcl ophth soln 0.3%</i>	80	<i>clindamycin phosphate inj 600 mg/4ml</i> .	6
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		<i>clindamycin phosphate inj 9 gm/60ml</i> ...	6
.....	14	<i>clindamycin phosphate inj 900 mg/6ml</i> .	6
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clindamycin phosphate iv soln 300</i>	
.....	14	<i>mg/2ml</i>	6
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clindamycin phosphate iv soln 600</i>	
.....	14	<i>mg/4ml</i>	6
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>clindamycin phosphate iv soln 900</i>	
.....	14	<i>mg/6ml</i>	6
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>		<i>clindamycin phosphate lotion 1%</i>	86
.....	14	<i>clindamycin phosphate soln 1%</i>	86
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>		<i>clindamycin phosphate swab 1%</i>	86
.....	14	<i>clindamycin phosphate vaginal cream 2%</i>	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>		.....	70
<i>1000 mg(base eq)</i>	14	CLINIMIX E INJ 2.75/D10.....	77
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>		CLINIMIX E INJ 2.75/D5W	77
<i>500 mg (base eq)</i>	14	CLINIMIX E INJ 4.25/D10.....	77
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	22	CLINIMIX E INJ 4.25/D25.....	77
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	22	CLINIMIX E INJ 4.25/D5W	77
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	22	CLINIMIX E INJ 5%/D15W.....	77
<i>citalopram hydrobromide oral soln 10</i>		CLINIMIX E INJ 5%/D20W.....	77
<i>mg/5ml</i>	42	CLINIMIX E INJ 5%/D25W.....	77
<i>citalopram hydrobromide tab 10 mg (base</i>		CLINIMIX INJ 2.75/D5W	77
<i>equiv)</i>	42	CLINIMIX INJ 4.25/D10	77
<i>citalopram hydrobromide tab 20 mg (base</i>		CLINIMIX INJ 4.25/D20	77
<i>equiv)</i>	42	CLINIMIX INJ 4.25/D25	77
<i>citalopram hydrobromide tab 40 mg (base</i>		CLINIMIX INJ 4.25/D5W	77
<i>equiv)</i>	42	CLINIMIX INJ 5%/D15W	77
<i>cladribine inj 1 mg/ml</i>	18	CLINIMIX INJ 5%/D20W	77
<i>claravis cap 10mg</i>	86	CLINIMIX INJ 5%/D25W	77
<i>claravis cap 20mg</i>	86	<i>clinisol sf inj 15%</i>	77
<i>claravis cap 30mg</i>	86	<i>clobetasol e cre 0.05%</i>	88
<i>claravis cap 40mg</i>	86	<i>clobetasol propionate cream 0.05%</i>	88
<i>clarithromycin for susp 125 mg/5ml</i>	14	<i>clobetasol propionate gel 0.05%</i>	88
<i>clarithromycin for susp 250 mg/5ml</i>	14	<i>clobetasol propionate oint 0.05%</i>	88
<i>clarithromycin tab 250 mg</i>	14	<i>clobetasol propionate soln 0.05%</i>	88
<i>clarithromycin tab 500 mg</i>	14	<i>clomipramine hcl cap 25 mg</i>	42
<i>clarithromycin tab sr 24hr 500 mg</i>	14	<i>clomipramine hcl cap 50 mg</i>	42
CLEOCIN SUP 100MG	70	<i>clomipramine hcl cap 75 mg</i>	42
<i>clindamycin hcl cap 150 mg</i>	6	<i>clonazepam orally disintegrating tab</i>	

0.125 mg.....	37	<i>colistimethate sodium for inj 150 mg</i>	6
<i>clonazepam orally disintegrating tab 0.25 mg</i>	37	COMBIGAN SOL 0.2/0.5%	82
<i>clonazepam orally disintegrating tab 0.5 mg</i>	37	COMBIPATCH DIS .05/.14	60
<i>clonazepam orally disintegrating tab 1 mg</i>	37	COMBIPATCH DIS .05/.25	60
<i>clonazepam orally disintegrating tab 2 mg</i>	37	COMBIVENT AER RESPIMAT.....	82
<i>clonazepam tab 0.5 mg</i>	37	COMETRIQ KIT 100MG.....	20
<i>clonazepam tab 1 mg</i>	37	COMETRIQ KIT 140MG.....	20
<i>clonazepam tab 2 mg</i>	37	COMETRIQ KIT 60MG	20
<i>clonidine hcl tab 0.1 mg</i>	34	COMPLERA TAB.....	10
<i>clonidine hcl tab 0.2 mg</i>	34	<i>compro sup 25mg</i>	65
<i>clonidine hcl tab 0.3 mg</i>	34	COMVAX INJ.....	75
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	34	<i>constulose sol 10gm/15</i>	67
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	34	COPAXONE INJ 40MG/ML	53
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	34	COPAXONE KIT 20MG/ML.....	53
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	72	<i>cortisone acetate tab 25 mg</i>	61
<i>clorazepate dipotassium tab 15 mg</i>	37	COSMEGEN INJ 0.5MG.....	18
<i>clorazepate dipotassium tab 3.75 mg</i> ..	37	COUMADIN TAB 10MG	70
<i>clorazepate dipotassium tab 7.5 mg</i>	37	COUMADIN TAB 1MG	70
<i>clotrimazole cream 1%</i>	87	COUMADIN TAB 2.5MG	70
<i>clotrimazole soln 1%</i>	87	COUMADIN TAB 2MG	70
<i>clotrimazole troche 10 mg</i>	90	COUMADIN TAB 3MG	70
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	47	COUMADIN TAB 4MG	70
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG.....	46	COUMADIN TAB 5MG	70
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG.....	46	COUMADIN TAB 6MG	70
<i>clozapine tab 100 mg</i>	47	COUMADIN TAB 7.5MG	70
<i>clozapine tab 200 mg</i>	47	CREON CAP 12000UNT.....	68
<i>clozapine tab 25 mg</i>	47	CREON CAP 24000UNT.....	68
<i>clozapine tab 50 mg</i>	47	CREON CAP 3000UNIT	68
COARTEM TAB 20-120MG	8	CREON CAP 36000UNT.....	68
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	CREON CAP 6000UNIT	68
COLCRYS TAB 0.6MG.....	1	CRESTOR TAB 10MG.....	28
<i>colestipol hcl granule packets 5 gm</i>	28	CRESTOR TAB 20MG.....	28
<i>colestipol hcl granules 5 gm</i>	28	CRESTOR TAB 40MG.....	28
<i>colestipol hcl tab 1 gm</i>	28	CRESTOR TAB 5MG	28
		CRIXIVAN CAP 200MG	8
		CRIXIVAN CAP 400MG	8
		<i>cromolyn sodium ophth soln 4%</i>	81
		<i>cromolyn sodium oral conc 100 mg/5ml</i>	68
		<i>cromolyn sodium soln nebu 20 mg/2ml</i>	84
		<i>cryselle-28 tab 28 tabs</i>	57
		CUBICIN SOL 500MG	6
		CUVPOSA SOL 1MG/5ML	66
		<i>cyclafem tab 1/35</i>	57
		<i>cyclafem tab 7/7/7</i>	57

<i>cyclophosph inj 1gm</i>	17	<i>desipramine hcl tab 100 mg</i>	42
<i>cyclophosph inj 2gm</i>	17	<i>desipramine hcl tab 150 mg</i>	42
<i>cyclophosph inj 500mg</i>	17	<i>desipramine hcl tab 25 mg</i>	42
<i>cyclophosphamide tab 25 mg</i>	17	<i>desipramine hcl tab 50 mg</i>	42
<i>cyclophosphamide tab 50 mg</i>	17	<i>desipramine hcl tab 75 mg</i>	42
<i>cycloserine cap 250 mg</i>	10	<i>desmopressin acetate inj 4 mcg/ml</i>	65
<i>cyclosporine cap 100 mg</i>	74	DESMOPRESSIN ACETATE NASAL SOLN	
<i>cyclosporine cap 25 mg</i>	74	0.01% (REFRIGERATED)	65
<i>cyclosporine iv soln 50 mg/ml</i>	74	<i>desmopressin acetate nasal spray soln</i>	
<i>cyclosporine modified cap 100 mg</i>	74	0.01%	65
<i>cyclosporine modified cap 25 mg</i>	74	<i>desmopressin acetate nasal spray soln</i>	
<i>cyclosporine modified cap 50 mg</i>	74	0.01% (refrigerated)	65
<i>cyclosporine modified oral soln 100 mg/ml</i>		<i>desmopressin acetate tab 0.1 mg</i>	65
.....	74	<i>desmopressin acetate tab 0.2 mg</i>	65
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	83	DESONIDE CREAM 0.05%	88
<i>cyproheptadine hcl tab 4 mg</i>	83	<i>desonide lotion 0.05%</i>	88
CYSTADANE POW.....	60	<i>desonide oint 0.05%</i>	88
CYSTAGON CAP 150MG	60	<i>desoximetasone cream 0.05%</i>	88
CYSTAGON CAP 50MG	60	<i>desoximetasone cream 0.25%</i>	88
<i>cytarabine for inj 100 mg</i>	18	<i>desoximetasone gel 0.05%</i>	88
<i>cytarabine for inj 500 mg</i>	18	DESOXIMETASONE OINT 0.05%	88
<i>cytarabine inj 20 mg/ml</i>	18	<i>desoximetasone oint 0.25%</i>	88
D		<i>dexamethason con 1mg/ml</i>	61
D10W/NAACL INJ 0.2%	78	<i>dexamethasone elixir 0.5 mg/5ml</i>	61
D5W/LYTES INJ #48	78	<i>dexamethasone sod phosphate</i>	
D5W/NAACL INJ 0.3%	78	<i>preservative free inj 10 mg/ml</i>	61
<i>dacarbazine for inj 200 mg</i>	17	<i>dexamethasone sodium phosphate inj 10</i>	
DALIRESP TAB 500MCG	84	<i>mg/ml</i>	61
<i>danazol cap 100 mg</i>	59	<i>dexamethasone sodium phosphate inj 100</i>	
<i>danazol cap 200 mg</i>	59	<i>mg/10ml</i>	61
<i>danazol cap 50 mg</i>	59	<i>dexamethasone sodium phosphate inj 120</i>	
<i>dantrolene sodium cap 100 mg</i>	53	<i>mg/30ml</i>	61
<i>dantrolene sodium cap 25 mg</i>	53	<i>dexamethasone sodium phosphate inj 20</i>	
<i>dantrolene sodium cap 50 mg</i>	53	<i>mg/5ml</i>	61
<i>dapsone tab 100 mg</i>	6	<i>dexamethasone sodium phosphate ophth</i>	
<i>dapsone tab 25 mg</i>	6	<i>soln 0.1%</i>	81
DAPTACEL INJ	75	<i>dexamethasone soln 0.5 mg/5ml</i>	61
DARAPRIM TAB 25MG.....	6	<i>dexamethasone tab 0.5 mg</i>	61
<i>daunorubicin hcl for inj 20 mg</i>	18	<i>dexamethasone tab 0.75 mg</i>	61
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>		<i>dexamethasone tab 1 mg</i>	61
.....	18	<i>dexamethasone tab 1.5 mg</i>	61
DECAVAC INJ 5-2LF	75	<i>dexamethasone tab 2 mg</i>	61
DELZICOL CAP 400MG	66	<i>dexamethasone tab 4 mg</i>	61
DENAVIR CRE 1%	87	<i>dexamethasone tab 6 mg</i>	61
DEPO-PROVERA INJ 400/ML.....	19	DEXILANT CAP 30MG DR.....	68
<i>desipramine hcl tab 10 mg</i>	42	DEXILANT CAP 60MG DR.....	68

<i>dexrazoxane for inj 250 mg</i>	22	<i>dicyclomine hcl cap 10 mg</i>	66
DEXTROSE 10% W/ SODIUM CHLORIDE		<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	66
0.45%	78	<i>dicyclomine hcl tab 20 mg</i>	66
DEXTROSE 2.5% W/ SODIUM CHLORIDE		<i>didanosine delayed release capsule 125</i>	
0.45%	78	<i>mg</i>	8
DEXTROSE 5% IN LACTATED RINGERS	78	<i>didanosine delayed release capsule 200</i>	
DEXTROSE 5% W/ SODIUM CHLORIDE		<i>mg</i>	9
0.2%	78	<i>didanosine delayed release capsule 250</i>	
DEXTROSE 5% W/ SODIUM CHLORIDE		<i>mg</i>	9
0.225%	78	<i>didanosine delayed release capsule 400</i>	
DEXTROSE 5% W/ SODIUM CHLORIDE		<i>mg</i>	9
0.33%	78	DIFICID TAB 200MG	14
DEXTROSE 5% W/ SODIUM CHLORIDE		<i>diflorasone diacetate cream 0.05%</i>	88
0.45%	78	<i>diflorasone diacetate oint 0.05%</i>	88
DEXTROSE 5% W/ SODIUM CHLORIDE		<i>diflunisal tab 500 mg</i>	1
0.9%	78	<i>digoxin inj 0.25 mg/ml</i>	32
DEXTROSE INJ 10%	78	DIGOXIN ORAL SOLN 0.05 MG/ML.....	32
DEXTROSE INJ 5%	78	<i>digoxin tab 125 mcg (0.125 mg)</i>	32
DEXTROSE INJ 50%	78	<i>digoxin tab 250 mcg (0.25 mg)</i>	32
<i>dextrose inj 70%</i>	78	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	
<i>diazepam con 5mg/ml</i>	37	.....	51
<i>diazepam inj 5 mg/ml</i>	37	<i>dilantin cap 100mg</i>	37
DIAZEPAM RECTAL GEL DELIVERY		<i>dilantin cap 30mg</i>	37
SYSTEM 10 MG	37	<i>dilantin chw 50mg</i>	37
DIAZEPAM RECTAL GEL DELIVERY		DILANTIN-125 SUS 125/5ML	37
SYSTEM 2.5 MG	37	<i>dilt-cd cap 120mg</i>	30
DIAZEPAM RECTAL GEL DELIVERY		<i>dilt-cd cap 180mg</i>	30
SYSTEM 20 MG	37	<i>dilt-cd cap 240mg</i>	30
<i>diazepam soln 1 mg/ml</i>	37	<i>dilt-cd cap 300mg</i>	30
<i>diazepam tab 10 mg</i>	37	<i>diltiazem hcl cap sr 12hr 120 mg</i>	31
<i>diazepam tab 2 mg</i>	37	<i>diltiazem hcl cap sr 12hr 60 mg</i>	31
<i>diazepam tab 5 mg</i>	37	<i>diltiazem hcl cap sr 12hr 90 mg</i>	31
DIBENZYLINE CAP 10MG	34	<i>diltiazem hcl cap sr 24hr 120 mg</i>	31
<i>diclofenac potassium tab 50 mg</i>	1	<i>diltiazem hcl coated beads cap sr 24hr 120</i>	
<i>diclofenac sodium (actinic keratoses) gel</i>		<i>mg</i>	31
<i>3%</i>	86	<i>diltiazem hcl coated beads cap sr 24hr 180</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	81	<i>mg</i>	31
<i>diclofenac sodium tab delayed release 25</i>		<i>diltiazem hcl coated beads cap sr 24hr 240</i>	
<i>mg</i>	1	<i>mg</i>	31
<i>diclofenac sodium tab delayed release 50</i>		<i>diltiazem hcl coated beads cap sr 24hr 300</i>	
<i>mg</i>	1	<i>mg</i>	31
<i>diclofenac sodium tab delayed release 75</i>		<i>diltiazem hcl coated beads cap sr 24hr 360</i>	
<i>mg</i>	1	<i>mg</i>	31
<i>diclofenac sodium tab sr 24hr 100 mg</i> ..	1	<i>diltiazem hcl extended release beads cap</i>	
<i>dicloxacillin sodium cap 250 mg</i>	16	<i>sr 24hr 120 mg</i>	31
<i>dicloxacillin sodium cap 500 mg</i>	16	<i>diltiazem hcl extended release beads cap</i>	

<i>sr 24hr 180 mg</i>	31	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>250 mg</i>	38
<i>sr 24hr 240 mg</i>	31	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>500 mg</i>	38
<i>sr 24hr 300 mg</i>	31	<i>divalproex sodium tab sr 24 hr 250 mg</i>	38
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab sr 24 hr 500 mg</i>	38
<i>sr 24hr 360 mg</i>	31	DOCETAXEL FOR INJ CONC 20 MG/ML	19
<i>diltiazem hcl extended release beads cap</i>		DOCETAXEL FOR INJ CONC 80 MG/4ML	
<i>sr 24hr 420 mg</i>	31	(20 MG/ML)	19
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		<i>docetaxel inj 140/7ml</i>	19
<i>mg/ml)</i>	31	DOCETAXEL INJ 20/0.5ML	19
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>		DOCETAXEL INJ 80MG/8ML	19
.....	31	<i>donepezil hydrochloride orally</i>	
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		<i>disintegrating tab 10 mg</i>	41
<i>mg/ml)</i>	31	<i>donepezil hydrochloride orally</i>	
<i>diltiazem hcl tab 120 mg</i>	31	<i>disintegrating tab 5 mg</i>	40
<i>diltiazem hcl tab 30 mg</i>	31	<i>donepezil hydrochloride tab 10 mg</i>	41
<i>diltiazem hcl tab 60 mg</i>	31	<i>donepezil hydrochloride tab 23 mg</i>	41
<i>diltiazem hcl tab 90 mg</i>	31	<i>donepezil hydrochloride tab 5 mg</i>	41
<i>dilt-xr cap 120mg</i>	30	DORIBAX INJ 250MG	6
<i>dilt-xr cap 180mg</i>	30	DORIBAX INJ 500MG	6
<i>dilt-xr cap 240mg</i>	30	<i>dorzolamide hcl ophth soln 2%</i>	82
<i>diltzac cap 120mg/24</i>	31	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diltzac cap 180mg/24</i>	31	<i>soln 22.3-6.8 mg/ml</i>	82
<i>diltzac cap 240mg/24</i>	31	<i>doxazosin mesylate tab 1 mg</i>	25
<i>diltzac cap 300mg/24</i>	31	<i>doxazosin mesylate tab 2 mg</i>	25
DIOVAN TAB 160MG	26	<i>doxazosin mesylate tab 4 mg</i>	25
DIOVAN TAB 320MG	26	<i>doxazosin mesylate tab 8 mg</i>	25
DIOVAN TAB 40MG	26	<i>doxepin hcl cap 10 mg</i>	42
DIOVAN TAB 80MG	26	<i>doxepin hcl cap 100 mg</i>	42
DIP/TET PED INJ 25-5LFU	75	<i>doxepin hcl cap 150 mg</i>	42
DIPENTUM CAP 250MG	66	<i>doxepin hcl cap 25 mg</i>	42
<i>diphenhydramine hcl inj 50 mg/ml</i>	83	<i>doxepin hcl cap 50 mg</i>	42
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>doxepin hcl cap 75 mg</i>	42
<i>mg/5ml</i>	68	<i>doxepin hcl conc 10 mg/ml</i>	42
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		DOXIL INJ 2MG/ML	18
<i>mg</i>	68	<i>doxorubicin hcl for inj 50 mg</i>	18
<i>disopyramide phosphate cap 100 mg</i>	26	<i>doxorubicin hcl inj 2 mg/ml</i>	18
<i>disopyramide phosphate cap 150 mg</i>	26	<i>doxorubicin hcl liposomal inj (for iv</i>	
<i>disulfiram tab 250 mg</i>	54	<i>infusion) 2 mg/ml</i>	18
<i>disulfiram tab 500 mg</i>	54	<i>doxycycline hyclate cap 100 mg</i>	17
DIURIL SUS 250/5ML	33	<i>doxycycline hyclate cap 50 mg</i>	17
<i>divalproex sodium cap sprinkle 125 mg</i>		<i>doxycycline hyclate for inj 100 mg</i>	17
.....	37	<i>doxycycline hyclate tab 100 mg</i>	17
<i>divalproex sodium tab delayed release</i>		<i>doxycycline hyclate tab 20 mg</i>	17
<i>125 mg</i>	38	<i>doxycycline monohydrate cap 100 mg</i>	17

<i>doxycycline monohydrate cap 50 mg</i> ...	17	ELMIRON CAP 100MG	69
<i>doxycycline monohydrate tab 100 mg</i> .	17	EMCYT CAP 140MG.....	17
<i>doxycycline monohydrate tab 150 mg</i> .	17	EMEND CAP 125MG	65
<i>doxycycline monohydrate tab 50 mg</i> ...	17	EMEND CAP 40MG	65
<i>doxycycline monohydrate tab 75 mg</i> ...	17	EMEND CAP 80MG	65
<i>dronabinol cap 10 mg</i>	65	EMEND PAK 80 & 125	65
<i>dronabinol cap 2.5 mg</i>	65	<i>emoquette tab</i>	57
<i>dronabinol cap 5 mg</i>	65	EMSAM DIS 12MG/24H	42
<i>drospirenone-ethinyl estradiol tab 3-0.02</i>		EMSAM DIS 6MG/24HR	42
<i>mg</i>	57	EMSAM DIS 9MG/24HR	42
<i>drospirenone-ethinyl estradiol tab 3-0.03</i>		EMTRIVA CAP 200MG.....	9
<i>mg</i>	57	EMTRIVA SOL 10MG/ML.....	9
DROXIA CAP 200MG.....	21	<i>enalapril maleate & hydrochlorothiazide</i>	
DROXIA CAP 300MG.....	21	<i>tab 10-25 mg</i>	23
DROXIA CAP 400MG.....	21	<i>enalapril maleate & hydrochlorothiazide</i>	
DULERA AER 100-5MCG.....	85	<i>tab 5-12.5 mg</i>	23
DULERA AER 200-5MCG.....	85	<i>enalapril maleate tab 10 mg</i>	24
<i>duloxetine hcl enteric coated pellets cap</i>		<i>enalapril maleate tab 2.5 mg</i>	24
<i>20 mg</i>	42	<i>enalapril maleate tab 20 mg</i>	24
<i>duloxetine hcl enteric coated pellets cap</i>		<i>enalapril maleate tab 5 mg</i>	24
<i>30 mg</i>	42	ENBREL INJ 25/0.5ML.....	72
<i>duloxetine hcl enteric coated pellets cap</i>		ENBREL INJ 25MG	72
<i>60 mg</i>	42	ENBREL INJ 50MG/ML.....	72
DURAMORPH INJ 0.5MG/ML	2	ENBREL SRCLK INJ 50MG/ML.....	72
DURAMORPH INJ 1MG/ML	2	<i>endocet tab 10-325mg</i>	2
DUREZOL EMU 0.05%	81	<i>endocet tab 5-325mg</i>	2
DYRENIUM CAP 100MG.....	33	<i>endocet tab 7.5-325</i>	2
DYRENIUM CAP 50MG.....	33	ENDODAN TAB.....	2
E		ENGERIX-B INJ 10/0.5ML.....	75
<i>e.e.s. 400 tab 400mg</i>	14	ENGERIX-B INJ 20MCG/ML.....	75
E.E.S. GRAN SUS 200/5ML.....	14	<i>enoxaparin sodium inj 100 mg/ml</i>	70
<i>e.s.p. sus 200-600</i>	6	<i>enoxaparin sodium inj 120 mg/0.8ml.</i>	70
<i>econazole nitrate cream 1%</i>	87	<i>enoxaparin sodium inj 150 mg/ml</i>	70
EDECIN TAB 25MG	33	<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	70
EDURANT TAB 25MG	9	<i>enoxaparin sodium inj 300 mg/3ml</i>	70
EFFIENT TAB 10MG	72	<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	70
EFFIENT TAB 5MG.....	72	<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	70
ELAPRASE INJ 6MG/3ML	60	<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	70
ELELYSO INJ 200UNIT	60	<i>enpresse-28 tab</i>	58
ELIDEL CRE 1%	89	<i>entacapone tab 200 mg</i>	45
ELIQUIS TAB 2.5MG	70	<i>enulose sol 10gm/15</i>	67
ELIQUIS TAB 5MG.....	70	EPIPEN 2-PAK INJ 0.3MG	84
ELITEK INJ 1.5MG.....	22	EPIPEN-JR INJ 2-PAK	84
ELITEK INJ 7.5MG.....	22	<i>epirubicin hcl inj 200 mg/100ml (2</i>	
<i>elixophyllin elx 80/15ml</i>	85	<i>mg/ml)</i>	18
ELLA TAB 30MG	57	<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	

.....	18	<i>estradiol td patch weekly 0.0375 mg/24hr</i>	60
<i>epitol tab 200mg</i>	38	<i>(37.5 mcg/24hr)</i>	60
EPIVIR HBV SOL 5MG/ML.....	11	<i>estradiol td patch weekly 0.05 mg/24hr</i>	60
EPIVIR SOL 10MG/ML.....	9	.....	60
<i>eplerenone tab 25 mg</i>	25	<i>estradiol td patch weekly 0.06 mg/24hr</i>	60
<i>eplerenone tab 50 mg</i>	25	.....	60
EPZICOM TAB 600-300.....	10	<i>estradiol td patch weekly 0.075 mg/24hr</i>	60
ERAXIS INJ 100MG	7	.....	60
ERAXIS INJ 50MG	7	<i>estradiol td patch weekly 0.1 mg/24hr</i>	60
ERIVEDGE CAP 150MG	19	ESTRADIOL VALERATE IM IN OIL 10	
<i>errin tab 0.35mg</i>	58	MG/ML.....	60
ERYPED SUS 200/5ML	14	<i>estradiol valerate im in oil 20 mg/ml</i> ..	61
ERYPED SUS 400/5ML	14	<i>estradiol valerate im in oil 40 mg/ml</i> ..	61
<i>ery-tab tab 250mg ec</i>	14	<i>eszopiclone tab 1 mg</i>	51
<i>ery-tab tab 333mg ec</i>	14	<i>eszopiclone tab 2 mg</i>	51
<i>ery-tab tab 500mg ec</i>	14	<i>eszopiclone tab 3 mg</i>	51
<i>erythrocin tab 250mg</i>	14	<i>ethambutol hcl tab 100 mg</i>	10
<i>erythromycin ethylsuccinate tab 400 mg</i>		<i>ethambutol hcl tab 400 mg</i>	10
.....	14	<i>ethosuximide cap 250 mg</i>	38
<i>erythromycin gel 2%</i>	86	<i>ethosuximide soln 250 mg/5ml</i>	38
<i>erythromycin ophth oint 5 mg/gm</i>	80	<i>etodolac cap 200 mg</i>	1
<i>erythromycin pads 2%</i>	86	<i>etodolac cap 300 mg</i>	1
<i>erythromycin soln 2%</i>	86	<i>etodolac tab 400 mg</i>	1
<i>erythromycin tab 250 mg</i>	14	<i>etodolac tab 500 mg</i>	1
<i>erythromycin tab 500 mg</i>	14	<i>etodolac tab sr 24hr 400 mg</i>	1
<i>erythromycin w/ delayed release particles</i>		<i>etodolac tab sr 24hr 500 mg</i>	1
<i>cap 250 mg</i>	14	<i>etodolac tab sr 24hr 600 mg</i>	1
<i>erythromycin-sulfisoxazole for susp</i>		<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	23
<i>200-600 mg/5ml</i>	6	EURAX CRE 10%	90
<i>escitalopram oxalate soln 5 mg/5ml (base</i>		EURAX LOT 10%	90
<i>equiv)</i>	43	EVISTA TAB 60MG.....	63
<i>escitalopram oxalate tab 10 mg (base</i>		EXELON DIS 4.6MG/24	41
<i>equiv)</i>	43	EXELON DIS 9.5MG/24	41
<i>escitalopram oxalate tab 20 mg (base</i>		<i>exemestane tab 25 mg</i>	19
<i>equiv)</i>	43	EXFORGE TAB 10-160MG	25
<i>escitalopram oxalate tab 5 mg (base</i>		EXFORGE TAB 10-320MG	25
<i>equiv)</i>	43	EXFORGE TAB 5-160MG	25
<i>esomeprazole sodium for intravenous soln</i>		EXFORGE TAB 5-320MG	25
<i>20 mg (base equiv)</i>	68	EXFORGEH/10- TAB 160-12.5.....	26
<i>esomeprazole sodium for intravenous soln</i>		EXFORGEH/10- TAB 160-25.....	26
<i>40 mg (base equiv)</i>	68	EXFORGEH/10- TAB 320-25.....	26
<i>estradiol tab 0.5 mg</i>	60	EXFORGEH/5- TAB 160-12.5.....	25
<i>estradiol tab 1 mg</i>	60	EXFORGEH/5- TAB 160-25	25
<i>estradiol tab 2 mg</i>	60	EXJADE TAB 125MG.....	57
<i>estradiol td patch weekly 0.025 mg/24hr</i>		EXJADE TAB 250MG.....	57
.....	60	EXJADE TAB 500MG.....	57

F

FABRAZYME INJ 35MG	60	<i>fentanyl citrate lollipop 1200 mcg</i>	3
FABRAZYME INJ 5MG.....	60	<i>fentanyl citrate lollipop 1600 mcg</i>	3
<i>famciclovir tab 125 mg</i>	11	<i>fentanyl citrate lollipop 200 mcg</i>	3
<i>famciclovir tab 250 mg</i>	11	<i>fentanyl citrate lollipop 400 mcg</i>	3
<i>famciclovir tab 500 mg</i>	11	<i>fentanyl citrate lollipop 600 mcg</i>	3
<i>famotidine for susp 40 mg/5ml</i>	66	<i>fentanyl citrate lollipop 800 mcg</i>	3
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>mg/50ml</i>	66	<i>fentanyl td patch 72hr 12 mcg/hr</i>	3
<i>famotidine inj 20 mg/2ml</i>	66	<i>fentanyl td patch 72hr 25 mcg/hr</i>	3
<i>famotidine inj 200 mg/20ml</i>	66	<i>fentanyl td patch 72hr 50 mcg/hr</i>	3
<i>famotidine inj 40 mg/4ml</i>	66	<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
<i>famotidine tab 20 mg</i>	66	FETZIMA CAP 120MG	43
<i>famotidine tab 40 mg</i>	66	FETZIMA CAP 20MG.....	43
FANAPT PAK	47	FETZIMA CAP 40MG.....	43
FANAPT TAB 10MG	47	FETZIMA CAP 80MG.....	43
FANAPT TAB 12MG.....	47	FETZIMA CAP TITRATIO	43
FANAPT TAB 1MG.....	47	<i>finasteride tab 5 mg</i>	69
FANAPT TAB 2MG.....	47	FLEBOGAMMA INJ 10%	73
FANAPT TAB 4MG.....	47	FLEBOGAMMA INJ 5%.....	73
FANAPT TAB 6MG.....	47	FLEBOGAMMA INJ DIF 5%	73
FANAPT TAB 8MG.....	47	<i>flecainide acetate tab 100 mg</i>	27
FARESTON TAB 60MG.....	20	<i>flecainide acetate tab 150 mg</i>	27
FASLODEX INJ 250MG	20	<i>flecainide acetate tab 50 mg</i>	27
FAZACLO TAB 100/ODT	47	FLOVENT DISK AER 100MCG	85
FAZACLO TAB 12.5/ODT	47	FLOVENT DISK AER 250MCG	85
FAZACLO TAB 150MG.....	47	FLOVENT DISK AER 50MCG	85
FAZACLO TAB 200MG.....	47	FLOVENT HFA AER 110MCG.....	85
FAZACLO TAB 25MG ODT.....	47	FLOVENT HFA AER 220MCG.....	85
<i>felbamate susp 600 mg/5ml</i>	38	FLOVENT HFA AER 44MCG.....	85
<i>felbamate tab 400 mg</i>	38	<i>fluconazole for susp 10 mg/ml</i>	8
<i>felbamate tab 600 mg</i>	38	<i>fluconazole for susp 40 mg/ml</i>	8
<i>felodipine tab sr 24hr 10 mg</i>	31	<i>fluconazole in dextrose inj 200 mg/100ml</i>	8
<i>felodipine tab sr 24hr 2.5 mg</i>	31	.....	8
<i>felodipine tab sr 24hr 5 mg</i>	31	<i>fluconazole in dextrose inj 400 mg/200ml</i>	8
FENOFIBRATE MICRONIZED CAP 130 MG		.....	8
.....	28	<i>fluconazole in nacl 0.9% inj 200</i>	8
<i>fenofibrate micronized cap 134 mg</i>	28	<i>mg/100ml</i>	8
<i>fenofibrate micronized cap 200 mg</i>	28	<i>fluconazole in nacl 0.9% inj 400</i>	8
FENOFIBRATE MICRONIZED CAP 43 MG		<i>mg/200ml</i>	8
.....	28	<i>fluconazole tab 100 mg</i>	8
<i>fenofibrate micronized cap 67 mg</i>	28	<i>fluconazole tab 150 mg</i>	8
<i>fenofibrate tab 145 mg</i>	28	<i>fluconazole tab 200 mg</i>	8
<i>fenofibrate tab 160 mg</i>	28	<i>fluconazole tab 50 mg</i>	8
<i>fenofibrate tab 48 mg</i>	28	<i>flucytosine cap 250 mg</i>	8
<i>fenofibrate tab 54 mg</i>	28	<i>flucytosine cap 500 mg</i>	8
		<i>fludarabine phosphate for inj 50 mg</i> ...	18

<i>fludarabine phosphate inj 25 mg/ml</i> ....18	<i>mcg/act</i> 84
<i>fludrocortisone acetate tab 0.1 mg</i> .....61	<i>fluticasone propionate oint 0.005%</i> 89
<i>flunisolide nasal soln 25 mcg/act</i> <i>(0.025%)</i>.....84	<i>fluvoxamine maleate tab 100 mg</i> 36
<i>flunisolide nasal soln 29 mcg/act</i> <i>(0.025%)</i>.....84	<i>fluvoxamine maleate tab 25 mg</i> 36
<i>fluocin acet oil body</i> .....88	<i>fluvoxamine maleate tab 50 mg</i> 36
<i>fluocinolone acetonide (otic) oil 0.01%</i> 90	FML FORTE SUS 0.25% OP 81
<i>fluocinolone acetonide cream 0.01%</i> ...88	FML OIN 0.1% OP 81
<i>fluocinolone acetonide cream 0.025%</i> .88	<i>fondaparinux sodium inj 10 mg/0.8ml</i> 70
<i>fluocinolone acetonide oint 0.025%</i> .....88	<i>fondaparinux sodium inj 2.5 mg/0.5ml</i> 70
<i>fluocinolone acetonide soln 0.01%</i> .....88	<i>fondaparinux sodium inj 5 mg/0.4ml</i> .. 70
<i>fluocinonide cream 0.05%</i>.....88	<i>fondaparinux sodium inj 7.5 mg/0.6ml</i> 70
<i>fluocinonide emulsified base cream 0.05%</i> .....88	FORADIL CAP AEROLIZE 83
<i>fluocinonide gel 0.05%</i> .....89	FORFIVO XL TAB 450MG 43
<i>fluocinonide oint 0.05%</i> .....89	FORTEO SOL 600/2.4 63
<i>fluocinonide soln 0.05%</i>.....89	FORTICAL SPR 200/ACT 62
FLUOROMETHOLONE OPHTH SUSP 0.1% .....81	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> 23
<i>fluorouracil cream 5%</i> .....86	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> 24
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i> .18	<i>fosinopril sodium tab 10 mg</i> 24
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i> .....18	<i>fosinopril sodium tab 20 mg</i> 24
<i>fluorouracil soln 2%</i> .....86	<i>fosinopril sodium tab 40 mg</i> 24
<i>fluorouracil soln 5%</i> .....86	FOSRENOL CHW 1000MG 63
<i>fluoxetine hcl cap 10 mg</i> .....43	FOSRENOL CHW 500MG 63
<i>fluoxetine hcl cap 20 mg</i> .....43	FOSRENOL CHW 750MG 63
<i>fluoxetine hcl cap 40 mg</i> .....43	FREAMINE HBC INJ 6.9% 78
<i>fluoxetine hcl solution 20 mg/5ml</i> .....43	FREAMINE III INJ 10%..... 78
<i>fluoxetine hcl tab 10 mg</i> .....43	<i>furosemide inj 10 mg/ml</i> 33
<i>fluoxetine hcl tab 20 mg</i> .....43	<i>furosemide oral soln 10 mg/ml</i> 33
<i>fluphenazine decanoate inj 25 mg/ml</i> ..47	<i>furosemide sol 8mg/ml</i> 33
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....47	<i>furosemide tab 20 mg</i> 33
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....47	<i>furosemide tab 40 mg</i> 33
<i>fluphenazine hcl oral conc 5 mg/ml</i> ....47	<i>furosemide tab 80 mg</i> 33
<i>fluphenazine hcl tab 1 mg</i> .....47	FUZEON INJ 90MG 9
<i>fluphenazine hcl tab 10 mg</i> .....47	FUZEON KIT 9
<i>fluphenazine hcl tab 2.5 mg</i> .....47	FYCOMPA TAB 10MG..... 38
<i>fluphenazine hcl tab 5 mg</i> .....47	FYCOMPA TAB 12MG..... 38
<i>flurbiprofen sodium ophth soln 0.03%</i> .81	FYCOMPA TAB 2MG 38
<i>flurbiprofen tab 100 mg</i> 1	FYCOMPA TAB 4MG 38
<i>flurbiprofen tab 50 mg</i> 1	FYCOMPA TAB 6MG 38
<i>flutamide cap 125 mg</i>.....20	FYCOMPA TAB 8MG 38
<i>fluticasone propionate cream 0.05%</i> ...89	G
<i>fluticasone propionate nasal susp 50</i>	<i>gabapentin cap 100 mg</i> 38
	<i>gabapentin cap 300 mg</i> 38
	<i>gabapentin cap 400 mg</i> 38
	<i>gabapentin oral soln 250 mg/5ml</i> 38

<i>gabapentin tab 600 mg</i>	38	<i>gemcitabine hcl for inj 1 gm</i>	18
<i>gabapentin tab 800 mg</i>	38	<i>gemcitabine hcl for inj 2 gm</i>	18
GABITRIL TAB 12MG	38	<i>gemcitabine hcl for inj 200 mg</i>	18
GABITRIL TAB 16MG	38	GEMCITABINE INJ 1GM	18
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	41	GEMCITABINE INJ 200MG	19
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	41	GEMCITABINE INJ 2GM	19
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	41	<i>gemfibrozil tab 600 mg</i>	28
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	41	<i>generlac sol 10gm/15</i>	67
<i>galantamine hydrobromide tab 12 mg</i> .41		<i>gengraf cap 100mg</i>	74
<i>galantamine hydrobromide tab 4 mg</i> ...41		<i>gengraf cap 25mg</i>	74
<i>galantamine hydrobromide tab 8 mg</i> ...41		<i>gengraf sol 100mg/ml</i>	74
GAMASTAN S/D INJ.....	73	<i>gentak oin 0.3% op</i>	80
GAMMAGARD INJ 10GM/100	73	<i>gentam/nacl inj 0.9mg/ml</i>	5
GAMMAGARD INJ 1GM/10ML	73	<i>gentam/nacl inj 1.4mg/ml</i>	5
GAMMAGARD INJ 2.5GM/25	73	<i>gentamicin in saline inj 0.8 mg/ml</i>	5
GAMMAGARD INJ 20GM/200	73	<i>gentamicin in saline inj 1 mg/ml</i>	5
GAMMAGARD INJ 30GM/300	73	<i>gentamicin in saline inj 1.2 mg/ml</i>	5
GAMMAGARD INJ 5GM/50ML	73	<i>gentamicin in saline inj 1.6 mg/ml</i>	5
GAMMAGARD SD INJ 10GM HU	73	<i>gentamicin in saline inj 2 mg/ml</i>	5
GAMMAGARD SD INJ 2.5GM HU	73	<i>gentamicin sulfate cream 0.1%</i>	86
GAMMAGARD SD INJ 5GM HU.....	73	<i>gentamicin sulfate inj 10 mg/ml</i>	5
GAMMAKED INJ 10GM/100.....	73	<i>gentamicin sulfate inj 40 mg/ml</i>	5
GAMMAKED INJ 1GM/10ML	73	<i>gentamicin sulfate iv soln 10 mg/ml</i>	5
GAMMAKED INJ 2.5GM/25	73	<i>gentamicin sulfate oint 0.1%</i>	86
GAMMAKED INJ 20GM/200.....	73	<i>gentamicin sulfate ophth oint 0.3%</i>	80
GAMMAKED INJ 5GM/50ML	73	<i>gentamicin sulfate ophth soln 0.3%</i>	80
GAMMAPLEX INJ 10GM	73	GEODON INJ 20MG.....	47
GAMMAPLEX INJ 2.5GM	73	GIANVI TAB 3-0.02MG.....	58
GAMMAPLEX INJ 5GM.....	73	<i>gildagia tab 0.4-35</i>	58
GAMUNEX INJ 10%	73	GILENYA CAP 0.5MG.....	53
GAMUNEX-C INJ 10GM/100.....	73	GILOTRIF TAB 20MG.....	21
GAMUNEX-C INJ 1GM/10ML	73	GILOTRIF TAB 30MG.....	21
GAMUNEX-C INJ 2.5GM/25.....	73	GILOTRIF TAB 40MG.....	21
GAMUNEX-C INJ 20GM/200.....	73	GLASSIA INJ.....	84
GAMUNEX-C INJ 5GM/50ML	73	GLEEVEC TAB 100MG	21
<i>ganciclovir sodium for inj 500 mg</i>	11	GLEEVEC TAB 400MG	21
GARDASIL INJ	75	<i>glimepiride tab 1 mg</i>	55
<i>gatifloxacin ophth soln 0.5%</i>	80	<i>glimepiride tab 2 mg</i>	55
GAUZE PADS 2" X 2"	54	<i>glimepiride tab 4 mg</i>	55
<i>gavilyte-c sol</i>	67	<i>glipizide tab 10 mg</i>	55
<i>gavilyte-g sol</i>	67	<i>glipizide tab 5 mg</i>	55
<i>gavilyte-n sol flav pk</i>	67	<i>glipizide tab sr 24hr 10 mg</i>	55
		<i>glipizide tab sr 24hr 2.5 mg</i>	55
		<i>glipizide tab sr 24hr 5 mg</i>	55
		<i>glipizide-metformin hcl tab 2.5-250 mg</i>	55

<i>glipizide-metformin hcl tab 2.5-500 mg</i>	HAVRIX INJ 1440UNIT	75
.....55	HAVRIX INJ 720UNIT	75
<i>glipizide-metformin hcl tab 5-500 mg</i> ..55	<i>heather tab 0.35mg</i>	58
GLUCAGEN INJ HYPOKIT.....62	HEP SOD/NACL INJ 25000UNT	70
GLUCAGON KIT 1MG	HEPARIN SOD INJ 2000/ML	70
.....62	HEPARIN SOD INJ 2500/ML	70
<i>glyburide micronized tab 1.5 mg</i>.....55	HEPARIN SODIUM (PORCINE) 2 UNIT/ML	
<i>glyburide micronized tab 3 mg</i>	IN SODIUM CHLORIDE 0.9%	70
.....55	HEPARIN SODIUM (PORCINE) 40 UNIT/ML	
<i>glyburide micronized tab 6 mg</i>	IN D5W.....	71
.....55	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	
<i>glyburide tab 1.25 mg</i> .....	.....	71
.....55	<i>heparin sodium (porcine) inj 10000</i>	
<i>glyburide tab 2.5 mg</i>.....55	<i>unit/ml</i>	71
<i>glyburide tab 5 mg</i>.....55	<i>heparin sodium (porcine) inj 20000</i>	
<i>glyburide-metformin tab 1.25-250 mg</i>.....55	<i>unit/ml</i>	71
<i>glyburide-metformin tab 2.5-500 mg</i> ..55	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	
<i>glyburide-metformin tab 5-500 mg</i> ....55	.....	71
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	HEPATAMINE SOL 8%.....	78
.....66	<i>hepatasol inj 8%</i>	78
<i>glycopyrrolate tab 1 mg</i>.....66	HERCEPTIN INJ 440MG	19
<i>glycopyrrolate tab 2 mg</i>.....66	HEXALEN CAP 50MG	17
GOLYTELY SOL	HIBERIX SOL 10-25MCG	75
.....67	HUMIRA KIT 20MG/0.4	72
<i>granisetron hcl inj 0.1 mg/ml</i>	HUMIRA KIT 40MG/0.8	72
.....65	HUMIRA PEN KIT 40MG/0.8.....	73
<i>granisetron hcl inj 1 mg/ml</i>	HUMIRA PEN KIT CROHNS.....	73
.....65	HUMIRA PEN KIT PSORIASI	73
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	HUMULIN R INJ U-500	54
.....65	<i>hydralazine hcl inj 20 mg/ml</i>	34
<i>granisetron hcl tab 1 mg</i>.....65	<i>hydralazine hcl tab 10 mg</i>	34
GRANIX INJ 300/0.5	<i>hydralazine hcl tab 100 mg</i>	34
.....71	<i>hydralazine hcl tab 25 mg</i>	34
GRANIX INJ 480/0.8	<i>hydralazine hcl tab 50 mg</i>	34
.....71	<i>hydrochlorothiazide cap 12.5 mg</i>	33
<i>griseofulvin microsize susp 125 mg/5ml</i> 8	<i>hydrochlorothiazide tab 12.5 mg</i>	33
<i>griseofulvin microsize tab 500 mg</i>	<i>hydrochlorothiazide tab 25 mg</i>	33
..... 8	<i>hydrochlorothiazide tab 50 mg</i>	33
<i>griseofulvin ultramicrosize tab 125 mg</i> . 8	<i>hydrocodone-acetaminophen soln</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i> . 8	<i>7.5-325 mg/15ml</i>	2
H	<i>hydrocodone-acetaminophen tab 10-325</i>	
HALFLYTELY KIT FLAV PKS.....67	<i>mg</i>	2
<i>halobetasol propionate cream 0.05%</i> ..89	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>halobetasol propionate oint 0.05%</i>.....89	<i>mg</i>	2
<i>haloperidol decanoate im soln 100 mg/ml</i>	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
.....47	<i>mg</i>	2
<i>haloperidol decanoate im soln 50 mg/ml</i>		
.....47		
<i>haloperidol lactate inj 5 mg/ml</i>		
.....47		
<i>haloperidol lactate oral conc 2 mg/ml</i> ..47		
<i>haloperidol tab 0.5 mg</i>		
.....47		
<i>haloperidol tab 1 mg</i>		
.....47		
<i>haloperidol tab 10 mg</i>		
.....48		
<i>haloperidol tab 2 mg</i>		
.....47		
<i>haloperidol tab 20 mg</i>		
.....48		
<i>haloperidol tab 5 mg</i>		
.....48		

hydrocodone-ibuprofen tab 7.5-200 mg 2
hydrocortisone butyrate cream 0.1%...89
hydrocortisone butyrate oint 0.1%.....89
hydrocortisone butyrate soln 0.1%.....89
hydrocortisone cream 1%89
hydrocortisone cream 2.5%89
hydrocortisone enema 100 mg/60ml ...67
HYDROCORTISONE ENEMA 100 MG/60ML
.....67
hydrocortisone lotion 2.5%89
hydrocortisone oint 1%89
hydrocortisone oint 2.5%.....89
hydrocortisone tab 10 mg61
hydrocortisone tab 20 mg61
hydrocortisone tab 5 mg61
hydrocortisone valerate cream 0.2% ...89
hydrocortisone valerate oint 0.2%89
hydromorphone hcl liqd 1 mg/ml 3
hydromorphone hcl preservative free (pf)
inj 10 mg/ml 3
hydromorphone hcl tab 2 mg 3
hydromorphone hcl tab 4 mg 3
hydromorphone hcl tab 8 mg 3
hydroxychloroquine sulfate tab 200 mg
.....73
hydroxyurea cap 500 mg21
hydroxyzine hcl im soln 25 mg/ml.....83
hydroxyzine hcl im soln 50 mg/ml.....83
hydroxyzine hcl syrup 10 mg/5ml83
hydroxyzine hcl tab 10 mg83
hydroxyzine hcl tab 25 mg83
hydroxyzine hcl tab 50 mg83
hydroxyzine pamoate cap 100 mg.....83
hydroxyzine pamoate cap 25 mg83
hydroxyzine pamoate cap 50 mg83

I

ibandronate sodium tab 150 mg (base
equivalent)57
ibuprofen susp 100 mg/5ml 1
ibuprofen tab 400 mg 1
ibuprofen tab 600 mg 1
ibuprofen tab 800 mg 1
ICLUSIG TAB 15MG.....21
ICLUSIG TAB 45MG.....21
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)
.....18

idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)
..... 18
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)
..... 18
IFEX INJ 3GM 17
ifosfamide for inj 1 gm..... 17
IFOSFAMIDE INJ 3GM 17
ifosfamide iv inj 1 gm/20ml (50 mg/ml)
..... 17
ifosfamide iv inj 3 gm/60ml (50 mg/ml)
..... 17
ILEVRO DRO 0.3% OP 81
IMBRUVICA CAP 140MG 21
imipenem-cilastatin intravenous for soln
250 mg 6
imipenem-cilastatin intravenous for soln
500 mg 6
imipramine hcl tab 10 mg 43
imipramine hcl tab 25 mg 43
imipramine hcl tab 50 mg 43
imiquimod cream 5%..... 89
IMOVAX RABIE INJ 2.5/ML 75
INCIVEK TAB 375MG 11
INCRELEX INJ 40MG/4ML 62
indapamide tab 1.25 mg 33
indapamide tab 2.5 mg 33
INFANRIX INJ 75
INLYTA TAB 1MG..... 21
INLYTA TAB 5MG..... 21
INSULIN PEN NEEDLE 54
INSULIN SAFETY NEEDLES 54
INSULIN SYRINGE 54
INTELENCE TAB 100MG 9
INTELENCE TAB 200MG 9
INTELENCE TAB 25MG 9
INTRALIPID INJ 20% 78
INTRALIPID INJ 30% 78
INTRON-A INJ 10MU 74
INTRON-A INJ 18MU 74
INTRON-A INJ 25MU 74
INTRON-A INJ 50MU 74
introvale tab 58
INTUNIV TAB 1MG 50
INTUNIV TAB 2MG 50
INTUNIV TAB 3MG 50
INTUNIV TAB 4MG 50

INVANZ INJ 1GM	7	<i>isosorbide dinitrate tab 5 mg</i>	35
INVEGA SUST INJ 117/0.75	48	<i>isosorbide dinitrate tab cr 40 mg</i>	35
INVEGA SUST INJ 156MG/ML	48	<i>isosorbide mononitrate tab 10 mg</i>	35
INVEGA SUST INJ 234/1.5	48	<i>isosorbide mononitrate tab 20 mg</i>	35
INVEGA SUST INJ 39/0.25	48	<i>isosorbide mononitrate tab sr 24hr 120</i>	
INVEGA SUST INJ 78/0.5ML	48	<i>mg</i>	35
INVEGA TAB 1.5MG	48	<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	
INVEGA TAB 3MG	48	.....	35
INVEGA TAB 6MG	48	<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	
INVEGA TAB 9MG	48	.....	35
INVIRASE CAP 200MG	9	<i>isradipine cap 2.5 mg</i>	31
INVIRASE TAB 500MG	9	<i>isradipine cap 5 mg</i>	31
INVOKANA TAB 100MG	55	ISTALOL SOL 0.5% OP	82
INVOKANA TAB 300MG	55	ISTODAX INJ 10MG	19
IONOSOL-B/ INJ D5W	78	<i>itraconazole cap 100 mg</i>	8
IONOSOL-MB INJ /D5W	78	IXIARO INJ	76
IPOL INJ INACTIVE	76	J	
<i>ipratropium bromide inhal soln 0.02%</i>	83	JAKAFI TAB 10MG	21
<i>ipratropium bromide nasal soln 0.03% (21</i>		JAKAFI TAB 15MG	21
<i>mcg/spray)</i>	83	JAKAFI TAB 20MG	21
<i>ipratropium bromide nasal soln 0.06% (42</i>		JAKAFI TAB 25MG	21
<i>mcg/spray)</i>	83	JAKAFI TAB 5MG	21
<i>ipratropium-albuterol nebu soln</i>		JALYN CAP	69
<i>0.5-2.5(3) mg/3ml</i>	82	<i>jantoven tab 10mg</i>	71
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>		<i>jantoven tab 1mg</i>	71
.....	23	<i>jantoven tab 2.5mg</i>	71
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>		<i>jantoven tab 2mg</i>	71
.....	23	<i>jantoven tab 3mg</i>	71
<i>irinotecan hcl inj 500 mg/25ml (20</i>		<i>jantoven tab 4mg</i>	71
<i>mg/ml)</i>	23	<i>jantoven tab 5mg</i>	71
ISENTRESS CHW 100MG	9	<i>jantoven tab 6mg</i>	71
ISENTRESS CHW 25MG	9	<i>jantoven tab 7.5mg</i>	71
ISENTRESS TAB 400MG	9	JANUMET TAB 50-1000	56
ISOLYTE-P INJ /D5W	78	JANUMET TAB 50-500MG	56
<i>isolyte-s inj</i>	78	JANUMET XR TAB 100-1000	56
<i>isoniazid inj 100 mg/ml</i>	10	JANUMET XR TAB 50-1000	56
<i>isoniazid syrup 50 mg/5ml</i>	10	JANUMET XR TAB 50-500MG	56
<i>isoniazid tab 100 mg</i>	10	JANUVIA TAB 100MG	56
<i>isoniazid tab 300 mg</i>	10	JANUVIA TAB 25MG	56
ISOPTO CARP SOL 1% OP	82	JANUVIA TAB 50MG	56
ISOPTO CARP SOL 2% OP	82	JENTADUETO TAB 2.5-1000	56
ISOPTO CARP SOL 4% OP	82	JENTADUETO TAB 2.5-500	56
<i>isosorbide dinitrate sl tab 2.5 mg</i>	34	JENTADUETO TAB 2.5-850	56
<i>isosorbide dinitrate tab 10 mg</i>	35	JOLIVETTE TAB 0.35MG	58
<i>isosorbide dinitrate tab 20 mg</i>	35	<i>junel 1.5/30 tab</i>	58
<i>isosorbide dinitrate tab 30 mg</i>	35	<i>junel 1/20 tab</i>	58

<i>junel fe tab 1.5/30</i>	58	5% & NAACL 0.2% INJ	79
<i>junel fe tab 1/20</i>	58	KCL 30 MEQ/L (0.224%) IN DEXTROSE	
JUVISYNC TAB 100-10MG	56	5% & NAACL 0.45% INJ.....	79
JUVISYNC TAB 100-20MG	56	KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% &	
JUVISYNC TAB 100-40MG	56	NAACL 0.2% INJ	79
JUVISYNC TAB 50-10MG	56	KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% &	
JUVISYNC TAB 50-20MG	56	NAACL 0.45% INJ	79
JUVISYNC TAB 50-40MG	56	KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ	
K		.....	79
KADCYLA INJ 100MG	19	KCL/D5W/NAACL INJ 0.15/0.2	79
KADCYLA INJ 160MG	19	KCL/D5W/NAACL INJ 0.3/0.9%.....	79
KADIAN CAP 100MG CR	3	<i>kelnor tab 1/35</i>	58
KADIAN CAP 10MG CR	3	<i>ketoconazole cream 2%</i>	87
KADIAN CAP 130MG CR	3	<i>ketoconazole shampoo 2%</i>	87
KADIAN CAP 150MG CR	3	<i>ketoconazole tab 200 mg</i>	8
KADIAN CAP 200MG CR	3	<i>ketoprofen cap 50 mg</i>	1
KADIAN CAP 20MG CR	3	<i>ketoprofen cap 75 mg</i>	1
KADIAN CAP 30MG CR	3	<i>ketoprofen cap sr 24hr 200 mg</i>	1
KADIAN CAP 40MG CR	3	<i>ketorolac tromethamine ophth soln 0.4%</i>	
KADIAN CAP 50MG CR	3	.....	81
KADIAN CAP 60MG CR	3	<i>ketorolac tromethamine ophth soln 0.5%</i>	
KADIAN CAP 70MG CR	3	.....	81
KADIAN CAP 80MG CR	3	<i>kionex pow</i>	57
KALETRA SOL	10	<i>kionex sus 15gm/60</i>	57
KALETRA TAB 100-25MG	10	KLOR-CON 10 TAB 10MEQ ER	76
KALETRA TAB 200-50MG	10	KLOR-CON 8 TAB 8MEQ ER.....	76
<i>kariva tab 28 day</i>	58	<i>klor-con m15 tab</i>	76
KCL 10 MEQ/L (0.075%) IN DEXTROSE		<i>klor-con m20 tab 20meq er</i>	76
5% & NAACL 0.2% INJ	78	<i>klor-con pow 20meq</i>	76
KCL 10 MEQ/L (0.075%) IN DEXTROSE		KUVAN POW 100MG	60
5% & NAACL 0.45% INJ	78	KUVAN TAB 100MG	60
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%		L	
& NAACL 0.2% INJ	79	<i>labetalol hcl tab 100 mg</i>	29
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%		<i>labetalol hcl tab 200 mg</i>	29
& NAACL 0.33% INJ	79	<i>labetalol hcl tab 300 mg</i>	29
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%		<i>laclotion lot 12%</i>	89
& NAACL 0.45% INJ	79	LACTATED RINGER'S SOLUTION	79
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%		<i>lactic acid (ammonium lactate) cream</i>	
& NAACL 0.9% INJ	79	12%	89
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>		<i>lactic acid (ammonium lactate) lotion 12%</i>	
.....	79	.....	89
KCL 20 MEQ/L (0.15%) IN NAACL 0.45%		<i>lactulose (encephalopathy) solution 10</i>	
INJ.....	79	<i>gm/15ml</i>	67
KCL 20 MEQ/L (0.15%) IN NAACL 0.9% INJ		<i>lactulose solution 10 gm/15ml</i>	67
.....	79	<i>lamivudine tab 100 mg</i>	11
KCL 30 MEQ/L (0.224%) IN DEXTROSE		<i>lamivudine tab 150 mg</i>	9

<i>lamivudine tab 300 mg</i>	9	<i>leucovorin calcium tab 25 mg</i>	22
<i>lamivudine-zidovudine tab 150-300 mg</i>	10	<i>leucovorin calcium tab 5 mg</i>	22
<i>lamotrigine tab 100 mg</i>	38	<i>leucovorin inj calcium</i>	22
<i>lamotrigine tab 150 mg</i>	38	LEUKERAN TAB 2MG	17
<i>lamotrigine tab 200 mg</i>	38	LEUKINE INJ 250MCG	71
<i>lamotrigine tab 25 mg</i>	38	<i>leuprolide acetate inj kit 5 mg/ml</i>	20
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	38	<i>levabuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	83
<i>lamotrigine tab chewable dispersible 5 mg</i>	38	LEVEMIR INJ.....	54
<i>lamotrigine tab sr 24hr 100 mg</i>	38	LEVEMIR INJ FLEXPEN	54
<i>lamotrigine tab sr 24hr 200 mg</i>	38	<i>levetiracetam inj 500 mg/5ml (100</i> <i>mg/ml)</i>	39
<i>lamotrigine tab sr 24hr 25 mg</i>	38	<i>levetiracetam oral soln 100 mg/ml</i>	39
<i>lamotrigine tab sr 24hr 250 mg</i>	38	<i>levetiracetam tab 1000 mg</i>	39
<i>lamotrigine tab sr 24hr 300 mg</i>	39	<i>levetiracetam tab 250 mg</i>	39
<i>lamotrigine tab sr 24hr 50 mg</i>	38	<i>levetiracetam tab 500 mg</i>	39
LANOXIN TAB 0.125MG	32	<i>levetiracetam tab 750 mg</i>	39
LANOXIN TAB 0.25MG	32	<i>levetiracetam tab sr 24hr 500 mg</i>	39
LANTUS INJ 100/ML	54	<i>levetiracetam tab sr 24hr 750 mg</i>	39
LANTUS INJ SOLOSTAR	54	LEVOBUNOLOL HCL OPHTH SOLN 0.25%	82
<i>larin fe tab 1.5/30</i>	58	<i>levobunolol hcl ophth soln 0.5%</i>	82
<i>larin fe tab 1/20</i>	58	<i>levocarnitine inj 200 mg/ml</i>	60
<i>larin tab 1/20</i>	58	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	60
<i>latanoprost ophth soln 0.005%</i>	82	<i>levocarnitine tab 330 mg</i>	60
LATUDA TAB 120MG.....	48	<i>levocetirizine dihydrochloride soln 2.5</i> <i>mg/5ml (0.5 mg/ml)</i>	83
LATUDA TAB 20MG	48	<i>levocetirizine dihydrochloride tab 5 mg</i> 83	
LATUDA TAB 40MG	48	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	14
LATUDA TAB 60MG	48	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	14
LATUDA TAB 80MG	48	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	15
LAZANDA SPR 100MCG.....	3	<i>levofloxacin iv soln 25 mg/ml</i>	15
LAZANDA SPR 400MCG.....	3	<i>levofloxacin oral soln 25 mg/ml</i>	15
LEENA TAB.....	58	<i>levofloxacin tab 250 mg</i>	15
<i>leflunomide tab 10 mg</i>	73	<i>levofloxacin tab 500 mg</i>	15
<i>leflunomide tab 20 mg</i>	73	<i>levofloxacin tab 750 mg</i>	15
<i>lessina tab</i>	58	<i>levonest tab</i>	58
LETAIRIS TAB 10MG.....	35	<i>levonorgestrel & ethinyl estradiol</i> <i>(91-day) tab 0.15-0.03 mg</i>	58
LETAIRIS TAB 5MG	35	<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	58
<i>letrozole tab 2.5 mg</i>	20	<i>levonorgestrel tab 0.75 mg</i>	58
<i>leucovorin calcium for inj 100 mg</i>	22		
<i>leucovorin calcium for inj 200 mg</i>	22		
<i>leucovorin calcium for inj 350 mg</i>	22		
<i>leucovorin calcium for inj 50 mg</i>	22		
<i>leucovorin calcium inj 10 mg/ml</i>	22		
<i>leucovorin calcium tab 10 mg</i>	22		
<i>leucovorin calcium tab 15 mg</i>	22		

<i>levonorgestrel tab 1.5 mg</i>	58	LINZESS CAP 290MCG	68
<i>levora-28 tab 0.15/30</i>	58	<i>liothyronine sodium tab 25 mcg</i>	64
<i>levothyroxine sodium tab 100 mcg</i>	64	<i>liothyronine sodium tab 5 mcg</i>	64
<i>levothyroxine sodium tab 112 mcg</i>	64	<i>liothyronine sodium tab 50 mcg</i>	64
<i>levothyroxine sodium tab 125 mcg</i>	64	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 137 mcg</i>	64	<i>10-12.5 mg</i>	24
<i>levothyroxine sodium tab 150 mcg</i>	64	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 175 mcg</i>	64	<i>20-12.5 mg</i>	24
<i>levothyroxine sodium tab 200 mcg</i>	64	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>levothyroxine sodium tab 25 mcg</i>	64	<i>mg</i>	24
<i>levothyroxine sodium tab 300 mcg</i>	64	<i>lisinopril tab 10 mg</i>	24
<i>levothyroxine sodium tab 50 mcg</i>	64	<i>lisinopril tab 2.5 mg</i>	24
<i>levothyroxine sodium tab 75 mcg</i>	64	<i>lisinopril tab 20 mg</i>	24
<i>levothyroxine sodium tab 88 mcg</i>	64	<i>lisinopril tab 30 mg</i>	24
LEVOXYL TAB 100MCG	64	<i>lisinopril tab 40 mg</i>	24
LEVOXYL TAB 112MCG	64	<i>lisinopril tab 5 mg</i>	24
LEVOXYL TAB 125MCG	64	<i>lithium carbonate cap 150 mg</i>	52
LEVOXYL TAB 137MCG	64	<i>lithium carbonate cap 300 mg</i>	52
LEVOXYL TAB 150MCG	64	<i>lithium carbonate cap 600 mg</i>	52
LEVOXYL TAB 175MCG	64	<i>lithium carbonate tab 300 mg</i>	52
LEVOXYL TAB 200MCG	64	<i>lithium carbonate tab cr 300 mg</i>	52
LEVOXYL TAB 25MCG	64	<i>lithium carbonate tab cr 450 mg</i>	52
LEVOXYL TAB 50MCG	64	LITHIUM CITR SOL 8MEQ/5ML	52
LEVOXYL TAB 75MCG	64	LODOSYN TAB 25MG	45
LEVOXYL TAB 88MCG	64	LOKARA LOT 0.05%	89
LEXIVA SUS 50MG/ML	9	LOMUSTINE CAP 10 MG	17
LEXIVA TAB 700MG.....	9	LOMUSTINE CAP 100 MG.....	17
LIALDA TAB 1.2GM	67	LOMUSTINE CAP 40 MG	17
<i>lidocaine hcl gel 2%</i>	89	<i>loperamide hcl cap 2 mg</i>	68
<i>lidocaine hcl local inj 0.5%</i>	5	<i>lorazepam con 2mg/ml</i>	36
<i>lidocaine hcl local inj 1%</i>	5	<i>lorazepam inj 2 mg/ml</i>	36
<i>lidocaine hcl local inj 1.5%</i>	5	<i>lorazepam inj 4 mg/ml</i>	36
<i>lidocaine hcl local inj 2%</i>	5	<i>lorazepam tab 0.5 mg</i>	36
<i>lidocaine hcl local inj 4%</i>	5	<i>lorazepam tab 1 mg</i>	36
<i>lidocaine hcl local preservative free (pf) inj</i>		<i>lorazepam tab 2 mg</i>	36
<i>0.5%</i>	5	<i>loryna tab 3-0.02mg</i>	58
<i>lidocaine hcl local preservative free (pf) inj</i>		<i>losartan potassium & hydrochlorothiazide</i>	
<i>1%</i>	5	<i>tab 100-12.5 mg</i>	26
<i>lidocaine hcl local preservative free (pf) inj</i>		<i>losartan potassium & hydrochlorothiazide</i>	
<i>2%</i>	5	<i>tab 100-25 mg</i>	26
<i>lidocaine hcl soln 4%</i>	89	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lidocaine hcl viscous soln 2%</i>	90	<i>tab 50-12.5 mg</i>	26
<i>lidocaine oint 5%</i>	89	<i>losartan potassium tab 100 mg</i>	26
<i>lidocaine patch 5%</i>	89	<i>losartan potassium tab 25 mg</i>	26
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ...	89	<i>losartan potassium tab 50 mg</i>	26
LINZESS CAP 145MCG	68	LOTEMAX GEL 0.5%	81

LOTEMAX OIN 0.5%	81	<i>marlissa tab 0.15/30</i>	58
LOTEMAX SUS 0.5%.....	81	MARPLAN TAB 10MG.....	43
LOTRONEX TAB 0.5MG	68	MATULANE CAP 50MG.....	22
LOTRONEX TAB 1MG	68	<i>matzim la tab 180mg/24</i>	31
<i>lovastatin tab 10 mg</i>	28	<i>matzim la tab 240mg/24</i>	31
<i>lovastatin tab 20 mg</i>	28	<i>matzim la tab 300mg/24</i>	31
<i>lovastatin tab 40 mg</i>	28	<i>matzim la tab 360mg/24</i>	32
LOVAZA CAP 1GM	28	<i>matzim la tab 420mg/24</i>	32
<i>low-ogestrel tab</i>	58	MAXIDEX SUS 0.1% OP	81
<i>loxapine succinate cap 10 mg</i>	48	<i>meclizine hcl tab 12.5 mg</i>	65
<i>loxapine succinate cap 25 mg</i>	48	<i>meclizine hcl tab 25 mg</i>	65
<i>loxapine succinate cap 5 mg</i>	48	<i>medroxyprogesterone acetate im susp</i>	
<i>loxapine succinate cap 50 mg</i>	48	<i>150 mg/ml</i>	58
LUMIGAN SOL 0.01%	82	<i>medroxyprogesterone acetate tab 10 mg</i>	
LUMIZYME INJ 50MG.....	60	.....	63
LUNESTA TAB 1MG.....	51	<i>medroxyprogesterone acetate tab 2.5 mg</i>	
LUNESTA TAB 2MG.....	51	.....	63
LUNESTA TAB 3MG.....	51	<i>medroxyprogesterone acetate tab 5 mg</i>	
LUPR DEP-PED INJ 11.25MG.....	20	.....	63
LUPR DEP-PED INJ 15MG	20	<i>mefloquine hcl tab 250 mg</i>	8
LUPR DEP-PED INJ 30MG	20	MEGACE ES SUS 625/5ML	20
LUPR DEP-PED INJ 7.5MG	20	<i>megestrol acetate susp 40 mg/ml</i>	20
LUPRON DEPOT INJ 3.75MG	20	<i>megestrol acetate tab 20 mg</i>	20
<i>lutera tab</i>	58	<i>megestrol acetate tab 40 mg</i>	20
LYRICA CAP 100MG.....	39	MEKINIST TAB 0.5MG	21
LYRICA CAP 150MG.....	39	MEKINIST TAB 2MG.....	21
LYRICA CAP 200MG.....	39	MELOXICAM SUSP 7.5 MG/5ML	1
LYRICA CAP 225MG.....	39	<i>meloxicam tab 15 mg</i>	1
LYRICA CAP 25MG	39	<i>meloxicam tab 7.5 mg</i>	1
LYRICA CAP 300MG.....	39	<i>melphalan hcl for inj 50 mg (base equiv)</i>	
LYRICA CAP 50MG	39	.....	17
LYRICA CAP 75MG	39	MENACTRA INJ	76
LYRICA SOL 20MG/ML	39	<i>menest tab 0.3mg</i>	61
LYSODREN TAB 500MG.....	20	<i>menest tab 0.625mg</i>	61
<i>lyza tab 0.35mg</i>	58	<i>menest tab 1.25mg</i>	61
M		<i>menest tab 2.5mg</i>	61
MACRODANTIN CAP 25MG	7	MENHIBRIX INJ.....	76
<i>mafenide acetate packet for topical soln</i>		MENOMUNE INJ A/C/Y/W	76
<i>5% (50 gm)</i>	86	MENVEO INJ	76
MAGNESIUM SU INJ 40MG/ML	76	MEPRON SUS.....	7
MAGNESIUM SU INJ 80MG/ML	76	<i>mercaptopurine tab 50 mg</i>	19
<i>magnesium sulfate inj 50%</i>	76	<i>meropenem iv for soln 1 gm</i>	7
<i>malathion lotion 0.5%</i>	90	<i>meropenem iv for soln 500 mg</i>	7
<i>maprotiline hcl tab 25 mg</i>	43	<i>mesalamine enema 4 gm</i>	67
<i>maprotiline hcl tab 50 mg</i>	43	<i>mesalamine rectal enema 4 gm & cleanser</i>	
<i>maprotiline hcl tab 75 mg</i>	43	<i>wipe kit</i>	67

<i>mesna inj 100 mg/ml</i>	22	<i>methylprednisolone tab 32 mg</i>	62
MESNEX TAB 400MG	23	<i>methylprednisolone tab 4 mg</i>	62
MESTINON SYP 60MG/5ML.....	52	<i>methylprednisolone tab 4 mg dose pack</i>	62
MESTINON TAB TIMESPAN	52	<i>methylprednisolone tab 8 mg</i>	62
<i>metformin hcl tab 1000 mg</i>	56	<i>metipranolol ophth soln 0.3%</i>	82
<i>metformin hcl tab 500 mg</i>	56	<i>metoclopramide hcl inj 5 mg/ml</i>	65
<i>metformin hcl tab 850 mg</i>	56	<i>metoclopramide hcl soln 5 mg/5ml (10</i> <i>mg/10ml)</i>	65
<i>metformin hcl tab sr 24hr 500 mg</i>	56	<i>metoclopramide hcl tab 10 mg</i>	66
<i>metformin hcl tab sr 24hr 750 mg</i>	56	<i>metoclopramide hcl tab 5 mg</i>	65
<i>methadone con 10mg/ml</i>	3	<i>metolazone tab 10 mg</i>	34
<i>methadone hcl soln 10 mg/5ml</i>	3	<i>metolazone tab 2.5 mg</i>	34
<i>methadone hcl soln 5 mg/5ml</i>	3	<i>metolazone tab 5 mg</i>	34
<i>methadone hcl tab 10 mg</i>	4	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	29
<i>methadone hcl tab 5 mg</i>	4	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	29
<i>methazolamide tab 25 mg</i>	34	<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	29
<i>methazolamide tab 50 mg</i>	34	<i>metoprolol succinate tab sr 24hr 100 mg</i>	30
<i>methenamine hippurate tab 1 gm</i>	7	<i>metoprolol succinate tab sr 24hr 200 mg</i>	30
<i>methimazole tab 10 mg</i>	64	<i>metoprolol succinate tab sr 24hr 25 mg</i>	29
<i>methimazole tab 5 mg</i>	64	<i>metoprolol succinate tab sr 24hr 50 mg</i>	30
<i>methotrexate sodium for inj 1 gm</i>	19	<i>metoprolol tartrate inj 1 mg/ml</i>	30
<i>methotrexate sodium inj 25 mg/ml</i>	19	<i>metoprolol tartrate tab 100 mg</i>	30
<i>methotrexate sodium inj pf 25 mg/ml</i>	19	<i>metoprolol tartrate tab 25 mg</i>	30
<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	73	<i>metoprolol tartrate tab 50 mg</i>	30
<i>methylclothiazide tab 5 mg</i>	34	METRO IV INJ 5MG/ML.....	7
<i>methylergonovine maleate tab 0.2 mg</i>	62	<i>metronidazole cream 0.75%</i>	90
<i>methylphenidate hcl soln 10 mg/5ml</i>	50	<i>metronidazole gel 0.75%</i>	90
<i>methylphenidate hcl soln 5 mg/5ml</i>	50	<i>metronidazole in nacl 0.79% iv soln 500</i> <i>mg/100ml</i>	7
<i>methylphenidate hcl tab 10 mg</i>	50	<i>metronidazole lotion 0.75%</i>	90
<i>methylphenidate hcl tab 20 mg</i>	50	<i>metronidazole tab 250 mg</i>	7
<i>methylphenidate hcl tab 5 mg</i>	50	<i>metronidazole tab 500 mg</i>	7
<i>methylphenidate hcl tab cr 10 mg</i>	50	<i>metronidazole vaginal gel 0.75%</i>	70
<i>methylphenidate hcl tab cr 20 mg</i>	50	<i>mexiletine hcl cap 150 mg</i>	27
<i>methylprednisolone acetate inj susp 40</i> <i>mg/ml</i>	61	<i>mexiletine hcl cap 200 mg</i>	27
<i>methylprednisolone acetate inj susp 80</i> <i>mg/ml</i>	61	<i>mexiletine hcl cap 250 mg</i>	27
<i>methylprednisolone sodium succinate for</i> <i>inj 1000 mg</i>	62	MG SO4/D5W INJ 10MG/ML.....	76
<i>methylprednisolone sodium succinate for</i> <i>inj 125 mg</i>	61	MG SO4/D5W INJ 20MG/ML.....	76
<i>methylprednisolone sodium succinate for</i> <i>inj 40 mg</i>	61		
<i>methylprednisolone sodium succinate for</i> <i>inj 500 mg</i>	62		
<i>methylprednisolone tab 16 mg</i>	62		

<i>microgestin tab 1.5/30</i>	58	<i>moexipril-hydrochlorothiazide tab</i>	
<i>microgestin tab 1/20</i>	58	<i>15-12.5 mg</i>	24
<i>microgestin tab fe 1/20</i>	58	<i>moexipril-hydrochlorothiazide tab 15-25</i>	
<i>microgestin tab fe1.5/30</i>	58	<i>mg</i>	24
<i>midodrine hcl tab 10 mg</i>	34	<i>moexipril-hydrochlorothiazide tab</i>	
<i>midodrine hcl tab 2.5 mg</i>	34	<i>7.5-12.5 mg</i>	24
<i>midodrine hcl tab 5 mg</i>	34	<i>mometasone furoate cream 0.1%</i>	89
<i>minitran dis 0.1mg/hr</i>	35	<i>mometasone furoate oint 0.1%</i>	89
<i>minitran dis 0.2mg/hr</i>	35	<i>mometasone furoate solution 0.1%</i>	
<i>minitran dis 0.4mg/hr</i>	35	<i>(lotion)</i>	89
<i>minitran dis 0.6mg/hr</i>	35	MONONESSA TAB	58
<i>minocycline hcl cap 100 mg</i>	17	<i>montelukast sodium chew tab 4 mg (base</i>	
<i>minocycline hcl cap 50 mg</i>	17	<i>equiv)</i>	84
<i>minocycline hcl cap 75 mg</i>	17	<i>montelukast sodium chew tab 5 mg (base</i>	
<i>minoxidil tab 10 mg</i>	34	<i>equiv)</i>	84
<i>minoxidil tab 2.5 mg</i>	34	<i>montelukast sodium oral granules packet</i>	
<i>mirtazapine orally disintegrating tab 15</i>		<i>4 mg (base equiv)</i>	84
<i>mg</i>	43	<i>montelukast sodium tab 10 mg (base</i>	
<i>mirtazapine orally disintegrating tab 30</i>		<i>equiv)</i>	84
<i>mg</i>	43	MORPHINE SUL INJ 2MG/ML	4
<i>mirtazapine orally disintegrating tab 45</i>		MORPHINE SUL INJ 4MG/ML	4
<i>mg</i>	43	MORPHINE SUL INJ 8MG/ML	4
<i>mirtazapine tab 15 mg</i>	43	MORPHINE SULFATE (CONCENTRATE)	
<i>mirtazapine tab 30 mg</i>	43	ORAL SOLN 20 MG/ML	4
<i>mirtazapine tab 45 mg</i>	43	<i>morphine sulfate beads cap sr 24hr 120</i>	
<i>mirtazapine tab 7.5 mg</i>	43	<i>mg</i>	4
<i>misoprostol tab 100 mcg</i>	68	<i>morphine sulfate beads cap sr 24hr 30 mg</i>	
<i>misoprostol tab 200 mcg</i>	68	.....	4
<i>mitomycin for inj 20 mg</i>	18	<i>morphine sulfate beads cap sr 24hr 45 mg</i>	
<i>mitomycin for inj 40 mg</i>	18	.....	4
<i>mitomycin for inj 5 mg</i>	18	<i>morphine sulfate beads cap sr 24hr 60 mg</i>	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		.....	4
<i>mg/ml)</i>	22	<i>morphine sulfate beads cap sr 24hr 75 mg</i>	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>		.....	4
<i>(2 mg/ml)</i>	22	<i>morphine sulfate beads cap sr 24hr 90 mg</i>	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		.....	4
<i>mg/ml)</i>	22	<i>morphine sulfate cap sr 24hr 10 mg</i>	4
M-M-R II INJ LIVE	76	<i>morphine sulfate cap sr 24hr 100 mg</i> ...	4
<i>modafinil tab 100 mg</i>	53	<i>morphine sulfate cap sr 24hr 20 mg</i>	4
<i>modafinil tab 200 mg</i>	53	<i>morphine sulfate cap sr 24hr 30 mg</i>	4
<i>moderiba pak 1000/day</i>	11	<i>morphine sulfate cap sr 24hr 50 mg</i>	4
<i>moderiba pak 1200/day</i>	11	<i>morphine sulfate cap sr 24hr 60 mg</i>	4
<i>moderiba pak 600/day</i>	11	<i>morphine sulfate cap sr 24hr 80 mg</i>	4
<i>moderiba pak 800/day</i>	11	<i>morphine sulfate inj pf 0.5 mg/ml</i>	4
<i>moexipril hcl tab 15 mg</i>	24	<i>morphine sulfate inj pf 1 mg/ml</i>	4
<i>moexipril hcl tab 7.5 mg</i>	24	MORPHINE SULFATE IV SOLN 1 MG/ML .	4

MORPHINE SULFATE IV SOLN PF 10 MG/ML.....	4	<i>nafcillin sodium for inj 2 gm</i>	16
MORPHINE SULFATE IV SOLN PF 15 MG/ML.....	4	<i>nafcillin sodium for iv soln 1 gm</i>	16
MORPHINE SULFATE ORAL SOLN 10 MG/5ML.....	4	<i>nafcillin sodium for iv soln 2 gm</i>	16
MORPHINE SULFATE ORAL SOLN 20 MG/5ML.....	4	NAGLAZYME INJ 1MG/ML	60
MORPHINE SULFATE TAB 15 MG	4	<i>naloxone hcl inj 0.4 mg/ml</i>	54
MORPHINE SULFATE TAB 30 MG	4	<i>naloxone hcl inj 1 mg/ml</i>	54
<i>morphine sulfate tab cr 100 mg</i>	4	<i>naltrexone hcl tab 50 mg</i>	54
<i>morphine sulfate tab cr 15 mg</i>	4	NAMENDA SOL 10MG/5ML.....	41
<i>morphine sulfate tab cr 200 mg</i>	4	NAMENDA TAB 10MG	41
<i>morphine sulfate tab cr 30 mg</i>	4	NAMENDA TAB 5-10MG	41
<i>morphine sulfate tab cr 60 mg</i>	4	NAMENDA TAB 5MG.....	41
MOVIPREP SOL	67	NAMENDA XR CAP 14MG	41
MOXEZA SOL 0.5%	80	NAMENDA XR CAP 21MG	41
MOZOBIL INJ	71	NAMENDA XR CAP 28MG	41
MULTAQ TAB 400MG	27	NAMENDA XR CAP 7MG	41
<i>mupirocin oint 2%</i>	86	NAMENDA XR CAP TITRATIO.....	41
MUSTARGEN INJ 10MG	18	<i>naphazoline hcl ophth soln 0.1%</i>	82
<i>my way tab 1.5mg</i>	58	<i>naproxen dr tab 375mg</i>	2
MYCAMINE INJ 100MG	8	<i>naproxen dr tab 500mg</i>	2
MYCAMINE INJ 50MG	8	<i>naproxen sodium tab 275 mg</i>	2
MYCOBUTIN CAP 150MG	10	<i>naproxen sodium tab 550 mg</i>	2
<i>mycophenolate mofetil cap 250 mg</i>	74	<i>naproxen susp 125 mg/5ml</i>	2
<i>mycophenolate mofetil tab 500 mg</i>	75	<i>naproxen tab 250 mg</i>	2
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	75	<i>naproxen tab 375 mg</i>	2
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	75	<i>naproxen tab 500 mg</i>	2
<i>myorisan cap 10mg</i>	86	<i>naratriptan hcl tab 1 mg (base equiv)</i> .	51
<i>myorisan cap 20mg</i>	86	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	51
<i>myorisan cap 40mg</i>	86	NASONEX SPR 50MCG/AC	84
MYOZYME INJ 50MG	60	NATACYN SUS 5% OP.....	80
MYRBETRIQ TAB 25MG	69	<i>nateglinide tab 120 mg</i>	56
MYRBETRIQ TAB 50MG	69	<i>nateglinide tab 60 mg</i>	56
<i>myzilra tab</i>	58	NEBUPENT INH 300MG	7
N		<i>necon tab 0.5/35</i>	58
<i>nabumetone tab 500 mg</i>	1	<i>necon tab 1/35</i>	58
<i>nabumetone tab 750 mg</i>	1	NECON TAB 1/50-28.....	58
<i>nadolol tab 20 mg</i>	30	<i>necon tab 10/11-28</i>	59
<i>nadolol tab 40 mg</i>	30	NECON TAB 7/7/7	58
<i>nadolol tab 80 mg</i>	30	<i>nefazodone hcl tab 100 mg</i>	43
<i>nafcillin sodium for inj 1 gm</i>	16	<i>nefazodone hcl tab 150 mg</i>	43
<i>nafcillin sodium for inj 10 gm</i>	16	<i>nefazodone hcl tab 200 mg</i>	43
		<i>nefazodone hcl tab 250 mg</i>	43
		<i>nefazodone hcl tab 50 mg</i>	43
		<i>neomycin sulfate tab 500 mg</i>	5
		<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	81

<i>neomycin-polymy-gramicid op sol</i>		<i>nicardipine hcl cap 20 mg</i>	32
<i>1.75-10000-0.025mg-unt-mg/ml</i>	81	<i>nicardipine hcl cap 30 mg</i>	32
<i>neomycin-polymyxin-dexamethasone</i>		NICOTROL INH	54
<i>ophth oint 0.1%</i>	80	NICOTROL NS SPR 10MG/ML	54
<i>neomycin-polymyxin-dexamethasone</i>		<i>nifediac cc tab 60mg er</i>	32
<i>ophth susp 0.1%</i>	80	<i>nifedical xl tab 30mg</i>	32
<i>neomycin-polymyxin-hc ophth susp</i> ...	80	<i>nifedical xl tab 60mg</i>	32
<i>neomycin-polymyxin-hc otic soln 1%</i> ..	90	<i>nifedipine tab sr 24hr 30 mg</i>	32
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nifedipine tab sr 24hr 60 mg</i>	32
<i>mg/ml-10000 unit/ml-1%</i>	90	<i>nifedipine tab sr 24hr 90 mg</i>	32
NEORAL CAP 100MG.....	75	<i>nifedipine tab sr 24hr osmotic 30 mg</i> ..	32
NEORAL CAP 25MG	75	<i>nifedipine tab sr 24hr osmotic 60 mg</i> ..	32
NEORAL SOL 100MG/ML	75	<i>nifedipine tab sr 24hr osmotic 90 mg</i> ..	32
NEPHRAMINE INJ 5.4%	78	NILANDRON TAB 150MG	20
NEUMEGA INJ 5MG	71	<i>nimodipine cap 30 mg</i>	32
NEUPOGEN INJ 300/0.5	72	<i>nitro-bid oin 2%</i>	35
NEUPOGEN INJ 300MCG	72	NITRO-DUR DIS 0.3MG/HR.....	35
NEUPOGEN INJ 480/0.8	72	NITRO-DUR DIS 0.8MG/HR.....	35
NEUPOGEN INJ 480MCG	72	<i>nitrofurantoin macrocrystalline cap 100</i>	
NEUPRO DIS 1MG/24HR	45	<i>mg</i>	7
NEUPRO DIS 2MG/24HR	45	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
NEUPRO DIS 3MG/24HR	45	.....	7
NEUPRO DIS 4MG/24HR	45	<i>nitrofurantoin monohydrate</i>	
NEUPRO DIS 6MG/24HR	45	<i>macrocrystalline cap 100 mg</i>	7
NEUPRO DIS 8MG/24HR	45	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .	35
NEVANAC SUS 0.1%	81	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	35
NEVIRAPINE SUSP 50 MG/5ML	9	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	35
<i>nevirapine tab 200 mg</i>	9	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	35
<i>nevirapine tab sr 24hr 400 mg</i>	9	NITROLINGUAL SPR PUMPSPRA	35
NEXAVAR TAB 200MG.....	21	NITROSTAT SUB 0.3MG	35
NEXIUM CAP 20MG	68	NITROSTAT SUB 0.4MG	35
NEXIUM CAP 40MG	68	NITROSTAT SUB 0.6MG	35
NEXIUM GRA 10MG DR.....	68	NORA-BE TAB 0.35MG	59
NEXIUM GRA 2.5MG DR.....	68	NORDITROPIN INJ 10/1.5ML.....	62
NEXIUM GRA 20MG DR.....	69	NORDITROPIN INJ 15/1.5ML.....	62
NEXIUM GRA 40MG DR.....	69	NORDITROPIN INJ 30/3ML	62
NEXIUM GRA 5MG DR.....	68	NORDITROPIN INJ 5/1.5ML	62
NEXIUM I.V. INJ 20MG	69	<i>norethindrone acetate tab 5 mg</i>	63
NEXIUM I.V. INJ 40MG	69	<i>norethindrone tab 0.35 mg</i>	59
<i>next choice tab 1.5mg</i>	59	<i>norgestimate-eth estrad tab</i>	
<i>niacin tab cr 1000 mg</i>		<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> ...	59
<i>(antihyperlipidemic)</i>	28	NORINYL TAB 1+50-28	59
<i>niacin tab cr 500 mg (antihyperlipidemic)</i>		<i>normosol -m inj /d5w</i>	79
.....	28	NORMOSOL -R INJ /D5W.....	79
<i>niacin tab cr 750 mg (antihyperlipidemic)</i>		NORMOSOL-R INJ PH 7.4	79
.....	28	NORPACE CAP 100MG CR.....	27

NORPACE CAP 150MG CR.....	27	<i>mg/ml)</i>	63
<i>nortrel tab 0.5/35</i>	59	<i>octreotide acetate inj 1000 mcg/ml (1</i>	<i>mg/ml)</i>
<i>nortrel tab 1/35</i>	59	<i>mg/ml)</i>	63
<i>nortrel tab 7/7/7</i>	59	<i>octreotide acetate inj 200 mcg/ml (0.2</i>	<i>mg/ml)</i>
<i>nortriptyline hcl cap 10 mg</i>	43	<i>mg/ml)</i>	63
<i>nortriptyline hcl cap 25 mg</i>	43	<i>octreotide acetate inj 50 mcg/ml (0.05</i>	<i>mg/ml)</i>
<i>nortriptyline hcl cap 50 mg</i>	43	<i>mg/ml)</i>	63
<i>nortriptyline hcl cap 75 mg</i>	43	<i>octreotide acetate inj 500 mcg/ml (0.5</i>	<i>mg/ml)</i>
<i>nortriptyline hcl soln 10 mg/5ml</i>	43	<i>mg/ml)</i>	63
NORVIR CAP 100MG.....	9	<i>ofloxacin ophth soln 0.3%</i>	81
NORVIR SOL 80MG/ML	9	<i>ofloxacin otic soln 0.3%</i>	90
NORVIR TAB 100MG.....	9	<i>ogestrel tab</i>	59
NOVOLIN INJ 70/30	54	<i>olanzapine for im inj 10 mg</i>	48
NOVOLIN N INJ U-100	55	<i>olanzapine orally disintegrating tab 10 mg</i>	.....
NOVOLIN R INJ U-100	55	.....	48
NOVOLOG INJ 100/ML	55	<i>olanzapine orally disintegrating tab 15 mg</i>	.....
NOVOLOG INJ FLEXPEN	55	.....	48
NOVOLOG INJ PENFILL	55	<i>olanzapine orally disintegrating tab 20 mg</i>	.....
NOVOLOG MIX INJ 70/30.....	55	.....	48
NOVOLOG MIX INJ FLEXPEN.....	55	<i>olanzapine orally disintegrating tab 5 mg</i>	.....
NOXAFIL SUS 40MG/ML.....	8	.....	48
NOXAFIL TAB 100MG.....	8	<i>olanzapine tab 10 mg</i>	48
NUEDEXTA CAP 20-10MG.....	52	<i>olanzapine tab 15 mg</i>	48
NULOJIX INJ 250MG.....	75	<i>olanzapine tab 2.5 mg</i>	48
NULYTELY SOL FLAV PKS	67	<i>olanzapine tab 20 mg</i>	48
NUVARING MIS.....	59	<i>olanzapine tab 5 mg</i>	48
NUVIGIL TAB 150MG.....	53	<i>olanzapine tab 7.5 mg</i>	48
NUVIGIL TAB 200MG.....	53	OLYSIO CAP 150MG.....	11
NUVIGIL TAB 250MG.....	53	<i>omega-3-acid ethyl esters cap 1 gm ...</i>	28
NUVIGIL TAB 50MG.....	53	<i>omeprazole cap delayed release 10 mg</i>	69
<i>nyamyc pow 100000</i>	87	<i>omeprazole cap delayed release 20 mg</i>	69
NYMALIZE SOL 60/20ML	32	<i>omeprazole cap delayed release 40 mg</i>	69
<i>nystatin cream 100000 unit/gm</i>	87	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	.....
<i>nystatin oint 100000 unit/gm</i>	87	.....	66
<i>nystatin susp 100000 unit/ml</i>	90	<i>ondansetron hcl oral soln 4 mg/5ml....</i>	66
<i>nystatin tab 500000 unit</i>	8	<i>ondansetron hcl tab 24 mg</i>	66
<i>nystatin topical powder</i>	87	<i>ondansetron hcl tab 4 mg</i>	66
<i>nystop pow 100000</i>	87	<i>ondansetron hcl tab 8 mg</i>	66
●		<i>ondansetron orally disintegrating tab 4</i>	<i>mg</i>
OCELLA TAB 3-0.03MG	59	.....	66
OCTAGAM INJ 10GM.....	74	<i>ondansetron orally disintegrating tab 8</i>	<i>mg</i>
OCTAGAM INJ 1GM	73	.....	66
OCTAGAM INJ 2.5GM.....	73	ONFI SUS 2.5MG/ML.....	39
OCTAGAM INJ 25GM.....	74	ONFI TAB 10MG	39
OCTAGAM INJ 5GM	73	ONFI TAB 20MG	39
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		ONFI TAB 5MG.....	39

ORAP TAB 1MG.....	48	<i>oxycodone-aspirin tab 4.8355-325 mg..</i>	5
ORAP TAB 2MG.....	48	P	
ORFADIN CAP 10MG.....	60	<i>pacerone tab 100mg.....</i>	27
ORFADIN CAP 2MG	60	<i>pacerone tab 200mg.....</i>	27
ORFADIN CAP 5MG	60	<i>pacerone tab 400mg.....</i>	27
<i>orsythia tab</i>	59	<i>paclitaxel iv conc 100 mg/16.7ml (6</i>	
ORTHO EVRA DIS WEEK	59	<i>mg/ml)</i>	19
ORTHO TRI- TAB CYCLN LO.....	59	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	
<i>oxacillin sodium for inj 1 gm</i>	16	<i>.....</i>	19
<i>oxacillin sodium for inj 10 gm.....</i>	16	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	
<i>oxacillin sodium for inj 2 gm</i>	16	<i>.....</i>	19
<i>oxaliplatin for iv inj 100 mg.....</i>	22	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	
<i>oxaliplatin for iv inj 50 mg</i>	22	<i>.....</i>	19
<i>oxaliplatin iv soln 100 mg/20ml.....</i>	22	<i>pamidronate disodium iv soln 3 mg/ml</i>	57
<i>oxaliplatin iv soln 50 mg/10ml.....</i>	22	<i>pamidronate disodium iv soln 9 mg/ml</i>	57
<i>oxandrolone tab 10 mg.....</i>	54	<i>pamidronate inj 6mg/ml.....</i>	57
<i>oxandrolone tab 2.5 mg.....</i>	54	PANRETIN GEL 0.1%	90
<i>oxaprozin tab 600 mg</i>	2	<i>pantoprazole sodium ec tab 20 mg (base</i>	
<i>oxcarbazepine susp 300 mg/5ml (60</i>		<i>equiv).....</i>	69
<i>mg/ml)</i>	39	<i>pantoprazole sodium ec tab 40 mg (base</i>	
<i>oxcarbazepine tab 150 mg</i>	39	<i>equiv).....</i>	69
<i>oxcarbazepine tab 300 mg</i>	39	<i>paricalcitol cap 1 mcg</i>	80
<i>oxcarbazepine tab 600 mg</i>	39	<i>paricalcitol cap 2 mcg</i>	80
OXSORALEN-UL CAP 10MG	87	<i>paricalcitol cap 4 mcg</i>	80
<i>oxybutynin chloride syrup 5 mg/5ml ...</i>	69	<i>paromomycin sulfate cap 250 mg.....</i>	5
<i>oxybutynin chloride tab 5 mg</i>	69	<i>paroxetine hcl tab 10 mg</i>	43
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	69	<i>paroxetine hcl tab 20 mg</i>	43
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	69	<i>paroxetine hcl tab 30 mg</i>	44
<i>oxybutynin chloride tab sr 24hr 5 mg ..</i>	69	<i>paroxetine hcl tab 40 mg</i>	44
OXYCODONE HCL CAP 5 MG.....	4	<i>paroxetine hcl tab sr 24hr 12.5 mg.....</i>	44
OXYCODONE HCL CONC 100 MG/5ML (20		<i>paroxetine hcl tab sr 24hr 25 mg</i>	44
MG/ML)	4	<i>paroxetine hcl tab sr 24hr 37.5 mg.....</i>	44
<i>oxycodone hcl soln 5 mg/5ml</i>	4	<i>paser gra 4gm</i>	11
<i>oxycodone hcl tab 10 mg</i>	4	PATADAY SOL 0.2%	81
<i>oxycodone hcl tab 15 mg</i>	4	PATANASE SPR 0.6%.....	83
<i>oxycodone hcl tab 20 mg</i>	4	PATANOL SOL 0.1% OP.....	81
<i>oxycodone hcl tab 30 mg</i>	4	PAXIL SUS 10MG/5ML.....	44
<i>oxycodone hcl tab 5 mg.....</i>	4	<i>pedi-dri pow 100000</i>	87
<i>oxycodone w/ acetaminophen tab 10-325</i>		PEDVAX HIB INJ.....	76
<i>mg.....</i>	5	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i>	
<i>oxycodone w/ acetaminophen tab 2.5-325</i>		<i>soln 236 gm</i>	67
<i>mg.....</i>	5	PEG 3350-KCL-NA BICARB-NACL-NA	
<i>oxycodone w/ acetaminophen tab 5-325</i>		<i>SULFATE FOR SOLN 240 GM</i>	67
<i>mg.....</i>	5	<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i>	
<i>oxycodone w/ acetaminophen tab 7.5-325</i>		<i>gm</i>	67
<i>mg.....</i>	5	PEGANONE TAB 250MG.....	39

PEG-INTRON KIT 120 RP.....	74	<i>phenobarbital tab 60 mg</i>	39
PEG-INTRON KIT 120MCG.....	74	<i>phenobarbital tab 64.8 mg</i>	39
PEG-INTRON KIT 150 RP.....	74	<i>phenobarbital tab 97.2 mg</i>	39
PEG-INTRON KIT 150MCG.....	74	<i>phenytek cap 200mg</i>	39
PEG-INTRON KIT 50MCG.....	74	<i>phenytek cap 300mg</i>	39
PEG-INTRON KIT 50MCG RP.....	74	<i>phenytoin chew tab 50 mg</i>	39
PEG-INTRON KIT 80MCG.....	74	<i>phenytoin sodium extended cap 100 mg</i>	39
PEG-INTRON KIT 80MCG RP.....	74	<i>phenytoin sodium extended cap 200 mg</i>	39
<i>pen g proc inj 600000</i>	16	<i>phenytoin sodium extended cap 300 mg</i>	40
PENICILL GK/ INJ DEX 2MU.....	16	<i>phenytoin sodium inj 50 mg/ml</i>	40
PENICILL GK/ INJ DEX 3MU.....	16	<i>phenytoin susp 125 mg/5ml</i>	40
<i>penicillin g potassium for inj 20000000</i> <i>unit</i>	16	<i>philith tab 0.4-35</i>	59
<i>penicillin g potassium for inj 5000000 unit</i>	16	PHOSLYRA SOL.....	63
<i>penicillin g sodium for inj 5000000 unit</i>	16	PHOSPHOLINE SOL 0.125%OP.....	82
<i>penicillin v potassium for soln 125 mg/5ml</i>	16	PILOCARPINE HCL OPHTH SOLN 1%... ..	82
<i>penicillin v potassium for soln 250 mg/5ml</i>	16	PILOCARPINE HCL OPHTH SOLN 2%... ..	82
<i>penicillin v potassium tab 250 mg</i>	16	PILOCARPINE HCL OPHTH SOLN 4%... ..	82
<i>penicillin v potassium tab 500 mg</i>	16	<i>pilocarpine hcl tab 5 mg</i>	90
PENTAM 300 INJ 300MG.....	7	<i>pilocarpine hcl tab 7.5 mg</i>	90
PENTASA CAP 250MG CR.....	67	<i>pimtrea tab</i>	59
PENTASA CAP 500MG CR.....	67	<i>pindolol tab 10 mg</i>	30
<i>pentoxifylline tab cr 400 mg</i>	72	<i>pindolol tab 5 mg</i>	30
PERFOROMIST NEB 20MCG.....	83	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	56
<i>perindopril erbumine tab 2 mg</i>	24	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	56
<i>perindopril erbumine tab 4 mg</i>	24	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	56
<i>perindopril erbumine tab 8 mg</i>	25	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	56
<i>periogard sol 0.12%</i>	90	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	56
<i>permethrin cream 5%</i>	90	<i>pioglitazone hcl-metformin hcl tab 15-500</i> <i>mg</i>	56
<i>perphenazine tab 16 mg</i>	48	<i>pioglitazone hcl-metformin hcl tab 15-850</i> <i>mg</i>	56
<i>perphenazine tab 2 mg</i>	48	<i>piperacillin sodium-tazobactam sodium</i> <i>for inj 2-0.25 gm</i>	16
<i>perphenazine tab 4 mg</i>	48	<i>piperacillin sodium-tazobactam sodium</i> <i>for inj 3-0.375 gm</i>	16
<i>perphenazine tab 8 mg</i>	48	<i>piperacillin sodium-tazobactam sodium</i> <i>for inj 36-4.5 gm</i>	17
<i>phenelzine sulfate tab 15 mg</i>	44	<i>piperacillin sodium-tazobactam sodium</i>	
PHENOBARB INJ 65MG/ML.....	39		
<i>phenobarbital elixir 20 mg/5ml</i>	39		
<i>phenobarbital sodium inj 130 mg/ml</i>	39		
<i>phenobarbital tab 100 mg</i>	39		
<i>phenobarbital tab 15 mg</i>	39		
<i>phenobarbital tab 16.2 mg</i>	39		
<i>phenobarbital tab 30 mg</i>	39		
<i>phenobarbital tab 32.4 mg</i>	39		

<i>for inj 4-0.5 gm</i>	16	(600 MG)	77
<i>pirmella tab 1/35</i>	59	POTASSIUM CITRATE TAB CR 10 MEQ	
<i>piroxicam cap 10 mg</i>	2	(1080 MG)	69
<i>piroxicam cap 20 mg</i>	2	POTASSIUM CITRATE TAB CR 5 MEQ (540	
PLASMA-LYTE INJ -148	79	MG)	69
PLASMA-LYTE INJ 56/D5W	79	POTIGA TAB 200MG	40
PLASMA-LYTE INJ -A	79	POTIGA TAB 300MG	40
<i>podofilox soln 0.5%</i>	90	POTIGA TAB 400MG	40
<i>polyethylene glycol 3350 oral packet</i> ...	67	POTIGA TAB 50MG	40
<i>polyethylene glycol 3350 oral powder</i> ..	67	PRADAXA CAP 150MG	71
<i>polymyxin b-trimethoprim ophth soln</i>		PRADAXA CAP 75MG.....	71
<i>10000 unit/ml-0.1%</i>	81	<i>pramipexole dihydrochloride tab 0.125</i>	
POMALYST CAP 1MG	22	<i>mg</i>	45
POMALYST CAP 2MG	22	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
POMALYST CAP 3MG	22	.....	45
POMALYST CAP 4MG	22	<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>portia-28 tab</i>	59	.....	45
POTASSIUM CHLORIDE 20 MEQ/L		<i>pramipexole dihydrochloride tab 0.75 mg</i>	
(0.15%) IN DEXTROSE 5% INJ.....	79	.....	45
POTASSIUM CHLORIDE 40 MEQ/L (0.3%)		<i>pramipexole dihydrochloride tab 1 mg</i>	46
IN DEXTROSE 5% INJ	79	<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>potassium chloride cap cr 10 meq</i>	76	.....	46
<i>potassium chloride cap cr 8 meq</i>	76	<i>pravastatin sodium tab 10 mg</i>	28
POTASSIUM CHLORIDE INJ 10 MEQ/100		<i>pravastatin sodium tab 20 mg</i>	28
ML	79	<i>pravastatin sodium tab 40 mg</i>	28
<i>potassium chloride inj 10 meq/50 ml</i> ...	79	<i>pravastatin sodium tab 80 mg</i>	28
<i>potassium chloride inj 2 meq/ml</i>	79	<i>prazosin hcl cap 1 mg</i>	25
POTASSIUM CHLORIDE INJ 20 MEQ/100		<i>prazosin hcl cap 2 mg</i>	25
ML	79	<i>prazosin hcl cap 5 mg</i>	25
<i>potassium chloride inj 20 meq/50 ml</i> ...	79	PRED MILD SUS 0.12% OP	81
POTASSIUM CHLORIDE INJ 30 MEQ/100		<i>pred sod pho sol 1% op</i>	81
ML	79	PREDNISOLONE ACETATE OPHTH SUSP	
<i>potassium chloride inj 40 meq/100 ml</i> ..	79	1%.....	81
<i>potassium chloride microencapsulated</i>		<i>prednisolone sod phosph oral soln 6.7</i>	
<i>crys cr tab 10 meq</i>	76	<i>mg/5ml (5 mg/5ml base)</i>	62
<i>potassium chloride microencapsulated</i>		<i>prednisolone sod phosphate oral soln 15</i>	
<i>crys cr tab 20 meq</i>	76	<i>mg/5ml (base equiv)</i>	62
<i>potassium chloride oral liq 10% (20</i>		<i>prednisolone sodium phosphate oral soln</i>	
<i>meq/15ml)</i>	77	<i>25 mg/5ml (base eq)</i>	62
<i>potassium chloride oral liq 20% (40</i>		<i>prednisolone syrup 15 mg/5ml (usp</i>	
<i>meq/15ml)</i>	77	<i>solution equivalent)</i>	62
POTASSIUM CHLORIDE TAB CR 10 MEQ		<i>prednisone con 5mg/ml</i>	62
.....	77	<i>prednisone oral soln 5 mg/5ml</i>	62
POTASSIUM CHLORIDE TAB CR 20 MEQ		<i>prednisone tab 1 mg</i>	62
(1500 MG)	77	<i>prednisone tab 10 mg</i>	62
POTASSIUM CHLORIDE TAB CR 8 MEQ		<i>prednisone tab 10 mg dose pack</i>	62

<i>prednisone tab 2.5 mg</i>	62	PROGRAF CAP 0.5MG.....	75
<i>prednisone tab 20 mg</i>	62	PROGRAF CAP 1MG	75
<i>prednisone tab 5 mg</i>	62	PROGRAF CAP 5MG	75
<i>prednisone tab 5 mg dose pack</i>	62	PROLASTIN-C INJ 1000MG	84
<i>prednisone tab 50 mg</i>	62	PROLENSA SOL 0.07%.....	82
PREMARIN VAG CRE 0.625MG	61	PROLEUKIN INJ 22MU	19
<i>premasol sol 10%</i>	78	PROLIA SOL 60MG/ML	63
<i>premasol sol 6%</i>	78	PROMACTA TAB 12.5MG.....	72
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	80	PROMACTA TAB 25MG	72
<i>prevalite pow 4gm</i>	29	PROMACTA TAB 50MG	72
<i>previfem tab</i>	59	PROMACTA TAB 75MG	72
PREZISTA SUS 100MG/ML.....	9	<i>propafenone hcl cap sr 12hr 225 mg</i> ...	27
PREZISTA TAB 150MG	9	<i>propafenone hcl cap sr 12hr 325 mg</i> ...	27
PREZISTA TAB 600MG	9	<i>propafenone hcl cap sr 12hr 425 mg</i> ...	27
PREZISTA TAB 75MG.....	9	<i>propafenone hcl tab 150 mg</i>	27
PREZISTA TAB 800MG	9	<i>propafenone hcl tab 225 mg</i>	27
PRIFTIN TAB 150MG.....	11	<i>propafenone hcl tab 300 mg</i>	27
PRIMAQUINE TAB 26.3MG.....	8	<i>proparacaine hcl ophth soln 0.5%</i>	82
<i>primidone tab 250 mg</i>	40	<i>propranolol & hydrochlorothiazide tab</i> <i>40-25 mg</i>	29
<i>primidone tab 50 mg</i>	40	<i>propranolol & hydrochlorothiazide tab</i> <i>80-25 mg</i>	29
PRISTIQ TAB 100MG	44	<i>propranolol hcl cap sr 24hr 120 mg</i>	30
PRISTIQ TAB 50MG	44	<i>propranolol hcl cap sr 24hr 160 mg</i>	30
PRIVIGEN INJ 10GRAMS	74	<i>propranolol hcl cap sr 24hr 60 mg</i>	30
PRIVIGEN INJ 20GRAMS	74	<i>propranolol hcl cap sr 24hr 80 mg</i>	30
PRIVIGEN INJ 40GRAMS	74	<i>propranolol hcl inj 1 mg/ml</i>	30
PRIVIGEN INJ 5 GRAMS	74	<i>propranolol hcl oral soln 20 mg/5ml</i> ...	30
PROAIR HFA AER	83	<i>propranolol hcl oral soln 40 mg/5ml</i> ...	30
<i>probenecid tab 500 mg</i>	1	<i>propranolol hcl tab 10 mg</i>	30
PROCALAMINE INJ 3%.....	78	<i>propranolol hcl tab 20 mg</i>	30
<i>prochlorperazine edisylate inj 5 mg/ml</i>	66	<i>propranolol hcl tab 40 mg</i>	30
<i>prochlorperazine maleate tab 10 mg</i> ...	66	<i>propranolol hcl tab 60 mg</i>	30
<i>prochlorperazine maleate tab 5 mg</i>	66	<i>propranolol hcl tab 80 mg</i>	30
<i>prochlorperazine suppos 25 mg</i>	66	<i>propylthiouracil tab 50 mg</i>	64
PROCRIT INJ 10000/ML	72	PROQUAD INJ	76
PROCRIT INJ 2000/ML	72	PROSOL INJ 20%	78
PROCRIT INJ 20000/ML	72	<i>protriptyline hcl tab 10 mg</i>	44
PROCRIT INJ 3000/ML	72	<i>protriptyline hcl tab 5 mg</i>	44
PROCRIT INJ 4000/ML	72	PRUDOXIN CRE 5%	87
PROCRIT INJ 40000/ML	72	PULMICORT SUS 1MG/2ML	85
<i>proctocream cre hc 2.5%</i>	87	PULMOZYME SOL 1MG/ML	84
<i>procto-pak cre 1%</i>	87	PYLERA CAP.....	68
<i>proctozone cre -hc 2.5%</i>	87	<i>pyrazinamide tab 500 mg</i>	11
PROCYSBI CAP 25MG	60	<i>pyridostigmine bromide tab 60 mg</i>	52
PROCYSBI CAP 75MG	60		
PROGLYCEM SUS 50MG/ML	62		

Q	
<i>quasense tab</i>	59
<i>quetiapine fumarate tab 100 mg</i>	48
<i>quetiapine fumarate tab 200 mg</i>	49
<i>quetiapine fumarate tab 25 mg</i>	48
<i>quetiapine fumarate tab 300 mg</i>	49
<i>quetiapine fumarate tab 400 mg</i>	49
<i>quetiapine fumarate tab 50 mg</i>	48
<i>quinapril hcl tab 10 mg</i>	25
<i>quinapril hcl tab 20 mg</i>	25
<i>quinapril hcl tab 40 mg</i>	25
<i>quinapril hcl tab 5 mg</i>	25
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	24
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	24
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	24
<i>quinidine gluconate tab cr 324 mg</i>	27
<i>quinidine sulfate tab 200 mg</i>	27
<i>quinidine sulfate tab 300 mg</i>	27
<i>quinidine sulfate tab cr 300 mg</i>	27
QVAR AER 40MCG.....	85
QVAR AER 80MCG.....	85
R	
RABAVERT INJ.....	76
<i>raloxifene hcl tab 60 mg</i>	63
<i>ramipril cap 1.25 mg</i>	25
<i>ramipril cap 10 mg</i>	25
<i>ramipril cap 2.5 mg</i>	25
<i>ramipril cap 5 mg</i>	25
RANEXA TAB 1000MG.....	34
RANEXA TAB 500MG.....	34
<i>ranitidine hcl inj 1000 mg/40ml (25 mg/ml)</i>	66
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	66
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	66
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	66
<i>ranitidine hcl tab 150 mg</i>	66
<i>ranitidine hcl tab 300 mg</i>	66
RAPAMUNE SOL 1MG/ML.....	75
RAPAMUNE TAB 0.5MG.....	75
RAPAMUNE TAB 1MG.....	75
RAPAMUNE TAB 2MG.....	75
REBETOL SOL 40MG/ML.....	11
<i>reclipsen tab</i>	59
RECOMBIVA HB INJ 10MCG/ML.....	76
RECOMBIVA HB INJ 5MCG/0.5.....	76
RECOMBIVA-HB INJ 40MCG/ML.....	76
REGRANEX GEL 0.01%.....	90
RELENZA MIS DISKHALE.....	11
RELISTOR INJ 12/0.6ML.....	67
RELISTOR INJ 8/0.4ML.....	67
RELISTOR KIT 12/0.6ML.....	67
RELPAK TAB 20MG.....	51
RELPAK TAB 40MG.....	51
REMICADE INJ 100MG.....	73
REMODULIN INJ 10MG/ML.....	36
REMODULIN INJ 1MG/ML.....	35
REMODULIN INJ 2.5MG/ML.....	35
REMODULIN INJ 5MG/ML.....	36
RENVELA PAK 0.8GM.....	63
RENVELA PAK 2.4GM.....	63
RENVELA TAB 800MG.....	63
<i>repaglinide tab 0.5 mg</i>	56
<i>repaglinide tab 1 mg</i>	56
<i>repaglinide tab 2 mg</i>	56
RESCRIPTOR TAB 100 MG.....	9
RESCRIPTOR TAB 200MG.....	9
RESTASIS EMU 0.05%.....	82
RETROVIR INJ 10MG/ML.....	9
REVLIMID CAP 10MG.....	74
REVLIMID CAP 15MG.....	74
REVLIMID CAP 2.5MG.....	74
REVLIMID CAP 20MG.....	74
REVLIMID CAP 25MG.....	74
REVLIMID CAP 5MG.....	74
REYATAZ CAP 100MG.....	9
REYATAZ CAP 150MG.....	9
REYATAZ CAP 200MG.....	9
REYATAZ CAP 300MG.....	9
<i>ribapak pak 1000/day</i>	11
<i>ribapak pak 1200/day</i>	11
<i>ribapak pak 600/day</i>	11
<i>ribapak pak 800/day</i>	11
<i>ribasphere cap 200mg</i>	11
<i>ribasphere tab 200mg</i>	11
<i>ribasphere tab 400mg</i>	11
<i>ribasphere tab 600mg</i>	12

<i>ribavirin cap 200 mg</i>	12	<i>ropinirole hydrochloride tab 0.25 mg</i> ..	46
<i>ribavirin tab 200 mg</i>	12	<i>ropinirole hydrochloride tab 0.5 mg</i>	46
<i>rifabutin cap 150 mg</i>	11	<i>ropinirole hydrochloride tab 1 mg</i>	46
<i>rifampin cap 150 mg</i>	11	<i>ropinirole hydrochloride tab 2 mg</i>	46
<i>rifampin cap 300 mg</i>	11	<i>ropinirole hydrochloride tab 3 mg</i>	46
<i>rifampin for inj 600 mg</i>	11	<i>ropinirole hydrochloride tab 4 mg</i>	46
RIFATER TAB.....	11	<i>ropinirole hydrochloride tab 5 mg</i>	46
RILUTEK TAB 50MG.....	52	<i>rosadan cre 0.75%</i>	90
<i>riluzole tab 50 mg</i>	52	ROTARIX SUS	76
<i>rimantadine hydrochloride tab 100 mg</i>	12	ROTATEQ SOL.....	76
RINGER'S SOLUTION.....	79	<i>roxicet sol 5-325/5</i>	5
RIOMET SOL	56	<i>roxicet tab 5-325mg</i>	5
RISPERDAL INJ 12.5MG	49	S	
RISPERDAL INJ 25MG.....	49	SABRIL POW 500MG.....	40
RISPERDAL INJ 37.5MG	49	SABRIL TAB 500MG.....	40
RISPERDAL INJ 50MG.....	49	SANDIMMUNE CAP 100MG.....	75
<i>risperidone orally disintegrating tab 0.25</i>		SANDIMMUNE CAP 25MG	75
<i>mg</i>	49	SANDIMMUNE SOL 100MG/ML	75
<i>risperidone orally disintegrating tab 0.5</i>		SANDOSTATIN KIT LAR 10MG.....	63
<i>mg</i>	49	SANDOSTATIN KIT LAR 20MG.....	63
<i>risperidone orally disintegrating tab 1 mg</i>		SANDOSTATIN KIT LAR 30MG.....	63
.....	49	SANTYL OIN 250/GM	90
<i>risperidone orally disintegrating tab 2 mg</i>		SAPHRIS SUB 10MG	49
.....	49	SAPHRIS SUB 5MG	49
<i>risperidone orally disintegrating tab 3 mg</i>		SAVELLA MIS TITR PAK.....	52
.....	49	SAVELLA TAB 100MG.....	52
<i>risperidone orally disintegrating tab 4 mg</i>		SAVELLA TAB 12.5MG.....	52
.....	49	SAVELLA TAB 25MG.....	52
<i>risperidone soln 1 mg/ml</i>	49	SAVELLA TAB 50MG.....	52
<i>risperidone tab 0.25 mg</i>	49	<i>selegiline hcl cap 5 mg</i>	46
<i>risperidone tab 0.5 mg</i>	49	<i>selegiline hcl tab 5 mg</i>	46
<i>risperidone tab 1 mg</i>	49	<i>selenium sulfide lotion 2.5%</i>	87
<i>risperidone tab 2 mg</i>	49	SELZENTRY TAB 150MG	9
<i>risperidone tab 3 mg</i>	49	SELZENTRY TAB 300MG	9
<i>risperidone tab 4 mg</i>	49	SENSIPAR TAB 30MG.....	57
RITUXAN INJ 500MG	19	SENSIPAR TAB 60MG.....	57
<i>rivastigmine tartrate cap 1.5 mg</i>	41	SENSIPAR TAB 90MG.....	57
<i>rivastigmine tartrate cap 3 mg</i>	41	SEREVENT DIS AER 50MCG	84
<i>rivastigmine tartrate cap 4.5 mg</i>	41	<i>seromycin cap 250mg</i>	11
<i>rivastigmine tartrate cap 6 mg</i>	41	SEROQUEL XR TAB 150MG	49
<i>rizatriptan benzoate orally disintegrating</i>		SEROQUEL XR TAB 200MG	49
<i>tab 10 mg</i>	51	SEROQUEL XR TAB 300MG	49
<i>rizatriptan benzoate orally disintegrating</i>		SEROQUEL XR TAB 400MG	49
<i>tab 5 mg</i>	51	SEROQUEL XR TAB 50MG.....	49
<i>rizatriptan benzoate tab 10 mg</i>	51	<i>sertraline hcl oral conc 20 mg/ml</i>	44
<i>rizatriptan benzoate tab 5 mg</i>	51	<i>sertraline hcl tab 100 mg</i>	44

<i>sertraline hcl tab 25 mg</i>	44	<i>sotalol hcl tab 80 mg</i>	27
<i>sertraline hcl tab 50 mg</i>	44	SOVALDI TAB 400MG	12
<i>sildenafil citrate tab 20 mg</i>	36	SPIRIVA CAP HANDHLR	83
SILENOR TAB 3MG	51	<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	34
SILENOR TAB 6MG	51	<i>spironolactone tab 100 mg</i>	25
SILVER SULFADIAZINE CREAM 1%	86	<i>spironolactone tab 25 mg</i>	25
<i>simvastatin tab 10 mg</i>	28	<i>spironolactone tab 50 mg</i>	25
<i>simvastatin tab 20 mg</i>	28	<i>sprintec 28 tab 28 day</i>	59
<i>simvastatin tab 40 mg</i>	28	SPRYCEL TAB 100MG.....	21
<i>simvastatin tab 5 mg</i>	28	SPRYCEL TAB 140MG.....	21
<i>simvastatin tab 80 mg</i>	28	SPRYCEL TAB 20MG.....	21
<i>sirolimus tab 0.5 mg</i>	75	SPRYCEL TAB 50MG.....	21
SIRTURO TAB 100MG	11	SPRYCEL TAB 70MG.....	21
SODIUM CHLORIDE INJ 0.45%	79	SPRYCEL TAB 80MG.....	21
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	77	<i>sps sus 15gm/60</i>	57
SODIUM CHLORIDE INJ 3%	79	SSD CRE 1%	87
SODIUM CHLORIDE INJ 5%	79	<i>stavudine cap 15 mg</i>	9
SODIUM CHLORIDE IRRIGATION SOLN 0.9%.....	90	<i>stavudine cap 20 mg</i>	9
SODIUM CHLORIDE IV SOLN 0.9%	79	<i>stavudine cap 30 mg</i>	9
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	77	<i>stavudine cap 40 mg</i>	10
<i>sodium phenylbutyrate oral powder 3</i> <i>gm/teaspoonful</i>	60	<i>stavudine for oral soln 1 mg/ml</i>	10
<i>sodium polystyrene sulfonate oral susp 15</i> <i>gm/60ml</i>	57	STIVARGA TAB 40MG	21
SOLIA TAB	59	STRATTERA CAP 100MG.....	51
SOLTAMOX SOL 10MG/5ML	20	STRATTERA CAP 10MG.....	50
SOLU-CORTEF INJ 250MG	62	STRATTERA CAP 18MG.....	50
SOMATULINE INJ 120/.5ML.....	63	STRATTERA CAP 25MG.....	50
SOMATULINE INJ 60/0.2ML.....	63	STRATTERA CAP 40MG.....	50
SOMATULINE INJ 90/0.3ML.....	63	STRATTERA CAP 60MG.....	51
SOMAVERT INJ 10MG	63	STRATTERA CAP 80MG.....	51
SOMAVERT INJ 15MG	63	<i>streptomycin sulfate for inj 1 gm</i>	5
SOMAVERT INJ 20MG	63	STRIBILD TAB.....	10
<i>sorine tab 120mg</i>	27	SUBOXONE MIS 12-3MG	54
<i>sorine tab 160mg</i>	27	SUBOXONE MIS 2-0.5MG	54
<i>sorine tab 240mg</i>	27	SUBOXONE MIS 4-1MG	54
<i>sorine tab 80mg</i>	27	SUBOXONE MIS 8-2MG	54
<i>sotalol hcl (afib/afl) tab 120 mg</i>	27	SUCRAID SOL 8500/ML.....	68
<i>sotalol hcl (afib/afl) tab 160 mg</i>	27	<i>sucrafate tab 1 gm</i>	68
<i>sotalol hcl (afib/afl) tab 80 mg</i>	27	<i>sulfacetamide sodium lotion 10% (acne)</i>	86
<i>sotalol hcl tab 120 mg</i>	27	<i>sulfacetamide sodium ophth oint 10%</i>	81
<i>sotalol hcl tab 160 mg</i>	27	<i>sulfacetamide sodium ophth soln 10%</i>	81
<i>sotalol hcl tab 240 mg</i>	27	<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	80
		<i>sulfadiazine tab 500mg</i>	5
		<i>sulfamethoxazole-trimethoprim iv soln</i>	

<i>400-80 mg/5ml</i>	7	SUTENT CAP 50MG	21
<i>sulfamethoxazole-trimethoprim susp</i>		<i>syeda tab 3-0.03mg</i>	59
<i>200-40 mg/5ml</i>	7	SYLATRON KIT 296MCG	22
<i>sulfamethoxazole-trimethoprim tab</i>		SYLATRON KIT 444MCG	22
<i>400-80 mg</i>	7	SYLATRON KIT 888MCG	22
<i>sulfamethoxazole-trimethoprim tab</i>		SYMBICORT AER 160-4.5	85
<i>800-160 mg</i>	7	SYMBICORT AER 80-4.5	85
SULFAMYLLON CRE 85MG/GM	87	SYMLINPEN 60 INJ 1000MCG	55
<i>sulfasalazine tab 500 mg</i>	67	SYMLINPEN 120 INJ 1000MCG	55
<i>sulfazine ec tab 500mg</i>	67	SYNAREL SOL 2MG/ML	59
<i>sulindac tab 150 mg</i>	2	SYNTHROID TAB 100MCG	64
<i>sulindac tab 200 mg</i>	2	SYNTHROID TAB 112MCG	64
SUMATRIPTAN NASAL SPRAY 20 MG/ACT		SYNTHROID TAB 125MCG	64
.....	51	SYNTHROID TAB 137MCG	64
SUMATRIPTAN NASAL SPRAY 5 MG/ACT		SYNTHROID TAB 150MCG	64
.....	51	SYNTHROID TAB 175MCG	64
<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	51	SYNTHROID TAB 200MCG	64
SUMATRIPTAN SUCCINATE SOLUTION		SYNTHROID TAB 25MCG	64
AUTO-INJECTOR 4 MG/0.5ML	52	SYNTHROID TAB 300MCG	64
<i>sumatriptan succinate solution</i>		SYNTHROID TAB 50MCG	64
<i>auto-injector 6 mg/0.5ml</i>	52	SYNTHROID TAB 75MCG	64
SUMATRIPTAN SUCCINATE SOLUTION		SYNTHROID TAB 88MCG	64
CARTRIDGE 4 MG/0.5ML	52	SYPRINE CAP 250MG	57
SUMATRIPTAN SUCCINATE SOLUTION		T	
CARTRIDGE 6 MG/0.5ML	52	TABLOID TAB 40MG	19
<i>sumatriptan succinate solution prefilled</i>		<i>tacrolimus cap 0.5 mg</i>	75
<i>syringe 6 mg/0.5ml</i>	52	<i>tacrolimus cap 1 mg</i>	75
<i>sumatriptan succinate tab 100 mg</i>	52	<i>tacrolimus cap 5 mg</i>	75
<i>sumatriptan succinate tab 25 mg</i>	52	TAFINLAR CAP 50MG	21
<i>sumatriptan succinate tab 50 mg</i>	52	TAFINLAR CAP 75MG	21
SUPRAX CAP 400MG	13	TAMIFLU CAP 30MG	12
<i>suprax chw 100mg</i>	13	TAMIFLU CAP 45MG	12
<i>suprax chw 200mg</i>	13	TAMIFLU CAP 75MG	12
<i>suprax sus 100/5ml</i>	13	TAMIFLU SUS 6MG/ML	12
<i>suprax sus 200/5ml</i>	13	<i>tamoxifen citrate tab 10 mg (base</i>	
SUPRAX SUS 500/5ML	13	<i>equivalent)</i>	20
<i>suprax tab 400mg</i>	13	<i>tamoxifen citrate tab 20 mg (base</i>	
SUPREP BOWEL SOL PREP	67	<i>equivalent)</i>	20
SURMONTIL CAP 100MG	44	<i>tamsulosin hcl cap 0.4 mg</i>	69
SURMONTIL CAP 25MG	44	TARCEVA TAB 100MG	21
SURMONTIL CAP 50MG	44	TARCEVA TAB 150MG	21
SUSTIVA CAP 200MG	10	TARCEVA TAB 25MG	21
SUSTIVA CAP 50MG	10	TARGRETIN CAP 75MG	22
SUSTIVA TAB 600MG	10	TARGRETIN GEL 1%	90
SUTENT CAP 12.5MG	21	TASIGNA CAP 150MG	21
SUTENT CAP 25MG	21	TASIGNA CAP 200MG	21

TAXOTERE INJ 20MG/ML.....	19	<i>mg/ml</i>	54
TAXOTERE INJ 80MG/2ML.....	19	<i>testosterone cypionate im in oil 200</i>	
TAXOTERE INJ 80MG/4ML.....	19	<i>mg/ml</i>	54
<i>tazicef inj 1gm</i>	13	<i>testosterone enanthate im in oil 200</i>	
<i>tazicef inj 2gm</i>	13	<i>mg/ml</i>	54
<i>tazicef inj 6gm</i>	13	TET/DIP TOX INJ 2-2 LF.....	76
TAZORAC CRE 0.05%.....	87	TETANUS TOX INJ 5LF ADS	76
TAZORAC CRE 0.1%.....	87	TEV-TROPIN INJ 5MG	62
TAZORAC GEL 0.05%	87	<i>texacort sol 2.5%</i>	89
TAZORAC GEL 0.1%.....	87	THALOMID CAP 100MG	74
<i>taztia xt cap 120mg/24</i>	32	THALOMID CAP 150MG	74
<i>taztia xt cap 180mg/24</i>	32	THALOMID CAP 200MG	74
<i>taztia xt cap 240mg/24</i>	32	THALOMID CAP 50MG.....	74
<i>taztia xt cap 300mg/24</i>	32	<i>theo-24 cap 100mg cr</i>	85
<i>taztia xt cap 360mg/24</i>	32	<i>theo-24 cap 200mg cr</i>	85
TEGRETOL SUS 100/5ML	40	<i>theo-24 cap 300mg cr</i>	85
TEGRETOL TAB 200MG	40	<i>theo-24 cap 400mg er</i>	85
TEGRETOL-XR TAB 100MG	40	<i>theophylline tab sr 12hr 100 mg</i>	85
TEGRETOL-XR TAB 200MG	40	<i>theophylline tab sr 12hr 200 mg</i>	85
TEGRETOL-XR TAB 400MG	40	<i>theophylline tab sr 12hr 300 mg</i>	85
TEKAMLO TAB 150-10MG.....	33	<i>theophylline tab sr 12hr 450 mg</i>	85
TEKAMLO TAB 150-5MG.....	33	<i>theophylline tab sr 24hr 400 mg</i>	85
TEKAMLO TAB 300-10MG.....	33	<i>theophylline tab sr 24hr 600 mg</i>	85
TEKAMLO TAB 300-5MG.....	33	<i>thioridazine hcl tab 10 mg</i>	49
TEKTURNA HCT TAB 150-12.5	33	<i>thioridazine hcl tab 100 mg</i>	49
TEKTURNA HCT TAB 150-25MG	33	<i>thioridazine hcl tab 25 mg</i>	49
TEKTURNA HCT TAB 300-12.5	33	<i>thioridazine hcl tab 50 mg</i>	49
TEKTURNA HCT TAB 300-25MG	33	<i>thiothixene cap 1 mg</i>	49
TEKTURNA TAB 150MG.....	33	<i>thiothixene cap 10 mg</i>	49
TEKTURNA TAB 300MG.....	33	<i>thiothixene cap 2 mg</i>	49
<i>temazepam cap 15 mg</i>	51	<i>thiothixene cap 5 mg</i>	49
<i>temazepam cap 7.5 mg</i>	51	<i>tiagabine hcl tab 2 mg</i>	40
TENIVAC INJ 5-2LF	76	<i>tiagabine hcl tab 4 mg</i>	40
<i>terazosin hcl cap 1 mg</i>	25	TIKOSYN CAP 125MCG.....	27
<i>terazosin hcl cap 10 mg</i>	25	TIKOSYN CAP 250MCG.....	27
<i>terazosin hcl cap 2 mg</i>	25	TIKOSYN CAP 500MCG.....	27
<i>terazosin hcl cap 5 mg</i>	25	TIMENTIN INJ 3.1GM	17
<i>terbinafine hcl tab 250 mg</i>	8	TIMENTIN INJ 31GM	17
<i>terbutaline sulfate inj 1 mg/ml</i>	84	TIMOLOL MALEATE OPHTH GEL FORMING	
<i>terbutaline sulfate tab 2.5 mg</i>	84	SOLN 0.25%.....	82
<i>terbutaline sulfate tab 5 mg</i>	84	TIMOLOL MALEATE OPHTH GEL FORMING	
<i>terconazole vaginal cream 0.4%</i>	70	SOLN 0.5%	82
<i>terconazole vaginal cream 0.8%</i>	70	<i>timolol maleate ophth soln 0.25%</i>	82
<i>terconazole vaginal suppos 80 mg</i>	70	<i>timolol maleate ophth soln 0.5%</i>	82
TESTIM GEL 1%(50MG).....	54	<i>timolol maleate tab 10 mg</i>	30
<i>testosterone cypionate im in oil 100</i>		<i>timolol maleate tab 20 mg</i>	30

<i>timolol maleate tab 5 mg</i>	30	<i>mg</i>	2
TIVICAY TAB 50MG	10	<i>trandolapril tab 1 mg</i>	25
<i>tizanidine hcl tab 2 mg</i>	53	<i>trandolapril tab 2 mg</i>	25
<i>tizanidine hcl tab 4 mg</i>	53	<i>trandolapril tab 4 mg</i>	25
<i>tobra/nacl inj 80/0.9</i>	5	<i>tranexamic acid inj 100 mg/ml</i>	72
TOBRADEX OIN 0.3-0.1%	80	<i>tranexamic acid tab 650 mg</i>	72
TOBRADEX ST SUS 0.3-0.05	80	TRANSDERM-SC DIS 1.5MG.....	66
<i>tobramycin nebu soln 300 mg/5ml</i>	5	<i>tranylcypromine sulfate tab 10 mg</i>	44
<i>tobramycin ophth soln 0.3%</i>	81	<i>travasol inj 10%</i>	78
<i>tobramycin sulfate for inj 1.2 gm</i>	5	TRAVATAN Z DRO 0.004%	82
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	6	<i>trazodone hcl tab 100 mg</i>	44
<i>tobramycin sulfate inj 10 mg/ml</i>	6	<i>trazodone hcl tab 150 mg</i>	44
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	6	<i>trazodone hcl tab 50 mg</i>	44
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	6	TREANDA INJ 100MG.....	18
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	80	TREANDA INJ 25MG.....	18
TOBREX OIN 0.3% OP	81	TRECATOR TAB 250MG	11
<i>tolterodine tartrate cap sr 24hr 2 mg</i> ..	69	TRELSTAR DEP INJ 3.75MG	20
<i>tolterodine tartrate cap sr 24hr 4 mg</i> ..	69	TRELSTAR LA INJ 11.25MG.....	20
<i>tolterodine tartrate tab 1 mg</i>	69	<i>tretinoin cap 10 mg</i>	22
<i>tolterodine tartrate tab 2 mg</i>	69	<i>tretinoin cream 0.025%</i>	86
<i>topiramate sprinkle cap 15 mg</i>	40	<i>tretinoin cream 0.05%</i>	86
<i>topiramate sprinkle cap 25 mg</i>	40	<i>tretinoin cream 0.1%</i>	86
<i>topiramate tab 100 mg</i>	40	<i>tretinoin gel 0.01%</i>	86
<i>topiramate tab 200 mg</i>	40	<i>tretinoin gel 0.025%</i>	86
<i>topiramate tab 25 mg</i>	40	<i>triamcinolone acetonide cream 0.025%</i>	89
<i>topiramate tab 50 mg</i>	40	<i>triamcinolone acetonide cream 0.1%</i> ..	89
<i>toposar inj 1gm/50ml</i>	23	<i>triamcinolone acetonide cream 0.5%</i> ..	89
<i>topotecan hcl for inj 4 mg</i>	23	<i>triamcinolone acetonide dental paste 0.1%</i>	90
<i>toremide inj 20mg/2ml</i>	34	<i>triamcinolone acetonide lotion 0.025%</i> 89	
<i>toremide inj 50mg/5ml</i>	34	<i>triamcinolone acetonide lotion 0.1%</i> ...	89
<i>toremide tab 10 mg</i>	34	<i>triamcinolone acetonide nasal inhal 55 mcg/act</i>	84
<i>toremide tab 100 mg</i>	34	<i>triamcinolone acetonide oint 0.025%</i> ..	89
<i>toremide tab 20 mg</i>	34	<i>triamcinolone acetonide oint 0.1%</i>	89
<i>toremide tab 5 mg</i>	34	<i>triamcinolone acetonide oint 0.5%</i>	89
TOVIAZ TAB 4MG.....	69	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	34
TOVIAZ TAB 8MG.....	69	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	34
TPN ELECTROL INJ.....	77	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	34
TRACLEER TAB 125MG	36	TRIBENZOR20- TAB 5-12.5MG.....	26
TRACLEER TAB 62.5MG	36	TRIBENZOR40- TAB 10-12.5.....	26
TRADJENTA TAB 5MG	56	TRIBENZOR40- TAB 10-25MG.....	26
<i>tramadol hcl tab 50 mg</i>	2		
<i>tramadol-acetaminophen tab 37.5-325</i>			

TRIBENZOR40- TAB 5-12.5MG.....	26	UNITHROID TAB 88MCG.....	65
TRIBENZOR40- TAB 5-25MG	26	<i>ursodiol cap 300 mg</i>	68
<i>triderm cre 0.1%</i>	89	<i>ursodiol tab 250 mg</i>	68
<i>trifluoperazine hcl tab 1 mg</i>	49	<i>ursodiol tab 500 mg</i>	68
<i>trifluoperazine hcl tab 10 mg</i>	49	V	
<i>trifluoperazine hcl tab 2 mg</i>	49	VAGIFEM TAB 10MCG	61
<i>trifluoperazine hcl tab 5 mg</i>	49	<i>valacyclovir hcl tab 1 gm</i>	12
<i>trifluridine ophth soln 1%</i>	81	<i>valacyclovir hcl tab 500 mg</i>	12
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ...	46	VALCHLOR GEL 0.016%	90
<i>trihexyphenidyl hcl tab 2 mg</i>	46	VALCYTE SOL 50MG/ML	12
<i>trihexyphenidyl hcl tab 5 mg</i>	46	VALCYTE TAB 450MG.....	12
<i>tri-legest tab fe</i>	59	<i>valproate sodium inj 100 mg/ml</i>	40
TRILEPTAL SUS 300MG/5M	40	<i>valproate sodium syrup 250 mg/5ml</i> <i>(base equiv)</i>	40
<i>trilyte sol</i>	67	<i>valproic acid cap 250 mg</i>	40
<i>trimethoprim tab 100 mg</i>	7	<i>valsartan-hydrochlorothiazide tab</i> <i>160-12.5 mg</i>	26
<i>trimipramine maleate cap 100 mg</i>	44	<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	26
<i>trimipramine maleate cap 25 mg</i>	44	<i>valsartan-hydrochlorothiazide tab</i> <i>320-12.5 mg</i>	26
<i>trimipramine maleate cap 50 mg</i>	44	<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	26
TRINESSA TAB	59	<i>valsartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	26
<i>tri-previfem tab</i>	59	<i>vancomycin hcl cap 125 mg</i>	7
TRISENOX SOL 10MG/10M.....	22	<i>vancomycin hcl cap 250 mg</i>	7
<i>tri-sprintec tab</i>	59	<i>vancomycin hcl for inj 10 gm</i>	7
<i>trivora-28 tab</i>	59	<i>vancomycin hcl for inj 1000 mg</i>	7
TROPHAMINE INJ 10%	78	<i>vancomycin hcl for inj 500 mg</i>	7
<i>trospium chloride tab 20 mg</i>	70	<i>vancomycin hcl for inj 5000 mg</i>	7
TRUVADA TAB 200-300	10	<i>vancomycin inj 750mg</i>	7
TWINRIX INJ	76	VANDAZOLE GEL 0.75%	70
TYGACIL INJ 50MG.....	7	VAQTA INJ 25/0.5ML	76
TYKERB TAB 250MG	21	VAQTA INJ 50UNT/ML.....	76
TYPHIM VI INJ	76	VARIVAX INJ	76
TYSABRI INJ 300/15ML.....	53	VASCEPA CAP 1GM.....	29
TYZEKA TAB 600MG	12	VELCADE INJ 3.5MG	19
U		<i>velivet pak</i>	59
UCERIS TAB 9MG	67	<i>venlafaxine hcl cap sr 24hr 150 mg (base</i> <i>equivalent)</i>	44
ULORIC TAB 40MG	1	<i>venlafaxine hcl cap sr 24hr 37.5 mg (base</i> <i>equivalent)</i>	44
ULORIC TAB 80MG.....	1	<i>venlafaxine hcl cap sr 24hr 75 mg (base</i> <i>equivalent)</i>	44
UNITHROID TAB 100MCG	65	<i>venlafaxine hcl tab 100 mg</i>	44
UNITHROID TAB 112MCG	65		
UNITHROID TAB 125MCG	65		
UNITHROID TAB 150MCG	65		
UNITHROID TAB 175MCG	65		
UNITHROID TAB 200MCG	65		
UNITHROID TAB 25MCG	64		
UNITHROID TAB 300MCG	65		
UNITHROID TAB 50MCG	64		
UNITHROID TAB 75MCG	64		

<i>venlafaxine hcl tab 25 mg</i>	44	VIRAMUNE SUS 50MG/5ML.....	10
<i>venlafaxine hcl tab 37.5 mg</i>	44	VIRAMUNE XR TAB 100MG	10
<i>venlafaxine hcl tab 50 mg</i>	44	VIRAMUNE XR TAB 400MG	10
<i>venlafaxine hcl tab 75 mg</i>	44	VIREAD POW 40MG/GM	10
<i>verapamil hcl cap sr 24hr 100 mg</i>	32	VIREAD TAB 150MG	10
<i>verapamil hcl cap sr 24hr 120 mg</i>	32	VIREAD TAB 200MG	10
<i>verapamil hcl cap sr 24hr 180 mg</i>	32	VIREAD TAB 250MG	10
<i>verapamil hcl cap sr 24hr 200 mg</i>	32	VIREAD TAB 300MG	10
<i>verapamil hcl cap sr 24hr 240 mg</i>	32	VOLTAREN GEL 1%	90
<i>verapamil hcl cap sr 24hr 300 mg</i>	32	<i>voriconazole for inj 200 mg</i>	8
VERAPAMIL HCL CAP SR 24HR 360 MG	32	<i>voriconazole for susp 40 mg/ml</i>	8
<i>verapamil hcl iv soln 2.5 mg/ml</i>	32	<i>voriconazole tab 200 mg</i>	8
<i>verapamil hcl tab 120 mg</i>	32	<i>voriconazole tab 50 mg</i>	8
<i>verapamil hcl tab 40 mg</i>	32	VOTRIENT TAB 200MG.....	21
<i>verapamil hcl tab 80 mg</i>	32	VPRIV INJ 400UNIT	60
<i>verapamil hcl tab cr 120 mg</i>	32	<i>vyfemla</i>	59
<i>verapamil hcl tab cr 180 mg</i>	32	W	
<i>verapamil hcl tab cr 240 mg</i>	32	<i>warfarin sodium tab 1 mg</i>	71
VERSACLOZ SUS 50MG/ML	49	<i>warfarin sodium tab 10 mg</i>	71
VESICARE TAB 10MG	70	<i>warfarin sodium tab 2 mg</i>	71
VESICARE TAB 5MG	70	<i>warfarin sodium tab 2.5 mg</i>	71
VIBRAMYCIN SYP 50MG/5ML	17	<i>warfarin sodium tab 3 mg</i>	71
VICTOZA INJ 18MG/3ML	55	<i>warfarin sodium tab 4 mg</i>	71
VICTRELIS CAP 200MG	12	<i>warfarin sodium tab 5 mg</i>	71
VIDEX SOL 2GM	10	<i>warfarin sodium tab 6 mg</i>	71
VIDEX SOL 4GM	10	<i>warfarin sodium tab 7.5 mg</i>	71
VIGAMOX DRO 0.5%	81	WATER FOR IRRIGATION, STERILE	
VIIBRYD KIT	44	IRRIGATION SOLN	90
VIIBRYD TAB 10MG.....	44	WELCHOL PAK 3.75GM	29
VIIBRYD TAB 20MG.....	44	WELCHOL TAB 625MG	29
VIIBRYD TAB 40MG.....	44	X	
VIMPAT INJ 200MG/20	40	XALKORI CAP 200MG.....	21
VIMPAT SOL 10MG/ML.....	40	XALKORI CAP 250MG.....	21
VIMPAT TAB 100MG	40	XARELTO TAB 10MG	71
VIMPAT TAB 150MG	40	XARELTO TAB 15MG	71
VIMPAT TAB 200MG	40	XARELTO TAB 20MG	71
VIMPAT TAB 50MG	40	XENAZINE TAB 12.5MG.....	52
<i>vinblastine inj 1mg/ml</i>	19	XENAZINE TAB 25MG	52
<i>vincasar pfs inj 1mg/ml</i>	19	XGEVA INJ	63
<i>vincristine sulfate iv soln 1 mg/ml</i>	19	XIFAXAN TAB 550MG.....	68
<i>vinorelbine tartrate inj 10 mg/ml</i>	19	XOLAIR SOL 150MG	84
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml)</i>	19	XOPENEX HFA AER	84
<i>viorele tab</i>	59	XTANDI CAP 40MG	20
VIRACEPT TAB 250MG	10	<i>xulane dis 150-35</i>	59
VIRACEPT TAB 625MG	10	XYREM SOL 500MG/ML	53

Y

YF-VAX INJ76

Z

zafirlukast tab 10 mg84

zafirlukast tab 20 mg84

zaleplon cap 10 mg51

zaleplon cap 5 mg51

zarah tab 3-0.03mg59

ZAVESCA CAP 100MG60

zazole cre 0.4%70

ZAZOLE CRE 0.8%70

ZELBORAF TAB 240MG21

ZEMAIRA INJ 1000MG84

ZEMPLAR INJ 2MCG/ML80

ZEMPLAR INJ 5MCG/ML80

zenatane cap 10mg86

zenatane cap 20mg86

zenatane cap 40mg86

zenchent tab59

ZENPEP CAP 10000UNT68

ZENPEP CAP 15000UNT68

ZENPEP CAP 20000UNT68

ZENPEP CAP 25000UNT68

ZENPEP CAP 3000UNIT68

ZENPEP CAP 5000UNIT68

ZETIA TAB 10MG29

ZIAGEN SOL 20MG/ML10

zidovudine cap 100 mg10

zidovudine syrup 10 mg/ml10

zidovudine tab 300 mg10

ziprasidone hcl cap 20 mg49

ziprasidone hcl cap 40 mg50

ziprasidone hcl cap 60 mg 50

ziprasidone hcl cap 80 mg 50

ZMAX SUS 2GM 14

zoledronic acid inj conc for iv infusion 4

mg/5ml 57

ZOLINZA CAP 100MG 19

zolmitriptan orally disintegrating tab 2.5

mg 52

zolmitriptan orally disintegrating tab 5 mg

..... 52

zolmitriptan tab 2.5 mg 52

zolmitriptan tab 5 mg 52

zolpidem tartrate tab 10 mg 51

zolpidem tartrate tab 5 mg 51

ZOMETA INJ 4MG/100 57

ZOMETA INJ 4MG/5ML 57

ZONALON CRE 5% 87

zonisamide cap 100 mg 40

zonisamide cap 25 mg 40

zonisamide cap 50 mg 40

ZORTRESS TAB 0.25MG 75

ZORTRESS TAB 0.5MG 75

ZORTRESS TAB 0.75MG 75

ZOSTAVAX INJ 76

zovia 1/35e tab 59

zovia 1/50e tab 59

ZOVIRAX CRE 5% 88

ZYLET SUS 0.5-0.3% 80

ZYTIGA TAB 250MG 20

ZYVOX SOL 2MG/ML 7

ZYVOX SUS 100MG/5M 7

ZYVOX TAB 600MG 7

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

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