



MARKETPLACE PLAN

Preferred Drug List

CareSource is a Qualified
Health Plan issuer on the

INTRODUCTION

We are pleased to provide the 2017 **CareSource Preferred Drug List (PDL)**. The PDL is a list of the drugs covered by CareSource. The PDL is also called a Formulary.

This document is divided into three parts:

1. **The Introduction** – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. **The [Preferred Drug List](#) or Formulary** – Lists the drugs we cover.
3. **The [Index](#)** – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online [Find a Pharmacy](#) tool under “Quick Links” at **CareSource.com/marketplace**.

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called **copays**. For some drugs, members may pay **coinsurance**. Coinsurance is a percent of a drug's cost.

The Preferred Drug List shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has six levels or tiers. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. Tier number 0 has no copay, and is free to the member. Tier number 1 has the lowest copay amount and tier number 4 has the highest. These copay amounts count toward members' maximum out-of-pocket costs. The amount members pay for a drug on Tier 5 is considered coinsurance and also counts toward their maximum out-of-pocket costs.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the PDL to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

If we receive the request before 5 p.m. on Friday, we will give a decision within 72 hours. It may take longer than 72 hours for requests received on weekends and most holidays.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the PDL to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try a medicine on the Formulary before a drug that is not on the Formulary would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the PDL to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.

In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state-specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the PDL. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

CareSource will provide a decision no later than 72 hours after the request is received. If the member is suffering from a serious health condition, CareSource will provide a decision within 24 hours. As part of the process, CareSource will consider whether the requested drug is clinically appropriate.

Typically, our PDL includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with CVS Caremark to supply specialty medications that health partners may prescribe. CVS Caremark can:

- Help members get prescriptions filled or moved to CVS from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call CaremarkConnect® at 1-800-237-2767. Hours are Monday through Friday from 7:30 a.m. to 9 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with CVS Caremark to supply prescription medicines to members' homes. This could change a member's copay amount. CVS Caremark can:

- Help members get prescriptions filled or moved to CVS from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CaremarkConnect at 1-800-237-2767. Hours are Monday through Friday from 7:30 a.m. to 9 p.m. EST.

Members may also access the Caremark.com website to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the Caremark website, go to www.caremark.com/wps/portal.

Other Medical Supplies and Durable Medical Equipment (DME)

To support members, other medical supplies can continue to be filled by the CareSource Pharmacy Benefit Manager (PBM) through a retail pharmacy for a limited period of time until a DME provider can be contacted. This may include wound care supplies and enteral feeds.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Preferred Drug List. Turn to that page number to get details about the drug.

Abbreviations Used

OTC	Over the counter
PA	Prior Authorization; Prior Authorization includes but is not limited to therapeutic interchange
PA**	PA applies if Step is not met.
QL	Quantity Limit
ST	Step Therapy

Note to Health Partners: The CareSource Preferred Drug List (PDL) is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosage/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin	Glucophage
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The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel	Glucophage XR
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A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone	Cortisporin
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Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Preferred Drug List is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on **CareSource.com/marketplace**, or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Preferred Drug List.

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Effective 12/01/2017

Drug Name Drug Tier Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

ANTI-OBESITY AGENTS

CONTRAIVE TAB 8-90MG	3	
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ANALGESICS

COX-2 INHIBITORS

<i>celecoxib cap 50 mg</i>	1	
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<i>celecoxib cap 100 mg</i>	1	
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<i>celecoxib cap 200 mg</i>	1	
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<i>celecoxib cap 400 mg</i>	1	
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GOUT

<i>allopurinol sodium for inj 500 mg</i>	1	
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<i>allopurinol tab 100 mg</i>	1	
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<i>allopurinol tab 300 mg</i>	1	
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<i>colchicine tab 0.6 mg</i>	1	
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<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
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<i>probenecid tab 500 mg</i>	1	
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ULORIC TAB 40MG	3	ST; PA**
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ULORIC TAB 80MG	3	ST; PA**
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NON-OPIOID ANALGESICS

<i>alagesic lq sol</i>	1	QL (720 mL / 25 days)
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<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
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<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
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<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
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<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
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<i>butalbital-aspirin-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
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<i>tencon tab 50-325mg</i>	1	QL (48 tabs per 25 days)
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NSAIDS

<i>diclofenac potassium tab 50 mg</i>	1	
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<i>diclofenac sodium tab delayed release 25 mg</i>	1	
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<i>diclofenac sodium tab delayed release 50 mg</i>	1	
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<i>diclofenac sodium tab delayed release 75 mg</i>	1	
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<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
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<i>etodolac cap 200 mg</i>	1	
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<i>etodolac cap 300 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>fenoprofen calcium cap 400 mg</i>	1	
<i>fenoprofen calcium tab 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>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 300 mg/10ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tabs / 25 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	

NSAIDS, COMBINATIONS

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 25 days)
SUBOXONE MIS 2-0.5MG	2	QL (90 units / 25 days)
SUBOXONE MIS 4-1MG	2	QL (90 units / 25 days)
SUBOXONE MIS 8-2MG	2	QL (90 units / 25 days)
SUBOXONE MIS 12-3MG	2	QL (60 units / 25 days)

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 ml per 25 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tablets per 25 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tablets per 25 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tablets per 25 days)
<i>astramorph inj 1mg/2ml</i>	1	
<i>astramorph inj 2mg/2ml</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps per 25 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles / 25 days)
CAPITAL/COD SUS 120-12/5	3	QL (2700 ml per 25 days)
CODEINE SULF SOL 30MG/5ML	2	QL (210 ml per 25 days)
<i>codeine sulfate tab 15 mg</i>	1	QL (42 tablets per 25 days)
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tablets per 25 days)
<i>codeine sulfate tab 60 mg</i>	1	QL (42 tablets per 25 days)
EMBEDA CAP 20-0.8MG	3	QL (120 capsules per 25 days)

Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 30-1.2MG	3	QL (120 capsules per 25 days)
EMBEDA CAP 50-2MG	3	QL (120 capsules per 25 days)
EMBEDA CAP 60-2.4MG	3	QL (120 capsules per 25 days)
EMBEDA CAP 80-3.2MG	3	QL (120 capsules per 25 days)
EMBEDA CAP 100-4MG	3	QL (120 capsules per 25 days)
<i>endocet tab 2.5-325</i>	1	QL (360 tablets per 25 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tablets per 25 days)
<i>endocet tab 7.5-325</i>	1	QL (240 tablets per 25 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tablets per 25 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches per 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches per 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 patches per 25 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 patches per 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 patches per 25 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 ml per 25 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL (2700 ml per 25 days)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (360 tablets per 25 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (240 tablets per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tablets per 25 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (180 tablets per 25 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tablets per 25 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tablets per 25 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tablets per 25 days)
HYDROMORPHON SUP 3MG	3	QL (120 suppositories per 25 days)
<i>hydromorphone hcl inj 1 mg/ml</i>	1	
<i>hydromorphone hcl inj 2 mg/ml</i>	1	
<i>hydromorphone hcl inj 4 mg/ml</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 ml per 25 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	1	
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tablets per 25 days)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (180 tablets per 25 days)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (180 tablets per 25 days)
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	QL (60 tablets per 25 days)
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	QL (60 tablets per 25 days)
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	QL (60 tablets per 25 days)
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	QL (60 tablets per 25 days)
HYSINGLA ER TAB 20 MG	2	QL (60 tablets per 25 days)
HYSINGLA ER TAB 30 MG	2	QL (60 tablets per 25 days)
HYSINGLA ER TAB 40 MG	2	QL (60 tablets per 25 days)
HYSINGLA ER TAB 60 MG	2	QL (60 tablets per 25 days)
HYSINGLA ER TAB 80 MG	2	QL (60 tablets per 25 days)
HYSINGLA ER TAB 100 MG	2	QL (60 tablets per 25 days)
HYSINGLA ER TAB 120 MG	2	QL (60 tablets per 25 days)
<i>levorphanol tartrate tab 2 mg</i>	1	QL (120 tablets per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorTAB tab 10-325mg</i>	1	QL (180 tablets per 25 days)
<i>meperidine hcl inj 10 mg/ml</i>	1	
<i>meperidine hcl inj 25 mg/ml</i>	1	
<i>meperidine hcl inj 50 mg/ml</i>	1	
<i>meperidine hcl inj 100 mg/ml</i>	1	
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	QL (90 mL per 25 days)
<i>meperidine hcl tab 50 mg</i>	1	QL (18 tablets per 25 days)
<i>meperidine hcl tab 100 mg</i>	1	QL (18 tablets per 25 days)
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 ml per 25 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (450 ml per 25 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (450 ml per 25 days)
<i>methadone hcl tab 5 mg</i>	1	QL (90 tablets per 25 days)
<i>methadone hcl tab 10 mg</i>	1	QL (90 tablets per 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tablets per 25 days)
METHADONE INJ 10MG/ML	3	QL (20 ml per 25 days)
<i>methadose tab 40mg</i>	1	QL (9 tablets per 25 days)
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 5MG/ML	3	
MORPHINE SUL INJ 150/30ML	3	
MORPHINE SUL SUP 30MG	2	QL (180 suppositories per 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	QL (30 capsules per 25 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	QL (30 capsules per 25 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	QL (30 capsules per 25 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	QL (30 capsules per 25 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	QL (30 capsules per 25 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	QL (30 capsules per 25 days)
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL (120 capsules per 25 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL (120 capsules per 25 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL (120 capsules per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL (120 capsules per 25 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL (120 capsules per 25 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL (120 capsules per 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	QL (120 capsules per 25 days)
<i>morphine sulfate inj 8 mg/ml</i>	1	
<i>morphine sulfate inj 10 mg/ml</i>	1	
<i>morphine sulfate inj pf 1 mg/ml</i>	1	
<i>morphine sulfate iv soln 1 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 4 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 8 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 10 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 15 mg/ml</i>	1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (900 ml per 25 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (900 ml per 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (180 ml per 25 days)
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 suppositories per 25 days)
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 suppositories per 25 days)
<i>morphine sulfate suppos 20 mg</i>	1	QL (180 suppositories per 25 days)
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tablets per 25 days)
<i>morphine sulfate tab 30 mg</i>	1	QL (180 tablets per 25 days)
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tablets per 25 days)
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tablets per 25 days)
<i>morphine sulfate tab er 60 mg</i>	1	QL (90 tablets per 25 days)
<i>morphine sulfate tab er 100 mg</i>	1	QL (90 tablets per 25 days)
<i>morphine sulfate tab er 200 mg</i>	1	QL (90 tablets per 25 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
NUCYNTA ER TAB 50MG	2	QL (300 tablets per 25 days)
NUCYNTA ER TAB 100MG	2	QL (150 tablets per 25 days)
NUCYNTA ER TAB 150MG	2	QL (90 tablets per 25 days)

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 200MG	2	QL (60 tablets per 25 days)
NUCYNTA ER TAB 250MG	2	QL (60 tablets per 25 days)
NUCYNTA TAB 50MG	2	QL (360 tablets per 25 days)
NUCYNTA TAB 75MG	2	QL (240 tablets per 25 days)
NUCYNTA TAB 100MG	2	QL (180 tablets per 25 days)
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 capsules per 25 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (180 ml per 25 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 ml per 25 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tablets per 25 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tablets per 25 days)
<i>oxycodone hcl tab 15 mg</i>	1	QL (180 tablets per 25 days)
<i>oxycodone hcl tab 20 mg</i>	1	QL (180 tablets per 25 days)
<i>oxycodone hcl tab 30 mg</i>	1	QL (180 tablets per 25 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (120 tablets per 25 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (120 tablets per 25 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (120 tablets per 25 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (120 tablets per 25 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	QL (120 tablets per 25 days)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	QL (120 tablets per 25 days)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	QL (120 tablets per 25 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 ml per 25 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tablets per 25 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tablets per 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tablets per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tablets per 25 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tablets per 25 days)
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs per 25 days)
OXYCONTIN TAB 10MG CR	2	QL (120 tablets per 25 days)
OXYCONTIN TAB 15MG CR	2	QL (120 tablets per 25 days)
OXYCONTIN TAB 20MG CR	2	QL (120 tablets per 25 days)
OXYCONTIN TAB 30MG CR	2	QL (120 tablets per 25 days)
OXYCONTIN TAB 40MG CR	2	QL (120 tablets per 25 days)
OXYCONTIN TAB 60MG CR	2	QL (120 tablets per 25 days)
OXYCONTIN TAB 80MG CR	2	QL (120 tablets per 25 days)
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tablets per 25 days)
<i>oxymorphone hcl tab 10 mg</i>	1	QL (180 tablets per 25 days)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	QL (120 tablets per 25 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	QL (120 tablets per 25 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	QL (120 tablets per 25 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	QL (120 tablets per 25 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	QL (120 tablets per 25 days)
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	QL (120 tablets per 25 days)
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	QL (120 tablets per 25 days)
PRIMLEV TAB 5-300MG	3	QL (360 tablets per 25 days)
PRIMLEV TAB 7.5-300	3	QL (240 tablets per 25 days)
PRIMLEV TAB 10-300MG	3	QL (180 tablets per 25 days)
<i>roxicet tab 5-325mg</i>	1	QL (360 tablets per 25 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tablets per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (30 tablets per 25 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	QL (30 tablets per 25 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	QL (30 tablets per 25 days)
<i>vicodin es tab 7.5-300</i>	1	QL (180 tablets per 25 days)
<i>vicodin hp tab 10-300mg</i>	1	QL (180 tablets per 25 days)
<i>vicodin tab 5-300mg</i>	1	QL (240 tablets per 25 days)
XARTEMIS XR TAB 7.5-325	3	QL (360 tablets per 25 days)
<i>xylon tab 10-200mg</i>	1	QL (50 tablets per 25 days)

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs/25 days; 21 tabs/75 days Induction Therapy), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs/25 days; 21 tabs/75 days Induction Therapy), PA
BUTRANS DIS 5MCG/HR	3	QL (16 patches per 25 days)
BUTRANS DIS 7.5/HR	3	QL (8 patches per 25 days)
BUTRANS DIS 10MCG/HR	3	QL (8 patches per 25 days)
BUTRANS DIS 15MCG/HR	3	QL (4 patches per 25 days)
BUTRANS DIS 20MCG/HR	3	QL (4 patches per 25 days)

SALICYLATES

<i>aspirin chw 81mg</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply
<i>aspirin low tab 81mg ec</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab 81 mg</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ST JOSEPH CHW 75MG ADU	0	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply

ANESTHETICS

LOCAL ANESTHETICS

LIDO/DEXTROS INJ 5-7.5%	3	
<i>lidocaine hcl local inj 0.5%</i>	1	
<i>lidocaine hcl local inj 1%</i>	1	
<i>lidocaine hcl local inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	1	

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	1	
<i>e.s.p. sus 200-600</i>	1	
GENTAM/NAACL INJ 0.9MG/ML	3	
GENTAM/NAACL INJ 1.4MG/ML	3	
<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>kanamycin sulfate inj 333 mg/ml</i>	1	
KETEK TAB 300MG	3	
KETEK TAB 400MG	3	
MONUROL PAK GRANULES	3	
NEO-FRADIN SOL 125/5ML	3	
<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	
SULFADIAZINE TAB 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
TOBRA/NACL INJ 80/0.9	3	
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA
<i>tobramycin sulfate for inj 1.2 gm</i>	1	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	
VIBATIV INJ 250MG	3	
VIBATIV INJ 750MG	3	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA TAB 200MG	2	
ALINIA SUS 100/5ML	2	
ALINIA TAB 500MG	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	4	PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	1	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	
DARAPRIM TAB 25MG	3	
<i>doripenem for iv infusion 250 mg</i>	1	
<i>doripenem for iv infusion 500 mg</i>	1	
EMVERM CHW 100MG	3	
FLAGYL ER TAB 750MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
INVANZ INJ 1GM	3	
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1	
<i>linezolid tab 600 mg</i>	1	
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 65 and older
PENTAM 300 INJ 300MG	3	
<i>polymyxin b sulfate for inj 500000 unit</i>	1	
PRIMSOL SOL 50MG/5ML	2	
SIVEXTRO INJ 200MG	3	
SIVEXTRO TAB 200MG	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	3	
<i>vancomycin hcl cap 125 mg</i>	1	ST; PA**
<i>vancomycin hcl cap 250 mg</i>	1	ST; PA**
<i>vancomycin hcl for inj 10 gm</i>	1	
<i>vancomycin hcl for inj 500 mg</i>	1	
<i>vancomycin hcl for inj 750 mg</i>	1	
<i>vancomycin hcl for inj 1000 mg</i>	1	
<i>vancomycin hcl for inj 5000 mg</i>	1	
XIFAXAN TAB 200MG	2	
XIFAXAN TAB 550MG	2	PA

ANTIFUNGALS

ABELCET INJ 5MG/ML	3	
AMBISOME INJ 50MG	3	
AMPHOTEC INJ 50MG	3	
AMPHOTEC INJ 100MG	3	
<i>amphotericin b for inj 50 mg</i>	1	
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
CANCIDAS INJ 50MG	3	
CANCIDAS INJ 70MG	3	
<i>casposfungin acetate for iv soln 50 mg</i>	1	
CRESEMBA CAP 186 MG	3	
ERAXIS INJ 50MG	3	
ERAXIS INJ 100MG	3	
<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	
FLUCONAZOLE/ INJ NAACL 100	3	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole cap 100 mg</i>	1	PA
LAMISIL GRA 125MG	3	PA
LAMISIL GRA 187.5MG	3	PA
MYCAMINE INJ 50MG	3	
MYCAMINE INJ 100MG	3	
NOXAFIL SUS 40MG/ML	2	
NOXAFIL TAB 100MG	2	
<i>nystatin oral powder</i>	1	
<i>nystatin tab 500000 unit</i>	1	
SPORANOX SOL 10MG/ML	2	PA
<i>terbinafine hcl tab 250 mg</i>	1	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
<i>quinine sulfate tab 260 mg</i>	1	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
APTIVUS CAP 250MG	2	
APTIVUS SOL	2	
CRIXIVAN CAP 200MG	2	
CRIXIVAN CAP 400MG	2	
<i>didanosine delayed release capsule 125 mg</i>	1	
<i>didanosine delayed release capsule 200 mg</i>	1	
<i>didanosine delayed release capsule 250 mg</i>	1	
<i>didanosine delayed release capsule 400 mg</i>	1	
EDURANT TAB 25MG	2	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	
FUZEON INJ 90MG	4	
INTELENCE TAB 25MG	2	
INTELENCE TAB 100MG	2	
INTELENCE TAB 200MG	2	

Drug Name	Drug Tier	Requirements/Limits
INVIRASE CAP 200MG	2	
INVIRASE TAB 500MG	2	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
LEXIVA SUS 50MG/ML	2	
LEXIVA TAB 700MG	2	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 100 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 400MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
RETROVIR INJ 10MG/ML	2	
REYATAZ CAP 100MG	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
REYATAZ POW 50MG	2	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
SELZENTRY TAB 150MG	2	
SELZENTRY TAB 300MG	2	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
<i>stavudine for oral soln 1 mg/ml</i>	1	
SUSTIVA CAP 50MG	2	
SUSTIVA CAP 200MG	2	
SUSTIVA TAB 600MG	2	
TIVICAY TAB 10MG	2	

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
TYBOST TAB 150MG	2	
VIDEX SOL 2GM	2	
VIDEX SOL 4GM	2	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIRAMUNE SUS 50MG/5ML	2	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VIREAD TAB 300MG	2	
VITEKTA TAB 85MG	2	
VITEKTA TAB 150MG	2	
ZERIT SOL 1MG/ML	2	
ZIAGEN SOL 20MG/ML	2	
<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 tab 600-300 mg</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	
ATRIPLA TAB	2	
COMPLERA TAB	2	
DESCOVY TAB 200/25	2	
EVOTAZ TAB 300-150	2	
GENVOYA TAB	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
STRIBILD TAB	2	
TRIUMEQ TAB	2	
TRUVADA TAB 100-150	2	
TRUVADA TAB 133-200	2	
TRUVADA TAB 167-250	2	
TRUVADA TAB 200-300	2	

ANTITUBERCULAR AGENTS

CAPASTAT SUL INJ 1GM	2	
<i>cycloserine cap 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
RIFAMATE CAP	2	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
RIFATER TAB	2	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	2	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	1	
<i>acyclovir sodium for inj 1000 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	
<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>	1	
BARACLUDE SOL .05MG/ML	2	
<i>cidofovir iv inj 75 mg/ml</i>	1	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
EPCLUSA TAB 400-100	4	PA
EPIVIR HBV SOL 5MG/ML	2	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>foscarnet sodium inj 24 mg/ml</i>	1	
HARVONI TAB 90-400MG	4	PA
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps / 90 days)
PEGASYS INJ	4	PA
PEGASYS INJ 180MCG/M	4	PA

Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJ PROCLICK	4	PA
PEGASYS KIT	4	PA
REBETOL SOL 40MG/ML	4	PA
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>ribasphere cap 200mg</i>	1	PA
<i>ribasphere tab 200mg</i>	1	PA
<i>ribasphere tab 400mg</i>	1	PA
<i>ribasphere tab 600mg</i>	1	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin for inhal soln 6 gm</i>	1	
<i>ribavirin tab 200 mg</i>	1	PA
<i>rimantadine hydrochloride tab 100 mg</i>	1	
SOVALDI TAB 400MG	4	PA
TAMIFLU SUS 6MG/ML	2	QL (180 mL / 90 days)
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
CEPHALOSPORINS		
CEDAX SUS 90MG/5ML	3	
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACTOR ER TAB 500MG	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	
CEFAZOL/DEX SOL 1GM	3	
CEFAZOL/DEX SOL 2GM	3	
CEFAZOLIN INJ 1GM/50ML	3	
CEFAZOLIN INJ 2GM/50ML	3	
<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	
CEFAZOLIN SOL	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	1	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
CEFEPIME INJ 1GM	3	
CEFEPIME INJ 2GM	3	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefotaxime sodium for inj 1 gm</i>	1	
<i>cefotaxime sodium for inj 2 gm</i>	1	
<i>cefotaxime sodium for inj 10 gm</i>	1	
<i>cefotaxime sodium for inj 500 mg</i>	1	
CEFOTET/DEX INJ 1-3.58%	3	
CEFOTET/DEX INJ 2-2.08%	3	
CEFOTETAN DISODIUM FOR INJ 1 GM	1	
CEFOTETAN DISODIUM FOR INJ 2 GM	1	
CEFOTETAN DISODIUM FOR INJ 10 GM	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium for inj 10 gm</i>	1	
<i>cefoxitin sodium for iv soln 1 gm</i>	1	
<i>cefoxitin sodium for iv soln 2 gm</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>ceftazidime for inj 2 gm</i>	1	
CEFTAZIDIME INJ 100GM	3	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftibuten cap 400 mg</i>	1	
<i>ceftibuten for susp 180 mg/5ml</i>	1	
CEFTIN SUS 125/5ML	2	
CEFTIN SUS 250/5ML	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
CEFUROX/DEXT INJ 1.5GM	3	
CEFUROX/DEXT INJ 750MG	3	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEFUROXIME INJ 7.5GM	3	
CEFUROXIME INJ 75GM	3	
CEFUROXIME INJ 225GM	3	
<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 cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CLAFORAN INJ 1GM	3	
CLAFORAN INJ 2GM	3	
FORTAZ INJ 1GM	3	
FORTAZ INJ 2GM	3	
FORTAZ INJ 500MG	3	
MAXIPIME INJ 1GM	3	
MAXIPIME INJ 2GM	3	
MEFOXIN INJ 1GM/50ML	3	
MEFOXIN INJ 2GM/50ML	3	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
SUPRAX TAB 400MG	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	3	
TEFLARO INJ 600MG	3	
ZINACEF INJ 750MG	3	
ZINACEF/H2O INJ 1.5GM PB	3	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	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 er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	PA
<i>e.e.s. 400 tab 400mg</i>	1	
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
ERYPED SUS 400/5ML	2	
ERYTHROCIN INJ 500MG	3	
ERYTHROCIN INJ 1000MG	3	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</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	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZMAX SUS 2GM	3	
FLUOROQUINOLONES		
AVELOX INJ	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	1	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
FACTIVE TAB 320MG	3	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 200 mg</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
HEPATITIS AGENTS		
OLYSIO CAP 150MG	5	PA, ST
TECHNIVIE TAB	5	PA, ST
VIEKIRA PAK TAB	5	PA, ST
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 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	

Drug Name	Drug Tier	Requirements/Limits
<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 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 10 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 1 gm</i>	1	
<i>ampicillin sodium for iv soln 2 gm</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
AUGMENTIN SUS 125/5ML	2	
BACTOCILL INJ DEX 1GM	3	
BACTOCILL INJ DEX 2GM	3	
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	
NAFCILLIN INJ 1GM/50ML	3	
NAFCILLIN INJ 2GM/100	3	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium for inj 10 gm</i>	1	
<i>nafcillin sodium for iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	1	
PEN G PROC INJ 600000	3	
PENICILL GK/ INJ DEX 1MU	3	
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>pfizerpen-g inj 20mu</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.3751 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.251 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.51 gm (36-4.5 gm)</i>	1	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
TETRACYCLINES		
<i>avidoxy tab 100mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxy 100 inj 100mg</i>	1	
<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 hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr 45 mg</i>	1	
<i>minocycline hcl tab er 24hr 90 mg</i>	1	
<i>minocycline hcl tab er 24hr 135 mg</i>	1	
<i>morgidox cap 1x100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN SYP 50MG/5ML	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

ALKERAN TAB 2MG	2	
BICNU INJ 100MG	2	
<i>busulfan inj 6 mg/ml</i>	1	
CYCLOPHOSPH CAP 25MG	2	
CYCLOPHOSPH CAP 50MG	2	
<i>cyclophosphamide for inj 1 gm</i>	1	
<i>cyclophosphamide for inj 2 gm</i>	1	
<i>cyclophosphamide for inj 500 mg</i>	1	
<i>cyclophosphamide tab 25 mg</i>	1	
<i>cyclophosphamide tab 50 mg</i>	1	
<i>dacarbazine for inj 100 mg</i>	1	
<i>dacarbazine for inj 200 mg</i>	1	
EMCYT CAP 140MG	2	
GLEOSTINE CAP 5MG	2	
GLEOSTINE CAP 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
GLIADEL WAF 7.7MG	2	
HEXALEN CAP 50MG	2	
<i>ifosfamide for inj 1 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	
LEUKERAN TAB 2MG	2	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	1	
<i>melphalan tab 2 mg</i>	1	
MYLERAN TAB 2MG	2	
TEMODAR INJ 100MG	4	PA
<i>temozolomide cap 5 mg</i>	1	PA
<i>temozolomide cap 20 mg</i>	1	PA
<i>temozolomide cap 100 mg</i>	1	PA
<i>temozolomide cap 140 mg</i>	1	PA
<i>temozolomide cap 180 mg</i>	1	PA
<i>temozolomide cap 250 mg</i>	1	PA
ZANOSAR INJ 1GM	2	
ANTHRACYCLINES		
<i>adriamycin inj 10mg</i>	1	
ADRIAMYCIN INJ 20MG	2	
<i>daunorubicin hcl for inj 20 mg</i>	1	
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	1	
DAUNOXOME INJ 2MG/ML	2	
<i>doxorubicin hcl for inj 10 mg</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	1	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	1	
EPIRUBICIN INJ 50MG	2	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>dactinomycin for inj 0.5 mg</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	
ANTIMETABOLITES		
<i>adrucil inj 500/10ml</i>	1	
ALIMTA INJ 100MG	2	
ALIMTA INJ 500MG	2	
ARRANON INJ 5MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>azacitidine for inj 100 mg</i>	1	PA
<i>capecitabine tab 150 mg</i>	1	PA
<i>capecitabine tab 500 mg</i>	1	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>clofarabine iv soln 1 mg/ml</i>	1	
<i>cytarabine for inj 1 gm</i>	1	
<i>cytarabine for inj 100 mg</i>	1	
<i>cytarabine for inj 500 mg</i>	1	
<i>cytarabine inj 20 mg/ml</i>	1	
<i>cytarabine inj pf 20 mg/ml</i>	1	
<i>cytarabine inj pf 100 mg/ml</i>	1	
<i>decitabine for inj 50 mg</i>	1	PA
DEPOCYT INJ 50MG/5ML	2	
<i>floxuridine for inj 0.5 gm</i>	1	
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	1	
<i>gemcitabine hcl for inj 1 gm</i>	1	
<i>gemcitabine hcl for inj 2 gm</i>	1	
<i>gemcitabine hcl for inj 200 mg</i>	1	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1	
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
NIPENT INJ 10MG	2	
TABLOID TAB 40MG	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	
DOCEFREZ INJ 20MG	2	
DOCEFREZ INJ 80MG	2	
<i>docetaxel for inj conc 20 mg/ml</i>	1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	
DOCETAXEL INJ 20/0.5ML	2	
DOCETAXEL INJ 20MG/2ML	2	
DOCETAXEL INJ 80MG/2ML	2	
DOCETAXEL INJ 80MG/8ML	2	
DOCETAXEL INJ 140/7ML	2	
DOCETAXEL INJ 160/8ML	2	
DOCETAXEL INJ 160/16ML	2	
DOCETAXEL INJ 200MG/20	2	
DOCETAXEL INJ NON-ALCO	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE INJ 10MG	2	
<i>vinblastine sulfate inj 1 mg/ml</i>	1	
<i>vincasar pfs inj 1mg/ml</i>	1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA CON 100/5ML	4	PA
ARZERRA CON 1000/50	4	PA
ERBITUX INJ 100MG	4	PA
ERBITUX INJ 200MG	4	PA
ERIVEDGE CAP 150MG	4	PA
FARYDAK CAP 10MG	4	PA
FARYDAK CAP 15MG	4	PA
FARYDAK CAP 20MG	4	PA
GAZYVA INJ 25MG/ML	4	PA
IBRANCE CAP 75MG	4	PA
IBRANCE CAP 100MG	4	PA
IBRANCE CAP 125MG	4	PA
KADCYLA INJ 100MG	4	PA
KADCYLA INJ 160MG	4	PA
KEYTRUDA INJ 100MG/4M	4	PA

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA SOL 50MG	4	PA
LYNPARZA CAP 50MG	4	PA
RITUXAN INJ 100MG	4	PA
RITUXAN INJ 500MG	4	PA
RYDAPT CAP 25MG	5	PA
TORISEL SOL 25MG/ML	4	PA
YERVOY INJ 50MG	4	PA
YERVOY INJ 200MG	4	PA
ZALTRAP INJ 100/4ML	4	PA
ZALTRAP INJ 200/8ML	4	PA
ZEJULA CAP 100MG	5	PA
ZOLINZA CAP 100MG	4	PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	
DEPO-PROVERA INJ 400/ML	3	
ELIGARD INJ 7.5MG	4	PA
ELIGARD INJ 22.5MG	4	PA
ELIGARD INJ 30MG	4	PA
ELIGARD INJ 45MG	4	PA
<i>exemestane tab 25 mg</i>	1	
FARESTON TAB 60MG	2	
FASLODEX INJ 250MG	2	
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	4	PA
<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	PA
LUPR DEP-PED INJ 3M 30MG	4	PA
LUPR DEP-PED INJ 7.5MG	4	PA
LUPR DEP-PED INJ 11.25MG	4	PA
LUPR DEP-PED INJ 15MG	4	PA
LUPRON DEPOT INJ 3.75MG	4	PA
LUPRON DEPOT INJ 7.5MG	4	PA
LUPRON DEPOT INJ 11.25MG	4	PA
LUPRON DEPOT INJ 22.5MG	4	PA
LUPRON DEPOT INJ 30MG	4	PA
LUPRON DEPOT INJ 45MG	4	PA
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer
TRELSTAR INJ 11.25MG	4	PA
TRELSTAR MIX INJ 3.75MG	4	PA
TRELSTAR MIX INJ 22.5MG	4	PA
ZYTIGA TAB 250MG	4	PA
ZYTIGA TAB 500MG	4	PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	4	PA
AFINITOR DIS TAB 3MG	4	PA
AFINITOR DIS TAB 5MG	4	PA
AFINITOR TAB 2.5MG	4	PA
AFINITOR TAB 5MG	4	PA
AFINITOR TAB 7.5MG	4	PA
AFINITOR TAB 10MG	4	PA
BOSULIF TAB 100MG	4	PA
BOSULIF TAB 500MG	4	PA
CAPRELSA TAB 100MG	4	PA
CAPRELSA TAB 300MG	4	PA
COMETRIQ KIT 60MG	4	PA
COMETRIQ KIT 100MG	4	PA
COMETRIQ KIT 140MG	4	PA
ICLUSIG TAB 15MG	4	PA
ICLUSIG TAB 45MG	4	PA
IDHIFA TAB 50MG	4	PA
IDHIFA TAB 100MG	4	PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	PA
IMBRUVICA CAP 140MG	4	PA
INLYTA TAB 1MG	4	PA
INLYTA TAB 5MG	4	PA
JAKAFI TAB 5MG	4	PA
JAKAFI TAB 10MG	4	PA
JAKAFI TAB 15MG	4	PA
JAKAFI TAB 20MG	4	PA
JAKAFI TAB 25MG	4	PA
LENVIMA CAP 8 MG	4	PA
LENVIMA CAP 10 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 14 MG	4	PA
LENVIMA CAP 18 MG	4	PA
LENVIMA CAP 20 MG	4	PA
LENVIMA CAP 24 MG	4	PA
MEKINIST TAB 0.5MG	4	PA
MEKINIST TAB 2MG	4	PA
NEXAVAR TAB 200MG	4	PA
SPRYCEL TAB 20MG	4	PA
SPRYCEL TAB 50MG	4	PA
SPRYCEL TAB 70MG	4	PA
SPRYCEL TAB 80MG	4	PA
SPRYCEL TAB 100MG	4	PA
SPRYCEL TAB 140MG	4	PA
STIVARGA TAB 40MG	4	PA
SUTENT CAP 12.5MG	4	PA
SUTENT CAP 25MG	4	PA
SUTENT CAP 37.5MG	4	PA
SUTENT CAP 50MG	4	PA
TAFINLAR CAP 50MG	4	PA
TAFINLAR CAP 75MG	4	PA
TARCEVA TAB 25MG	4	PA
TARCEVA TAB 100MG	4	PA
TARCEVA TAB 150MG	4	PA
TYKERB TAB 250MG	4	PA
VOTRIENT TAB 200MG	4	PA
XALKORI CAP 200MG	4	PA
XALKORI CAP 250MG	4	PA
ZELBORAF TAB 240MG	4	PA
ZYDELIG TAB 100MG	4	PA
ZYDELIG TAB 150MG	4	PA
ZYKADIA CAP 150MG	4	PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	1	PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	
<i>ifosfamide & mesna inj kit 1000-1000 mg</i>	1	
MATULANE CAP 50MG	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	PA
ONCASPAR INJ 750/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
PHOTOFRIN INJ 75MG	2	
QUADRAMET INJ	2	
SYNRIBO INJ 3.5MG	4	PA
THERACYS INJ	2	
TICE BCG INJ	2	
<i>tretinoin cap 10 mg</i>	1	
TRISENOX SOL 10MG/10M	2	
UVADEX INJ 20MCG/ML	2	
VISTOGARD PAK 10GM	2	
PLATINUM-BASED AGENTS		
<i>carboplatin iv for inj 150 mg</i>	1	
<i>carboplatin iv soln 50 mg/5ml</i>	1	
<i>carboplatin iv soln 150 mg/15ml</i>	1	
<i>carboplatin iv soln 450 mg/45ml</i>	1	
<i>carboplatin iv soln 600 mg/60ml</i>	1	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	
ELOXATIN INJ 200MG	2	
<i>oxaliplatin for iv inj 50 mg</i>	1	
<i>oxaliplatin for iv inj 100 mg</i>	1	
<i>oxaliplatin iv soln 50 mg/10ml</i>	1	
<i>oxaliplatin iv soln 100 mg/20ml</i>	1	
PROTECTIVE AGENTS		
<i>amifostine for inj 500 mg</i>	1	
<i>dexrazoxane for inj 250 mg</i>	1	
<i>dexrazoxane for inj 500 mg</i>	1	
KEPIVANCE INJ 6.25MG	2	
<i>leucovorin calcium for inj 50 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	1	
LEUCOVORIN CALCIUM FOR INJ 500 MG	1	
<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>mesna inj 100 mg/ml</i>	1	
MESNEX TAB 400MG	2	
TOPOISOMERASE INHIBITORS		
CAMPTOSAR INJ 300/15ML	2	
ETOPOPHOS INJ 100MG	2	
<i>etoposide cap 50 mg</i>	1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	
HYCAMTIN CAP 0.25MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
HYCAMTIN CAP 1MG	4	PA
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	1	
TENIPOSIDE INJ 50MG/5ML	2	
<i>toposar inj 20mg/ml</i>	1	
<i>toposar inj 100/5ml</i>	1	
<i>topotecan hcl for inj 4 mg</i>	1	
TOPOTECAN INJ 4MG/4ML	2	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	4	PA
VENCLEXTA TAB 50MG	4	PA
VENCLEXTA TAB 100MG	4	PA
VENCLEXTA TAB START PK	4	PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>		
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>		
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>		
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>		
<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	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 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	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<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		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-40 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-40 mg</i>		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
EDARBI TAB 40MG	3	ST; PA**
EDARBI TAB 80MG	3	ST; PA**
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<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>lidocaine hcl iv inj 10 mg/ml</i>	1	
<i>lidocaine hcl iv inj 20 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</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	PA
NEXTERONE INJ	3	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>procainamide hcl inj 100 mg/ml</i>	1	
PROCAINAMIDE INJ 500MG/ML	3	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 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 sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/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	
SOTALOL HCL INJ 150/10ML	3	
<i>sotalol hcl tab 80 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	1	
ANTILIPEMICS, FIBRATES		
<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>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg</i>	1	\$0 copay for members age 40 through 75
LIVALO TAB 1MG	3	
LIVALO TAB 2MG	3	
LIVALO TAB 4MG	3	
<i>lovastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT INJ 75MG/ML	5	PA, ST
PRALUENT INJ 150MG/ML	5	PA, ST
REPATHA INJ 140MG/ML	4	PA
REPATHA PUSH INJ 420/3.5	4	PA
REPATHA SURE INJ 140MG/ML	4	PA
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>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 80-5 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>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
<i>labetalol hcl iv soln 5 mg/ml</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	
LEVATOL TAB 20MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (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 er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 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	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab tab 30mg cr</i>	1	
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
CARDENE IV INJ 40/200ML	3	
CARDENE IV SOL 20/200ML	3	
CARDIZEM LA TAB 120MG	2	
<i>cartia xt cap 120/24hr</i>	1	
<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>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 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	
DILTIAZEM INJ 100MG	3	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	1	
<i>nifedical xl tab 30mg</i>	1	
<i>nifedical xl tab 60mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg/24</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	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 er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
CARBONIC ANHYDRASE INHIBITORS		
KEVEYIS TAB 50MG	3	
DIGITALIS GLYCOSIDES		
<i>digox tab 0.25mg</i>	1	
<i>digox tab 0.125mg</i>	1	
<i>digoxin inj 0.25 mg/ml</i>	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN PED INJ 0.1MG/ML	3	
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA TAB 150MG	3	ST; PA**
TEKTURNA TAB 300MG	3	ST; PA**
<i>DIURETICS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
ALDACTAZIDE TAB 50/50	2	
<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 sodium for inj 500 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	
<i>chlorthalidone tab 100 mg</i>	1	
DIURIL SUS 250/5ML	3	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
<i>ethacrynate sodium for inj 50 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	1	
FUROSEMIDE ORAL SOLN 8 MG/ML	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
TORSEMIDE INJ 20MG/2ML	3	
TORSEMIDE INJ 50MG/5ML	3	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 50-25 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	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<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>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>methyldopate hcl inj 250 mg/5ml</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	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
RANEXA TAB 500MG	2	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
RANEXA TAB 1000MG	2	ST; PA**
<i>reserpine tab 0.1 mg</i>	1	
<i>reserpine tab 0.25 mg</i>	1	
NITRATES		
DILATRATE SR CAP 40MG	3	
<i>isodtrate tab 40mg er</i>	1	
ISORDIL TAB 40MG	2	
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab er 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 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	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
NITROGLYCER INJ 5MG/ML	3	
<i>nitroglycerin cap er 9 mg</i>	1	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1	
<i>nitroglycerin lingual aerosol 400 mcg/spray</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<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	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TAB 20MG	5	PA, ST
ADEMPAS TAB 0.5MG	5	PA
ADEMPAS TAB 1.5MG	5	PA
ADEMPAS TAB 1MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2.5MG	5	PA
ADEMPAS TAB 2MG	5	PA
<i>epoprostenol sodium for inj 0.5 mg</i>	1	PA
<i>epoprostenol sodium for inj 1.5 mg</i>	1	PA
LETAIRIS TAB 5MG	4	PA
LETAIRIS TAB 10MG	4	PA
OPSUMIT TAB 10MG	5	PA, ST
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
REMODULIN INJ 1MG/ML	5	PA
REMODULIN INJ 2.5MG/ML	5	PA
REMODULIN INJ 5MG/ML	5	PA
REMODULIN INJ 10MG/ML	5	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	1	PA
<i>sildenafil citrate tab 20 mg</i>	1	PA
TRACLEER TAB 62.5MG	4	PA
TRACLEER TAB 125MG	4	PA
TYVASO START SOL 0.6MG/ML	4	PA
UPTRAVI TAB 200/800	4	PA
UPTRAVI TAB 200MCG	4	PA
UPTRAVI TAB 400MCG	4	PA
UPTRAVI TAB 600MCG	4	PA
UPTRAVI TAB 800MCG	4	PA
UPTRAVI TAB 1000MCG	4	PA
UPTRAVI TAB 1200MCG	4	PA
UPTRAVI TAB 1400MCG	4	PA
UPTRAVI TAB 1600MCG	4	PA
VENTAVIS SOL 10MCG/ML	4	PA
VENTAVIS SOL 20MCG/ML	4	PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

ALPRAZOLAM CON 1 MG/ML	2	QL (120 mL / 25 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (60 tabs / 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 1 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (60 tabs / 25 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 25 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 25 days)
ANTICONVULSANTS		
APTIOM TAB 200MG	3	PA
APTIOM TAB 400MG	3	PA
APTIOM TAB 600MG	3	PA
APTIOM TAB 800MG	3	PA
BANZEL SUS 40MG/ML	3	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	3	PA
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (120 tabs / 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 25 days)
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 25 days)
DILANTIN CAP 30MG	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1	
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
GABITRIL TAB 12MG	2	
GABITRIL TAB 16MG	2	
LAMICTAL CHW 2MG	2	
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL XR KIT	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (35) starter kit</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 25 mg (84) & 100 mg (14) starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit</i>	1	
<i>lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</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 er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	ST; PA**
LYRICA CAP 50MG	3	ST; PA**
LYRICA CAP 75MG	3	ST; PA**
LYRICA CAP 100MG	3	ST; PA**
LYRICA CAP 150MG	3	ST; PA**
LYRICA CAP 200MG	3	ST; PA**
LYRICA CAP 225MG	3	ST; PA**
LYRICA CAP 300MG	3	ST; PA**
LYRICA SOL 20MG/ML	3	ST; PA**
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	

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
POTIGA TAB 50MG	3	PA
POTIGA TAB 200MG	3	PA
POTIGA TAB 300MG	3	PA
POTIGA TAB 400MG	3	PA
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
SABRIL POW 500MG	4	PA
SABRIL TAB 500MG	4	PA
STAVZOR CAP 125MG	3	
STAVZOR CAP 250MG	3	
STAVZOR CAP 500MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA
VIMPAT INJ 200MG/20	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 200MG	3	
<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	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>ergoloid mesylates tab 1 mg</i>	1	
EXELON SOL 2MG/ML	2	PA
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP 7MG	2	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP 14MG	2	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP 21MG	2	PA; PA applies for members less than 30 years of age

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP 28MG	2	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg</i>	1	PA
<i>rivastigmine tartrate cap 3 mg</i>	1	PA
<i>rivastigmine tartrate cap 4.5 mg</i>	1	PA
<i>rivastigmine tartrate cap 6 mg</i>	1	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	1	Members 65 and older subject to PA
<i>amitriptyline hcl tab 100 mg</i>	1	Members 65 and older subject to PA
<i>amitriptyline hcl tab 150 mg</i>	1	Members 65 and older subject to PA
<i>amoxapine tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
ALENZIN TAB 174MG	3	
ALENZIN TAB 348MG	3	
ALENZIN TAB 522MG	3	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	ST; (generic of Pristiq); PA**
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	ST; (generic of Pristiq); PA**
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	ST; (generic of Pristiq); PA**
<i>desvenlafaxine tab er 24hr 50 mg</i>	1	(generic of Khedezla)
<i>desvenlafaxine tab er 24hr 100 mg</i>	1	(generic of Khedezla)
<i>doxepin hcl cap 10 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 75 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	1	QL (450 mL / 25 days); QL applies to members age 65 and older
<i>duloxetine hcl cap 20 mg</i>	1	
<i>duloxetine hcl cap 30 mg</i>	1	
<i>duloxetine hcl cap 60 mg</i>	1	
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	1	(generic Sarafem not covered)
FLUOXETINE TAB 60MG	3	
<i>imipramine hcl tab 10 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	1	Members 65 and older subject to PA
<i>imipramine pamoate cap 150 mg</i>	1	Members 65 and older subject to 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	
<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	
<i>mirtazapine tab 15 mg</i>	1	
<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	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	1	Members 65 and older subject to PA
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl oral conc 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<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	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
VIIBRYD KIT	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD KIT STARTER	3	ST; PA**
VIIBRYD TAB 10MG	3	ST; PA**
VIIBRYD TAB 20MG	3	ST; PA**
VIIBRYD TAB 40MG	3	ST; PA**

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	4	PA
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</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 er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tab 200 mg</i>	1	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 8MG/24HR	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</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>tolcapone tab 100 mg</i>	1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
ARIPIPAZOLE ORALLY DISINTEGRATING TAB 10 MG	1	
ARIPIPAZOLE ORALLY DISINTEGRATING TAB 15 MG	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
CHLORPROMAZ INJ 25MG/ML	3	
CHLORPROMAZ INJ 50MG/2ML	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	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
FANAPT PAK	3	ST; PA**
FANAPT TAB 1MG	3	ST; PA**
FANAPT TAB 2MG	3	ST; PA**
FANAPT TAB 4MG	3	ST; PA**
FANAPT TAB 6MG	3	ST; PA**
FANAPT TAB 8MG	3	ST; PA**
FANAPT TAB 10MG	3	ST; PA**
FANAPT TAB 12MG	3	ST; 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
LATUDA TAB 20MG	2	ST; PA**
LATUDA TAB 40MG	2	ST; PA**
LATUDA TAB 60MG	2	ST; PA**
LATUDA TAB 80MG	2	ST; PA**
LATUDA TAB 120MG	2	ST; PA**
<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	
NUPLAZID TAB 17MG	4	PA
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<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	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 0.25MG	3	ST; PA**
REXULTI TAB 1MG	3	ST; PA**
REXULTI TAB 2MG	3	ST; PA**
REXULTI TAB 3MG	3	ST; PA**
REXULTI TAB 4MG	3	ST; PA**
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 2.5MG	3	ST; PA**
SAPHRIS SUB 5MG	3	ST; PA**
SAPHRIS SUB 10MG	3	ST; PA**
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<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 (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 25 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	ST; PA**
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs / 25 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 capsules per 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG	2	
VYVANSE CAP 20MG	2	
VYVANSE CAP 30MG	2	
VYVANSE CAP 40MG	2	
VYVANSE CAP 50MG	2	
VYVANSE CAP 60MG	2	
VYVANSE CAP 70MG	2	
VYVANSE CHW 10MG	2	
VYVANSE CHW 20MG	2	
VYVANSE CHW 30MG	2	
VYVANSE CHW 40MG	2	
VYVANSE CHW 50MG	2	
VYVANSE CHW 60MG	2	
<i>zenzedi tab 2.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 7.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 15mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 20mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 30mg</i>	1	QL (30 tabs / 25 days)
HYPNOTICS		
BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
<i>eszopiclone tab 1 mg</i>	1	QL (15 tablets/25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tablets/25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tablets/25 days)
HETLIOZ CAP 20MG	5	PA
ROZEREM TAB 8MG	3	QL (15 tabs / 25 days), ST; PA**
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs / 25 days)

MIGRAINE

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs / 25 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	QL (8 units / 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
ERGOMAR SUB 2MG	3	ST; PA**
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
RELPAK TAB 20MG	3	QL (12 tabs / 25 days), ST; PA**
RELPAK TAB 40MG	3	QL (12 tabs / 25 days), ST; PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays / 25 days)
<i>sumatriptan succinate inj 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 vials per 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG	3	QL (12 sprays / 25 days)
ZOMIG SPR 5MG	3	QL (12 sprays / 25 days)

MISCELLANEOUS

<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>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
GRALISE STAR MIS 300/600	3	ST; PA**
GRALISE TAB 300MG	3	ST; PA**
GRALISE TAB 600MG	3	ST; PA**
GUANIDINE TAB 125MG	3	
<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 er 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
MESTINON SYP 60MG/5ML	2	
NUEDEXTA CAP 20-10MG	2	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
REGONOL INJ 5MG/ML	3	
<i>riluzole tab 50 mg</i>	1	
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
<i>tetrabenazine tab 12.5 mg</i>	1	PA
<i>tetrabenazine tab 25 mg</i>	1	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	PA
AUBAGIO TAB 7MG	2	PA
AUBAGIO TAB 14MG	2	PA
BETASERON INJ 0.3MG	2	PA
COPAXONE INJ 40MG/ML	2	PA
GILENYA CAP 0.5MG	2	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA
PLEGRIDY INJ	5	PA, ST
PLEGRIDY INJ PEN	5	PA, ST
PLEGRIDY INJ STARTER	5	PA, ST
PLEGRIDY PEN INJ STARTER	5	PA, ST
REBIF INJ 22/0.5	2	PA
REBIF INJ 44/0.5	2	PA
REBIF REBIDO INJ 22/0.5	2	PA
REBIF REBIDO INJ 44/0.5	2	PA
REBIF REBIDO INJ TITRATN	2	PA
REBIF TITRTN INJ PACK	2	PA
TECFIDERA CAP 120MG	2	PA
TECFIDERA CAP 240MG	2	PA
TECFIDERA MIS STARTER	2	PA
TYSABRI INJ 300/15ML	5	PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
BOTOX INJ 100UNIT	4	PA
BOTOX INJ 200UNIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol tab 250 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>carisoprodol tab 350 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>metaxalone tab 800 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>methocarbamol tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>methocarbamol tab 750 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
XEOMIN INJ 50 UNIT	4	PA
XEOMIN INJ 100UNIT	4	PA
XEOMIN INJ 200UNIT	4	PA

NARCOLEPSY/CATAPLEXY

<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
XYREM SOL 500MG/ML	2	PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	1	PA
<i>buproban tab 150mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	\$0 limited to 2 treatment cycles/year
<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 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	QL (max 168 days per year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days per year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 14mg/24h</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 21mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>thrive gum 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG	4	PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TAB 50MG	3	PA
ANDROXY TAB 10MG	3	PA
<i>methyltestosterone cap 10 mg</i>	1	PA
<i>oxandrolone tab 2.5 mg</i>	1	PA
<i>oxandrolone tab 10 mg</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	3	PA
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **PA**** - PA Applies if Step is Not Met **OTC** - Over the Counter

Drug Name	Drug Tier	Requirements/Limits
SYMLNPEN 120 INJ 1000MCG	3	PA
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	1	
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide-metformin tab 5-500 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	PA
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	PA
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	PA
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
ONGLYZA TAB 2.5MG	3	ST; PA**
ONGLYZA TAB 5MG	3	ST; PA**
TRADJENTA TAB 5MG	2	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TAB 0.8MG	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON INJ 2MG	3	
BYDUREON PEN INJ 2MG	3	
TANZEUM INJ 30MG	3	
TANZEUM INJ 50MG	3	
TRULICITY INJ 0.75/0.5	2	
TRULICITY INJ 1.5/0.5	2	
VICTOZA INJ 18MG/3ML	2	
ANTIDIABETICS, INSULIN		
APIDRA INJ SOLOSTAR	2	
APIDRA INJ U-100	2	
BASAGLAR KWIKPEN	2	
HUMALOG INJ 100/ML	3	
HUMALOG KWIK INJ 100/ML	3	
HUMALOG KWIK INJ 200/ML	3	
HUMALOG MIX INJ 50/50	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N INJ U-100	3	OTC
HUMULIN N INJ U-100KWP	3	OTC
HUMULIN R INJ U-100	3	OTC
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	OTC;RELION not covered
NOVOLIN N INJ U-100	2	OTC;RELION not covered
NOVOLIN R INJ U-100	2	OTC;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	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
INVOKAMET TAB 50-500MG	3	ST; PA**
INVOKAMET TAB 50-1000	3	ST; PA**
INVOKAMET TAB 150-500	3	ST; PA**
INVOKAMET TAB 150-1000	3	ST; PA**
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	3	ST; PA**
INVOKANA TAB 300MG	3	ST; PA**
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide micronized tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide micronized tab 6 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide tab 1.25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

BISPHOSPHONATES

<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>pamidronate disodium for inj 30 mg</i>	1	
<i>pamidronate disodium for inj 90 mg</i>	1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
PAMIDRONATE INJ 6MG/ML	3	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	1	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	1	PA
ZOLEDRONIC INJ 4MG/100	4	PA
ZOMETA INJ 4MG/100	4	PA

CALCIUM RECEPTOR AGONISTS

SENSIPAR TAB 30MG	4	PA
SENSIPAR TAB 60MG	4	PA
SENSIPAR TAB 90MG	4	PA

CHELATING AGENTS

CHEMET CAP 100MG	3	
DEPEN TITRA TAB 250MG	3	
EXJADE TAB 125MG	5	PA
EXJADE TAB 250MG	5	PA
EXJADE TAB 500MG	5	PA
FERRIPROX SOL 100MG/ML	4	PA
FERRIPROX TAB 500MG	4	PA
JADENU TAB 90MG	5	PA
JADENU TAB 180MG	5	PA
JADENU TAB 360MG	5	PA
<i>kionex sus 15gm/60</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
SYPRINE CAP 250MG	3	

CONTRACEPTIVES

<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	
<i>alyacen tab 7/7/7</i>	0	
<i>amethia tab</i>	0	
<i>amethyst tab 90-20mcg</i>	0	
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
<i>aviane tab</i>	0	
<i>azurette tab 28 day</i>	0	
<i>camila tab 0.35mg</i>	0	
<i>caziant pak</i>	0	
<i>cesia pak</i>	0	
<i>chateal tab 0.15/30</i>	0	
<i>cryselle-28 tab 28 tabs</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem tab 1/35</i>	0	
<i>cyclafem tab 7/7/7</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest tab</i>	0	
ELLA TAB 30MG	0	
<i>emoquette tab</i>	0	
<i>enpresse-28 tab</i>	0	
<i>errin tab 0.35mg</i>	0	
<i>falmina tab</i>	0	
<i>fayosim tab</i>	0	
<i>gianvi tab 3-0.02mg</i>	0	
<i>gildess fe tab 1.5/30</i>	0	
<i>gildess fe tab 1/20</i>	0	
<i>gildess tab 1.5/30</i>	0	
<i>gildess tab 1/20</i>	0	
<i>heather tab 0.35mg</i>	0	
IMPLANON IMP 68MG	0	QL (1 / 300 days)
<i>introvale tab</i>	0	
<i>jolessa tab</i>	0	
<i>jolivette tab 0.35mg</i>	0	
<i>junel 1.5/30 tab</i>	0	
<i>junel 1/20 tab</i>	0	
<i>junel fe tab 1.5/30</i>	0	
<i>junel fe tab 1/20</i>	0	
<i>kariva tab 28 day</i>	0	
<i>kelnor tab 1/35</i>	0	
<i>kurvelo tab 0.15/30</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 / 300 days)
<i>larin tab 1.5/30</i>	0	
<i>leena tab</i>	0	
<i>lessina tab</i>	0	
<i>levonest tab</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel tab 0.75 mg</i>	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 52MG	0	QL (1 / 300 days)
LO LOESTRIN TAB	0	
<i>lomedina 24 tab fe</i>	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutra tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>mibelas 24 chw fe</i>	0	
MIRENA IUD SYSTEM	0	QL (1 / 300 days)
<i>mono-linyah tab 0.25-35</i>	0	
<i>mononessa tab</i>	0	
<i>myzilra tab</i>	0	
NATAZIA TAB	0	
<i>necon tab 0.5/35</i>	0	
<i>necon tab 1/35</i>	0	
<i>necon tab 1/50-28</i>	0	
<i>necon tab 7/7/7</i>	0	
NECON TAB 10/11-28	0	
NEXPLANON IMP 68MG	0	QL (1 / 300 days)
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tab 0.35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone tab 0.35 mg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
NUVARING MIS	0	QL (13 / 300 days)
<i>ocella tab 3-0.03mg</i>	0	
<i>ogestrel tab</i>	0	
<i>orsythia tab</i>	0	

Drug Name	Drug Tier	Requirements/Limits
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<i>pirmella tab 1/35</i>	0	
<i>portia-28 tab</i>	0	
<i>previfem tab</i>	0	
<i>quasense tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SAFYRAL TAB	0	
SKYLA IUD 13.5MG	0	QL (1 / 300 days)
<i>solia tab</i>	0	
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
TAYTULLA CAP	0	
<i>tilia fe tab</i>	0	
<i>tri-linyah tab</i>	0	
<i>tri-previfem tab</i>	0	
<i>tri-sprintec tab</i>	0	
<i>trinessa tab</i>	0	
<i>trivora-28 tab</i>	0	
<i>velivet pak</i>	0	
<i>vestura tab 3-0.02mg</i>	0	
<i>viorele tab</i>	0	
<i>wera tab 0.5/35</i>	0	
<i>xulane dis 150-35</i>	0	
<i>zarah tab 3-0.03mg</i>	0	
<i>zenchent fe chw 0.4mg-35</i>	0	
<i>zenchent tab</i>	0	
<i>zovia 1/35e tab</i>	0	
<i>zovia 1/50e tab</i>	0	
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	2	
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	4	PA
ALDURAZYME INJ 2.9MG/5M	4	PA
BUPHENYL TAB 500MG	4	PA
CARBAGLU TAB 200MG	4	PA
CERDELGA CAP 84MG	5	PA
CEREZYME INJ 400UNIT	4	PA
CYSTADANE POW	4	
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ELAPRASE INJ 6MG/3ML	4	PA
ELELYSO INJ 200UNIT	4	PA
FABRAZYME INJ 5MG	4	PA
FABRAZYME INJ 35MG	4	PA
KUVAN POW 100MG	4	PA
KUVAN POW 500MG	4	PA
KUVAN TAB 100MG	4	PA
MYALEPT INJ 11.3MG	4	PA
MYOZYME INJ 50MG	4	PA
NAGLAZYME INJ 1MG/ML	4	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA
VPRIV INJ 400UNIT	4	PA
ZAVESCA CAP 100MG	4	PA

ESTROGENS

CENESTIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 65 and older
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	3	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.25MG	3	PA; High Risk Medications require PA for members age 65 and older
DIVIGEL GEL 1MG/GM	3	PA; High Risk Medications require PA for members age 65 and older
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL 0.06%	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.3MG	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.9MG	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.45MG	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.625MG	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 1.25MG	3	PA; High Risk Medications require PA for members age 65 and older
ESTRACE VAG CRE 0.1MG/GM	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.51 mg</i>		
<i>estradiol tab 0.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol tab 1 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 2 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol valerate im in oil 10 mg/ml</i>	1	

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	
ESTRING MIS 2MG	3	
ESTROGEL GEL	3	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate tab 0.75 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
EVAMIST SPR 1.53MG	3	PA; High Risk Medications require PA for members age 65 and older
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
<i>jinteli tab 1mg-5mcg</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 65 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 65 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 65 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 65 and older
MENOSTAR DIS 14MCG	3	PA; High Risk Medications require PA for members age 65 and older
<i>mimvey lo tab 0.5-0.1</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>ortho-est tab 0.625</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>ortho-est tab 1.25</i>	1	PA; High Risk Medications require PA for members age 65 and older
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN VAG CRE 0.625MG	3	
<i>yuvaferm tab 10mcg</i>	1	
FERTILITY REGULATORS		
<i>chorionic gonadotropin for im inj 10000 unit</i>	1	PA
<i>clomiphene citrate tab 50 mg</i>	1	
FOLLISTIM AQ INJ 75UNIT	4	PA
FOLLISTIM AQ INJ 300UNIT	4	PA
FOLLISTIM AQ INJ 600UNIT	4	PA
FOLLISTIM AQ INJ 900UNIT	4	PA
GONAL-F INJ 450UNIT	5	PA, ST
GONAL-F INJ 1050UNIT	5	PA, ST
GONAL-F RFF INJ 75UNIT	5	PA, ST
GONAL-F RFF INJ 300/0.5	5	PA, ST
GONAL-F RFF INJ 450/0.75	5	PA, ST
GONAL-F RFF INJ 900/1.5	5	PA, ST
OVIDREL INJ	4	PA

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 40mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>cortisone acetate tab 25 mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	3	
DEXAMETHASON CON 1MG/ML	2	
<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 4 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	
DEXPAK PAK 6 DAY	3	
DEXPAK PAK 10 DAY	3	
DEXPAK PAK 13 DAY	3	
<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	
MEDROL TAB 2MG	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
MILLIPRED DP PAK 5MG	3	
MILLIPRED TAB 5MG	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 2GM	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGON KIT 1MG	2	

Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	5	PA, ST
GENOTROPIN INJ 0.4MG	5	PA, ST
GENOTROPIN INJ 0.6MG	5	PA, ST
GENOTROPIN INJ 0.8MG	5	PA, ST
GENOTROPIN INJ 1.2MG	5	PA, ST
GENOTROPIN INJ 1.4MG	5	PA, ST
GENOTROPIN INJ 1.6MG	5	PA, ST
GENOTROPIN INJ 1.8MG	5	PA, ST
GENOTROPIN INJ 1MG	5	PA, ST
GENOTROPIN INJ 2MG	5	PA, ST
GENOTROPIN INJ 5MG	5	PA, ST
GENOTROPIN INJ 12MG	5	PA, ST
HUMATROPE INJ 5MG	4	PA
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
NUTROPIN AQ INJ 10MG/2ML	5	PA, ST
NUTROPIN AQ INJ 20MG/2ML	5	PA, ST
NUTROPIN AQ INJ NUSPIN 5	5	PA, ST
NUTROPIN INJ 10MG	5	PA, ST
OMNITROPE INJ 5.8MG	5	PA, ST
OMNITROPE INJ 5/1.5ML	5	PA, ST
OMNITROPE INJ 10/1.5ML	5	PA, ST
SAIZEN INJ 5MG	5	PA, ST
SAIZEN INJ 8.8MG	5	PA, ST
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO SOL 600/2.4	4	PA
INCRELEX INJ 40MG/4ML	4	PA
MIACALCIN INJ 200/ML	3	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	4	PA
<i>raloxifene hcl tab 60 mg</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer
SAMSCA TAB 15MG	4	PA
SAMSCA TAB 30MG	4	PA
SANDOSTATIN KIT LAR 10MG	4	PA
SANDOSTATIN KIT LAR 20MG	4	PA
SANDOSTATIN KIT LAR 30MG	4	PA
SIGNIFOR INJ 0.3MG/ML	5	PA
SIGNIFOR INJ 0.6MG/ML	5	PA
SIGNIFOR INJ 0.9MG/ML	5	PA
SOMATULINE INJ 60/0.2ML	4	PA
SOMATULINE INJ 90/0.3ML	4	PA
SOMATULINE INJ 120/.5ML	4	PA
SOMAVERT INJ 10MG	4	PA
SOMAVERT INJ 15MG	4	PA
SOMAVERT INJ 20MG	4	PA
SOMAVERT INJ 25MG	4	PA
SOMAVERT INJ 30MG	4	PA
XGEVA INJ	4	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
PHOSLYRA SOL	2	
RENVELA TAB 800MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO CHW 500MG	3	

PROGESTINS

CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
LUPANETA KIT 3.75-5	5	PA
LUPANETA KIT 11.25-5	5	PA
<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	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	

THYROID AGENTS

<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium iv soln 10 mcg/ml</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	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		
ANTICHOLINERGICS		
ATROPEN INJ 0.5MG	3	
ATROPEN INJ 0.25MG	3	
ATROPEN INJ 1MG	3	
ATROPEN INJ 2MG	3	
<i>atropine sulfate inj 1 mg/ml</i>	1	
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	1	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	1	
CANTIL TAB 25MG	3	
CUVPOSA SOL 1MG/5ML	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl inj 10 mg/ml</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>ed-spaz tab 0.125mg</i>	1	
<i>glycopyrrolate inj 0.2 mg/ml</i>	1	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</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	
<i>hyomax-sl sub 0.125mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate tab sl 0.125 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sr tab 0.375mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
<i>symax fastab tab 0.125mg</i>	1	
<i>symax-sl sub 0.125mg</i>	1	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	QL (2 capsules per 21 days)
ALOXI INJ 0.25MG/5	3	QL (10 mL / 21 days)
ANTIVERT TAB 50MG	2	
ANZEMET TAB 50MG	3	QL (6 tablets / 21 days)
ANZEMET TAB 100MG	3	QL (6 tablets / 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 capsules / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 capsules / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs / 21 days)
CESAMET CAP 1MG	3	QL (18 caps / 25 days)
<i>compro sup 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dimenhydrinate tab 50 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps / 25 days)
EMEND SUS 125MG	3	QL (6 kits / 25 days)
<i>granisetron hcl inj 0.1 mg/ml</i>	1	QL (2 mL / 21 days)
<i>granisetron hcl inj 1 mg/ml</i>	1	QL (2 mL / 21 days)
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	QL (2 mL / 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tablets / 21 days)
<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 orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	QL (20 mL / 21 days)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	QL (20 mL / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tablets / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tablets / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tablets / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tablets / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tablets / 21 days)
<i>phenadoz sup 25mg</i>	1	
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 12.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
SANCUSO DIS 3.1MG	3	QL (2 patches / 21 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TRANSDERM-SC DIS 1.5MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>trimethobenzamide hcl inj 100 mg/ml</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>univert tab 32mg</i>	1	
VARUBI TAB 90MG	2	QL (2 packs per 21 days)
ZUPLENZ MIS 4MG	3	QL (18 films / 21 days)
ZUPLENZ MIS 8MG	3	QL (18 films / 21 days)
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<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 inj 500 mg/50ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
<i>ranitidine hcl cap 150 mg</i>	1	
<i>ranitidine hcl cap 300 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	
ZANTAC INJ 50/50ML	3	
ZANTAC TAB 25MG EF	3	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	2	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
CANASA SUP 1000MG	2	
<i>colocort ene 100mg</i>	1	
DIPENTUM CAP 250MG	3	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	1	PA
LAXATIVES		
COLYTE/FLAVR SOL PACKS	2	
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-h kit</i>	0	\$0 copay for members age 50 through 74
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOL	2	
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	2	\$0 copay for members age 50 through 74
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	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	
PREPOPIK PAK	0	\$0 copay for members age 50 through 74
SUPREP BOWEL SOL PREP KIT	3	\$0 copay for members age 50 through 74
MISCELLANEOUS		
CARAFATE SUS 1GM/10ML	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOTOFEN TAB	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	
<i>sucrafate 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	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 5000UNT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	

PROTON PUMP INHIBITORS

DEXILANT CAP 30MG DR	3	QL (90 caps / 365 days), ST; PA**
DEXILANT CAP 60MG DR	3	QL (90 caps / 365 days), ST; PA**
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / 365 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	
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / 365 days)

RECTAL,CORTICOSTEROIDS

<i>procto-pak cre 1%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	2	ST; PA**
CARDURA XL TAB 8MG	2	ST; PA**
CIALIS TAB 2.5MG	2	QL (30 tabs / 25 days), PA
CIALIS TAB 5MG	2	QL (30 tabs / 25 days), PA
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
RAPAFLO CAP 4MG	2	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
RAPAFLO CAP 8MG	2	ST; PA**
<i>tamsulosin hcl cap 0.4 mg</i>	1	
CONTRACEPTIVES		
CONCEPTROL GEL 4%	0	OTC
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>flavoxate hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
GELNIQUE GEL 10%	3	ST; PA**
MYRBETRIQ TAB 25MG	3	ST; PA**
MYRBETRIQ TAB 50MG	3	ST; PA**
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
OXYTROL DIS 3.9MG/24	3	ST; PA**
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
VESICARE TAB 5MG	3	ST; PA**
VESICARE TAB 10MG	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3 kit combo pk</i>	1	
<i>miconazole 3 sup 200mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>vandazole gel 0.75%</i>	1	
<i>zazole cre 0.4%</i>	1	
<i>zazole cre 0.8%</i>	1	
<i>zazole sup 80mg</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ARGATROBAN INJ 125/125	3	
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
ARGATROBAN INJ 250/250	3	
COUMADIN INJ 5 MG	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>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 25000/ML	3	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
<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	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
LEUKINE INJ 250MCG	4	PA
LEUKINE INJ 500 MCG	4	PA
MIRCERA INJ 50MCG	5	PA

Drug Name	Drug Tier	Requirements/Limits
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 200MCG	5	PA
MIRCERA SOL 30/0.3ML	5	PA
MIRCERA SOL 150/0.3	5	PA
MOZOBIL INJ	4	PA
NEULASTA INJ 6MG/0.6M	4	PA
NEULASTA KIT 6MG/0.6M	4	PA
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
PROMACTA TAB 12.5MG	4	PA
PROMACTA TAB 25MG	4	PA
PROMACTA TAB 50MG	4	PA
PROMACTA TAB 75MG	4	PA
ZARXIO INJ 300/0.5	4	PA
ZARXIO INJ 480/0.8	4	PA

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
FIRAZYR INJ 30MG/3ML	4	PA
<i>pentoxifylline tab er 400 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
EFFIENT TAB 5MG	2	
EFFIENT TAB 10MG	2	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
ZONTIVITY TAB 2.08MG	2	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML	5	PA, ST
ACTEMRA INJ 162/0.9	5	PA, ST
ACTEMRA INJ 200/10ML	5	PA, ST
ACTEMRA INJ 400/20ML	5	PA, ST
CIMZIA KIT	5	PA, ST
CIMZIA KIT STARTER	5	PA, ST
CIMZIA PREFL KIT 200MG/ML	5	PA, ST
ENBREL INJ 25/0.5ML	4	PA
ENBREL INJ 25MG	4	PA
ENBREL INJ 50MG/ML	4	PA
ENBREL SRCLK INJ 50MG/ML	4	PA
HUMIRA INJ 10MG/0.2	4	PA
HUMIRA KIT 20MG/0.4	4	PA
HUMIRA KIT 40MG/0.8	4	PA
HUMIRA PEN INJ CROHNS	4	PA
KINERET INJ	5	PA, ST
ORENCIA CLCK INJ 125MG/ML	5	PA, ST
ORENCIA INJ 50/0.4	5	PA, ST
ORENCIA INJ 87.5/0.7	5	PA, ST
ORENCIA INJ 125MG/ML	5	PA, ST
ORENCIA INJ 250MG	5	PA, ST
REMICADE INJ 100MG	5	PA, ST
SIMPONI ARIA SOL 50MG/4ML	5	PA, ST
SIMPONI INJ 50/0.5ML	5	PA, ST
SIMPONI INJ 100MG/ML	5	PA, ST
STELARA INJ 45MG/0.5	5	PA, ST
STELARA INJ 90MG/ML	5	PA, ST
XELJANZ TAB 5MG	5	PA, ST

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
OTEZLA TAB 10/20/30	5	PA, ST
OTEZLA TAB 30MG	5	PA, ST
RHEUMATREX TAB 2.5MG	3	
TREXALL TAB 5MG	3	
TREXALL TAB 7.5MG	3	
TREXALL TAB 10MG	3	
TREXALL TAB 15MG	3	
IMMUNOGLOBULIN		
CARIMUNE NF INJ 3GM	4	PA
CARIMUNE NF INJ 6GM	4	PA
CARIMUNE NF INJ 12GM	4	PA
GAMASTAN S/D INJ	4	PA
HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	4	PA
ALFERON N INJ 5MU/ML	4	
ARCALYST INJ 220MG	4	PA
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
POMALYST CAP 1MG	4	PA
POMALYST CAP 2MG	4	PA
POMALYST CAP 3MG	4	PA
POMALYST CAP 4MG	4	PA
REVLIMID CAP 2.5MG	4	PA
REVLIMID CAP 5MG	4	PA
REVLIMID CAP 10MG	4	PA
REVLIMID CAP 15MG	4	PA
REVLIMID CAP 20MG	4	PA
REVLIMID CAP 25MG	4	PA
THALOMID CAP 50MG	4	PA
THALOMID CAP 100MG	4	PA
THALOMID CAP 150MG	4	PA
THALOMID CAP 200MG	4	PA
IMMUNOSUPPRESSANTS		
ATGAM INJ 250MG	3	
AZASAN TAB 75 MG	3	

Drug Name	Drug Tier	Requirements/Limits
AZASAN TAB 100MG	3	
<i>azathioprine tab 50 mg</i>	1	
BENLYSTA INJ 120MG	4	PA
BENLYSTA INJ 400MG	4	PA
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine iv soln 50 mg/ml</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
NULOJIX INJ 250MG	3	
PROGRAF INJ 5MG/ML	3	
RAPAMUNE SOL 1MG/ML	2	
SANDIMMUNE SOL 100MG/ML	3	
SIMULECT INJ 10MG	3	
SIMULECT INJ 20MG	3	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
THYMOGLOBULN INJ 25MG	3	
ZORTRESS TAB 0.5MG	2	
ZORTRESS TAB 0.25MG	2	
ZORTRESS TAB 0.75MG	2	
VACCINES		
ACTHIB INJ	0	\$0 copay for members age 18 and younger
ADACEL INJ	0	
AFLURIA INJ 2016-17	0	
AFLURIA INJ PF 16-17	0	

Drug Name	Drug Tier	Requirements/Limits
BEXSERO INJ	0	
BOOSTRIX INJ	0	
CERVARIX INJ	0	
COMVAX INJ	0	\$0 copay for members age 18 and younger
DAPTACEL INJ	0	\$0 copay for members age 18 and younger
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger
ENGERIX-B INJ 10/0.5ML	0	
ENGERIX-B INJ 20MCG/ML	0	
EZ FLU SHOT KIT 2016-17	0	
FLUAD INJ 2016-17	0	
FLUBLOK SOL 2016-17	0	
FLUCLVX QUAD INJ 2016-17	0	
FLULAVAL QUA INJ 2016-17	0	
FLUVIRIN INJ 2016-17	0	
FLUZONE HD INJ PF 16-17	0	
FLUZONE QUAD INJ 2016-17	0	
GARDASIL 9 INJ	0	
GARDASIL INJ	0	
HAVRIX INJ 720UNIT	0	
HAVRIX INJ 1440UNIT	0	
HIBERIX SOL 10MCG	0	\$0 copay for members age 18 and younger
INFANRIX INJ	0	\$0 copay for members age 18 and younger
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger
KINRIX INJ	0	\$0 copay for members age 18 and younger
M-M-R II INJ	0	
MENACTRA INJ	0	
MENHIBRIX INJ	0	\$0 copay for members age 18 and younger
MENOMUNE INJ A/C/Y/W	0	
MENVEO INJ	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger
PEDVAX HIB INJ	0	\$0 copay for members age 18 and younger
PENTACEL INJ	0	\$0 copay for members age 18 and younger
PNEUMOVAX 23 INJ 25/0.5	0	
PREVNAR 13 INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVA HB INJ 5MCG/0.5	0	
RECOMBIVA HB INJ 10MCG/ML	0	
RECOMBIVA-HB INJ 40MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger
ROTATEQ SOL	0	\$0 copay for members age 18 and younger
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older
TET/DIP TOX INJ 2-2 LF	0	\$0 copay for members age 19 and older
TRIPEDIA SUS P/F	0	\$0 copay for members age 18 and younger
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older
VAQTA INJ 25/0.5ML	0	
VAQTA INJ 50UNT/ML	0	
VARIVAX INJ	0	
ZOSTAVAX INJ	0	\$0 copay for members age 19 and older

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
ORTHO COIL DPR KIT 50	0	QL (1 / 300 days)
ORTHO COIL DPR KIT 100	0	QL (1 / 300 days)
ORTHO COIL DPR KIT 105	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 55	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 60	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 65	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 70	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 75	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 80	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 85	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 90	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 95	0	QL (1 / 300 days)
ORTHO FLEX DPR 65MM	0	QL (1 / 300 days)
ORTHO FLEX DPR 70MM	0	QL (1 / 300 days)
ORTHO FLEX DPR 75MM	0	QL (1 / 300 days)
ORTHO FLEX DPR 80MM	0	QL (1 / 300 days)
PRENTIF MIS 22MM	0	QL (1 / 300 days)

Drug Name	Drug Tier	Requirements/Limits
PRENTIF MIS 25MM	0	QL (1 / 300 days)
PRENTIF MIS 28MM	0	QL (1 / 300 days)
PRENTIF MIS 31MM	0	QL (1 / 300 days)
PRENTIF MIS FITTING	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 / 300 days)

DIABETIC SUPPLIES

ALCOHOL PREP WIPES AND SWABS	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
ONETOUCH BLOOD GLUCOSE TEST KITS	2	OTC
ONETOUCH BLOOD GLUCOSE TEST STRIPS	2	OTC
SHARPS CONTAINER	2	OTC
URINE TEST STRIPS	2	OTC

MISCELLANEOUS

ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

AMMONIUM CHL INJ 5MEQ/ML	3	
<i>fluor-a-day dro 0.125mg</i>	0	\$0 applies for ages 5 and under
FLUORABON DRO	0	\$0 applies for ages 5 and under
<i>fluoritab chw 0.5mg f</i>	0	\$0 applies for ages 5 and under
<i>fluoritab chw 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>fluoritab chw 2.2mg</i>	1	
<i>flura-drops dro 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>flura-drops dro 0.125mg</i>	0	\$0 applies for ages 5 and under

Drug Name	Drug Tier	Requirements/Limits
<i>k-effervesce tab 25meq ef</i>	1	
<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
KLOR-CON M15 TAB 15MEQ ER	2	
<i>klor-con m20 tab 20meq er</i>	1	
<i>ludent chw 0.5mg f</i>	0	\$0 applies for ages 5 and under
<i>ludent chw 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>ludent chw 1mg f</i>	1	
LURIDE CHW 0.5MG F	0	\$0 applies for ages 5 and under
LURIDE DRO 0.5MG/ML	0	\$0 applies for ages 5 and under
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	1	
MG SO4/D5W INJ 20MG/ML	3	
<i>nafrinse chw 1mg f</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>sodium chloride flush iv soln 0.9%</i>	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

IV REPLACEMENT SOLUTIONS

ISOLYTE-S INJ	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
NORMOSOL -R INJ	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50ml</i>	1	
<i>potassium chloride inj 10 meq/100ml</i>	1	
<i>potassium chloride inj 20 meq/50ml</i>	1	
<i>potassium chloride inj 20 meq/100ml</i>	1	
<i>potassium chloride inj 40 meq/100ml</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 5%</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	

VITAMINS

BABY SUPER DRO DAILY D3	0	OTC; \$0 applies for ages 65 and older
<i>bio-d-mulsio liq 400unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol inj 1 mcg/ml</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>child vit d chw 400unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol cap 400 unit</i>	0	OTC; \$0 applies for ages 65 and older
CITRANATAL CAP HARMONY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
D-VI-SOL LIQ 400UNIT	0	OTC; \$0 applies for ages 65 and older
DDROPS BOOST LIQ 600/.028	0	OTC; \$0 applies for ages 65 and older
<i>decara cap 50000unt</i>	1	OTC
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	1	
<i>elite-ob tab</i>	1	
<i>ergocalciferol cap 50000 unit</i>	1	
<i>folbic tab</i>	1	
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
<i>folic acid tab 800 mcg</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
MEPHYTON TAB 5MG	2	
<i>multi-vit/fe dro /fl 0.25</i>	1	
<i>multi-vit/fl dro 0.5mg/ml</i>	1	
<i>multi-vit/fl dro 0.25mg</i>	1	
<i>multi-vit/fl dro /fe 0.25</i>	1	
<i>multivit/fl chw 0.5mg</i>	1	
<i>multivit/fl chw 0.25mg</i>	1	
<i>multivit/fl chw 1mg</i>	1	
<i>mvc-fluoride chw 0.5mg</i>	1	
<i>mvc-fluoride chw 1mg</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>paricalcitol iv soln 2 mcg/ml</i>	1	
<i>paricalcitol iv soln 5 mcg/ml</i>	1	
<i>pedia d-vite dro 400unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>prenatabs rx tab</i>	1	
QUFLORA PED CHW 0.5MG	3	
QUFLORA PED CHW 0.25MG	3	
QUFLORA PED CHW 1MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sm vitamin d tab 400unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>tri-vit/fe dro /fl 0.25</i>	1	
<i>tri-vit/fl dro 0.5mg</i>	1	
<i>tri-vit/fl dro 0.25mg</i>	1	
<i>vit a/c/d/fl dro 0.25mg</i>	1	
VITAMIN D2 TAB 400UNIT	0	OTC; \$0 applies for ages 65 and older
VITAMIN D3 LIQ 1000UNIT	0	OTC; \$0 applies for ages 65 and older
VITAMIN D3 LIQ 1200UNIT	0	OTC; \$0 applies for ages 65 and older

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	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>poly-dex oin 0.1% op</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	2	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>ilotycin oin op</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NATACYN SUS 5% OP	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>romycin oin op</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	2	
ZIRGAN GEL 0.15%	3	

ANTI-INFLAMMATORIES

ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base 1 equiv) (once-daily)</i>		
<i>bromfenac sodium ophth soln 0.09% (base 1 equivalent)</i>		
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	3	
FLAREX SUS 0.1% OP	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML FORTE SUS 0.25% OP	3	
FML OIN 0.1% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
MAXIDEX SUS 0.1% OP	3	
NEVANAC SUS 0.1%	3	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
VEXOL SUS 1% OP	3	

ANTIALLERGICS

ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium ophth soln 4%</i>	1	
EMADINE SOL 0.05% OP	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
LASTACFT SOL 0.25%	3	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	

ANTI GLAUCOMA

ALPHAGAN P SOL 0.1%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 1 22.3-6.8 mg/ml</i>	1	
IOPIDINE SOL 1% OP	3	
ISTALOL SOL 0.5% OP	3	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>levobunolol hcl ophth soln 0.25%</i>	1	
LUMIGAN SOL 0.01%	3	ST; PA**
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	3	
PILOPINE HS GEL 4% OP	3	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	2	
TIMOPTIC OCU SOL 0.25% OP	2	
TRAVATAN Z DRO 0.004%	3	ST; PA**
ZIOPTAN DRO 0.0015%	3	ST; PA**

MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate ophth soln 1%</i>	1	
CYSTARAN SOL 0.44%	5	PA
LACRISERT MIS 5MG OP	3	
<i>naphazoline hcl ophth soln 0.1%</i>	1	
<i>parcaine sol 0.5% op</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS EMU 0.05%	3	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte sol</i>	1	
<i>physiosol sol irrigat</i>	1	
<i>tis-u-sol sol</i>	1	

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	(generic of Adrenaclick)
EIPEN 2-PAK INJ 0.3MG	2	
EIPEN-JR INJ 2-PAK	2	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 25 days)

ANTICHOLINERGICS

INCRUSE ELPT INH 62.5MCG	2	QL (1 package per 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes / 25 days)
<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 AER 1.25MCG	2	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR RESPIMAT	2	
TUDORZA PRES AER 400/ACT	3	QL (1 packages per 25 days)

Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINE COMBINATIONS		
DYMISTA SPR 137-50	2	QL (1 package / 25 days)
ANTI-HISTAMINES		
<i>arbinoxa sol 4mg/5ml</i>	1	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
CLARINEX SYP 0.5MG/ML	3	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>clemastine fumarate tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>dexchlorpheniramine maleate syrup 2 mg/5ml</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>fexofenadine hcl tab 60 mg</i>	1	
<i>fexofenadine hcl tab 180 mg</i>	1	
<i>fexofenadine sus 30mg/5ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine pamoate cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine pamoate cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine pamoate cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 container / 25 days)

BETA AGONISTS

<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL per 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<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 er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
ARCAPTA CAP 75MCG	3	QL (30 caps / 25 days)
BROVANA NEB 15MCG	3	QL (2 boxes / 25 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (45mL / 25 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers per 25 days)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	
PERFOROMIST NEB 20MCG	2	QL (2 boxes / 25 days)
PROAIR HFA AER	2	QL (2 inhalers / 25 days)
PROAIR RESPI AER	2	QL (2 packages / 25 days)
SEREVENT DIS AER 50MCG	3	QL (1 inhaler / 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package per 25 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	
COLD/COUGH		
ALLFEN CDX LIQ	2	
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>cheratussin syp 100-10/5</i>	1	OTC
FLOWTUSS SOL 2.5-200	3	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
<i>hydromet syp 5-1.5/5</i>	1	
NORTUSS-EX LIQ 200-20/5	2	
OBREDON SOL 2.5-200	3	
<i>prometh vc sol plain</i>	1	
<i>prometh vc/ syp codeine</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-101 mg/5ml</i>	1	
<i>tgq 50pse/3 syp brm/30dm</i>	1	
<i>tussigon tab 5-1.5mg</i>	1	
TUZISTRA XR SUS	3	
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		

Drug Name	Drug Tier	Requirements/Limits
<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	QL (2 boxes / 25 days)
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MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
ARALAST NP INJ 400MG	4	PA
ARALAST NP INJ 500MG	4	PA
ARALAST NP INJ 800MG	4	PA
ARALAST NP INJ 1000MG	4	PA
DALIRESP TAB 500MCG	3	PA
GLASSIA INJ	4	PA
KALYDECO PAK 50MG	4	PA
KALYDECO PAK 75MG	4	PA
KALYDECO TAB 150MG	4	PA
ORKAMBI TAB 100-125	4	PA
ORKAMBI TAB 200-125	4	PA
PROLASTIN-C INJ 1000MG	4	PA
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
TYZINE PED DRO 0.05%	3	
TYZINE SOL 0.1%	3	
ZEMAIRA INJ 1000MG	4	PA

NASAL STEROIDS

<i>budesonide nasal susp 32 mcg/act</i>	1	QL (2 containers / 25 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 containers / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 container / 25 days)
OMNARIS SPR	3	QL (1 package per 25 days)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	QL (1 container / 25 days)

STEROID INHALANTS

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 25 days)
ASMANEX 60 AER 220MCG	2	QL (2 inhalers per 25 days)
ASMANEX 120 AER 220MCG	2	QL (1 inhaler per 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 inhaler per 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 inhaler per 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 boxes / 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 boxes / 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 box / 25 days)
QVAR AER 40MCG	2	
QVAR AER 80MCG	2	

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	2	
ADVAIR DISKU AER 250/50	2	
ADVAIR DISKU AER 500/50	2	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	1	
ELIXOPHYLLIN ELX 80/15ML	3	
LUFYLLIN TAB 200MG	3	
LUFYLLIN TAB 400MG	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
<i>theochron tab 100mg cr</i>	1	
<i>theochron tab 200mg cr</i>	1	
<i>theochron tab 300mg cr</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

TOPICAL

DERMATOLOGY, ACNE

ACANYA GEL 1.2-2.5%	3	ST; PA**
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Drug Name	Drug Tier	Requirements/Limits
<i>adapalene cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene lotion 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>amneesteem cap 10mg</i>	1	PA
<i>amneesteem cap 20mg</i>	1	PA
<i>amneesteem cap 40mg</i>	1	PA
<i>avita cre 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>avita gel 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>AZELEX CRE 20%</i>	3	ST; PA**
<i>BENZI Q GEL 5.25%</i>	2	
<i>BENZI Q LS GEL 2.75%</i>	2	
<i>benzi q wash liq 5.25%</i>	1	
<i>benzoyl per liq 10% wash</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>bp wash liq 2.5%</i>	1	
<i>claravis cap 10mg</i>	1	PA
<i>claravis cap 20mg</i>	1	PA
<i>claravis cap 30mg</i>	1	PA
<i>claravis cap 40mg</i>	1	PA
<i>clearplex x gel 10%</i>	1	
<i>clindamax gel 1%</i>	1	
<i>clindamax lot 10mg/ml</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	3	
<i>EPIDUO GEL 0.1-2.5%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ery pad 2%</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	PA
<i>myorisan cap 20mg</i>	1	PA
<i>myorisan cap 40mg</i>	1	PA
<i>oscion clnsr lot 6%</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
TRETIN-X CRE 0.075%	3	PA; PA applies for members age 35 and older
TRETIN-X CRE 0.0375%	3	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	1	PA; PA applies for members age 35 and older
ZIANA GEL	3	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
ZYCLARA CRE 3.75%	3	
ZYCLARA PUMP CRE 2.5%	3	

DERMATOLOGY, ANTIBIOTICS

ALTABAX OIN 1%	3	
BACTROBAN OIN NASAL 2%	3	
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
IV PREP WIPE PAD	2	
<i>mupirocin oint 2%</i>	1	
NEO-SYNALAR CRE	3	
PHISOHEX LIQ 3%	3	
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	ST; PA**
EXELDERM SOL 1%	3	ST; PA**
JUBLIA SOL 10%	3	PA
KERYDIN SOL 5%	3	PA
<i>ketoconazole cream 2%</i>	1	
<i>ketodan aer 2%</i>	1	
LUZU CRE 1%	3	PA
MENTAX CRE 1%	3	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NAFTIN GEL 1%	3	
NAFTIN GEL 2%	3	
<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 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop pow 100000</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
OXISTAT LOT 1%	3	
XOLEGEL GEL 2%	3	

DERMATOLOGY, ANTIPRURITIC

<i>doxepin hcl cream 5%</i>	1	
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DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<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	
<i>calcitriol oint 3 mcg/gm</i>	1	
COSENTYX INJ 150MG/ML	5	PA, ST
COSENTYX PEN INJ 300DOSE	5	PA, ST
<i>methoxsalen rapid cap 10 mg</i>	1	
8-MOP CAP 10MG	3	
<i>tazarotene cream 0.1%</i>	1	PA
TAZORAC CRE 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	

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>alphatrex gel 0.05%</i>	1	
<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
AMCINONIDE OIN 0.1%	2	
<i>apexicon oin 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented cream 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 aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base 1 equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base 1 equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base 1 equivalent)</i>	1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	
CAPEX SHA 0.01%	3	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clobetasol propionate spray 0.05%</i>	1	
<i>clocortolone pivalate cream 0.1%</i>	1	
CORDRAN 24X3 TAP 4MCG/CM	3	
DESONATE GEL 0.05%	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
DESOWEN OINT KIT 0.05%	3	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>diflorasone diacetate cream 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>flurandrenolide cream 0.05%</i>	1	
<i>flurandrenolide lotion 0.05%</i>	1	
<i>flurandrenolide oint 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 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	
HALOG CRE 0.1%	3	
HALOG OIN 0.1%	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>lokara lot 0.05%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
PEDIADERM HC KIT	3	
PEDIADERM TA KIT	3	
<i>prednicarbate cream 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>scalacort lot 2%</i>	1	
TACLONEX SUS	3	
TEXACORT SOL 2.5%	3	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
TRIANEX OIN 0.05%	3	
<i>triderm cre 0.1%</i>	1	
VERDESO AER 0.05%	3	

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl gel 2%</i>	1	QL (30gm / 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50mL / 25 days)
<i>lidocaine oint 5%</i>	1	QL (50gm / 25 days)
<i>lidocaine patch 5%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
<i>pramox gel 1%</i>	1	
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir oint 5%</i>	1	
CONDYLOX GEL 0.5%	3	
DENAVIR CRE 1%	3	
<i>diclofenac sodium gel 1%</i>	1	
ELIDEL CRE 1%	2	ST; PA**
<i>laclotion lot 12%</i>	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 10%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
PANRETIN GEL 0.1%	3	
<i>podofilox soln 0.5%</i>	1	
RECTIV OIN 0.4%	3	
<i>tacrolimus oint 0.1%</i>	1	ST; PA**
<i>tacrolimus oint 0.03%</i>	1	ST; PA**
TARGRETIN GEL 1%	4	PA
VEREGEN OIN 15%	3	

DERMATOLOGY, ROSACEA

FINACEA AER 15%	2	
FINACEA GEL 15%	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	
<i>rosadan cre 0.75%</i>	1	

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>acticin cre 5%</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
EURAX CRE 10%	3	
EURAX LOT 10%	3	
<i>lindane lotion 1%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
SKLICE LOT 0.5%	3	
<i>spinosad susp 0.9%</i>	1	
ULESFIA LOT 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	3	
SANTYL OIN 250/GM	3	
<i>sodium chloride irrigation soln 0.9%</i>	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 laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>oralone dent pst 0.1%</i>	1	
ORAVIG TAB 50MG	3	
<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	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
CORTISPORIN SUS -TC OTIC	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</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	
VITAMINS		
WATER SOLUBLE VITAMINS		
<i>niacin tab 500 mg</i>	1	
<i>niacin tab er 250 mg</i>	1	

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AKYNZEO CAP 300-0.5	94	<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	75
<i>ala-cort cre 1%</i>	125	ALOMIDE SOL 0.1% OP	114
<i>alagesic lq sol</i>	1	<i>alose tron hcl tab 0.5 mg (base equiv)</i> ..	97
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<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	118	<i>alpatrex gel 0.05%</i>	125
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	118	ALPRAZOLAM CON 1 MG/ML.....	50
<i>albuterol sulfate syrup 2 mg/5ml</i>	118	<i>alprazolam orally disintegrating tab 0.25 mg</i>	50
<i>albuterol sulfate tab 2 mg</i>	118	<i>alprazolam orally disintegrating tab 0.5 mg</i>	50
<i>albuterol sulfate tab 4 mg</i>	118	<i>alprazolam orally disintegrating tab 1 mg</i>	50
<i>albuterol sulfate tab er 12hr 4 mg</i> ...	118	<i>alprazolam orally disintegrating tab 2 mg</i>	50
<i>albuterol sulfate tab er 12hr 8 mg</i> ...	118	<i>alprazolam tab 0.25 mg</i>	50
<i>alclometasone dipropionate cream 0.05%</i>	125	<i>alprazolam tab 0.5 mg</i>	50
<i>alclometasone dipropionate oint 0.05%</i>	125	<i>alprazolam tab 1 mg</i>	50
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<i>alendronate sodium tab 35 mg</i>	78	<i>alyacen tab 7/7/7</i>	79
<i>alendronate sodium tab 40 mg</i>	78	<i>amantadine hcl cap 100 mg</i>	61
<i>alendronate sodium tab 5 mg</i>	78	<i>amantadine hcl syrup 50 mg/5ml</i>	61
<i>alendronate sodium tab 70 mg</i>	78	<i>amantadine hcl tab 100 mg</i>	61
ALFERON N INJ 5MU/ML	105	AMBISOME INJ 50MG	14
<i>alfuzosin hcl tab er 24hr 10 mg</i>	99	<i>amcinonide cream 0.1%</i>	125
ALIMTA INJ 100MG	27	<i>amcinonide lotion 0.1%</i>	125
ALIMTA INJ 500MG	27	AMCINONIDE OIN 0.1%	125
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<i>allopurinol sodium for inj 500 mg</i>	1	<i>amifostine for inj 500 mg</i>	33
<i>allopurinol tab 100 mg</i>	1	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	11
<i>allopurinol tab 300 mg</i>	1	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	11
<i>almotriptan malate tab 12.5 mg</i>	69	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	47
<i>almotriptan malate tab 6.25 mg</i>	69	<i>amiloride hcl tab 5 mg</i>	47
ALOCRIIL SOL 2%	114	<i>aminophylline inj 25 mg/ml</i>	121
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	75		

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	38	<i>10 mg</i>	34
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	39	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	34
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	39	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	34
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amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	23	amphetamine-dextroamphetamine tab 5 mg	66
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50-325-40 mg 1
butalbital-acetaminophen-caffeine tab
50-325-40 mg 1
butalbital-aspirin-caffeine cap 50-325-40
mg 1
butalbital-aspirin-caffeine tab 50-325-40

mg 1
butorphanol tartrate inj 1 mg/ml 3
butorphanol tartrate inj 2 mg/ml 3
butorphanol tartrate nasal soln 10 mg/ml
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<i>carbamazepine tab er 12hr 100 mg</i>	51	<i>cartia xt cap 120/24hr</i>	44
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<i>cefadroxil cap 500 mg</i>	19	<i>cefpodoxime proxetil tab 200 mg</i>	20
<i>cefadroxil for susp 250 mg/5ml</i>	19	<i>cefprozil for susp 125 mg/5ml</i>	20
<i>cefadroxil for susp 500 mg/5ml</i>	19	<i>cefprozil for susp 250 mg/5ml</i>	20
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<i>cefdinir for susp 125 mg/5ml</i>	19	<i>ceftriaxone sodium for inj 2 gm</i>	20
<i>cefdinir for susp 250 mg/5ml</i>	19	<i>ceftriaxone sodium for inj 250 mg</i>	20
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	20	<i>ceftriaxone sodium for inj 500 mg</i>	21
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<i>cefoxitin sodium for inj 10 gm</i>	20	CENESTIN TAB 0.625MG.....	83
<i>cefoxitin sodium for iv soln 1 gm</i>	20	CENESTIN TAB 0.9MG.....	83
<i>cefoxitin sodium for iv soln 2 gm</i>	20	CENESTIN TAB 1.25MG.....	83
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	20	<i>cephalexin cap 250 mg</i>	21
		<i>cephalexin cap 500 mg</i>	21
		<i>cephalexin cap 750 mg</i>	21
		<i>cephalexin for susp 125 mg/5ml</i>	21

<i>cephalexin for susp 250 mg/5ml</i>	21	<i>unit</i>	87
<i>cephalexin tab 250 mg</i>	21	CIALIS TAB 2.5MG.....	99
<i>cephalexin tab 500 mg</i>	21	CIALIS TAB 5MG	99
CERDELGA CAP 84MG	82	<i>ciclopirox gel 0.77%</i>	124
CEREZYME INJ 400UNIT	82	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	124
CERVARIX INJ.....	107	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	124
CESAMET CAP 1MG.....	94	<i>ciclopirox shampoo 1%</i>	124
<i>cesia pak</i>	79	<i>ciclopirox solution 8%</i>	124
<i>cevimeline hcl cap 30 mg</i>	129	<i>cidofovir iv inj 75 mg/ml</i>	18
CHANTIX PAK 0.5& 1MG.....	73	<i>cilostazol tab 100 mg</i>	103
CHANTIX PAK 1MG	73	<i>cilostazol tab 50 mg</i>	103
CHANTIX TAB 0.5MG	73	CILOXAN OIN 0.3% OP	113
CHANTIX TAB 1MG	73	<i>cimetidine hcl soln 300 mg/5ml</i>	96
<i>chateal tab 0.15/30</i>	79	<i>cimetidine tab 200 mg</i>	96
CHEMET CAP 100MG.....	79	<i>cimetidine tab 300 mg</i>	96
<i>cheratussin syp 100-10/5</i>	119	<i>cimetidine tab 400 mg</i>	96
<i>child vit d chw 400unit</i>	111	<i>cimetidine tab 800 mg</i>	96
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	11	CIMZIA KIT.....	104
<i>chlorhexidine gluconate soln 0.12%</i> ..	129	CIMZIA KIT STARTER.....	104
<i>chloroquine phosphate tab 250 mg</i>	15	CIMZIA PREFL KIT 200MG/ML.....	104
<i>chloroquine phosphate tab 500 mg</i>	15	CIPRO HC SUS OTIC	129
<i>chlorothiazide sodium for inj 500 mg</i> ...47		CIPRODEX SUS 0.3-0.1%	129
<i>chlorothiazide tab 250 mg</i>	47	<i>ciprofloxacin 200 mg/100ml in d5w</i>	22
<i>chlorothiazide tab 500 mg</i>	47	<i>ciprofloxacin 400 mg/200ml in d5w</i>	22
CHLORPROMAZ INJ 25MG/ML.....	63	<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	22
CHLORPROMAZ INJ 50MG/2ML.....	63	<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	22
<i>chlorpromazine hcl tab 10 mg</i>	63	<i>ciprofloxacin hcl ophth soln 0.3%</i>	113
<i>chlorpromazine hcl tab 100 mg</i>	63	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	22
<i>chlorpromazine hcl tab 200 mg</i>	63	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	22
<i>chlorpromazine hcl tab 25 mg</i>	63	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	22
<i>chlorpromazine hcl tab 50 mg</i>	63	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	22
<i>chlorthalidone tab 100 mg</i>	47	<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	22
<i>chlorthalidone tab 25 mg</i>	47	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	22
<i>chlorthalidone tab 50 mg</i>	47	<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	23
<i>chlorzoxazone tab 500 mg</i>	72	<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	22
<i>cholecalciferol cap 400 unit</i>	111	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	33
<i>cholestyramine light powder 4 gm/dose</i>	40		
<i>cholestyramine light powder packets 4 gm</i>	40		
<i>cholestyramine powder 4 gm/dose</i>	40		
<i>cholestyramine powder packets 4 gm</i> ..	40		
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	40		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	40		
<i>chorionic gonadotropin for im inj 10000</i>			

<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .33	<i>clindamycin phosphate inj 9 gm/60ml</i> 12
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>.....33	<i>clindamycin phosphate inj 900 mg/6ml</i> 12
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>.....57	<i>clindamycin phosphate iv soln 300 mg/2ml</i> 12
<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....57	<i>clindamycin phosphate iv soln 600 mg/4ml</i> 12
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....57	<i>clindamycin phosphate iv soln 900 mg/6ml</i> 12
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....57	<i>clindamycin phosphate lotion 1%</i>.....122
CITRANATAL CAP HARMONY 111	<i>clindamycin phosphate soln 1%</i>122
CITRANATAL MIS 90 DHA 111	<i>clindamycin phosphate swab 1%</i>122
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CITRANATAL PAK ASSURE 111	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>122
CITRANATAL PAK DHA 112	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>122
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<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>28	<i>clobetasol propionate gel 0.05%</i>126
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CLAFORAN INJ 2GM21	<i>clobetasol propionate oint 0.05%</i>126
<i>claravis cap 10mg</i> 122	<i>clobetasol propionate shampoo 0.05%</i>126
<i>claravis cap 20mg</i> 122	<i>clobetasol propionate soln 0.05%</i> .....126
<i>claravis cap 30mg</i> 122	<i>clobetasol propionate spray 0.05%</i> ...126
<i>claravis cap 40mg</i> 122	<i>clocortolone pivalate cream 0.1%</i> .....126
CLARINEX SYP 0.5MG/ML 117	<i>clofarabine iv soln 1 mg/ml</i> 28
<i>clarithromycin for susp 125 mg/5ml</i>....22	<i>clomiphene citrate tab 50 mg</i> 87
<i>clarithromycin for susp 250 mg/5ml</i>....22	<i>clomipramine hcl cap 25 mg</i> 70
<i>clarithromycin tab 250 mg</i> .....22	<i>clomipramine hcl cap 50 mg</i> 70
<i>clarithromycin tab 500 mg</i> .....22	<i>clomipramine hcl cap 75 mg</i> 70
<i>clarithromycin tab er 24hr 500 mg</i>.....22	<i>clonazepam tab 0.5 mg</i> 51
<i>clearplex x gel 10%</i> 122	<i>clonazepam tab 1 mg</i> 51
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i> 117	<i>clonazepam tab 2 mg</i> 51
<i>clemastine fumarate tab 2.68 mg</i> 117	<i>clonidine hcl tab 0.1 mg</i> 48
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<i>clindamax gel 1%</i> 122	<i>clonidine hcl td patch weekly 0.1 mg/24hr</i> 48
<i>clindamax lot 10mg/ml</i> 122	<i>clonidine hcl td patch weekly 0.2 mg/24hr</i> 48
<i>clindamycin hcl cap 150 mg</i> .....12	<i>clonidine hcl td patch weekly 0.3 mg/24hr</i> 48
<i>clindamycin hcl cap 300 mg</i> .....12	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....103
<i>clindamycin hcl cap 75 mg</i>.....12	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....103
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....12	
<i>clindamycin phosphate foam 1%</i> 122	
<i>clindamycin phosphate gel 1%</i> 122	
<i>clindamycin phosphate inj 300 mg/2ml</i> 12	
<i>clindamycin phosphate inj 600 mg/4ml</i> 12	

<i>clorazepate dipotassium tab 15 mg</i>	51	COPAXONE INJ 40MG/ML.....	71
<i>clorazepate dipotassium tab 3.75 mg</i> ..	51	CORDRAN 24X3 TAP 4MCG/CM.....	126
<i>clorazepate dipotassium tab 7.5 mg</i>	51	COREG CR CAP 10MG.....	43
<i>clotrimazole cream 1%</i>	124	COREG CR CAP 20MG.....	43
<i>clotrimazole soln 1%</i>	124	COREG CR CAP 40MG.....	43
<i>clotrimazole troche 10 mg</i>	129	COREG CR CAP 80MG.....	43
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	124	<i>cortisone acetate tab 25 mg</i>	88
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	124	CORTISPORIN CRE 0.5%	124
<i>clozapine orally disintegrating tab 100 mg</i>	63	CORTISPORIN OIN 1%	124
<i>clozapine orally disintegrating tab 12.5 mg</i>	63	CORTISPORIN SUS -TC OTIC.....	129
<i>clozapine orally disintegrating tab 150 mg</i>	63	COSENTYX INJ 150MG/ML	125
<i>clozapine orally disintegrating tab 200 mg</i>	63	COSENTYX PEN INJ 300DOSE.....	125
<i>clozapine orally disintegrating tab 25 mg</i>	63	COUMADIN INJ 5 MG	101
<i>clozapine tab 100 mg</i>	63	CREON CAP 12000UNT	98
<i>clozapine tab 200 mg</i>	63	CREON CAP 24000UNT	98
<i>clozapine tab 25 mg</i>	63	CREON CAP 3000UNIT.....	98
<i>clozapine tab 50 mg</i>	63	CREON CAP 36000UNT	98
COARTEM TAB 20-120MG.....	15	CREON CAP 6000UNIT.....	98
CODEINE SULF SOL 30MG/5ML	3	CRESEMBA CAP 186 MG	14
<i>codeine sulfate tab 15 mg</i>	3	CRINONE GEL 4% VAG.....	92
<i>codeine sulfate tab 30 mg</i>	3	CRINONE GEL 8% VAG.....	92
<i>codeine sulfate tab 60 mg</i>	3	CRIXIVAN CAP 200MG.....	15
<i>colchicine tab 0.6 mg</i>	1	CRIXIVAN CAP 400MG.....	15
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cromolyn sodium ophth soln 4%</i>	115
<i>colestipol hcl granule packets 5 gm</i>	40	<i>cromolyn sodium oral conc 100 mg/5ml</i>	98
<i>colestipol hcl granules 5 gm</i>	40	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	120
<i>colestipol hcl tab 1 gm</i>	40	<i>cryselle-28 tab 28 tabs</i>	79
<i>colocort ene 100mg</i>	97	CUVPOSA SOL 1MG/5ML.....	94
COLYTE/FLAVR SOL PACKS.....	97	<i>cyanocobalamin inj 1000 mcg/ml</i>	112
COMBIGAN SOL 0.2/0.5%	115	<i>cyclafem tab 1/35</i>	80
COMBIVENT AER 20-100	116	<i>cyclafem tab 7/7/7</i>	80
COMETRIQ KIT 100MG	31	<i>cyclobenzaprine hcl tab 10 mg</i>	72
COMETRIQ KIT 140MG	31	<i>cyclobenzaprine hcl tab 5 mg</i>	72
COMETRIQ KIT 60MG.....	31	<i>cyclobenzaprine hcl tab 7.5 mg</i>	72
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<i>compro sup 25mg</i>	94	CYCLOPHOSPH CAP 50MG.....	26
COMVAX INJ.....	107	<i>cyclophosphamide for inj 1 gm</i>	26
CONCEPTROL GEL 4%.....	100	<i>cyclophosphamide for inj 2 gm</i>	26
CONDYLOX GEL 0.5%	128	<i>cyclophosphamide for inj 500 mg</i>	26
CONTRAVE TAB 8-90MG.....	1	<i>cyclophosphamide tab 25 mg</i>	26
		<i>cyclophosphamide tab 50 mg</i>	26
		<i>cycloserine cap 250 mg</i>	17
		CYCLOSET TAB 0.8MG.....	75
		<i>cyclosporine cap 100 mg</i>	106
		<i>cyclosporine cap 25 mg</i>	106
		<i>cyclosporine iv soln 50 mg/ml</i>	106

<i>cyclosporine modified cap 100 mg</i>	106
<i>cyclosporine modified cap 25 mg</i>	106
<i>cyclosporine modified cap 50 mg</i>	106
<i>cyclosporine modified oral soln 100 mg/ml</i>	106
<i>cyproheptadine hcl syrup 2 mg/5ml ..</i>	117
<i>cyproheptadine hcl tab 4 mg</i>	117
CYSTADANE POW	82
CYSTAGON CAP 150MG	82
CYSTAGON CAP 50MG	82
CYSTARAN SOL 0.44%	116
<i>cytarabine for inj 1 gm</i>	28
<i>cytarabine for inj 100 mg</i>	28
<i>cytarabine for inj 500 mg</i>	28
<i>cytarabine inj 20 mg/ml</i>	28
<i>cytarabine inj pf 100 mg/ml</i>	28
<i>cytarabine inj pf 20 mg/ml</i>	28
D	
<i>dacarbazine for inj 100 mg</i>	26
<i>dacarbazine for inj 200 mg</i>	26
<i>dactinomycin for inj 0.5 mg</i>	27
DALIRESP TAB 500MCG	120
<i>danazol cap 100 mg</i>	82
<i>danazol cap 200 mg</i>	82
<i>danazol cap 50 mg</i>	82
<i>dantrolene sodium cap 100 mg</i>	72
<i>dantrolene sodium cap 25 mg</i>	72
<i>dantrolene sodium cap 50 mg</i>	72
<i>dapsone tab 100 mg</i>	12
<i>dapsone tab 25 mg</i>	12
DAPTACEL INJ	107
<i>daptomycin for iv soln 500 mg</i>	12
DARAPRIM TAB 25MG	12
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	100
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	100
<i>dasetta tab 1/35</i>	80
<i>dasetta tab 7/7/7</i>	80
<i>daunorubicin hcl for inj 20 mg</i>	27
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	27
DAUNOXOME INJ 2MG/ML	27
DDROPS BOOST LIQ 600/.028	112
<i>decara cap 50000unt</i>	112
<i>decitabine for inj 50 mg</i>	28
<i>delyla tab 0.1-0.02</i>	80
<i>demeclocycline hcl tab 150 mg</i>	25

<i>demeclocycline hcl tab 300 mg</i>	25
DENAVIR CRE 1%	128
DEPEN TITRA TAB 250MG	79
DEPOCYT INJ 50MG/5ML	28
DEPO-ESTRADI INJ 5MG/ML	83
DEPO-MEDROL INJ 20MG/ML	88
DEPO-PROVERA INJ 400/ML	30
DEPO-SQ PROV INJ 104	80
DESCOVY TAB 200/25	17
<i>desipramine hcl tab 10 mg</i>	57
<i>desipramine hcl tab 100 mg</i>	57
<i>desipramine hcl tab 150 mg</i>	57
<i>desipramine hcl tab 25 mg</i>	57
<i>desipramine hcl tab 50 mg</i>	57
<i>desipramine hcl tab 75 mg</i>	57
<i>desloratadine tab 5 mg</i>	117
<i>desloratadine tab orally disintegrating 2.5 mg</i>	117
<i>desloratadine tab orally disintegrating 5 mg</i>	117
<i>desmopressin acetate inj 4 mcg/ml</i>	93
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	93
<i>desmopressin acetate nasal spray soln 0.01%</i>	93
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	93
<i>desmopressin acetate tab 0.1 mg</i>	93
<i>desmopressin acetate tab 0.2 mg</i>	93
DESONATE GEL 0.05%	126
<i>desonide cream 0.05%</i>	126
<i>desonide lotion 0.05%</i>	126
<i>desonide oint 0.05%</i>	126
DESOWEN OINT KIT 0.05%	126
<i>desoximetasone cream 0.05%</i>	126
<i>desoximetasone cream 0.25%</i>	126
<i>desoximetasone gel 0.05%</i>	126
<i>desoximetasone oint 0.05%</i>	126
<i>desoximetasone oint 0.25%</i>	126
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	57
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	57
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	57
<i>desvenlafaxine tab er 24hr 100 mg</i>	57
<i>desvenlafaxine tab er 24hr 50 mg</i>	57
DEXAMETHASON CON 1MG/ML	88

<i>dexamethasone elixir 0.5 mg/5ml</i>	88	DEXPAK PAK 6 DAY.....	88
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	88	<i>dexrazoxane for inj 250 mg</i>	33
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	88	<i>dexrazoxane for inj 500 mg</i>	33
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	88	<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	67
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	88	<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	67
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	88	<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	67
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	88	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	67
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	114	<i>dextroamphetamine sulfate tab 10 mg</i> 67	
<i>dexamethasone soln 0.5 mg/5ml</i>	88	<i>dextroamphetamine sulfate tab 5 mg</i> . 67	
<i>dexamethasone tab 0.5 mg</i>	88	<i>diazepam con 5mg/ml</i>	51
<i>dexamethasone tab 0.75 mg</i>	88	<i>diazepam inj 5 mg/ml</i>	51
<i>dexamethasone tab 1 mg</i>	88	<i>diazepam oral soln 1 mg/ml</i>	51
<i>dexamethasone tab 1.5 mg</i>	88	<i>diazepam tab 10 mg</i>	51
<i>dexamethasone tab 2 mg</i>	88	<i>diazepam tab 2 mg</i>	51
<i>dexamethasone tab 4 mg</i>	88	<i>diazepam tab 5 mg</i>	51
<i>dexamethasone tab 6 mg</i>	88	<i>diclofenac potassium tab 50 mg</i>	1
<i>dexchlorpheniramine maleate syrup 2 mg/5ml</i>	117	<i>diclofenac sodium gel 1%</i>	128
DEXILANT CAP 30MG DR	99	<i>diclofenac sodium ophth soln 0.1%</i> ...	114
DEXILANT CAP 60MG DR	99	<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	66	<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	66	<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	66	<i>diclofenac sodium tab er 24hr 100 mg</i> ..	1
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	66	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	3
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	66	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	3
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	66	<i>dicloxacillin sodium cap 250 mg</i>	24
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	66	<i>dicloxacillin sodium cap 500 mg</i>	24
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	66	<i>dicyclomine hcl cap 10 mg</i>	94
<i>dexmethylphenidate hcl tab 10 mg</i>	67	<i>dicyclomine hcl inj 10 mg/ml</i>	94
<i>dexmethylphenidate hcl tab 2.5 mg</i>	66	<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	94
<i>dexmethylphenidate hcl tab 5 mg</i>	66	<i>dicyclomine hcl tab 20 mg</i>	94
DEXPAK PAK 10 DAY.....	88	<i>didanosine delayed release capsule 125 mg</i>	15
DEXPAK PAK 13 DAY.....	88	<i>didanosine delayed release capsule 200 mg</i>	15
		<i>didanosine delayed release capsule 250 mg</i>	15
		<i>didanosine delayed release capsule 400 mg</i>	15
		DIFICID TAB 200MG	22

<i>diflorasone diacetate cream 0.05%</i> ...	126	<i>mg/ml)</i>	45
<i>diflorasone diacetate oint 0.05%</i>	126	<i>diltiazem hcl tab 120 mg</i>	45
<i>diflunisal tab 500 mg</i>	10	<i>diltiazem hcl tab 30 mg</i>	45
<i>digox tab 0.125mg</i>	46	<i>diltiazem hcl tab 60 mg</i>	45
<i>digox tab 0.25mg</i>	46	<i>diltiazem hcl tab 90 mg</i>	45
<i>digoxin inj 0.25 mg/ml</i>	46	<i>DILTIAZEM INJ 100MG</i>	45
<i>digoxin oral soln 0.05 mg/ml</i>	46	<i>dimenhydrinate tab 50 mg</i>	95
<i>digoxin tab 125 mcg (0.125 mg)</i>	46	<i>DIP/TET PED INJ 25-5LFU</i>	107
<i>digoxin tab 250 mcg (0.25 mg)</i>	46	<i>DIPENTUM CAP 250MG</i>	97
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	69	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	117
<i>dihydroergotamine mesylate nasal spray</i> <i>4 mg/ml</i>	69	<i>diphenhydramine hcl inj 50 mg/ml</i>	117
<i>DILANTIN CAP 30MG</i>	51	<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	98
<i>DILATRATE SR CAP 40MG</i>	49	<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	98
<i>diltiazem hcl cap er 12hr 120 mg</i>	44	<i>dipyridamole tab 25 mg</i>	103
<i>diltiazem hcl cap er 12hr 60 mg</i>	44	<i>dipyridamole tab 50 mg</i>	104
<i>diltiazem hcl cap er 12hr 90 mg</i>	44	<i>dipyridamole tab 75 mg</i>	104
<i>diltiazem hcl cap er 24hr 120 mg</i>	44	<i>disopyramide phosphate cap 100 mg</i> ..	39
<i>diltiazem hcl cap er 24hr 180 mg</i>	44	<i>disopyramide phosphate cap 150 mg</i> ..	39
<i>diltiazem hcl cap er 24hr 240 mg</i>	44	<i>disulfiram tab 250 mg</i>	73
<i>diltiazem hcl coated beads cap er 24hr</i> <i>120 mg</i>	44	<i>disulfiram tab 500 mg</i>	73
<i>diltiazem hcl coated beads cap er 24hr</i> <i>180 mg</i>	45	<i>DIURIL SUS 250/5ML</i>	47
<i>diltiazem hcl coated beads cap er 24hr</i> <i>240 mg</i>	45	<i>divalproex sodium cap delayed release</i> <i>sprinkle 125 mg</i>	51
<i>diltiazem hcl coated beads cap er 24hr</i> <i>300 mg</i>	45	<i>divalproex sodium tab delayed release</i> <i>125 mg</i>	51
<i>diltiazem hcl coated beads cap er 24hr</i> <i>360 mg</i>	45	<i>divalproex sodium tab delayed release</i> <i>250 mg</i>	51
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 120 mg</i>	45	<i>divalproex sodium tab delayed release</i> <i>500 mg</i>	51
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 180 mg</i>	45	<i>divalproex sodium tab er 24 hr 250 mg</i>	52
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 240 mg</i>	45	<i>divalproex sodium tab er 24 hr 500 mg</i>	52
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 300 mg</i>	45	<i>DIVIGEL GEL 0.25MG</i>	84
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 360 mg</i>	45	<i>DIVIGEL GEL 0.5MG</i>	83
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 420 mg</i>	45	<i>DIVIGEL GEL 1MG/GM</i>	84
<i>diltiazem hcl iv soln 125 mg/25ml (5</i> <i>mg/ml)</i>	45	<i>DOCEFREZ INJ 20MG</i>	29
<i>diltiazem hcl iv soln 25 mg/5ml (5</i> <i>mg/ml)</i>	45	<i>DOCEFREZ INJ 80MG</i>	29
<i>diltiazem hcl iv soln 50 mg/10ml (5</i> <i>mg/ml)</i>	45	<i>docetaxel for inj conc 20 mg/ml</i>	29
		<i>docetaxel for inj conc 80 mg/4ml (20</i> <i>mg/ml)</i>	29
		<i>DOCETAXEL INJ 140/7ML</i>	29
		<i>DOCETAXEL INJ 160/16ML</i>	29
		<i>DOCETAXEL INJ 160/8ML</i>	29
		<i>DOCETAXEL INJ 20/0.5ML</i>	29

DOCETAXEL INJ 200MG/20	29	<i>doxycycline hyclate tab delayed release</i>	
DOCETAXEL INJ 20MG/2ML.....	29	<i>100 mg</i>	25
DOCETAXEL INJ 80MG/2ML.....	29	<i>doxycycline hyclate tab delayed release</i>	
DOCETAXEL INJ 80MG/8ML.....	29	<i>150 mg</i>	26
DOCETAXEL INJ NON-ALCO	29	<i>doxycycline hyclate tab delayed release</i>	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	39	<i>75 mg.....</i>	25
<i>dofetilide cap 250 mcg (0.25 mg)</i>	39	<i>doxycycline monohydrate cap 100 mg</i>	26
<i>dofetilide cap 500 mcg (0.5 mg).....</i>	39	<i>doxycycline monohydrate cap 150 mg</i>	26
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate cap 50 mg..</i>	26
<i>disintegrating tab 10 mg</i>	55	<i>doxycycline monohydrate cap 75 mg..</i>	26
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate for susp 25</i>	
<i>disintegrating tab 5 mg</i>	55	<i>mg/5ml.....</i>	26
<i>donepezil hydrochloride tab 10 mg</i>	55	<i>doxycycline monohydrate tab 150 mg</i>	26
<i>donepezil hydrochloride tab 23 mg</i>	55	<i>doxycycline monohydrate tab 50 mg ..</i>	26
<i>donepezil hydrochloride tab 5 mg</i>	55	<i>doxycycline monohydrate tab 75 mg ..</i>	26
<i>doripenem for iv infusion 250 mg</i>	12	<i>dronabinol cap 10 mg</i>	95
<i>doripenem for iv infusion 500 mg</i>	12	<i>dronabinol cap 2.5 mg</i>	95
<i>dorzolamide hcl ophth soln 2%.....</i>	115	<i>dronabinol cap 5 mg</i>	95
<i>dorzolamide hcl-timolol maleate ophth</i>		<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>soln 22.3-6.8 mg/ml.....</i>	115	<i>mg</i>	80
<i>doxazosin mesylate tab 1 mg</i>	36	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>doxazosin mesylate tab 2 mg</i>	36	<i>tab 3-0.02-0.451 mg</i>	80
<i>doxazosin mesylate tab 4 mg</i>	36	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>doxazosin mesylate tab 8 mg</i>	36	<i>tab 3-0.03-0.451 mg</i>	80
<i>doxepin hcl cap 10 mg</i>	57	DROXIA CAP 200MG	32
<i>doxepin hcl cap 100 mg</i>	58	DROXIA CAP 300MG	32
<i>doxepin hcl cap 150 mg</i>	58	DROXIA CAP 400MG	32
<i>doxepin hcl cap 25 mg</i>	57	DUAVEE TAB 0.45-20	84
<i>doxepin hcl cap 50 mg</i>	57	<i>duloxetine hcl cap 20 mg.....</i>	58
<i>doxepin hcl cap 75 mg</i>	58	<i>duloxetine hcl cap 30 mg.....</i>	58
<i>doxepin hcl conc 10 mg/ml.....</i>	58	<i>duloxetine hcl cap 60 mg.....</i>	58
<i>doxepin hcl cream 5%</i>	125	DUREZOL EMU 0.05%	114
<i>doxercalciferol cap 0.5 mcg</i>	112	<i>dutasteride cap 0.5 mg</i>	99
<i>doxercalciferol cap 1 mcg</i>	112	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>doxercalciferol cap 2.5 mcg</i>	112	<i>mg</i>	99
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>		D-VI-SOL LIQ 400UNIT	112
<i>.....</i>	112	DYMISTA SPR 137-50.....	117
<i>doxorubicin hcl for inj 10 mg.....</i>	27	DYRENIUM CAP 100MG.....	47
<i>doxorubicin hcl for inj 50 mg.....</i>	27	DYRENIUM CAP 50MG	47
<i>doxorubicin hcl inj 2 mg/ml</i>	27	E	
<i>doxorubicin hcl liposomal inj (for iv</i>		<i>e.e.s. 400 tab 400mg.....</i>	22
<i>infusion) 2 mg/ml.....</i>	27	<i>e.s.p. sus 200-600.....</i>	11
<i>doxy 100 inj 100mg.....</i>	25	<i>econazole nitrate cream 1%.....</i>	124
<i>doxycycline hyclate cap 100 mg</i>	25	EDARBI TAB 40MG.....	38
<i>doxycycline hyclate cap 50 mg</i>	25	EDARBI TAB 80MG.....	38
<i>doxycycline hyclate for inj 100 mg</i>	25	<i>ed-spaz tab 0.125mg</i>	94
<i>doxycycline hyclate tab 100 mg.....</i>	25	EDURANT TAB 25MG.....	15
<i>doxycycline hyclate tab 20 mg</i>	25	EFFIENT TAB 10MG.....	104

EFFIENT TAB 5MG	104	ENBREL SRCLK INJ 50MG/ML	104
ELAPRASE INJ 6MG/3ML.....	83	ENCARE SUP 100MG	100
ELELYSO INJ 200UNIT.....	83	<i>endocet tab 10-325mg</i>	4
ELESTRIN GEL 0.06%	84	<i>endocet tab 2.5-325</i>	4
<i>eletriptan hydrobromide tab 20 mg (base</i>		<i>endocet tab 5-325mg</i>	4
<i>equivalent)</i>	69	<i>endocet tab 7.5-325</i>	4
<i>eletriptan hydrobromide tab 40 mg (base</i>		ENGERIX-B INJ 10/0.5ML	107
<i>equivalent)</i>	69	ENGERIX-B INJ 20MCG/ML.....	107
ELIDEL CRE 1%	128	ENJUVIA TAB 0.3MG	84
ELIGARD INJ 22.5MG	30	ENJUVIA TAB 0.45MG.....	84
ELIGARD INJ 30MG.....	30	ENJUVIA TAB 0.625MG.....	84
ELIGARD INJ 45MG.....	30	ENJUVIA TAB 0.9MG	84
ELIGARD INJ 7.5MG.....	30	ENJUVIA TAB 1.25MG.....	84
<i>elinest tab</i>	80	<i>enoxaparin sodium inj 100 mg/ml</i>	101
ELIQUIS TAB 2.5MG	101	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	101
ELIQUIS TAB 5MG	101	<i>enoxaparin sodium inj 150 mg/ml</i>	101
<i>elite-ob tab</i>	112	<i>enoxaparin sodium inj 30 mg/0.3ml</i> ..	101
ELIXOPHYLLIN ELX 80/15ML	121	<i>enoxaparin sodium inj 300 mg/3ml</i> ...	101
ELLA TAB 30MG	80	<i>enoxaparin sodium inj 40 mg/0.4ml</i> ..	101
ELMIRON CAP 100MG	100	<i>enoxaparin sodium inj 60 mg/0.6ml</i> ..	101
ELOXATIN INJ 200MG	33	<i>enoxaparin sodium inj 80 mg/0.8ml</i> ..	101
EMADINE SOL 0.05% OP	115	<i>enpresse-28 tab</i>	80
EMBEDA CAP 100-4MG.....	4	<i>entacapone tab 200 mg</i>	61
EMBEDA CAP 20-0.8MG.....	4	<i>entecavir tab 0.5 mg</i>	18
EMBEDA CAP 30-1.2MG.....	4	<i>entecavir tab 1 mg</i>	18
EMBEDA CAP 50-2MG	4	ENTRESTO TAB 24-26MG.....	48
EMBEDA CAP 60-2.4MG.....	4	ENTRESTO TAB 49-51MG.....	48
EMBEDA CAP 80-3.2MG.....	4	ENTRESTO TAB 97-103MG	48
EMCYT CAP 140MG	26	<i>enulose sol 10gm/15</i>	97
EMEND SUS 125MG	95	EPCLUSA TAB 400-100	18
<i>emoquette tab</i>	80	EPIDUO FORTE GEL 0.3-2.5%	122
EMSAM DIS 12MG/24H	58	EPIDUO GEL 0.1-2.5%	122
EMSAM DIS 6MG/24HR	58	<i>epinastine hcl ophth soln 0.05%</i>	115
EMSAM DIS 9MG/24HR	58	<i>epinephrine solution auto-injector 0.15</i>	
EMTRIVA CAP 200MG	15	<i>mg/0.15ml (1:1000)</i>	116
EMTRIVA SOL 10MG/ML	15	<i>epinephrine solution auto-injector 0.3</i>	
EMVERM CHW 100MG	12	<i>mg/0.3ml (1:1000)</i>	116
<i>enalapril maleate & hydrochlorothiazide</i>		EPIPEN 2-PAK INJ 0.3MG.....	116
<i>tab 10-25 mg</i>	35	EPIPEN-JR INJ 2-PAK	116
<i>enalapril maleate & hydrochlorothiazide</i>		<i>epirubicin hcl iv soln 200 mg/100ml (2</i>	
<i>tab 5-12.5 mg</i>	34	<i>mg/ml)</i>	27
<i>enalapril maleate tab 10 mg</i>	35	<i>epirubicin hcl iv soln 50 mg/25ml (2</i>	
<i>enalapril maleate tab 2.5 mg</i>	35	<i>mg/ml)</i>	27
<i>enalapril maleate tab 20 mg</i>	35	EPIRUBICIN INJ 50MG.....	27
<i>enalapril maleate tab 5 mg</i>	35	<i>epitol tab 200mg</i>	52
ENBREL INJ 25/0.5ML	104	EPIVIR HBV SOL 5MG/ML.....	18
ENBREL INJ 25MG	104	<i>eplerenone tab 25 mg</i>	36
ENBREL INJ 50MG/ML	104	<i>eplerenone tab 50 mg</i>	36

<i>epoprostenol sodium for inj 0.5 mg</i>	50	<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	99
<i>epoprostenol sodium for inj 1.5 mg</i>	50	ESTRACE VAG CRE 0.1MG/GM.....	84
<i>eprosartan mesylate tab 600 mg</i>	38	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	84
ERAXIS INJ 100MG.....	14	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	84
ERAXIS INJ 50MG.....	14	<i>estradiol tab 0.5 mg</i>	84
ERBITUX INJ 100MG.....	29	<i>estradiol tab 1 mg</i>	84
ERBITUX INJ 200MG.....	29	<i>estradiol tab 2 mg</i>	85
<i>ergocalciferol cap 50000 unit</i>	112	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	85
<i>ergoloid mesylates tab 1 mg</i>	55	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	85
ERGOMAR SUB 2MG.....	69	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	85
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	69	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	85
ERIVEDGE CAP 150MG.....	29	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	85
<i>errin tab 0.35mg</i>	80	<i>estradiol td patch weekly 0.025 mg/24hr</i>	85
ERTACZO CRE 2%.....	124	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	85
<i>ery pad 2%</i>	123	<i>estradiol td patch weekly 0.05 mg/24hr</i>	85
ERYPED SUS 400/5ML.....	22	<i>estradiol td patch weekly 0.06 mg/24hr</i>	85
<i>ery-tab tab 250mg ec</i>	22	<i>estradiol td patch weekly 0.075 mg/24hr</i>	85
<i>ery-tab tab 333mg ec</i>	22	<i>estradiol td patch weekly 0.1 mg/24hr</i>	85
<i>ery-tab tab 500mg ec</i>	22	<i>estradiol valerate im in oil 10 mg/ml</i> ..	85
ERYTHROCIN INJ 1000MG.....	22	<i>estradiol valerate im in oil 20 mg/ml</i> ..	86
ERYTHROCIN INJ 500MG.....	22	<i>estradiol valerate im in oil 40 mg/ml</i> ..	86
<i>erythrocin tab 250mg</i>	22	ESTRING MIS 2MG.....	86
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	22	ESTROGEL GEL.....	86
<i>erythromycin ethylsuccinate tab 400 mg</i>	22	<i>estropipate tab 0.75 mg</i>	86
<i>erythromycin gel 2%</i>	123	<i>estropipate tab 1.5 mg</i>	86
<i>erythromycin ophth oint 5 mg/gm</i>	113	<i>estropipate tab 3 mg</i>	86
<i>erythromycin pads 2%</i>	123	<i>eszopiclone tab 1 mg</i>	68
<i>erythromycin soln 2%</i>	123	<i>eszopiclone tab 2 mg</i>	68
<i>erythromycin tab 250 mg</i>	22	<i>eszopiclone tab 3 mg</i>	68
<i>erythromycin tab 500 mg</i>	22	<i>ethacrynate sodium for inj 50 mg</i>	47
<i>erythromycin w/ delayed release particles cap 250 mg</i>	22	<i>ethacrynic acid tab 25 mg</i>	47
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	58	<i>ethambutol hcl tab 100 mg</i>	18
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	58	<i>ethambutol hcl tab 400 mg</i>	18
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	58	<i>ethosuximide cap 250 mg</i>	52
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	58	<i>ethosuximide soln 250 mg/5ml</i>	52
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	99		
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	99		
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	99		

<i>etodolac cap 200 mg</i>	1	FANAPT TAB 2MG	63
<i>etodolac cap 300 mg</i>	1	FANAPT TAB 4MG	63
<i>etodolac tab 400 mg</i>	2	FANAPT TAB 6MG	63
<i>etodolac tab 500 mg</i>	2	FANAPT TAB 8MG	63
<i>etodolac tab er 24hr 400 mg</i>	2	FARESTON TAB 60MG	30
<i>etodolac tab er 24hr 500 mg</i>	2	FARXIGA TAB 10MG	77
<i>etodolac tab er 24hr 600 mg</i>	2	FARXIGA TAB 5MG	77
ETOPOPHOS INJ 100MG	33	FARYDAK CAP 10MG	29
<i>etoposide cap 50 mg</i>	33	FARYDAK CAP 15MG	29
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	33	FARYDAK CAP 20MG	29
EURAX CRE 10%	129	FASLODEX INJ 250MG	30
EURAX LOT 10%	129	<i>fayosim tab</i>	80
EVAMIST SPR 1.53MG	86	FC2 FEMALE MIS CONDOM	108
EVOTAZ TAB 300-150	17	<i>felbamate susp 600 mg/5ml</i>	52
EXELDERM CRE 1%	124	<i>felbamate tab 400 mg</i>	52
EXELDERM SOL 1%	124	<i>felbamate tab 600 mg</i>	52
EXELON SOL 2MG/ML	55	<i>felodipine tab er 24hr 10 mg</i>	45
<i>exemestane tab 25 mg</i>	30	<i>felodipine tab er 24hr 2.5 mg</i>	45
EXJADE TAB 125MG	79	<i>felodipine tab er 24hr 5 mg</i>	45
EXJADE TAB 250MG	79	FEMCAP MIS 22MM	108
EXJADE TAB 500MG	79	FEMCAP MIS 26MM	108
EZ FLU SHOT KIT 2016-17	107	FEMCAP MIS 30MM	108
<i>ezetimibe tab 10 mg</i>	40	FEMRING MIS 0.05/24H	86
<i>ezetimibe-simvastatin tab 10-10 mg</i> ...	40	FEMRING MIS 0.1MG/24	86
<i>ezetimibe-simvastatin tab 10-20 mg</i> ...	40	<i>fenofibrate cap 150 mg</i>	40
<i>ezetimibe-simvastatin tab 10-40 mg</i> ...	40	<i>fenofibrate cap 50 mg</i>	40
<i>ezetimibe-simvastatin tab 10-80 mg</i> ...	40	<i>fenofibrate micronized cap 130 mg</i> ...	40
F		<i>fenofibrate micronized cap 134 mg</i> ...	40
FABRAZYME INJ 35MG	83	<i>fenofibrate micronized cap 200 mg</i> ...	40
FABRAZYME INJ 5MG	83	<i>fenofibrate micronized cap 43 mg</i>	40
FACTIVE TAB 320MG	23	<i>fenofibrate micronized cap 67 mg</i>	40
<i>falmina tab</i>	80	<i>fenofibrate tab 145 mg</i>	40
<i>famciclovir tab 125 mg</i>	18	<i>fenofibrate tab 160 mg</i>	40
<i>famciclovir tab 250 mg</i>	18	<i>fenofibrate tab 48 mg</i>	40
<i>famciclovir tab 500 mg</i>	18	<i>fenofibrate tab 54 mg</i>	40
<i>famotidine for susp 40 mg/5ml</i>	96	<i>fenofibric acid tab 105 mg</i>	40
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fenofibric acid tab 35 mg</i>	40
<i>mg/50ml</i>	96	<i>fenopropfen calcium cap 400 mg</i>	2
<i>famotidine inj 20 mg/2ml</i>	96	<i>fenopropfen calcium tab 600 mg</i>	2
<i>famotidine inj 200 mg/20ml</i>	96	<i>fentanyl citrate lozenge on a handle 1200</i>	
<i>famotidine inj 40 mg/4ml</i>	96	<i>mcg</i>	4
<i>famotidine inj 500 mg/50ml</i>	96	<i>fentanyl citrate lozenge on a handle 1600</i>	
<i>famotidine tab 20 mg</i>	96	<i>mcg</i>	4
<i>famotidine tab 40 mg</i>	96	<i>fentanyl citrate lozenge on a handle 200</i>	
FANAPT PAK	63	<i>mcg</i>	4
FANAPT TAB 10MG	63	<i>fentanyl citrate lozenge on a handle 400</i>	
FANAPT TAB 12MG	63	<i>mcg</i>	4
FANAPT TAB 1MG	63	<i>fentanyl citrate lozenge on a handle 600</i>	

<i>mcg</i>	4	<i>fluconazole tab 50 mg</i>	14
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	4	FLUCONAZOLE/ INJ NAACL 100	14
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	<i>fludarabine phosphate for inj 50 mg</i> ...	28
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	<i>fludarabine phosphate inj 25 mg/ml</i> ...	28
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	<i>fludrocortisone acetate tab 0.1 mg</i>	88
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	FLULAVAL QUA INJ 2016-17.....	107
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	120
FERRIPROX SOL 100MG/ML	79	<i>fluocinolone acetonide (otic) oil 0.01%</i>	129
FERRIPROX TAB 500MG	79	<i>fluocinolone acetonide cream 0.01%</i> .	126
FETZIMA CAP 120MG	58	<i>fluocinolone acetonide cream 0.025%</i>	126
FETZIMA CAP 20MG	58	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	126
FETZIMA CAP 40MG	58	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	126
FETZIMA CAP 80MG	58	<i>fluocinolone acetonide oint 0.025%</i> ...	127
FETZIMA CAP TITRATIO	58	<i>fluocinolone acetonide soln 0.01%</i>	127
<i>fexofenadine hcl tab 180 mg</i>	117	<i>fluocinonide cream 0.05%</i>	127
<i>fexofenadine hcl tab 60 mg</i>	117	<i>fluocinonide cream 0.1%</i>	127
<i>fexofenadine sus 30mg/5ml</i>	117	<i>fluocinonide gel 0.05%</i>	127
FINACEA AER 15%	128	<i>fluocinonide oint 0.05%</i>	127
FINACEA GEL 15%	128	<i>fluocinonide soln 0.05%</i>	127
<i>finasteride tab 5 mg</i>	99	FLUORABON DRO	109
FIRAZYR INJ 30MG/3ML	103	<i>fluor-a-day dro 0.125mg</i>	109
FIRMAGON INJ 120MG	30	<i>fluoritab chw 0.25mg f</i>	109
FIRMAGON INJ 80MG	30	<i>fluoritab chw 0.5mg f</i>	109
FLAGYL ER TAB 750MG	12	<i>fluoritab chw 2.2mg</i>	109
FLAREX SUS 0.1% OP	114	<i>fluorometholone ophth susp 0.1%</i>	114
<i>flavoxate hcl tab 100 mg</i>	100	FLUOROPLEX CRE 1%	123
<i>flecainide acetate tab 100 mg</i>	39	<i>fluorouracil cream 0.5%</i>	123
<i>flecainide acetate tab 150 mg</i>	39	<i>fluorouracil cream 5%</i>	123
<i>flecainide acetate tab 50 mg</i>	39	<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	28
FLOWTUSS SOL 2.5-200	119	<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	28
<i>floxuridine for inj 0.5 gm</i>	28	<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	28
FLUAD INJ 2016-17	107	<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	28
FLUBLOK SOL 2016-17.....	107	<i>fluorouracil soln 2%</i>	123
FLUCLVX QUAD INJ 2016-17	107	<i>fluorouracil soln 5%</i>	124
<i>fluconazole for susp 10 mg/ml</i>	14	<i>fluoxetine hcl cap 10 mg</i>	58
<i>fluconazole for susp 40 mg/ml</i>	14	<i>fluoxetine hcl cap 20 mg</i>	58
<i>fluconazole in dextrose inj 200 mg/100ml</i>	14	<i>fluoxetine hcl cap 40 mg</i>	58
<i>fluconazole in dextrose inj 400 mg/200ml</i>	14	<i>fluoxetine hcl cap delayed release 90 mg</i>	58
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	14	<i>fluoxetine hcl solution 20 mg/5ml</i>	58
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	14	<i>fluoxetine hcl tab 10 mg</i>	58
<i>fluconazole tab 100 mg</i>	14		
<i>fluconazole tab 150 mg</i>	14		
<i>fluconazole tab 200 mg</i>	14		

<i>fluoxetine hcl tab 20 mg</i>	58	<i>fondaparinux sodium subcutaneous inj</i>	
FLUOXETINE TAB 60MG.....	58	<i>10 mg/0.8ml</i>	101
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	63	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	63	<i>2.5 mg/0.5ml</i>	101
<i>fluphenazine hcl inj 2.5 mg/ml</i>	63	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	63	<i>mg/0.4ml</i>	101
<i>fluphenazine hcl tab 1 mg</i>	63	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl tab 10 mg</i>	63	<i>7.5 mg/0.6ml</i>	101
<i>fluphenazine hcl tab 2.5 mg</i>	63	FORTAZ INJ 1GM	21
<i>fluphenazine hcl tab 5 mg</i>	63	FORTAZ INJ 2GM	21
<i>flura-drops dro 0.125mg</i>	109	FORTAZ INJ 500MG	21
<i>flura-drops dro 0.25mg f</i>	109	FORTEO SOL 600/2.4	90
<i>flurandrenolide cream 0.05%</i>	127	FOSAMAX + D TAB 70-2800.....	78
<i>flurandrenolide lotion 0.05%</i>	127	FOSAMAX + D TAB 70-5600.....	78
<i>flurandrenolide oint 0.05%</i>	127	<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>equiv)</i>	15
.....	114	<i>foscarnet sodium inj 24 mg/ml</i>	18
<i>flurbiprofen tab 100 mg</i>	2	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>flurbiprofen tab 50 mg</i>	2	<i>tab 10-12.5 mg</i>	35
<i>flutamide cap 125 mg</i>	30	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluticasone propionate cream 0.05%</i> .	127	<i>tab 20-12.5 mg</i>	35
<i>fluticasone propionate lotion 0.05%</i> ..	127	<i>fosinopril sodium tab 10 mg</i>	35
<i>fluticasone propionate nasal susp 50</i>		<i>fosinopril sodium tab 20 mg</i>	35
<i>mcg/act</i>	120	<i>fosinopril sodium tab 40 mg</i>	35
<i>fluticasone propionate oint 0.005%</i> ...	127	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
<i>fluvastatin sodium cap 20 mg</i>	41	<i>(phenytoin equiv)</i>	52
<i>fluvastatin sodium cap 40 mg</i>	41	<i>fosphenytoin sodium inj 500 mg/10ml</i>	
<i>fluvastatin sodium tab er 24 hr 80 mg</i> .41		<i>(phenytoin equiv)</i>	52
FLUVIRIN INJ 2016-17	107	FOSRENOL CHW 1000MG.....	91
<i>fluvoxamine maleate cap er 24hr 100 mg</i>		FOSRENOL CHW 500MG	91
.....	70	FOSRENOL CHW 750MG	91
<i>fluvoxamine maleate cap er 24hr 150 mg</i>		FOSRENOL POW 1000MG.....	91
.....	70	FOSRENOL POW 750MG	91
<i>fluvoxamine maleate tab 100 mg</i>	70	FRAGMIN INJ 10000/ML	101
<i>fluvoxamine maleate tab 25 mg</i>	70	FRAGMIN INJ 12500UNT	101
<i>fluvoxamine maleate tab 50 mg</i>	70	FRAGMIN INJ 15000UNT.....	101
FLUZONE HD INJ PF 16-17	107	FRAGMIN INJ 18000UNT.....	101
FLUZONE QUAD INJ 2016-17	107	FRAGMIN INJ 2500/0.2	101
FML FORTE SUS 0.25% OP	114	FRAGMIN INJ 25000/ML	101
FML OIN 0.1% OP	114	FRAGMIN INJ 5000/0.2	101
<i>folbic tab</i>	112	FRAGMIN INJ 7500/0.3	101
<i>folic acid tab 1 mg</i>	112	FRAGMIN INJ 95000UNT	102
<i>folic acid tab 400 mcg</i>	112	<i>frovatriptan succinate tab 2.5 mg (base</i>	
<i>folic acid tab 800 mcg</i>	112	<i>equivalent)</i>	69
FOLLISTIM AQ INJ 300UNIT	87	<i>furosemide inj 10 mg/ml</i>	47
FOLLISTIM AQ INJ 600UNIT	87	<i>furosemide oral soln 10 mg/ml</i>	47
FOLLISTIM AQ INJ 75UNIT.....	87	FUROSEMIDE ORAL SOLN 8 MG/ML....	47
FOLLISTIM AQ INJ 900UNIT	87	<i>furosemide tab 20 mg</i>	47

<i>furosemide tab 40 mg</i>	47
<i>furosemide tab 80 mg</i>	47
FUZEON INJ 90MG.....	15
FYCOMPA SUS 0.5MG/ML	52
FYCOMPA TAB 10MG.....	52
FYCOMPA TAB 12MG.....	52
FYCOMPA TAB 2MG.....	52
FYCOMPA TAB 4MG.....	52
FYCOMPA TAB 6MG.....	52
FYCOMPA TAB 8MG.....	52

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<i>gabapentin cap 100 mg</i>	52
<i>gabapentin cap 300 mg</i>	52
<i>gabapentin cap 400 mg</i>	52
<i>gabapentin oral soln 250 mg/5ml</i>	52
<i>gabapentin tab 600 mg</i>	52
<i>gabapentin tab 800 mg</i>	52
GABITRIL TAB 12MG.....	52
GABITRIL TAB 16MG.....	52
<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	55
<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	55
<i>galantamine hydrobromide cap er 24hr</i> <i>8 mg</i>	55
<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	55
<i>galantamine hydrobromide tab 12 mg</i> ..	55
<i>galantamine hydrobromide tab 4 mg</i> ...	55
<i>galantamine hydrobromide tab 8 mg</i> ...	55
GAMASTAN S/D INJ	105
GARDASIL 9 INJ.....	107
GARDASIL INJ	107
<i>gatifloxacin ophth soln 0.5%</i>	113
<i>gavilyte-c sol</i>	97
<i>gavilyte-g sol</i>	97
<i>gavilyte-h kit</i>	97
<i>gavilyte-n sol flav pk</i>	97
GAZYVA INJ 25MG/ML.....	29
GELNIQUE GEL 10%	100
<i>gemcitabine hcl for inj 1 gm</i>	28
<i>gemcitabine hcl for inj 2 gm</i>	28
<i>gemcitabine hcl for inj 200 mg</i>	28
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i> <i>mg/ml) (base equiv)</i>	28
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i> <i>mg/ml) (base equiv)</i>	28
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	

<i>mg/ml) (base equiv)</i>	28
<i>gemfibrozil tab 600 mg</i>	40
<i>generlac sol 10gm/15</i>	97
<i>gengraf cap 100mg</i>	106
<i>gengraf cap 25mg</i>	106
<i>gengraf sol 100mg/ml</i>	106
GENOTROPIN INJ 0.2MG.....	90
GENOTROPIN INJ 0.4MG.....	90
GENOTROPIN INJ 0.6MG.....	90
GENOTROPIN INJ 0.8MG.....	90
GENOTROPIN INJ 1.2MG.....	90
GENOTROPIN INJ 1.4MG.....	90
GENOTROPIN INJ 1.6MG.....	90
GENOTROPIN INJ 1.8MG.....	90
GENOTROPIN INJ 12MG.....	90
GENOTROPIN INJ 1MG	90
GENOTROPIN INJ 2MG	90
GENOTROPIN INJ 5MG	90
<i>gentak oin 0.3% op</i>	113
GENTAM/NAACL INJ 0.9MG/ML.....	11
GENTAM/NAACL INJ 1.4MG/ML.....	11
<i>gentamicin in saline inj 0.8 mg/ml</i>	11
<i>gentamicin in saline inj 1 mg/ml</i>	11
<i>gentamicin in saline inj 1.2 mg/ml</i>	11
<i>gentamicin in saline inj 1.6 mg/ml</i>	11
<i>gentamicin in saline inj 2 mg/ml</i>	11
<i>gentamicin sulfate cream 0.1%</i>	124
<i>gentamicin sulfate inj 10 mg/ml</i>	11
<i>gentamicin sulfate inj 40 mg/ml</i>	11
<i>gentamicin sulfate iv soln 10 mg/ml</i> ...	11
<i>gentamicin sulfate oint 0.1%</i>	124
<i>gentamicin sulfate ophth oint 0.3%</i> ...	113
<i>gentamicin sulfate ophth soln 0.3%</i> ..	113
GENVOYA TAB.....	17
GEODON INJ 20MG	63
<i>gianvi tab 3-0.02mg</i>	80
<i>gildess fe tab 1.5/30</i>	80
<i>gildess fe tab 1/20</i>	80
<i>gildess tab 1.5/30</i>	80
<i>gildess tab 1/20</i>	80
GILENYA CAP 0.5MG	71
GLASSIA INJ.....	120
<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i>	71
GLEOSTINE CAP 100MG	26
GLEOSTINE CAP 10MG	26
GLEOSTINE CAP 40MG	26
GLEOSTINE CAP 5MG	26

GLIADEL WAF 7.7MG	26
glimepiride tab 1 mg.....	77
glimepiride tab 2 mg.....	77
glimepiride tab 4 mg.....	77
glipizide tab 10 mg	77
glipizide tab 5 mg.....	77
glipizide tab er 24hr 10 mg.....	78
glipizide tab er 24hr 2.5 mg.....	78
glipizide tab er 24hr 5 mg.....	78
glipizide-metformin hcl tab 2.5-250 mg	75
glipizide-metformin hcl tab 2.5-500 mg	75
glipizide-metformin hcl tab 5-500 mg ..	75
GLUCAGON KIT 1MG.....	89
glyburide micronized tab 1.5 mg	78
glyburide micronized tab 3 mg	78
glyburide micronized tab 6 mg	78
glyburide tab 1.25 mg.....	78
glyburide tab 2.5 mg	78
glyburide tab 5 mg	78
glyburide-metformin tab 1.25-250 mg.	75
glyburide-metformin tab 2.5-500 mg ..	75
glyburide-metformin tab 5-500 mg	75
glycopyrrolate inj 0.2 mg/ml.....	94
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	94
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	94
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	94
glycopyrrolate tab 1 mg	94
glycopyrrolate tab 2 mg	94
GOLYTELY SOL.....	98
GONAL-F INJ 1050UNIT.....	87
GONAL-F INJ 450UNIT	87
GONAL-F RFF INJ 300/0.5	87
GONAL-F RFF INJ 450/0.75.....	87
GONAL-F RFF INJ 75UNIT	87
GONAL-F RFF INJ 900/1.5	87
GRALISE STAR MIS 300/600.....	70
GRALISE TAB 300MG	70
GRALISE TAB 600MG	70
granisetron hcl inj 0.1 mg/ml	95
granisetron hcl inj 1 mg/ml.....	95
granisetron hcl inj 4 mg/4ml (1 mg/ml)	95
granisetron hcl tab 1 mg	95

griseofulvin microsize susp 125 mg/5ml	14
griseofulvin microsize tab 500 mg	14
griseofulvin ultramicrosize tab 125 mg	14
griseofulvin ultramicrosize tab 250 mg	14
guanfacine hcl tab 1 mg	48
guanfacine hcl tab 2 mg	48
guanfacine hcl tab er 24hr 1 mg (base equiv)	67
guanfacine hcl tab er 24hr 2 mg (base equiv)	67
guanfacine hcl tab er 24hr 3 mg (base equiv)	67
guanfacine hcl tab er 24hr 4 mg (base equiv)	67
GUANIDINE TAB 125MG	70
GYNAZOLE-1 CRE 2%	101
GYNOL II GEL 3%.....	100
H	
halobetasol propionate cream 0.05%	127
halobetasol propionate oint 0.05%.....	127
HALOG CRE 0.1%	127
HALOG OIN 0.1%	127
haloperidol decanoate im soln 100 mg/ml	63
haloperidol decanoate im soln 50 mg/ml	63
haloperidol lactate inj 5 mg/ml	63
haloperidol lactate oral conc 2 mg/ml .	63
haloperidol tab 0.5 mg	63
haloperidol tab 1 mg	64
haloperidol tab 10 mg	64
haloperidol tab 2 mg	64
haloperidol tab 20 mg	64
haloperidol tab 5 mg	64
HARVONI TAB 90-400MG.....	18
HAVRIX INJ 1440UNIT.....	107
HAVRIX INJ 720UNIT	107
heather tab 0.35mg	80
HEMANGEOL SOL 4.28/ML	43
heparin sodium (porcine) inj 1000 unit/ml.....	102
heparin sodium (porcine) inj 10000 unit/ml.....	102
heparin sodium (porcine) inj 20000 unit/ml.....	102
heparin sodium (porcine) inj 5000 unit/ml.....	102

<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	102	<i>hydrocodone-acetaminophen tab 10-300 mg</i>	5
HETLIOZ CAP 20MG.....	68	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	5
HEXALEN CAP 50MG.....	26	<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	4
HIBERIX SOL 10MCG.....	107	<i>hydrocodone-acetaminophen tab 5-300 mg</i>	5
HUMALOG INJ 100/ML.....	76	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	5
HUMALOG KWIK INJ 100/ML.....	76	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	5
HUMALOG KWIK INJ 200/ML.....	76	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	5
HUMALOG MIX INJ 50/50.....	76	<i>hydrocortisone butyrate cream 0.1%</i> .127	
HUMALOG MIX INJ 50/50KWP.....	76	<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	127
HUMALOG MIX INJ 75/25KWP.....	76	<i>hydrocortisone butyrate oint 0.1%</i>	127
HUMALOG MIX SUS 75/25.....	76	<i>hydrocortisone butyrate soln 0.1%</i>	127
HUMATROPE INJ 12MG.....	90	<i>hydrocortisone cream 1%</i>	127
HUMATROPE INJ 24MG.....	90	<i>hydrocortisone cream 2.5%</i>	127
HUMATROPE INJ 5MG.....	90	<i>hydrocortisone lotion 2.5%</i>	127
HUMATROPE INJ 6MG.....	90	<i>hydrocortisone oint 1%</i>	127
HUMATROPEN MIS FOR 12MG.....	109	<i>hydrocortisone oint 2.5%</i>	127
HUMATROPEN MIS FOR 24MG.....	109	<i>hydrocortisone tab 10 mg</i>	88
HUMATROPEN MIS FOR 6MG.....	109	<i>hydrocortisone tab 20 mg</i>	88
HUMIRA INJ 10MG/0.2.....	104	<i>hydrocortisone tab 5 mg</i>	88
HUMIRA KIT 20MG/0.4.....	104	<i>hydrocortisone valerate cream 0.2%</i> .127	
HUMIRA KIT 40MG/0.8.....	104	<i>hydrocortisone valerate oint 0.2%</i>	127
HUMIRA PEN INJ CROHNS.....	104	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	129
HUMULIN INJ 70/30.....	76	<i>hydromet syp 5-1.5/5</i>	119
HUMULIN INJ 70/30KWP.....	76	HYDROMORPHON SUP 3MG.....	5
HUMULIN N INJ U-100.....	76	<i>hydromorphone hcl inj 1 mg/ml</i>	5
HUMULIN N INJ U-100KWP.....	76	<i>hydromorphone hcl inj 2 mg/ml</i>	5
HUMULIN R INJ U-100.....	76	<i>hydromorphone hcl inj 4 mg/ml</i>	5
HUMULIN R INJ U-500.....	76	<i>hydromorphone hcl liqd 1 mg/ml</i>	5
HYCAMTIN CAP 0.25MG.....	33	<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	5
HYCAMTIN CAP 1MG.....	34	<i>hydromorphone hcl tab 2 mg</i>	5
<i>hydralazine hcl inj 20 mg/ml</i>	48	<i>hydromorphone hcl tab 4 mg</i>	5
<i>hydralazine hcl tab 10 mg</i>	48	<i>hydromorphone hcl tab 8 mg</i>	5
<i>hydralazine hcl tab 100 mg</i>	48	<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	5
<i>hydralazine hcl tab 25 mg</i>	48	<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	5
<i>hydralazine hcl tab 50 mg</i>	48	<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	5
<i>hydrochlorothiazide cap 12.5 mg</i>	47		
<i>hydrochlorothiazide tab 12.5 mg</i>	47		
<i>hydrochlorothiazide tab 25 mg</i>	47		
<i>hydrochlorothiazide tab 50 mg</i>	47		
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	119		
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	119		
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	4		
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4		

<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	5	<i>mg/ml)</i>	27
<i>hydroxychloroquine sulfate tab 200 mg</i>	104	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	27
<i>hydroxyurea cap 500 mg</i>	32	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	27
<i>hydroxyzine hcl im soln 25 mg/ml</i>	117	.....	27
<i>hydroxyzine hcl im soln 50 mg/ml</i>	117	IDHIFA TAB 100MG.....	31
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	117	IDHIFA TAB 50MG	31
<i>hydroxyzine hcl tab 10 mg</i>	118	<i>ifosfamide & mesna inj kit 1000-1000 mg</i>	32
<i>hydroxyzine hcl tab 25 mg</i>	118	.....	32
<i>hydroxyzine hcl tab 50 mg</i>	118	<i>ifosfamide for inj 1 gm</i>	26
<i>hydroxyzine pamoate cap 100 mg</i>	118	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	27
<i>hydroxyzine pamoate cap 25 mg</i>	118	.....	27
<i>hydroxyzine pamoate cap 50 mg</i>	118	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	27
<i>hyomax-sl sub 0.125mg</i>	94	.....	27
<i>hyoscyamine sulfate tab 0.125 mg</i>	94	<i>ilotycin oin op</i>	113
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	94	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	31
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	94	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	31
<i>hyoscyamine sulfate tab sl 0.125 mg</i> ..	94	.....	31
HYQVIA INJ 10-800	105	IMBRUVICA CAP 140MG	31
HYQVIA INJ 2.5-200	105	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	13
HYQVIA INJ 20-1600	105	.....	13
HYQVIA INJ 30-2400	105	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	13
HYQVIA INJ 5-400	105	.....	13
HYSINGLA ER TAB 100 MG	5	<i>imipramine hcl tab 10 mg</i>	58
HYSINGLA ER TAB 120 MG	5	<i>imipramine hcl tab 25 mg</i>	58
HYSINGLA ER TAB 20 MG	5	<i>imipramine hcl tab 50 mg</i>	59
HYSINGLA ER TAB 30 MG	5	<i>imipramine pamoate cap 100 mg</i>	59
HYSINGLA ER TAB 40 MG	5	<i>imipramine pamoate cap 125 mg</i>	59
HYSINGLA ER TAB 60 MG	5	<i>imipramine pamoate cap 150 mg</i>	59
HYSINGLA ER TAB 80 MG	5	<i>imipramine pamoate cap 75 mg</i>	59
I		<i>imiquimod cream 5%</i>	124
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	78	IMPLANON IMP 68MG.....	80
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	78	INCRELEX INJ 40MG/4ML.....	90
IBRANCE CAP 100MG	29	INCRUSE ELPT INH 62.5MCG.....	116
IBRANCE CAP 125MG	29	<i>indapamide tab 1.25 mg</i>	47
IBRANCE CAP 75MG.....	29	<i>indapamide tab 2.5 mg</i>	47
<i>ibuprofen susp 100 mg/5ml</i>	2	<i>indomethacin cap 25 mg</i>	2
<i>ibuprofen tab 400 mg</i>	2	<i>indomethacin cap 50 mg</i>	2
<i>ibuprofen tab 600 mg</i>	2	INFANRIX INJ	107
<i>ibuprofen tab 800 mg</i>	2	INLYTA TAB 1MG	31
ICLUSIG TAB 15MG	31	INLYTA TAB 5MG	31
ICLUSIG TAB 45MG	31	INSULIN PEN NEEDLES/SYRINGES	109
<i>idarubicin hcl iv inj 10 mg/10ml (1</i>		INTELENCE TAB 100MG	15
		INTELENCE TAB 200MG	15
		INTELENCE TAB 25MG	15
		INTRON A INJ 10MU.....	105
		INTRON A INJ 18MU.....	105

INTRON A INJ 25MU	105	<i>isosorbide dinitrate tab 20 mg</i>	49
INTRON A INJ 50MU	105	<i>isosorbide dinitrate tab 30 mg</i>	49
<i>introvale tab</i>	80	<i>isosorbide dinitrate tab 5 mg</i>	49
INVANZ INJ 1GM	13	<i>isosorbide dinitrate tab er 40 mg</i>	49
INVIRASE CAP 200MG	16	<i>isosorbide mononitrate tab 10 mg</i>	49
INVIRASE TAB 500MG	16	<i>isosorbide mononitrate tab 20 mg</i>	49
INVOKAMET TAB 150-1000	77	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVOKAMET TAB 150-500	77	<i>mg</i>	49
INVOKAMET TAB 50-1000	77	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVOKAMET TAB 50-500MG	77	<i>mg</i>	49
INVOKANA TAB 100MG	77	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVOKANA TAB 300MG	77	<i>mg</i>	49
IOPIDINE SOL 1% OP	115	<i>isradipine cap 2.5 mg</i>	45
IPOL INJ INACTIVE	107	<i>isradipine cap 5 mg</i>	45
<i>ipratropium bromide inhal soln 0.02%</i>		ISTALOL SOL 0.5% OP	115
.....	116	<i>itraconazole cap 100 mg</i>	15
<i>ipratropium bromide nasal soln 0.03%</i>		IV PREP WIPE PAD	124
<i>(21 mcg/spray)</i>	116	<i>ivermectin tab 3 mg</i>	13
<i>ipratropium bromide nasal soln 0.06%</i>		J	
<i>(42 mcg/spray)</i>	116	JADENU TAB 180MG	79
<i>ipratropium-albuterol nebu soln 0.5-</i>		JADENU TAB 360MG	79
<i>2.5(3) mg/3ml</i>	116	JADENU TAB 90MG	79
<i>irbesartan tab 150 mg</i>	38	JAKAFI TAB 10MG	31
<i>irbesartan tab 300 mg</i>	38	JAKAFI TAB 15MG	31
<i>irbesartan tab 75 mg</i>	38	JAKAFI TAB 20MG	31
<i>irbesartan-hydrochlorothiazide tab 150-</i>		JAKAFI TAB 25MG	31
<i>12.5 mg</i>	37	JAKAFI TAB 5MG	31
<i>irbesartan-hydrochlorothiazide tab 300-</i>		<i>jantoven tab 10mg</i>	102
<i>12.5 mg</i>	37	<i>jantoven tab 1mg</i>	102
<i>irinotecan hcl inj 100 mg/5ml (20</i>		<i>jantoven tab 2.5mg</i>	102
<i>mg/ml)</i>	34	<i>jantoven tab 2mg</i>	102
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>		<i>jantoven tab 3mg</i>	102
.....	34	<i>jantoven tab 4mg</i>	102
<i>irinotecan hcl inj 500 mg/25ml (20</i>		<i>jantoven tab 5mg</i>	102
<i>mg/ml)</i>	34	<i>jantoven tab 6mg</i>	102
ISENTRESS CHW 100MG	16	<i>jantoven tab 7.5mg</i>	102
ISENTRESS CHW 25MG	16	JANUMET TAB 50-1000	75
ISENTRESS POW 100MG	16	JANUMET TAB 50-500MG	75
ISENTRESS TAB 400MG	16	JANUMET XR TAB 100-1000	75
<i>isoditrate tab 40mg er</i>	49	JANUMET XR TAB 50-1000	75
ISOLYTE-S INJ	111	JANUMET XR TAB 50-500MG	75
<i>isoniazid inj 100 mg/ml</i>	18	JANUVIA TAB 100MG	75
<i>isoniazid syrup 50 mg/5ml</i>	18	JANUVIA TAB 25MG	75
<i>isoniazid tab 100 mg</i>	18	JANUVIA TAB 50MG	75
<i>isoniazid tab 300 mg</i>	18	JARDIANCE TAB 10MG	77
ISORDIL TAB 40MG	49	JARDIANCE TAB 25MG	77
<i>isosorbide dinitrate sl tab 2.5 mg</i>	49	JENTADUETO TAB 2.5-1000	76
<i>isosorbide dinitrate tab 10 mg</i>	49	JENTADUETO TAB 2.5-500	76

JENTADUETO TAB 2.5-850.....	76
<i>jinteli tab 1mg-5mcg</i>	86
<i>jolessa tab</i>	80
<i>jolivette tab 0.35mg</i>	80
JUBLIA SOL 10%.....	124
<i>junel 1.5/30 tab</i>	80
<i>junel 1/20 tab</i>	80
<i>junel fe tab 1.5/30</i>	80
<i>junel fe tab 1/20</i>	80

K

KADCYLA INJ 100MG	29
KADCYLA INJ 160MG	29
KALETRA TAB 100-25MG	17
KALETRA TAB 200-50MG	17
KALYDECO PAK 50MG	120
KALYDECO PAK 75MG	120
KALYDECO TAB 150MG	120
<i>kanamycin sulfate inj 333 mg/ml</i>	11
<i>kariva tab 28 day</i>	80
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	111
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	111
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	111
<i>k-effervesce tab 25meq ef</i>	110
<i>kelnor tab 1/35</i>	80
KEPIVANCE INJ 6.25MG	33
KERYDIN SOL 5%.....	124
KETEK TAB 300MG	11
KETEK TAB 400MG	11
<i>ketoconazole cream 2%</i>	124
<i>ketoconazole shampoo 2%</i>	125
<i>ketodan aer 2%</i>	124
<i>ketoprofen cap 50 mg</i>	2
<i>ketoprofen cap 75 mg</i>	2
<i>ketoprofen cap er 24hr 200 mg</i>	2
<i>ketorolac tromethamine im inj 60</i> <i>mg/2ml (30 mg/ml)</i>	2
<i>ketorolac tromethamine inj 15 mg/ml</i> ..	2
<i>ketorolac tromethamine inj 30 mg/ml</i> ..	2
<i>ketorolac tromethamine inj 300 mg/10ml</i> <i>(30 mg/ml)</i>	2
<i>ketorolac tromethamine inj 60 mg/2ml</i> <i>(30 mg/ml)</i>	2
<i>ketorolac tromethamine ophth soln 0.4%</i>	114
<i>ketorolac tromethamine ophth soln 0.5%</i>	114

<i>ketorolac tromethamine tab 10 mg</i>	2
KEYEYIS TAB 50MG	46
KEYTRUDA INJ 100MG/4M	29
KEYTRUDA SOL 50MG	30
KINERET INJ.....	104
KINRIX INJ	107
<i>kionex sus 15gm/60</i>	79
<i>klor-con 10 tab 10meq er</i>	110
<i>klor-con 8 tab 8meq er</i>	110
KLOR-CON M15 TAB 15MEQ ER	110
<i>klor-con m20 tab 20meq er</i>	110
KRISTALOSE PAK 10GM.....	98
KRISTALOSE PAK 20GM.....	98
<i>kurvelo tab 0.15/30</i>	80
KUVAN POW 100MG.....	83
KUVAN POW 500MG.....	83
KUVAN TAB 100MG.....	83
KYLEENA IUD 19.5MG	80

L

<i>labetalol hcl iv soln 5 mg/ml</i>	43
<i>labetalol hcl tab 100 mg</i>	43
<i>labetalol hcl tab 200 mg</i>	43
<i>labetalol hcl tab 300 mg</i>	43
<i>laclotion lot 12%</i>	128
LACRISERT MIS 5MG OP.....	116
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	128
<i>lactic acid (ammonium lactate) lotion</i> <i>10%</i>	128
<i>lactic acid (ammonium lactate) lotion</i> <i>12%</i>	128
<i>lactulose solution 10 gm/15ml</i>	98
LAMICTAL CHW 2MG.....	52
LAMICTAL KIT START 35.....	52
LAMICTAL KIT START 49.....	52
LAMICTAL KIT START 98.....	52
LAMICTAL XR KIT	52
LAMISIL GRA 125MG.....	15
LAMISIL GRA 187.5MG.....	15
<i>lamivudine oral soln 10 mg/ml</i>	16
<i>lamivudine tab 100 mg (hbv)</i>	18
<i>lamivudine tab 150 mg</i>	16
<i>lamivudine tab 300 mg</i>	16
<i>lamivudine-zidovudine tab 150-300 mg</i>	17
<i>lamotrigine orally disintegrating tab 100</i> <i>mg</i>	52
<i>lamotrigine orally disintegrating tab 200</i> <i>mg</i>	52

<i>mg</i>	52	LATUDA TAB 120MG	64
<i>lamotrigine orally disintegrating tab 25 mg</i>	52	LATUDA TAB 20MG	64
<i>lamotrigine orally disintegrating tab 50 mg</i>	52	LATUDA TAB 40MG	64
<i>lamotrigine tab 100 mg</i>	52	LATUDA TAB 60MG	64
<i>lamotrigine tab 150 mg</i>	52	LATUDA TAB 80MG	64
<i>lamotrigine tab 200 mg</i>	53	<i>leena tab</i>	80
<i>lamotrigine tab 25 mg</i>	52	<i>leflunomide tab 10 mg</i>	104
<i>lamotrigine tab 25 mg (35) starter kit</i>	52	<i>leflunomide tab 20 mg</i>	105
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	52	LENVIMA CAP 10 MG	31
<i>lamotrigine tab 25 mg (84) & 100 mg (14) starter kit</i>	52	LENVIMA CAP 14 MG	32
<i>lamotrigine tab chewable dispersible 25 mg</i>	53	LENVIMA CAP 18 MG	32
<i>lamotrigine tab chewable dispersible 5 mg</i>	53	LENVIMA CAP 20 MG	32
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	53	LENVIMA CAP 24 MG	32
<i>lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit</i>	53	LENVIMA CAP 8 MG	31
<i>lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit</i>	53	<i>lessina tab</i>	80
<i>lamotrigine tab er 24hr 100 mg</i>	53	LETAIRIS TAB 10MG	50
<i>lamotrigine tab er 24hr 200 mg</i>	53	LETAIRIS TAB 5MG	50
<i>lamotrigine tab er 24hr 25 mg</i>	53	<i>letrozole tab 2.5 mg</i>	30
<i>lamotrigine tab er 24hr 250 mg</i>	53	<i>leucovorin calcium for inj 100 mg</i>	33
<i>lamotrigine tab er 24hr 300 mg</i>	53	<i>leucovorin calcium for inj 200 mg</i>	33
<i>lamotrigine tab er 24hr 50 mg</i>	53	<i>leucovorin calcium for inj 350 mg</i>	33
LANCETS	109	<i>leucovorin calcium for inj 50 mg</i>	33
LANCING DEVICE	109	LEUCOVORIN CALCIUM FOR INJ 500 MG	33
LANOXIN PED INJ 0.1MG/ML	46	<i>leucovorin calcium tab 10 mg</i>	33
LANOXIN TAB 0.0625MG	46	<i>leucovorin calcium tab 15 mg</i>	33
LANOXIN TAB 0.1875MG	46	<i>leucovorin calcium tab 25 mg</i>	33
<i>lansoprazole cap delayed release 15 mg</i>	99	<i>leucovorin calcium tab 5 mg</i>	33
<i>lansoprazole cap delayed release 30 mg</i>	99	LEUKERAN TAB 2MG	27
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	91	LEUKINE INJ 250MCG	102
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	91	LEUKINE INJ 500 MCG	102
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	91	<i>leuprolide acetate inj kit 5 mg/ml</i>	30
<i>larin tab 1.5/30</i>	80	<i>levabuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	118
LASTACRAFT SOL 0.25%	115	<i>levabuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	118
<i>latanoprost ophth soln 0.005%</i>	115	<i>levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	119
		<i>levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	119
		<i>levabuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	119
		LEVATOL TAB 20MG	43
		LEVEMIR INJ	76
		LEVEMIR INJ FLEXTOUC	76
		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	53
		<i>levetiracetam in sodium chloride iv soln</i>	

1500 mg/100ml	53	levothyroxine sodium tab 25 mcg	92
levetiracetam in sodium chloride iv soln		levothyroxine sodium tab 300 mcg.....	92
500 mg/100ml.....	53	levothyroxine sodium tab 50 mcg	92
levetiracetam inj 500 mg/5ml (100		levothyroxine sodium tab 75 mcg	92
mg/ml)	53	levothyroxine sodium tab 88 mcg	92
levetiracetam oral soln 100 mg/ml.....	53	levoxyl tab 100mcg	92
levetiracetam tab 1000 mg	53	levoxyl tab 112mcg	92
levetiracetam tab 250 mg.....	53	levoxyl tab 125mcg	92
levetiracetam tab 500 mg.....	53	levoxyl tab 137mcg	92
levetiracetam tab 750 mg.....	53	levoxyl tab 150mcg	92
levetiracetam tab er 24hr 500 mg.....	53	levoxyl tab 175mcg	92
levetiracetam tab er 24hr 750 mg.....	53	levoxyl tab 200mcg	92
levobunolol hcl ophth soln 0.25%	115	levoxyl tab 25mcg	92
levobunolol hcl ophth soln 0.5%	115	levoxyl tab 50mcg	92
levocetirizine dihydrochloride soln 2.5		levoxyl tab 75mcg	92
mg/5ml (0.5 mg/ml).....	118	levoxyl tab 88mcg	92
levocetirizine dihydrochloride tab 5 mg		LEXIVA SUS 50MG/ML.....	16
.....	118	LEXIVA TAB 700MG	16
levofloxacin in d5w iv soln 250 mg/50ml		LIDO/DEXTROS INJ 5-7.5%	11
.....	23	lidocaine hcl gel 2%.....	128
levofloxacin in d5w iv soln 500		lidocaine hcl iv inj 10 mg/ml	39
mg/100ml	23	lidocaine hcl iv inj 20 mg/ml	39
levofloxacin in d5w iv soln 750		lidocaine hcl laryngotracheal soln 4%	129
mg/150ml	23	lidocaine hcl local inj 0.5%.....	11
levofloxacin iv soln 25 mg/ml.....	23	lidocaine hcl local inj 1%	11
levofloxacin ophth soln 0.5%	113	lidocaine hcl local inj 2%	11
levofloxacin oral soln 25 mg/ml.....	23	lidocaine hcl local preservative free (pf)	
levofloxacin tab 250 mg	23	inj 0.5%.....	11
levofloxacin tab 500 mg	23	lidocaine hcl local preservative free (pf)	
levofloxacin tab 750 mg	23	inj 1%	11
levonest tab	80	lidocaine hcl local preservative free (pf)	
levonorgestrel & ethinyl estradiol (91-		inj 1.5%.....	11
day) tab 0.15-0.03 mg.....	80	lidocaine hcl local preservative free (pf)	
levonorgestrel & ethinyl estradiol tab		inj 2%	11
0.15 mg-30 mcg	81	lidocaine hcl local preservative free (pf)	
levonorgestrel tab 0.75 mg.....	81	inj 4%	11
levonorgestrel tab 1.5 mg	81	lidocaine hcl soln 4%	128
levonorg-eth est tab 0.1-0.02mg(84) &		lidocaine hcl viscous soln 2%	129
eth est tab 0.01mg(7).....	80	lidocaine iv infusion in d5w inj 4 mg/ml	
levora-28 tab 0.15/30.....	81	.....	39
levorphanol tartrate tab 2 mg	6	lidocaine iv infusion in d5w inj 8 mg/ml	
levothyroxine sodium tab 100 mcg	92	.....	39
levothyroxine sodium tab 112 mcg	92	lidocaine oint 5%.....	128
levothyroxine sodium tab 125 mcg	92	lidocaine patch 5%	128
levothyroxine sodium tab 137 mcg	92	lidocaine-prilocaine cream 2.5-2.5% .	128
levothyroxine sodium tab 150 mcg	92	lidocaine-prilocaine cream kit 2.5-2.5%	
levothyroxine sodium tab 175 mcg	92	.....	128
levothyroxine sodium tab 200 mcg	92	LILETTA IUD 52MG	81

<i>lindane lotion 1%</i>	129	<i>loryna tab 3-0.02mg</i>	81
<i>lindane shampoo 1%</i>	129	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	37
<i>linezolid for susp 100 mg/5ml</i>	13	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	37
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	13	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	37
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	13	<i>losartan potassium tab 100 mg</i>	38
<i>linezolid tab 600 mg</i>	13	<i>losartan potassium tab 25 mg</i>	38
LINZESS CAP 145MCG	97	<i>losartan potassium tab 50 mg</i>	38
LINZESS CAP 290MCG	97	LOTEMAX GEL 0.5%.....	114
LINZESS CAP 72MCG	97	LOTEMAX OIN 0.5%.....	114
<i>liothyronine sodium iv soln 10 mcg/ml</i>	92	LOTEMAX SUS 0.5%	114
<i>liothyronine sodium tab 25 mcg</i>	92	<i>lovastatin tab 10 mg</i>	41
<i>liothyronine sodium tab 5 mcg</i>	92	<i>lovastatin tab 20 mg</i>	41
<i>liothyronine sodium tab 50 mcg</i>	92	<i>lovastatin tab 40 mg</i>	41
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	35	<i>low-ogestrel tab</i>	81
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	35	<i>loxapine succinate cap 10 mg</i>	64
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	35	<i>loxapine succinate cap 25 mg</i>	64
<i>lisinopril tab 10 mg</i>	35	<i>loxapine succinate cap 5 mg</i>	64
<i>lisinopril tab 2.5 mg</i>	35	<i>loxapine succinate cap 50 mg</i>	64
<i>lisinopril tab 20 mg</i>	35	<i>ludent chw 0.25mg f</i>	110
<i>lisinopril tab 30 mg</i>	36	<i>ludent chw 0.5mg f</i>	110
<i>lisinopril tab 40 mg</i>	36	<i>ludent chw 1mg f</i>	110
<i>lisinopril tab 5 mg</i>	35	LUFYLLIN TAB 200MG	121
<i>lithium carbonate cap 150 mg</i>	70	LUFYLLIN TAB 400MG	121
<i>lithium carbonate cap 300 mg</i>	70	LUMIGAN SOL 0.01%.....	115
<i>lithium carbonate cap 600 mg</i>	70	LUPANETA KIT 11.25-5.....	92
<i>lithium carbonate tab 300 mg</i>	70	LUPANETA KIT 3.75-5	92
<i>lithium carbonate tab er 300 mg</i>	70	LUPR DEP-PED INJ 11.25MG	30
<i>lithium carbonate tab er 450 mg</i>	71	LUPR DEP-PED INJ 15MG	30
LITHIUM SOL 8MEQ/5ML	71	LUPR DEP-PED INJ 3M 30MG.....	30
LIVALO TAB 1MG.....	41	LUPR DEP-PED INJ 7.5MG	30
LIVALO TAB 2MG.....	41	LUPRON DEPOT INJ 11.25MG	30
LIVALO TAB 4MG.....	41	LUPRON DEPOT INJ 22.5MG	30
LO LOESTRIN TAB	81	LUPRON DEPOT INJ 3.75MG	30
<i>lokara lot 0.05%</i>	127	LUPRON DEPOT INJ 30MG.....	30
<i>lomedina 24 tab fe</i>	81	LUPRON DEPOT INJ 45MG.....	30
<i>loperamide hcl cap 2 mg</i>	98	LUPRON DEPOT INJ 7.5MG.....	30
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	17	LURIDE CHW 0.5MG F	110
<i>lorazepam conc 2 mg/ml</i>	50	LURIDE DRO 0.5MG/ML.....	110
<i>lorazepam tab 0.5 mg</i>	50	<i>luteria tab</i>	81
<i>lorazepam tab 1 mg</i>	51	LUZU CRE 1%	124
<i>lorazepam tab 2 mg</i>	51	LYNPARZA CAP 50MG.....	30
<i>lortab tab 10-325mg</i>	6	LYRICA CAP 100MG	53
		LYRICA CAP 150MG	53
		LYRICA CAP 200MG	53
		LYRICA CAP 225MG	53

LYRICA CAP 25MG	53
LYRICA CAP 300MG	53
LYRICA CAP 50MG	53
LYRICA CAP 75MG	53
LYRICA SOL 20MG/ML.....	53
LYSODREN TAB 500MG	30

M

<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml.....</i>	110
<i>magnesium sulfate inj 50%</i>	110
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	110
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	110
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	110
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	110
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	110
<i>malathion lotion 0.5%.....</i>	129
<i>maprotiline hcl tab 25 mg.....</i>	59
<i>maprotiline hcl tab 50 mg.....</i>	59
<i>maprotiline hcl tab 75 mg.....</i>	59
<i>marlissa tab 0.15/30.....</i>	81
MARPLAN TAB 10MG.....	59
MATULANE CAP 50MG	32
<i>matzim la tab 180mg/24</i>	45
<i>matzim la tab 240mg/24</i>	45
<i>matzim la tab 300mg/24</i>	45
<i>matzim la tab 360mg/24</i>	45
<i>matzim la tab 420mg/24</i>	45
MAXIDEX SUS 0.1% OP	114
MAXIPIME INJ 1GM.....	21
MAXIPIME INJ 2GM.....	21
<i>meclizine hcl tab 12.5 mg.....</i>	95
<i>meclizine hcl tab 25 mg</i>	95
<i>meclofenamate sodium cap 100 mg</i>	2
<i>meclofenamate sodium cap 50 mg.....</i>	2
MEDROL TAB 2MG	88
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	81
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....</i>	81
<i>medroxyprogesterone acetate tab 10 mg</i>	92
<i>medroxyprogesterone acetate tab 2.5 mg</i>	92

<i>medroxyprogesterone acetate tab 5 mg</i>	92
<i>mefenamic acid cap 250 mg.....</i>	2
<i>mefloquine hcl tab 250 mg</i>	15
MEFOXIN INJ 1GM/50ML.....	21
MEFOXIN INJ 2GM/50ML.....	21
<i>megestrol acetate susp 40 mg/ml</i>	30
<i>megestrol acetate susp 625 mg/5ml... ..</i>	30
<i>megestrol acetate tab 20 mg.....</i>	30
<i>megestrol acetate tab 40 mg.....</i>	30
MEKINIST TAB 0.5MG	32
MEKINIST TAB 2MG	32
<i>meloxicam susp 7.5 mg/5ml</i>	2
<i>meloxicam tab 15 mg.....</i>	2
<i>meloxicam tab 7.5 mg.....</i>	2
<i>melphalan hcl for inj 50 mg (base equiv)</i>	27
<i>melphalan tab 2 mg.....</i>	27
<i>memantine hcl oral solution 2 mg/ml .</i>	55
<i>memantine hcl tab 10 mg</i>	55
<i>memantine hcl tab 5 mg.....</i>	55
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak.....</i>	55
MENACTRA INJ.....	107
MENEST TAB 0.3MG.....	86
MENEST TAB 0.625MG	86
MENEST TAB 1.25MG	86
MENEST TAB 2.5MG	86
MENHIBRIX INJ	107
MENOMUNE INJ A/C/Y/W	107
MENOSTAR DIS 14MCG	86
MENTAX CRE 1%.....	124
MENVEO INJ	107
<i>meperidine hcl inj 10 mg/ml</i>	6
<i>meperidine hcl inj 100 mg/ml.....</i>	6
<i>meperidine hcl inj 25 mg/ml</i>	6
<i>meperidine hcl inj 50 mg/ml</i>	6
<i>meperidine hcl oral soln 50 mg/5ml</i>	6
<i>meperidine hcl tab 100 mg</i>	6
<i>meperidine hcl tab 50 mg</i>	6
MEPHYTON TAB 5MG.....	112
<i>meprobamate tab 200 mg</i>	51
<i>meprobamate tab 400 mg</i>	51
<i>mercaptopurine tab 50 mg.....</i>	28
<i>meropenem iv for soln 1 gm</i>	13
<i>meropenem iv for soln 500 mg</i>	13
<i>mesalamine enema 4 gm.....</i>	97
<i>mesalamine rectal enema 4 gm &</i>	

<i>cleanser wipe kit</i>	97	<i>methotrexate sodium inj pf 50 mg/2ml</i> <i>(25 mg/ml)</i>	28
<i>mesna inj 100 mg/ml</i>	33	<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	105
MESNEX TAB 400MG.....	33	<i>methoxsalen rapid cap 10 mg</i>	125
MESTINON SYP 60MG/5ML	71	<i>methscopolamine bromide tab 2.5 mg</i>	94
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	119	<i>methscopolamine bromide tab 5 mg</i> ...	94
<i>metaproterenol sulfate tab 10 mg</i>	119	<i>methyclothiazide tab 5 mg</i>	47
<i>metaproterenol sulfate tab 20 mg</i>	119	<i>methyldopa tab 250 mg</i>	48
<i>metaxalone tab 400 mg</i>	72	<i>methyldopa tab 500 mg</i>	48
<i>metaxalone tab 800 mg</i>	72	<i>methyldopate hcl inj 250 mg/5ml</i>	48
<i>metformin hcl tab 1000 mg</i>	75	<i>methylphenidate hcl cap er 10 mg (cd)</i>	67
<i>metformin hcl tab 500 mg</i>	75	<i>methylphenidate hcl cap er 20 mg (cd)</i>	67
<i>metformin hcl tab 850 mg</i>	75	<i>methylphenidate hcl cap er 24hr 20 mg</i> <i>(la)</i>	67
<i>metformin hcl tab er 24hr 500 mg</i>	75	<i>methylphenidate hcl cap er 24hr 30 mg</i> <i>(la)</i>	67
<i>metformin hcl tab er 24hr 750 mg</i>	75	<i>methylphenidate hcl cap er 24hr 40 mg</i> <i>(la)</i>	67
<i>metformin hcl tab er 24hr osmotic 1000</i> <i>mg</i>	75	<i>methylphenidate hcl cap er 24hr 60 mg</i> <i>(la)</i>	67
<i>metformin hcl tab er 24hr osmotic 500</i> <i>mg</i>	75	<i>methylphenidate hcl cap er 30 mg (cd)</i>	67
<i>methadone hcl conc 10 mg/ml</i>	6	<i>methylphenidate hcl cap er 40 mg (cd)</i>	67
<i>methadone hcl soln 10 mg/5ml</i>	6	<i>methylphenidate hcl cap er 50 mg (cd)</i>	67
<i>methadone hcl soln 5 mg/5ml</i>	6	<i>methylphenidate hcl cap er 60 mg (cd)</i>	67
<i>methadone hcl tab 10 mg</i>	6	<i>methylphenidate hcl chew tab 10 mg</i> .	67
<i>methadone hcl tab 5 mg</i>	6	<i>methylphenidate hcl chew tab 2.5 mg</i>	67
<i>methadone hcl tab for oral susp 40 mg</i> .	6	<i>methylphenidate hcl chew tab 5 mg</i> ...	67
METHADONE INJ 10MG/ML	6	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	67
<i>methadose tab 40mg</i>	6	<i>methylphenidate hcl soln 5 mg/5ml</i>	67
<i>methamphetamine hcl tab 5 mg</i>	67	<i>methylphenidate hcl tab 10 mg</i>	67
<i>methazolamide tab 25 mg</i>	47	<i>methylphenidate hcl tab 20 mg</i>	67
<i>methazolamide tab 50 mg</i>	47	<i>methylphenidate hcl tab 5 mg</i>	67
<i>methenamine hippurate tab 1 gm</i>	13	<i>methylphenidate hcl tab er 10 mg</i>	67
<i>methimazole tab 10 mg</i>	92	<i>methylphenidate hcl tab er 20 mg</i>	67
<i>methimazole tab 5 mg</i>	92	<i>methylphenidate hcl tab er 24hr 18 mg</i>	68
<i>methocarbamol tab 500 mg</i>	72	<i>methylphenidate hcl tab er 24hr 27 mg</i>	68
<i>methocarbamol tab 750 mg</i>	72	<i>methylphenidate hcl tab er 24hr 36 mg</i>	68
<i>methotrexate sodium for inj 1 gm</i>	28	<i>methylphenidate hcl tab er 24hr 54 mg</i>	68
<i>methotrexate sodium inj 250 mg/10ml</i> <i>(25 mg/ml)</i>	28	<i>methylphenidate hcl tab er osmotic</i> <i>release (osm) 18 mg</i>	68
<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	28	<i>methylphenidate hcl tab er osmotic</i> <i>release (osm) 27 mg</i>	68
<i>methotrexate sodium inj pf 100 mg/4ml</i> <i>(25 mg/ml)</i>	28	<i>methylphenidate hcl tab er osmotic</i>	
<i>methotrexate sodium inj pf 1000</i> <i>mg/40ml (25 mg/ml)</i>	28		
<i>methotrexate sodium inj pf 200 mg/8ml</i> <i>(25 mg/ml)</i>	28		
<i>methotrexate sodium inj pf 250 mg/10ml</i> <i>(25 mg/ml)</i>	28		

<i>release (osm) 36 mg</i>	68	<i>metoprolol tartrate iv soln cart inj 5</i>	
<i>methylphenidate hcl tab er osmotic</i>		<i>mg/5ml (1 mg/ml)</i>	43
<i>release (osm) 54 mg</i>	68	<i>metoprolol tartrate tab 100 mg</i>	43
<i>methylprednisolone acetate inj susp 40</i>		<i>metoprolol tartrate tab 25 mg</i>	43
<i>mg/ml</i>	88	<i>metoprolol tartrate tab 50 mg</i>	43
<i>methylprednisolone acetate inj susp 80</i>		<i>metronidazole cap 375 mg</i>	13
<i>mg/ml</i>	88	<i>metronidazole cream 0.75%</i>	128
<i>methylprednisolone sod succ for inj 1000</i>		<i>metronidazole gel 0.75%</i>	128
<i>mg (base equiv)</i>	89	<i>metronidazole gel 1%</i>	128
<i>methylprednisolone sod succ for inj 125</i>		<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>mg (base equiv)</i>	88	<i>mg/100ml</i>	13
<i>methylprednisolone sod succ for inj 40</i>		<i>metronidazole lotion 0.75%</i>	128
<i>mg (base equiv)</i>	88	<i>metronidazole tab 250 mg</i>	13
<i>methylprednisolone sod succ for inj 500</i>		<i>metronidazole tab 500 mg</i>	13
<i>mg (base equiv)</i>	88	<i>metronidazole vaginal gel 0.75%</i>	101
<i>methylprednisolone tab 16 mg</i>	89	<i>mexiletine hcl cap 150 mg</i>	39
<i>methylprednisolone tab 32 mg</i>	89	<i>mexiletine hcl cap 200 mg</i>	39
<i>methylprednisolone tab 4 mg</i>	89	<i>mexiletine hcl cap 250 mg</i>	39
<i>methylprednisolone tab 8 mg</i>	89	<i>MG SO4/D5W INJ 20MG/ML</i>	110
<i>methylprednisolone tab therapy pack 4</i>		<i>MIACALCIN INJ 200/ML</i>	90
<i>mg (21)</i>	89	<i>mibelas 24 chw fe</i>	81
<i>methyltestosterone cap 10 mg</i>	74	<i>miconazole 3 kit combo pk</i>	101
<i>metipranolol ophth soln 0.3%</i>	115	<i>miconazole 3 sup 200mg</i>	101
<i>metoclopramide hcl inj 5 mg/ml</i>	95	<i>midodrine hcl tab 10 mg</i>	48
<i>metoclopramide hcl orally disintegrating</i>		<i>midodrine hcl tab 2.5 mg</i>	48
<i>tab 5 mg (base eq)</i>	95	<i>midodrine hcl tab 5 mg</i>	48
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>miglitol tab 100 mg</i>	74
<i>mg/10ml)</i>	95	<i>miglitol tab 25 mg</i>	74
<i>metoclopramide hcl tab 10 mg</i>	95	<i>miglitol tab 50 mg</i>	74
<i>metoclopramide hcl tab 5 mg</i>	95	<i>MILLIPRED DP PAK 5MG</i>	89
<i>metolazone tab 10 mg</i>	47	<i>MILLIPRED TAB 5MG</i>	89
<i>metolazone tab 2.5 mg</i>	47	<i>mimvey lo tab 0.5-0.1</i>	86
<i>metolazone tab 5 mg</i>	47	<i>mimvey tab 1-0.5mg</i>	86
<i>metoprolol & hydrochlorothiazide tab</i>		<i>minitran dis 0.1mg/hr</i>	49
<i>100-25 mg</i>	42	<i>minitran dis 0.2mg/hr</i>	49
<i>metoprolol & hydrochlorothiazide tab</i>		<i>minitran dis 0.4mg/hr</i>	49
<i>100-50 mg</i>	42	<i>minitran dis 0.6mg/hr</i>	49
<i>metoprolol & hydrochlorothiazide tab 50-</i>		<i>minocycline hcl cap 100 mg</i>	26
<i>25 mg</i>	42	<i>minocycline hcl cap 50 mg</i>	26
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>minocycline hcl cap 75 mg</i>	26
<i>(tartrate equiv)</i>	43	<i>minocycline hcl tab 100 mg</i>	26
<i>metoprolol succinate tab er 24hr 200 mg</i>		<i>minocycline hcl tab 50 mg</i>	26
<i>(tartrate equiv)</i>	43	<i>minocycline hcl tab 75 mg</i>	26
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>minocycline hcl tab er 24hr 135 mg</i> ...	26
<i>(tartrate equiv)</i>	43	<i>minocycline hcl tab er 24hr 45 mg</i>	26
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>minocycline hcl tab er 24hr 90 mg</i>	26
<i>(tartrate equiv)</i>	43	<i>minoxidil tab 10 mg</i>	48
<i>metoprolol tartrate iv soln 5 mg/5ml</i> ...43		<i>minoxidil tab 2.5 mg</i>	48

MIRCERA INJ 100MCG.....	103	<i>montelukast sodium chew tab 5 mg</i>	
MIRCERA INJ 200MCG.....	103	<i>(base equiv)</i>	120
MIRCERA INJ 50MCG	102	<i>montelukast sodium oral granules packet</i>	
MIRCERA INJ 75MCG	103	<i>4 mg (base equiv)</i>	120
MIRCERA SOL 150/0.3	103	<i>montelukast sodium tab 10 mg (base</i>	
MIRCERA SOL 30/0.3ML.....	103	<i>equiv).....</i>	120
MIRENA IUD SYSTEM	81	MONUROL PAK GRANULES	11
<i>mirtazapine orally disintegrating tab 15</i>		<i>morgidox cap 1x100mg.....</i>	26
<i>mg</i>	59	MORPHINE SUL INJ 150/30ML	6
<i>mirtazapine orally disintegrating tab 30</i>		MORPHINE SUL INJ 2MG/ML.....	6
<i>mg</i>	59	MORPHINE SUL INJ 4MG/ML.....	6
<i>mirtazapine orally disintegrating tab 45</i>		MORPHINE SUL INJ 5MG/ML.....	6
<i>mg</i>	59	MORPHINE SUL SUP 30MG.....	6
<i>mirtazapine tab 15 mg</i>	59	<i>morphine sulfate beads cap er 24hr 120</i>	
<i>mirtazapine tab 30 mg</i>	59	<i>mg</i>	6
<i>mirtazapine tab 45 mg</i>	59	<i>morphine sulfate beads cap er 24hr 30</i>	
<i>mirtazapine tab 7.5 mg</i>	59	<i>mg</i>	6
MIRVASO GEL 0.33%.....	128	<i>morphine sulfate beads cap er 24hr 45</i>	
<i>misoprostol tab 100 mcg</i>	98	<i>mg</i>	6
<i>misoprostol tab 200 mcg</i>	98	<i>morphine sulfate beads cap er 24hr 60</i>	
<i>mitomycin for iv soln 20 mg.....</i>	27	<i>mg</i>	6
<i>mitomycin for iv soln 40 mg.....</i>	27	<i>morphine sulfate beads cap er 24hr 75</i>	
<i>mitomycin for iv soln 5 mg</i>	27	<i>mg</i>	6
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		<i>morphine sulfate beads cap er 24hr 90</i>	
<i>mg/ml)</i>	32	<i>mg</i>	6
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>		<i>morphine sulfate cap er 24hr 10 mg....</i>	6
<i>(2 mg/ml)</i>	32	<i>morphine sulfate cap er 24hr 100 mg... 7</i>	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		<i>morphine sulfate cap er 24hr 20 mg.... 6</i>	
<i>mg/ml)</i>	32	<i>morphine sulfate cap er 24hr 30 mg.... 7</i>	
M-M-R II INJ.....	107	<i>morphine sulfate cap er 24hr 50 mg.... 7</i>	
<i>modafinil tab 100 mg</i>	73	<i>morphine sulfate cap er 24hr 60 mg.... 7</i>	
<i>modafinil tab 200 mg</i>	73	<i>morphine sulfate cap er 24hr 80 mg.... 7</i>	
<i>moexipril hcl tab 15 mg.....</i>	36	<i>morphine sulfate inj 10 mg/ml</i>	7
<i>moexipril hcl tab 7.5 mg.....</i>	36	<i>morphine sulfate inj 8 mg/ml</i>	7
<i>moexipril-hydrochlorothiazide tab 15-</i>		<i>morphine sulfate inj pf 1 mg/ml.....</i>	7
<i>12.5 mg.....</i>	35	<i>morphine sulfate iv soln 1 mg/ml.....</i>	7
<i>moexipril-hydrochlorothiazide tab 15-25</i>		<i>morphine sulfate iv soln pf 10 mg/ml ... 7</i>	
<i>mg</i>	35	<i>morphine sulfate iv soln pf 15 mg/ml ... 7</i>	
<i>moexipril-hydrochlorothiazide tab 7.5-</i>		<i>morphine sulfate iv soln pf 4 mg/ml 7</i>	
<i>12.5 mg.....</i>	35	<i>morphine sulfate iv soln pf 8 mg/ml 7</i>	
<i>mometasone furoate cream 0.1%....</i>	127	<i>morphine sulfate oral soln 10 mg/5ml .. 7</i>	
<i>mometasone furoate oint 0.1%</i>	127	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>mometasone furoate solution 0.1%</i>		<i>(20 mg/ml).....</i>	7
<i>(lotion)</i>	127	<i>morphine sulfate oral soln 20 mg/5ml .. 7</i>	
<i>mono-lynyah tab 0.25-35.....</i>	81	<i>morphine sulfate suppos 10 mg.....</i>	7
<i>mononessa tab</i>	81	<i>morphine sulfate suppos 20 mg.....</i>	7
<i>montelukast sodium chew tab 4 mg</i>		<i>morphine sulfate suppos 5 mg.....</i>	7
<i>(base equiv)</i>	120	<i>morphine sulfate tab 15 mg</i>	7

<i>morphine sulfate tab 30 mg</i>	7
<i>morphine sulfate tab er 100 mg</i>	7
<i>morphine sulfate tab er 15 mg</i>	7
<i>morphine sulfate tab er 200 mg</i>	7
<i>morphine sulfate tab er 30 mg</i>	7
<i>morphine sulfate tab er 60 mg</i>	7
MOTOFEN TAB	98
MOVANTIK TAB 12.5MG	98
MOVANTIK TAB 25MG	98
MOVIPREP SOL	98
MOXEZA SOL 0.5%.....	113
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	23
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	113
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	23
MOZOBIL INJ	103
MULTAQ TAB 400MG.....	39
<i>multi-vit/fe dro /fl 0.25</i>	112
<i>multivit/fl chw 0.25mg</i>	112
<i>multivit/fl chw 0.5mg</i>	112
<i>multivit/fl chw 1mg</i>	112
<i>multi-vit/fl dro /fe 0.25</i>	112
<i>multi-vit/fl dro 0.25mg</i>	112
<i>multi-vit/fl dro 0.5mg/ml</i>	112
<i>mupirocin oint 2%</i>	124
<i>mvc-fluoride chw 0.5mg</i>	112
<i>mvc-fluoride chw 1mg</i>	112
MYALEPT INJ 11.3MG	83
MYCAMINE INJ 100MG	15
MYCAMINE INJ 50MG	15
<i>mycophenolate mofetil cap 250 mg</i> ...	106
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	106
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	106
<i>mycophenolate mofetil tab 500 mg</i> ...	106
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	106
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	106
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<i>myorisan cap 10mg</i>	123
<i>myorisan cap 20mg</i>	123
<i>myorisan cap 40mg</i>	123
MYOZYME INJ 50MG	83
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MYRBETRIQ TAB 50MG	100
<i>myzilra tab</i>	81
N	
<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	42
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	42
<i>nadolol tab 20 mg</i>	43
<i>nadolol tab 40 mg</i>	43
<i>nadolol tab 80 mg</i>	43
NAFCILLIN INJ 1GM/50ML.....	24
NAFCILLIN INJ 2GM/100.....	24
<i>nafcillin sodium for inj 1 gm</i>	24
<i>nafcillin sodium for inj 10 gm</i>	25
<i>nafcillin sodium for inj 2 gm</i>	24
<i>nafcillin sodium for iv soln 1 gm</i>	25
<i>nafcillin sodium for iv soln 2 gm</i>	25
<i>nafrinse chw 1mg f</i>	110
<i>naftifine hcl cream 1%</i>	124
<i>naftifine hcl cream 2%</i>	124
NAFTIN GEL 1%	125
NAFTIN GEL 2%	125
NAGLAZYME INJ 1MG/ML.....	83
<i>nalbuphine hcl inj 10 mg/ml</i>	7
<i>nalbuphine hcl inj 20 mg/ml</i>	7
<i>naloxone hcl inj 0.4 mg/ml</i>	73
<i>naloxone hcl inj 4 mg/10ml</i>	73
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	73
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	73
<i>naltrexone hcl tab 50 mg</i>	73
NAMENDA XR CAP 14MG	55
NAMENDA XR CAP 21MG	55
NAMENDA XR CAP 28MG	56
NAMENDA XR CAP 7MG	55
NAMENDA XR CAP TITRATIO	56
<i>naphazoline hcl ophth soln 0.1%</i>	116
<i>naproxen dr tab 375mg</i>	2
<i>naproxen dr tab 500mg</i>	2
<i>naproxen sodium tab 275 mg</i>	2
<i>naproxen sodium tab 550 mg</i>	2
<i>naproxen susp 125 mg/5ml</i>	2
<i>naproxen tab 250 mg</i>	2
<i>naproxen tab 375 mg</i>	2
<i>naproxen tab 500 mg</i>	2
<i>naratriptan hcl tab 1 mg (base equiv)</i> .	69

<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
.....	69
NARCAN SPR	73
NATACYN SUS 5% OP	114
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<i>nateglinide tab 120 mg</i>	77
<i>nateglinide tab 60 mg</i>	77
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<i>necon tab 0.5/35</i>	81
<i>necon tab 1/35</i>	81
<i>necon tab 1/50-28</i>	81
NECON TAB 10/11-28	81
<i>necon tab 7/7/7</i>	81
<i>nefazodone hcl tab 100 mg</i>	59
<i>nefazodone hcl tab 150 mg</i>	59
<i>nefazodone hcl tab 200 mg</i>	59
<i>nefazodone hcl tab 250 mg</i>	59
<i>nefazodone hcl tab 50 mg</i>	59
NEO-FRADIN SOL 125/5ML.....	11
<i>neomycin sulfate tab 500 mg</i>	11
<i>neomycin-polymy-gramicid op sol 1.75-</i>	
<i>10000-0.025mg-unt-mg/ml</i>	114
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth oint 0.1%</i>	113
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth susp 0.1%</i>	113
<i>neomycin-polymyxin-hc ophth susp</i> ..	113
<i>neomycin-polymyxin-hc otic soln 1%</i>	129
<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>mg/ml-10000 unit/ml-1%</i>	129
NEO-SYNALAR CRE.....	124
NEULASTA INJ 6MG/0.6M	103
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NEUPRO DIS 1MG/24HR.....	61
NEUPRO DIS 2MG/24HR	61
NEUPRO DIS 3MG/24HR.....	61
NEUPRO DIS 4MG/24HR	61
NEUPRO DIS 6MG/24HR.....	61
NEUPRO DIS 8MG/24HR.....	62
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<i>nevirapine susp 50 mg/5ml</i>	16
<i>nevirapine tab 200 mg</i>	16
<i>nevirapine tab er 24hr 100 mg</i>	16
<i>nevirapine tab er 24hr 400 mg</i>	16
NEXAVAR TAB 200MG	32
NEXPLANON IMP 68MG	81
NEXTERONE INJ	39
<i>niacin tab 500 mg</i>	129
<i>niacin tab er 1000 mg</i>	
<i>(antihyperlipidemic)</i>	42
<i>niacin tab er 250 mg</i>	129
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
.....	41
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
.....	41
<i>nicardipine hcl cap 20 mg</i>	45
<i>nicardipine hcl cap 30 mg</i>	45
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	45
<i>nicotine polacrilex gum 2 mg</i>	73
<i>nicotine polacrilex gum 4 mg</i>	73
<i>nicotine polacrilex lozenge 2 mg</i>	73
<i>nicotine polacrilex lozenge 4 mg</i>	74
<i>nicotine td patch 24hr 14 mg/24hr</i>	74
<i>nicotine td patch 24hr 21 mg/24hr</i>	74
<i>nicotine td patch 24hr 7 mg/24hr</i>	74
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<i>nifedical xl tab 60mg</i>	45
<i>nifedipine tab er 24hr 30 mg</i>	45
<i>nifedipine tab er 24hr 60 mg</i>	45
<i>nifedipine tab er 24hr 90 mg</i>	46
<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>mg</i>	46
<i>nifedipine tab er 24hr osmotic release 60</i>	
<i>mg</i>	46
<i>nifedipine tab er 24hr osmotic release 90</i>	
<i>mg</i>	46
<i>nikki tab 3-0.02mg</i>	81
<i>nilutamide tab 150 mg</i>	30
<i>nimodipine cap 30 mg</i>	46
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<i>nisoldipine tab er 24hr 17 mg</i>	46
<i>nisoldipine tab er 24hr 20 mg</i>	46
<i>nisoldipine tab er 24hr 25.5 mg</i>	46
<i>nisoldipine tab er 24hr 30 mg</i>	46
<i>nisoldipine tab er 24hr 34 mg</i>	46
<i>nisoldipine tab er 24hr 40 mg</i>	46
<i>nisoldipine tab er 24hr 8.5 mg</i>	46
NITRO-BID OIN 2%	49
NITRO-DUR DIS 0.3MG/HR	49
NITRO-DUR DIS 0.8MG/HR	49
<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>mg</i>	13
<i>nitrofurantoin macrocrystalline cap 25</i>	
<i>mg</i>	13

<i>nitrofurantoin macrocrystalline cap 50 mg</i>	13	<i>nortrel tab 1/35</i>	81
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	13	<i>nortrel tab 7/7/7</i>	81
<i>nitrofurantoin susp 25 mg/5ml</i>	13	<i>nortriptyline hcl cap 10 mg</i>	59
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<i>nitroglycerin cap er 9 mg</i>	49	<i>nortriptyline hcl cap 50 mg</i>	59
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	49	<i>nortriptyline hcl cap 75 mg</i>	59
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	49	<i>nortriptyline hcl soln 10 mg/5ml</i>	59
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	49	NORTUSS-EX LIQ 200-20/5	119
<i>nitroglycerin lingual aerosol 400 mcg/spray</i>	49	NORVIR CAP 100MG	16
<i>nitroglycerin sl tab 0.3 mg</i>	49	NORVIR SOL 80MG/ML.....	16
<i>nitroglycerin sl tab 0.4 mg</i>	49	NORVIR TAB 100MG	16
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		<i>nystatin oral powder</i>	15
		<i>nystatin susp 100000 unit/ml</i>	129
		<i>nystatin tab 500000 unit</i>	15
		<i>nystatin topical powder 100000 unit/gm</i>	125
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<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	91
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	91
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	90
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<i>ofloxacin tab 400 mg</i>	23
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<i>olanzapine orally disintegrating tab 5 mg</i>	64
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<i>olanzapine tab 15 mg</i>	64
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<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	95
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	95
<i>ondansetron hcl oral soln 4 mg/5ml</i>	95
<i>ondansetron hcl tab 24 mg</i>	95
<i>ondansetron hcl tab 4 mg</i>	95
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<i>oralone dent pst 0.1%</i>	129	<i>oseltamivir phosphate cap 45 mg (base</i>	
ORAVIG TAB 50MG	129	<i>equiv)</i>	18
ORENCIA CLCK INJ 125MG/ML	104	<i>oseltamivir phosphate cap 75 mg (base</i>	
ORENCIA INJ 125MG/ML	104	<i>equiv)</i>	18
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ORENCIA INJ 50/0.4	104	OSPHENA TAB 60MG	91
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ORENITRAM TAB 0.25MG	50	OVIDREL INJ	87
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ORENITRAM TAB 2.5MG	50	<i>equivalent)</i>	25
ORFADIN CAP 10MG	83	<i>oxacillin sodium for inj 10 gm (base</i>	
ORFADIN CAP 20MG	83	<i>equivalent)</i>	25
ORFADIN CAP 2MG	83	<i>oxacillin sodium for inj 2 gm (base</i>	
ORFADIN CAP 5MG	83	<i>equivalent)</i>	25
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ORKAMBI TAB 200-125	120	<i>oxaliplatin iv soln 100 mg/20ml</i>	33
<i>orphenadrine citrate inj 30 mg/ml</i>	72	<i>oxaliplatin iv soln 50 mg/10ml</i>	33
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<i>orphenadrine w/ aspirin & caffeine tab</i>		<i>oxaprozin tab 600 mg</i>	2
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ORTHO FLAT DPR KIT 55	108	<i>oxcarbazepine tab 150 mg</i>	53
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ORTHO FLAT DPR KIT 85	108	<i>oxybutynin chloride tab 5 mg</i>	100
ORTHO FLAT DPR KIT 90	108	<i>oxybutynin chloride tab er 24hr 10 mg</i>	
ORTHO FLAT DPR KIT 95	108	100
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<i>ortho-est tab 0.625</i>	87	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>ortho-est tab 1.25</i>	87	<i>mg/ml)</i>	8
<i>oscimin sr tab 0.375mg</i>	94	<i>oxycodone hcl soln 5 mg/5ml</i>	8
<i>oscimin sub 0.125mg</i>	94	<i>oxycodone hcl tab 10 mg</i>	8
<i>oscimin tab 0.125mg</i>	94	<i>oxycodone hcl tab 15 mg</i>	8
<i>oscion clnsr lot 6%</i>	123	<i>oxycodone hcl tab 20 mg</i>	8
<i>oseltamivir phosphate cap 30 mg (base</i>		<i>oxycodone hcl tab 30 mg</i>	8

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<i>permethrin cream 5%</i>	129	77
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<i>perphenazine tab 4 mg</i>	64	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	77
<i>perphenazine tab 8 mg</i>	64	77
<i>pfizerpen-g inj 20mu</i>	25	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	77
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<i>phenobarbital tab 15 mg</i>	54	<i>piperacillin sod-tazobactam na for inj</i>	25
<i>phenobarbital tab 16.2 mg</i>	54	<i>3.375 gm (3-0.375 gm)</i>	25
<i>phenobarbital tab 30 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj</i>	25
<i>phenobarbital tab 32.4 mg</i>	54	<i>2.25 gm (2-0.25 gm)</i>	25
<i>phenobarbital tab 60 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj</i>	25
<i>phenobarbital tab 64.8 mg</i>	54	<i>4.5 gm (4-0.5 gm)</i>	25
<i>phenobarbital tab 97.2 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj</i>	25
<i>phenoxybenzamine hcl cap 10 mg</i>	48	<i>40.5 gm (36-4.5 gm)</i>	25
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<i>potassium chloride cap er 10 meq</i>	110	<i>0.375 mg</i>	62
<i>potassium chloride cap er 8 meq</i>	110	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 10 meq/100ml</i>	111	<i>0.75 mg</i>	62
<i>potassium chloride inj 10 meq/50ml</i> .	111	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 2 meq/ml</i>	111	<i>1.5 mg</i>	62
<i>potassium chloride inj 20 meq/100ml</i>	111	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 20 meq/50ml</i> .	111	<i>2.25 mg</i>	62
<i>potassium chloride inj 40 meq/100ml</i>	111	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride microencapsulated</i>		<i>3 mg</i>	62
<i>crys er tab 10 meq</i>	110	<i>pramipexole dihydrochloride tab er 24hr</i>	
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<i>tab 15 mg (base eq)</i>	89	PREZCOBIX TAB 800-150	17
<i>prednisolone sod phos orally disintegr</i>		PREZISTA SUS 100MG/ML	16
<i>tab 30 mg (base eq)</i>	89	PREZISTA TAB 150MG.....	16
<i>prednisolone sod phosph oral soln 6.7</i>		PREZISTA TAB 400MG.....	16
<i>mg/5ml (5 mg/5ml base)</i>	89	PREZISTA TAB 600MG.....	16
<i>prednisolone sod phosphate oral soln 10</i>		PREZISTA TAB 75MG	16
<i>mg/5ml (base equiv)</i>	89	PREZISTA TAB 800MG.....	16
<i>prednisolone sod phosphate oral soln 15</i>		PRIFTIN TAB 150MG	18
<i>mg/5ml (base equiv)</i>	89	PRIMAQUINE TAB 26.3MG.....	15
<i>prednisolone sod phosphate oral soln 20</i>		<i>primidone tab 250 mg</i>	54
<i>mg/5ml (base equiv)</i>	89	<i>primidone tab 50 mg</i>	54
<i>prednisolone sodium phosphate oral soln</i>		PRIMLEV TAB 10-300MG.....	9
<i>25 mg/5ml (base eq)</i>	89	PRIMLEV TAB 5-300MG	9
<i>prednisolone syrup 15 mg/5ml (usp</i>		PRIMLEV TAB 7.5-300	9
<i>solution equivalent)</i>	89	PRIMSOL SOL 50MG/5ML.....	13
PREDNISON CON 5MG/ML.....	89	PROAIR HFA AER.....	119
<i>prednisone oral soln 5 mg/5ml</i>	89	PROAIR RESPI AER	119
<i>prednisone tab 1 mg</i>	89	<i>probenecid tab 500 mg</i>	1
<i>prednisone tab 10 mg</i>	89	<i>procainamide hcl inj 100 mg/ml</i>	39
<i>prednisone tab 2.5 mg</i>	89	PROCAINAMIDE INJ 500MG/ML.....	39
<i>prednisone tab 20 mg</i>	89	<i>prochlorperazine edisylate inj 5 mg/ml</i> 95	
<i>prednisone tab 5 mg</i>	89	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone tab 50 mg</i>	89	<i>(base equivalent)</i>	95
<i>prednisone tab therapy pack 10 mg (21)</i>		<i>prochlorperazine maleate tab 5 mg (base</i>	
.....	89	<i>equivalent)</i>	95
<i>prednisone tab therapy pack 10 mg (48)</i>		<i>prochlorperazine suppos 25 mg</i>	95
.....	89	PROCRIT INJ 10000/ML.....	103
<i>prednisone tab therapy pack 5 mg (21)</i>		PROCRIT INJ 2000/ML.....	103
.....	89	PROCRIT INJ 20000/ML.....	103
<i>prednisone tab therapy pack 5 mg (48)</i>		PROCRIT INJ 3000/ML.....	103
.....	89	PROCRIT INJ 4000/ML.....	103
PREMARIN INJ 25MG	87	PROCRIT INJ 40000/ML.....	103
PREMARIN TAB 0.3MG	87	<i>procto-pak cre 1%</i>	99
PREMARIN TAB 0.45MG.....	87	<i>proctosol hc cre 2.5%</i>	99
PREMARIN TAB 0.625MG	87	<i>proctozone cre -hc 2.5%</i>	99
PREMARIN TAB 0.9MG	87	<i>progesterone micronized cap 100 mg</i> .	92
PREMARIN TAB 1.25MG.....	87	<i>progesterone micronized cap 200 mg</i> .	92
PREMARIN VAG CRE 0.625MG	87	PROGLYCEM SUS 50MG/ML.....	90
<i>prenatabs rx tab</i>	112	PROGRAF INJ 5MG/ML.....	106
PRENTIF MIS 22MM	108	PROLASTIN-C INJ 1000MG.....	120
PRENTIF MIS 25MM	109	PROLIA SOL 60MG/ML.....	91
PRENTIF MIS 28MM	109	PROMACTA TAB 12.5MG	103
PRENTIF MIS 31MM	109	PROMACTA TAB 25MG	103
PRENTIF MIS FITTING.....	109	PROMACTA TAB 50MG	103
PREPOPIK PAK	98	PROMACTA TAB 75MG	103
<i>prevalite pow 4gm</i>	40	<i>prometh vc sol plain</i>	119

<i>prometh vc/ syp codeine</i>	119
<i>promethazine hcl inj 25 mg/ml</i>	95
<i>promethazine hcl inj 50 mg/ml</i>	95
<i>promethazine hcl suppos 12.5 mg</i>	95
<i>promethazine hcl suppos 25 mg</i>	95
<i>promethazine hcl syrup 6.25 mg/5ml</i> ..	95
<i>promethazine hcl tab 12.5 mg</i>	96
<i>promethazine hcl tab 25 mg</i>	96
<i>promethazine hcl tab 50 mg</i>	96
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	119
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	119
<i>promethegan sup 12.5mg</i>	96
<i>promethegan sup 25mg</i>	96
<i>promethegan sup 50mg</i>	96
<i>propafenone hcl cap er 12hr 225 mg</i> ...39	
<i>propafenone hcl cap er 12hr 325 mg</i> ...39	
<i>propafenone hcl cap er 12hr 425 mg</i> ...39	
<i>propafenone hcl tab 150 mg</i>	39
<i>propafenone hcl tab 225 mg</i>	39
<i>propafenone hcl tab 300 mg</i>	39
<i>proparacaine hcl ophth soln 0.5%</i>	116
<i>propranolol & hydrochlorothiazide tab</i> <i>40-25 mg</i>	42
<i>propranolol & hydrochlorothiazide tab</i> <i>80-25 mg</i>	42
<i>propranolol hcl cap er 24hr 120 mg</i>	43
<i>propranolol hcl cap er 24hr 160 mg</i>	43
<i>propranolol hcl cap er 24hr 60 mg</i>	43
<i>propranolol hcl cap er 24hr 80 mg</i>	43
<i>propranolol hcl inj 1 mg/ml</i>	43
<i>propranolol hcl oral soln 20 mg/5ml</i>	43
<i>propranolol hcl oral soln 40 mg/5ml</i>	43
<i>propranolol hcl tab 10 mg</i>	43
<i>propranolol hcl tab 20 mg</i>	43
<i>propranolol hcl tab 40 mg</i>	43
<i>propranolol hcl tab 60 mg</i>	43
<i>propranolol hcl tab 80 mg</i>	43
<i>propylthiouracil tab 50 mg</i>	93
PROQUAD INJ	107
<i>protriptyline hcl tab 10 mg</i>	60
<i>protriptyline hcl tab 5 mg</i>	60
<i>pseudoephed-bromphen-dm syrup 30-2-</i> <i>10 mg/5ml</i>	119
<i>pyrazinamide tab 500 mg</i>	18
<i>pyridostigmine bromide tab 60 mg</i>	71
<i>pyridostigmine bromide tab er 180 mg</i>	71

Q

QUADRAMET INJ	33
<i>quasense tab</i>	82
<i>quetiapine fumarate tab 100 mg</i>	64
<i>quetiapine fumarate tab 200 mg</i>	64
<i>quetiapine fumarate tab 25 mg</i>	64
<i>quetiapine fumarate tab 300 mg</i>	64
<i>quetiapine fumarate tab 400 mg</i>	64
<i>quetiapine fumarate tab 50 mg</i>	64
<i>quetiapine fumarate tab er 24hr 150 mg</i>	64
<i>quetiapine fumarate tab er 24hr 200 mg</i>	64
<i>quetiapine fumarate tab er 24hr 300 mg</i>	64
<i>quetiapine fumarate tab er 24hr 400 mg</i>	64
<i>quetiapine fumarate tab er 24hr 50 mg</i>	64
QUFLORA PED CHW 0.25MG.....	112
QUFLORA PED CHW 0.5MG	112
QUFLORA PED CHW 1MG	112
<i>quinapril hcl tab 10 mg</i>	36
<i>quinapril hcl tab 20 mg</i>	36
<i>quinapril hcl tab 40 mg</i>	36
<i>quinapril hcl tab 5 mg</i>	36
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	35
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	35
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	35
<i>quinidine sulfate tab 200 mg</i>	39
<i>quinidine sulfate tab 300 mg</i>	39
<i>quinine sulfate cap 324 mg</i>	15
<i>quinine sulfate tab 260 mg</i>	15
QVAR AER 40MCG	121
QVAR AER 80MCG	121

R

<i>rabeprazole sodium ec tab 20 mg</i>	99
<i>raloxifene hcl tab 60 mg</i>	91
<i>ramipril cap 1.25 mg</i>	36
<i>ramipril cap 10 mg</i>	36
<i>ramipril cap 2.5 mg</i>	36
<i>ramipril cap 5 mg</i>	36
RANEXA TAB 1000MG	49
RANEXA TAB 500MG	48
<i>ranitidine hcl cap 150 mg</i>	97

<i>ranitidine hcl cap 300 mg</i>	97	REPATHA INJ 140MG/ML.....	42
<i>ranitidine hcl inj 1000 mg/40ml (25 mg/ml)</i>	97	REPATHA PUSH INJ 420/3.5.....	42
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	97	REPATHA SURE INJ 140MG/ML	42
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	97	RESCRIPTOR TAB 100 MG.....	16
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	97	RESCRIPTOR TAB 200MG.....	16
<i>ranitidine hcl tab 150 mg</i>	97	<i>reserpine tab 0.1 mg</i>	49
<i>ranitidine hcl tab 300 mg</i>	97	<i>reserpine tab 0.25 mg</i>	49
RAPAFLO CAP 4MG	99	RESTASIS EMU 0.05%	116
RAPAFLO CAP 8MG	100	RETROVIR INJ 10MG/ML.....	16
RAPAMUNE SOL 1MG/ML	106	REVLIMID CAP 10MG	105
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	62	REVLIMID CAP 15MG	105
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	62	REVLIMID CAP 2.5MG	105
REBETOL SOL 40MG/ML	19	REVLIMID CAP 20MG	105
REBIF INJ 22/0.5	71	REVLIMID CAP 25MG	105
REBIF INJ 44/0.5	71	REVLIMID CAP 5MG	105
REBIF REBIDO INJ 22/0.5.....	71	REXULTI TAB 0.25MG.....	65
REBIF REBIDO INJ 44/0.5.....	71	REXULTI TAB 0.5MG	64
REBIF REBIDO INJ TITRATN.....	71	REXULTI TAB 1MG	65
REBIF TITRTN INJ PACK	71	REXULTI TAB 2MG	65
<i>reclipsen tab</i>	82	REXULTI TAB 3MG	65
RECOMBIVA HB INJ 10MCG/ML	108	REXULTI TAB 4MG	65
RECOMBIVA HB INJ 5MCG/0.5	108	REYATAZ CAP 100MG.....	16
RECOMBIVA-HB INJ 40MCG/ML.....	108	REYATAZ CAP 150MG.....	16
RECTIV OIN 0.4%	128	REYATAZ CAP 200MG.....	16
REGONOL INJ 5MG/ML	71	REYATAZ CAP 300MG.....	16
REGRANEX GEL 0.01%.....	129	REYATAZ POW 50MG.....	16
RELENZA MIS DISKHALE	19	RHEUMATREX TAB 2.5MG	105
RELPAZ TAB 20MG	69	<i>ribasphere cap 200mg</i>	19
RELPAZ TAB 40MG	69	<i>ribasphere tab 200mg</i>	19
REMICADE INJ 100MG.....	104	<i>ribasphere tab 400mg</i>	19
REMODULIN INJ 10MG/ML	50	<i>ribasphere tab 600mg</i>	19
REMODULIN INJ 1MG/ML.....	50	<i>ribavirin cap 200 mg</i>	19
REMODULIN INJ 2.5MG/ML.....	50	<i>ribavirin for inhal soln 6 gm</i>	19
REMODULIN INJ 5MG/ML.....	50	<i>ribavirin tab 200 mg</i>	19
RENVELA TAB 800MG.....	91	<i>rifabutin cap 150 mg</i>	18
<i>repaglinide tab 0.5 mg</i>	77	RIFAMATE CAP	18
<i>repaglinide tab 1 mg</i>	77	<i>rifampin cap 150 mg</i>	18
<i>repaglinide tab 2 mg</i>	77	<i>rifampin cap 300 mg</i>	18
<i>repaglinide-metformin hcl tab 1-500 mg</i>	77	<i>rifampin for inj 600 mg</i>	18
<i>repaglinide-metformin hcl tab 2-500 mg</i>	77	RIFATER TAB	18
		<i>riluzole tab 50 mg</i>	71
		<i>rimantadine hydrochloride tab 100 mg</i>	19
		<i>risedronate sodium tab 150 mg</i>	79
		<i>risedronate sodium tab 30 mg</i>	78
		<i>risedronate sodium tab 35 mg</i>	79
		<i>risedronate sodium tab 5 mg</i>	78
		<i>risedronate sodium tab delayed release 35 mg</i>	79

<i>risperidone orally disintegrating tab 0.25 mg</i>	65	<i>rosadan cre 0.75%</i>	128
<i>risperidone orally disintegrating tab 0.5 mg</i>	65	<i>rosuvastatin calcium tab 10 mg</i>	41
<i>risperidone orally disintegrating tab 1 mg</i>	65	<i>rosuvastatin calcium tab 20 mg</i>	41
<i>risperidone orally disintegrating tab 2 mg</i>	65	<i>rosuvastatin calcium tab 40 mg</i>	41
<i>risperidone orally disintegrating tab 3 mg</i>	65	<i>rosuvastatin calcium tab 5 mg</i>	41
<i>risperidone orally disintegrating tab 4 mg</i>	65	ROTARIX SUS	108
<i>risperidone soln 1 mg/ml</i>	65	ROTATEQ SOL	108
<i>risperidone tab 0.25 mg</i>	65	<i>roxiket tab 5-325mg</i>	9
<i>risperidone tab 0.5 mg</i>	65	ROZEREM TAB 8MG	68
<i>risperidone tab 1 mg</i>	65	RYDAPT CAP 25MG	30
<i>risperidone tab 2 mg</i>	65	S	
<i>risperidone tab 3 mg</i>	65	SABRIL POW 500MG	54
<i>risperidone tab 4 mg</i>	65	SABRIL TAB 500MG	54
RITUXAN INJ 100MG	30	SAFYRAL TAB	82
RITUXAN INJ 500MG	30	SAIZEN INJ 5MG	90
<i>rivastigmine tartrate cap 1.5 mg</i>	56	SAIZEN INJ 8.8MG	90
<i>rivastigmine tartrate cap 3 mg</i>	56	SAMSCA TAB 15MG	91
<i>rivastigmine tartrate cap 4.5 mg</i>	56	SAMSCA TAB 30MG	91
<i>rivastigmine tartrate cap 6 mg</i>	56	SANCUSO DIS 3.1MG	96
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	56	SANDIMMUNE SOL 100MG/ML	106
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	56	SANDOSTATIN KIT LAR 10MG	91
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	56	SANDOSTATIN KIT LAR 20MG	91
<i>rivelsa tab</i>	82	SANDOSTATIN KIT LAR 30MG	91
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	69	SANTYL OIN 250/GM	129
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	69	SAPHRIS SUB 10MG	65
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	69	SAPHRIS SUB 2.5MG	65
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	69	SAPHRIS SUB 5MG	65
<i>romycin oin op</i>	114	SAVELLA MIS TITR PAK	71
<i>ropinirole hydrochloride tab 0.25 mg</i>	62	SAVELLA TAB 100MG	71
<i>ropinirole hydrochloride tab 0.5 mg</i>	62	SAVELLA TAB 12.5MG	71
<i>ropinirole hydrochloride tab 1 mg</i>	62	SAVELLA TAB 25MG	71
<i>ropinirole hydrochloride tab 2 mg</i>	62	SAVELLA TAB 50MG	71
<i>ropinirole hydrochloride tab 3 mg</i>	62	<i>scalacort lot 2%</i>	127
<i>ropinirole hydrochloride tab 4 mg</i>	62	<i>scopolamine td patch 72hr 1 mg/3days</i>	96
<i>ropinirole hydrochloride tab 5 mg</i>	62	<i>selegiline hcl cap 5 mg</i>	62
		<i>selegiline hcl tab 5 mg</i>	62
		<i>selenium sulfide lotion 2.5%</i>	125
		SELZENTRY SOL 20MG/ML	16
		SELZENTRY TAB 150MG	16
		SELZENTRY TAB 25MG	16
		SELZENTRY TAB 300MG	16
		SELZENTRY TAB 75MG	16
		SENSIPAR TAB 30MG	79
		SENSIPAR TAB 60MG	79
		SENSIPAR TAB 90MG	79
		SEREVENT DIS AER 50MCG	119
		SEROSTIM INJ 4MG	90

SEROSTIM INJ 5MG	90	<i>sodium chloride irrigation soln 0.9%</i> .	129
SEROSTIM INJ 6MG	90	<i>sodium chloride iv soln 0.9%</i>	111
<i>sertraline hcl oral conc 20 mg/ml</i>	60	<i>sodium chloride soln nebu 0.9%</i>	120
<i>sertraline hcl tab 100 mg</i>	60	<i>sodium chloride soln nebu 10%</i>	120
<i>sertraline hcl tab 25 mg</i>	60	<i>sodium chloride soln nebu 3%</i>	120
<i>sertraline hcl tab 50 mg</i>	60	<i>sodium chloride soln nebu 7%</i>	120
<i>sevelamer carbonate packet 0.8 gm</i>	92	<i>sodium fluoride chew tab 0.25 mg f</i>	
<i>sevelamer carbonate packet 2.4 gm</i>	92	<i>(from 0.55 mg naf)</i>	111
<i>sevelamer carbonate tab 800 mg</i>	92	<i>sodium fluoride chew tab 0.5 mg f (from</i>	
SHARPS CONTAINER.....	109	<i>1.1 mg naf)</i>	110
SHUR-SEAL GEL 2%	100	<i>sodium fluoride chew tab 1 mg f (from</i>	
SIGNIFOR INJ 0.3MG/ML.....	91	<i>2.2 mg naf)</i>	111
SIGNIFOR INJ 0.6MG/ML.....	91	<i>sodium fluoride soln 0.5 mg/ml f (from</i>	
SIGNIFOR INJ 0.9MG/ML.....	91	<i>1.1 mg/ml naf)</i>	111
<i>sildenafil citrate iv soln 10 mg/12.5ml</i>		<i>sodium fluoride tab 0.5 mg f (from 1.1</i>	
<i>(base equivalent)</i>	50	<i>mg naf)</i>	111
<i>sildenafil citrate tab 20 mg</i>	50	<i>sodium fluoride tab 1 mg f (from 2.2 mg</i>	
<i>silver sulfadiazine cream 1%</i>	124	<i>naf)</i>	111
SIMBRINZA SUS 1-0.2%	115	<i>sodium phenylbutyrate oral powder 3</i>	
SIMPONI ARIA SOL 50MG/4ML.....	104	<i>gm/teaspoonful</i>	83
SIMPONI INJ 100MG/ML.....	104	<i>sodium phenylbutyrate tab 500 mg</i>	83
SIMPONI INJ 50/0.5ML.....	104	<i>sodium polystyrene sulfonate oral susp</i>	
SIMULECT INJ 10MG.....	106	<i>15 gm/60ml</i>	79
SIMULECT INJ 20MG.....	106	<i>sodium polystyrene sulfonate rectal susp</i>	
<i>simvastatin tab 10 mg</i>	41	<i>30 gm/120ml</i>	79
<i>simvastatin tab 20 mg</i>	41	<i>solia tab</i>	82
<i>simvastatin tab 40 mg</i>	41	SOLU-CORTEF INJ 1000MG	89
<i>simvastatin tab 5 mg</i>	41	SOLU-CORTEF INJ 100MG.....	89
<i>simvastatin tab 80 mg</i>	41	SOLU-CORTEF INJ 250MG.....	89
<i>sirolimus tab 0.5 mg</i>	106	SOLU-CORTEF INJ 500MG.....	89
<i>sirolimus tab 1 mg</i>	106	SOLU-MEDROL INJ 2GM	89
<i>sirolimus tab 2 mg</i>	106	SOMATULINE INJ 120/.5ML.....	91
SIRTURO TAB 100MG.....	18	SOMATULINE INJ 60/0.2ML.....	91
SIVEXTRO INJ 200MG	13	SOMATULINE INJ 90/0.3ML.....	91
SIVEXTRO TAB 200MG	13	SOMAVERT INJ 10MG.....	91
SKLICE LOT 0.5%	129	SOMAVERT INJ 15MG.....	91
SKYLA IUD 13.5MG.....	82	SOMAVERT INJ 20MG.....	91
<i>sm nicotine dis 14mg/24h</i>	74	SOMAVERT INJ 25MG.....	91
<i>sm nicotine dis 21mg</i>	74	SOMAVERT INJ 30MG.....	91
<i>sm nicotine dis 7mg/24hr</i>	74	<i>sorine tab 120mg</i>	39
<i>sm vitamin d tab 400unit</i>	113	<i>sorine tab 160mg</i>	39
<i>sodium chloride flush iv soln 0.9%</i>	110	<i>sorine tab 240mg</i>	39
<i>sodium chloride inj 0.45%</i>	111	<i>sorine tab 80mg</i>	39
<i>sodium chloride inj 0.9%</i>	111	<i>sotalol hcl (afib/af) tab 120 mg</i>	39
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>		<i>sotalol hcl (afib/af) tab 160 mg</i>	39
.....	110	<i>sotalol hcl (afib/af) tab 80 mg</i>	39
<i>sodium chloride inj 3%</i>	111	SOTALOL HCL INJ 150/10ML	39
<i>sodium chloride inj 5%</i>	111	<i>sotalol hcl tab 120 mg</i>	40

<i>sotalol hcl tab 160 mg</i>	40	<i>sulfacetamide sodium ophth soln 10%</i>	114
<i>sotalol hcl tab 240 mg</i>	40	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	113
<i>sotalol hcl tab 80 mg</i>	39	SULFADIAZINE TAB 500MG	11
SOVALDI TAB 400MG	19	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	13
<i>spinosad susp 0.9%</i>	129	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	14
SPIRIVA AER 1.25MCG	116	<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80 mg</i>	14
SPIRIVA CAP HANDIHLR	116	<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	14
SPIRIVA SPR RESPIMAT	116	SULFAMYLLON CRE 85MG/GM	124
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	48	<i>sulfasalazine tab 500 mg</i>	97
<i>spironolactone tab 100 mg</i>	48	<i>sulfasalazine tab delayed release 500 mg</i>	97
<i>spironolactone tab 25 mg</i>	48	<i>sulindac tab 150 mg</i>	3
<i>spironolactone tab 50 mg</i>	48	<i>sulindac tab 200 mg</i>	3
SPORANOX SOL 10MG/ML	15	<i>sumatriptan nasal spray 20 mg/act</i>	69
<i>sprintec 28 tab 28 day</i>	82	<i>sumatriptan nasal spray 5 mg/act</i>	69
SPRYCEL TAB 100MG	32	<i>sumatriptan succinate inj 4 mg/0.5ml</i>	69
SPRYCEL TAB 140MG	32	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	69
SPRYCEL TAB 20MG.....	32	<i>sumatriptan succinate solution auto-</i> <i>injector 4 mg/0.5ml</i>	69
SPRYCEL TAB 50MG.....	32	<i>sumatriptan succinate solution auto-</i> <i>injector 6 mg/0.5ml</i>	69
SPRYCEL TAB 70MG.....	32	<i>sumatriptan succinate solution cartridge</i> <i>4 mg/0.5ml</i>	69
SPRYCEL TAB 80MG.....	32	<i>sumatriptan succinate solution cartridge</i> <i>6 mg/0.5ml</i>	70
<i>sronyx tab</i>	82	<i>sumatriptan succinate solution prefilled</i> <i>syringe 6 mg/0.5ml</i>	70
<i>ssd cre 1%</i>	124	<i>sumatriptan succinate tab 100 mg</i>	70
ST JOSEPH CHW 75MG ADU.....	11	<i>sumatriptan succinate tab 25 mg</i>	70
<i>stavudine cap 15 mg</i>	16	<i>sumatriptan succinate tab 50 mg</i>	70
<i>stavudine cap 20 mg</i>	16	SUPRAX CAP 400MG	21
<i>stavudine cap 30 mg</i>	16	SUPRAX CHW 100MG	21
<i>stavudine cap 40 mg</i>	16	SUPRAX CHW 200MG	21
<i>stavudine for oral soln 1 mg/ml</i>	16	SUPRAX SUS 500/5ML.....	21
STAVZOR CAP 125MG	54	SUPRAX TAB 400MG	21
STAVZOR CAP 250MG	54	SUPREP BOWEL SOL PREP KIT.....	98
STAVZOR CAP 500MG	54	SUSTIVA CAP 200MG	16
STELARA INJ 45MG/0.5.....	104	SUSTIVA CAP 50MG	16
STELARA INJ 90MG/ML	104	SUSTIVA TAB 600MG	16
STIVARGA TAB 40MG.....	32	SUTENT CAP 12.5MG	32
<i>streptomycin sulfate for inj 1 gm</i>	11	SUTENT CAP 25MG	32
STRIBILD TAB.....	17	SUTENT CAP 37.5MG	32
STRIVERDI AER 2.5MCG.....	119		
SUBOXONE MIS 12-3MG	3		
SUBOXONE MIS 2-0.5MG	3		
SUBOXONE MIS 4-1MG	3		
SUBOXONE MIS 8-2MG	3		
SUCRAID SOL 8500/ML.....	98		
<i>sucralfate tab 1 gm</i>	98		
<i>sulfacetamide sodium lotion 10% (acne)</i>	123		
<i>sulfacetamide sodium ophth oint 10%</i>	114		

SUTENT CAP 50MG	32	<i>tazicef inj 6gm</i>	21
<i>syeda tab 3-0.03mg</i>	82	TAZORAC CRE 0.05%.....	125
<i>symax fastab tab 0.125mg</i>	94	TAZORAC GEL 0.05%.....	125
<i>symax-sl sub 0.125mg</i>	94	TAZORAC GEL 0.1%	125
SYMLINPEN 60 INJ 1000MCG	74	<i>taztia xt cap 120mg/24</i>	46
SYMLINPEN 120 INJ 1000MCG.....	75	<i>taztia xt cap 180mg/24</i>	46
SYNAREL SOL 2MG/ML	82	<i>taztia xt cap 240mg/24</i>	46
SYNERA DIS 70-70MG	128	<i>taztia xt cap 300mg/24</i>	46
SYNRIBO INJ 3.5MG	33	<i>taztia xt cap 360mg/24</i>	46
SYNTHROID TAB 100MCG.....	93	TECFIDERA CAP 120MG.....	71
SYNTHROID TAB 112MCG.....	93	TECFIDERA CAP 240MG.....	71
SYNTHROID TAB 125MCG.....	93	TECFIDERA MIS STARTER.....	71
SYNTHROID TAB 137MCG.....	93	TECHNIVIE TAB.....	23
SYNTHROID TAB 150MCG.....	93	TEFLARO INJ 400MG	21
SYNTHROID TAB 175MCG.....	93	TEFLARO INJ 600MG	21
SYNTHROID TAB 200MCG.....	93	TEKTURNA TAB 150MG.....	47
SYNTHROID TAB 25MCG	93	TEKTURNA TAB 300MG.....	47
SYNTHROID TAB 300MCG.....	93	<i>telmisartan tab 20 mg.....</i>	38
SYNTHROID TAB 50MCG	93	<i>telmisartan tab 40 mg.....</i>	38
SYNTHROID TAB 75MCG	93	<i>telmisartan tab 80 mg.....</i>	38
SYNTHROID TAB 88MCG	93	<i>telmisartan-amlodipine tab 40-10 mg. 37</i>	
SYPRINE CAP 250MG	79	<i>telmisartan-amlodipine tab 40-5 mg... 37</i>	
T		<i>telmisartan-amlodipine tab 80-10 mg. 38</i>	
TABLOID TAB 40MG.....	28	<i>telmisartan-amlodipine tab 80-5 mg... 38</i>	
TACLONEX SUS.....	127	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	38
<i>tacrolimus cap 0.5 mg</i>	106	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	38
<i>tacrolimus cap 1 mg</i>	106	<i>telmisartan-hydrochlorothiazide tab 80-25 mg.....</i>	38
<i>tacrolimus cap 5 mg</i>	106	<i>temazepam cap 15 mg</i>	68
<i>tacrolimus oint 0.03%.....</i>	128	<i>temazepam cap 22.5 mg</i>	68
<i>tacrolimus oint 0.1%</i>	128	<i>temazepam cap 30 mg</i>	68
TAFINLAR CAP 50MG	32	<i>temazepam cap 7.5 mg</i>	68
TAFINLAR CAP 75MG	32	TEMODAR INJ 100MG.....	27
TAMIFLU SUS 6MG/ML	19	<i>temozolomide cap 100 mg</i>	27
<i>tamoxifen citrate tab 10 mg (base equivalent).....</i>	31	<i>temozolomide cap 140 mg</i>	27
<i>tamoxifen citrate tab 20 mg (base equivalent).....</i>	31	<i>temozolomide cap 180 mg</i>	27
<i>tamsulosin hcl cap 0.4 mg</i>	100	<i>temozolomide cap 20 mg.....</i>	27
TANZEUM INJ 30MG	76	<i>temozolomide cap 250 mg</i>	27
TANZEUM INJ 50MG	76	<i>temozolomide cap 5 mg</i>	27
TARCEVA TAB 100MG	32	<i>tencon tab 50-325mg.....</i>	1
TARCEVA TAB 150MG	32	TENIPOSIDE INJ 50MG/5ML	34
TARCEVA TAB 25MG	32	TENIVAC INJ 5-2LF	108
TARGRETIN GEL 1%	128	<i>terazosin hcl cap 1 mg</i>	36
TAYTULLA CAP	82	<i>terazosin hcl cap 10 mg.....</i>	36
<i>tazarotene cream 0.1%.....</i>	125	<i>terazosin hcl cap 2 mg</i>	36
<i>tazicef inj 1gm.....</i>	21	<i>terazosin hcl cap 5 mg</i>	36
<i>tazicef inj 2gm.....</i>	21		

<i>terbinafine hcl tab 250 mg</i>	15	THYROLAR-1/2 TAB 30MG	93
<i>terbutaline sulfate inj 1 mg/ml</i>	119	THYROLAR-1/4 TAB 15MG	93
<i>terbutaline sulfate tab 2.5 mg</i>	119	THYROLAR-2 TAB 120MG.....	93
<i>terbutaline sulfate tab 5 mg</i>	119	THYROLAR-3 TAB 180MG.....	93
<i>terconazole vaginal cream 0.4%</i>	101	<i>tiagabine hcl tab 2 mg</i>	54
<i>terconazole vaginal suppos 80 mg</i>	101	<i>tiagabine hcl tab 4 mg</i>	54
<i>testosterone cypionate im inj in oil 100</i>		TICE BCG INJ.....	33
<i>mg/ml</i>	74	<i>tilia fe tab</i>	82
<i>testosterone cypionate im inj in oil 200</i>		<i>timolol maleate ophth gel forming soln</i>	
<i>mg/ml</i>	74	<i>0.25%</i>	115
<i>testosterone enanthate im inj in oil 200</i>		<i>timolol maleate ophth gel forming soln</i>	
<i>mg/ml</i>	74	<i>0.5%</i>	115
<i>testosterone td gel 10mg/act (2%)</i>	74	<i>timolol maleate ophth soln 0.25%</i>	115
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	74	<i>timolol maleate ophth soln 0.5%</i>	115
TET/DIP TOX INJ 2-2 LF	108	<i>timolol maleate tab 10 mg</i>	44
<i>tetrabenazine tab 12.5 mg</i>	71	<i>timolol maleate tab 20 mg</i>	44
<i>tetrabenazine tab 25 mg</i>	71	<i>timolol maleate tab 5 mg</i>	43
<i>tetracycline hcl cap 250 mg</i>	26	TIMOPTIC OCU SOL 0.25% OP	115
<i>tetracycline hcl cap 500 mg</i>	26	TIMOPTIC OCU SOL 0.5% OP	115
TEXACORT SOL 2.5%.....	127	<i>tinidazole tab 250 mg</i>	12
<i>tgq 50pse/3 syp brm/30dm</i>	119	<i>tinidazole tab 500 mg</i>	12
THALOMID CAP 100MG	105	<i>tis-u-sol sol</i>	116
THALOMID CAP 150MG	105	TIVICAY TAB 10MG	16
THALOMID CAP 200MG	105	TIVICAY TAB 25MG	17
THALOMID CAP 50MG	105	TIVICAY TAB 50MG	17
THEO-24 CAP 100MG CR	121	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	
THEO-24 CAP 200MG CR	121	.....	73
THEO-24 CAP 300MG CR	121	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	
THEO-24 CAP 400MG ER	121	.....	73
<i>theochron tab 100mg cr</i>	121	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	
<i>theochron tab 200mg cr</i>	121	.....	73
<i>theochron tab 300mg cr</i>	121	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>theophylline soln 80 mg/15ml</i>	121	.....	73
<i>theophylline tab er 12hr 450 mg</i>	121	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
<i>theophylline tab er 24hr 400 mg</i>	121	.....	73
<i>theophylline tab er 24hr 600 mg</i>	121	TOBRA/NAACL INJ 80/0.9.....	12
THERACYS INJ	33	TOBRADEX OIN 0.3-0.1%.....	113
<i>thioridazine hcl tab 10 mg</i>	65	<i>tobramycin nebu soln 300 mg/5ml</i>	12
<i>thioridazine hcl tab 100 mg</i>	65	<i>tobramycin ophth soln 0.3%</i>	114
<i>thioridazine hcl tab 25 mg</i>	65	<i>tobramycin sulfate for inj 1.2 gm</i>	12
<i>thioridazine hcl tab 50 mg</i>	65	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
<i>thiothixene cap 1 mg</i>	65	<i>mg/ml) (base equiv)</i>	12
<i>thiothixene cap 10 mg</i>	65	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
<i>thiothixene cap 2 mg</i>	65	<i>equivalent)</i>	12
<i>thiothixene cap 5 mg</i>	65	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
<i>thrive gum 4mg mint</i>	74	<i>mg/ml) (base equiv)</i>	12
THYMOGLOBULN INJ 25MG.....	106	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
THYROLAR-1 TAB 60MG	93	<i>mg/ml) (base equiv)</i>	12

<i>tobramycin-dexamethasone ophth susp</i>	<i>mg</i>	35
<i>0.3-0.1%</i>	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
TOBEX OIN 0.3% OP.....	<i>(100 mg/ml)</i>	103
TODAY SPONGE MIS	<i>tranexamic acid tab 650 mg</i>	103
<i>tolcapone tab 100 mg</i>	TRANSDERM-SC DIS 1.5MG	96
<i>tolmetin sodium cap 400 mg</i>	<i>tranylcypramine sulfate tab 10 mg</i>	60
<i>tolmetin sodium tab 200 mg</i>	TRAVATAN Z DRO 0.004%	115
<i>tolmetin sodium tab 600 mg</i>	<i>trazodone hcl tab 100 mg</i>	60
<i>tolterodine tartrate cap er 24hr 2 mg</i>	<i>trazodone hcl tab 150 mg</i>	60
<i>100</i>	<i>trazodone hcl tab 300 mg</i>	60
<i>tolterodine tartrate cap er 24hr 4 mg</i>	<i>trazodone hcl tab 50 mg</i>	60
<i>100</i>	TRECTOR TAB 250MG.....	18
<i>tolterodine tartrate tab 1 mg</i>	TRELSTAR INJ 11.25MG.....	31
<i>100</i>	TRELSTAR MIX INJ 22.5MG	31
<i>tolterodine tartrate tab 2 mg</i>	TRELSTAR MIX INJ 3.75MG	31
<i>100</i>	TRESIBA FLEX INJ 100UNIT	76
<i>topiramate sprinkle cap 15 mg</i>	TRESIBA FLEX INJ 200UNIT	76
<i>54</i>	<i>tretinoin cap 10 mg</i>	33
<i>topiramate sprinkle cap 25 mg</i>	<i>tretinoin cream 0.025%</i>	123
<i>54</i>	<i>tretinoin cream 0.05%</i>	123
<i>topiramate tab 100 mg</i>	<i>tretinoin cream 0.1%</i>	123
<i>54</i>	<i>tretinoin gel 0.01%</i>	123
<i>topiramate tab 200 mg</i>	<i>tretinoin gel 0.025%</i>	123
<i>54</i>	<i>tretinoin gel 0.05%</i>	123
<i>topiramate tab 25 mg</i>	<i>tretinoin microsphere gel 0.04%</i>	123
<i>54</i>	<i>tretinoin microsphere gel 0.1%</i>	123
<i>topiramate tab 50 mg</i>	TRETIN-X CRE 0.0375%	123
<i>54</i>	TRETIN-X CRE 0.075%.....	123
<i>toposar inj 100/5ml</i>	TREXALL TAB 10MG	105
<i>34</i>	TREXALL TAB 15MG	105
<i>toposar inj 20mg/ml</i>	TREXALL TAB 5MG.....	105
<i>34</i>	TREXALL TAB 7.5MG	105
<i>topotecan hcl for inj 4 mg</i>	<i>triamcinolone acetone aerosol soln</i>	
TOPOTECAN INJ 4MG/4ML	<i>0.147 mg/gm</i>	127
34	<i>triamcinolone acetone cream 0.025%</i>	
TORISEL SOL 25MG/ML.....	.....	127
30	<i>triamcinolone acetone cream 0.1%</i>	127
TORSEMIDE INJ 20MG/2ML.....	<i>triamcinolone acetone cream 0.5%</i>	127
48	<i>triamcinolone acetone dental paste</i>	
TORSEMIDE INJ 50MG/5ML.....	<i>0.1%</i>	129
48	<i>triamcinolone acetone lotion 0.025%</i>	
<i>toremide tab 10 mg</i> .....	.....	128
<i>48</i>	<i>triamcinolone acetone lotion 0.1%</i>	127
<i>toremide tab 100 mg</i>	<i>triamcinolone acetone nasal aerosol</i>	
<i>48</i>	<i>suspension 55 mcg/act</i>	120
<i>toremide tab 20 mg</i>	<i>triamcinolone acetone oint 0.025%</i>	128
<i>48</i>	<i>triamcinolone acetone oint 0.1%</i>	128
<i>toremide tab 5 mg</i>	<i>triamcinolone acetone oint 0.5%</i>	128
<i>48</i>		
TOVIAZ TAB 4MG		
100		
TOVIAZ TAB 8MG		
100		
TRACLEER TAB 125MG		
50		
TRACLEER TAB 62.5MG		
50		
TRADJENTA TAB 5MG.....		
75		
<i>tramadol hcl tab 50 mg</i>		
<i>10</i>		
<i>tramadol hcl tab er 24hr 100 mg</i>		
<i>10</i>		
<i>tramadol hcl tab er 24hr 200 mg</i>		
<i>10</i>		
<i>tramadol hcl tab er 24hr 300 mg</i>		
<i>10</i>		
<i>trandolapril tab 1 mg</i>		
<i>36</i>		
<i>trandolapril tab 2 mg</i>		
<i>36</i>		
<i>trandolapril tab 4 mg</i>		
<i>36</i>		
<i>trandolapril-verapamil hcl tab er 1-240</i>		
<i>mg</i>		
<i>35</i>		
<i>trandolapril-verapamil hcl tab er 2-180</i>		
<i>mg</i>		
<i>35</i>		
<i>trandolapril-verapamil hcl tab er 2-240</i>		
<i>mg</i>		
<i>35</i>		
<i>trandolapril-verapamil hcl tab er 4-240</i>		

<i>triamterene & hydrochlorothiazide cap</i>		TRUVADA TAB 167-250	17
<i>37.5-25 mg</i>	48	TRUVADA TAB 200-300	17
<i>triamterene & hydrochlorothiazide cap</i>		TUDORZA PRES AER 400/ACT	116
<i>50-25 mg</i>	48	<i>tussigon tab 5-1.5mg</i>	119
<i>triamterene & hydrochlorothiazide tab</i>		TUZISTRA XR SUS	119
<i>37.5-25 mg</i>	48	TWINRIX INJ.....	108
<i>triamterene & hydrochlorothiazide tab</i>		TYBOST TAB 150MG.....	17
<i>75-50 mg</i>	48	TYGACIL INJ 50MG	14
TRIANEX OIN 0.05%.....	128	TYKERB TAB 250MG.....	32
<i>triderm cre 0.1%</i>	128	TYSABRI INJ 300/15ML	71
<i>trifluoperazine hcl tab 1 mg (base</i>		TYVASO START SOL 0.6MG/ML.....	50
<i>equivalent)</i>	65	TYZINE PED DRO 0.05%.....	120
<i>trifluoperazine hcl tab 10 mg (base</i>		TYZINE SOL 0.1%	120
<i>equivalent)</i>	65	U	
<i>trifluoperazine hcl tab 2 mg (base</i>		ULESFIA LOT 5%.....	129
<i>equivalent)</i>	65	ULORIC TAB 40MG.....	1
<i>trifluoperazine hcl tab 5 mg (base</i>		ULORIC TAB 80MG.....	1
<i>equivalent)</i>	65	<i>unithroid tab 100mcg</i>	93
<i>trifluridine ophth soln 1%</i>	114	<i>unithroid tab 112mcg</i>	93
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	62	<i>unithroid tab 125mcg</i>	93
<i>trihexyphenidyl hcl tab 2 mg</i>	62	<i>unithroid tab 200mcg</i>	93
<i>trihexyphenidyl hcl tab 5 mg</i>	62	<i>unithroid tab 25mcg</i>	93
<i>tri-linyah tab</i>	82	<i>unithroid tab 300mcg</i>	93
<i>trimethobenzamide hcl cap 300 mg</i>	96	<i>unithroid tab 50mcg</i>	93
<i>trimethobenzamide hcl inj 100 mg/ml</i> .	96	<i>unithroid tab 75mcg</i>	93
<i>trimethoprim tab 100 mg</i>	14	<i>unithroid tab 88mcg</i>	93
<i>trimipramine maleate cap 100 mg</i>	60	<i>univert tab 32mg</i>	96
<i>trimipramine maleate cap 25 mg</i>	60	UPTRAVI TAB 1000MCG.....	50
<i>trimipramine maleate cap 50 mg</i>	60	UPTRAVI TAB 1200MCG.....	50
<i>trinessa tab</i>	82	UPTRAVI TAB 1400MCG.....	50
TRIPEDIA SUS P/F	108	UPTRAVI TAB 1600MCG.....	50
<i>tri-previfem tab</i>	82	UPTRAVI TAB 200/800	50
TRISENOX SOL 10MG/10M	33	UPTRAVI TAB 200MCG	50
<i>tri-sprintec tab</i>	82	UPTRAVI TAB 400MCG	50
TRIUMEQ TAB	17	UPTRAVI TAB 600MCG	50
<i>tri-vit/fe dro /fl 0.25</i>	113	UPTRAVI TAB 800MCG	50
<i>tri-vit/fl dro 0.25mg</i>	113	URINE TEST STRIPS.....	109
<i>tri-vit/fl dro 0.5mg</i>	113	<i>ursodiol cap 300 mg</i>	98
<i>trivora-28 tab</i>	82	<i>ursodiol tab 250 mg</i>	98
<i>tropicamide ophth soln 0.5%</i>	116	<i>ursodiol tab 500 mg</i>	98
<i>tropicamide ophth soln 1%</i>	116	UVADEX INJ 20MCG/ML.....	33
<i>trospium chloride cap er 24hr 60 mg</i> .	100	V	
<i>trospium chloride tab 20 mg</i>	100	<i>valacyclovir hcl tab 1 gm</i>	19
TRULICITY INJ 0.75/0.5	76	<i>valacyclovir hcl tab 500 mg</i>	19
TRULICITY INJ 1.5/0.5	76	<i>valganciclovir hcl for soln 50 mg/ml</i>	
TRUMENBA INJ	108	<i>(base equiv)</i>	19
TRUVADA TAB 100-150	17	<i>valganciclovir hcl tab 450 mg (base</i>	
TRUVADA TAB 133-200	17	<i>equivalent)</i>	19

<i>valproate sodium inj 100 mg/ml</i>	54	<i>venlafaxine hcl tab 37.5 mg</i>	60
<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	54	<i>venlafaxine hcl tab 50 mg</i>	60
<i>valproic acid cap 250 mg</i>	54	<i>venlafaxine hcl tab 75 mg</i>	60
<i>valsartan tab 160 mg</i>	38	<i>venlafaxine hcl tab er 24hr 150 mg (base</i> <i>equivalent)</i>	60
<i>valsartan tab 320 mg</i>	38	<i>venlafaxine hcl tab er 24hr 37.5 mg</i> <i>(base equivalent)</i>	60
<i>valsartan tab 40 mg</i>	38	<i>venlafaxine hcl tab er 24hr 75 mg (base</i> <i>equivalent)</i>	60
<i>valsartan tab 80 mg</i>	38	VENTAVIS SOL 10MCG/ML.....	50
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	38	VENTAVIS SOL 20MCG/ML.....	50
<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	38	<i>verapamil hcl cap er 24hr 100 mg</i>	46
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	38	<i>verapamil hcl cap er 24hr 120 mg</i>	46
<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	38	<i>verapamil hcl cap er 24hr 180 mg</i>	46
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	38	<i>verapamil hcl cap er 24hr 200 mg</i>	46
<i>vancomycin hcl cap 125 mg</i>	14	<i>verapamil hcl cap er 24hr 240 mg</i>	46
<i>vancomycin hcl cap 250 mg</i>	14	<i>verapamil hcl cap er 24hr 300 mg</i>	46
<i>vancomycin hcl for inj 10 gm</i>	14	<i>verapamil hcl cap er 24hr 360 mg</i>	46
<i>vancomycin hcl for inj 1000 mg</i>	14	<i>verapamil hcl iv soln 2.5 mg/ml</i>	46
<i>vancomycin hcl for inj 500 mg</i>	14	<i>verapamil hcl tab 120 mg</i>	46
<i>vancomycin hcl for inj 5000 mg</i>	14	<i>verapamil hcl tab 40 mg</i>	46
<i>vancomycin hcl for inj 750 mg</i>	14	<i>verapamil hcl tab 80 mg</i>	46
<i>vandazole gel 0.75%</i>	101	<i>verapamil hcl tab er 120 mg</i>	46
VAQTA INJ 25/0.5ML	108	<i>verapamil hcl tab er 180 mg</i>	46
VAQTA INJ 50UNT/ML	108	<i>verapamil hcl tab er 240 mg</i>	46
VARIVAX INJ	108	VERDESO AER 0.05%.....	128
VARUBI TAB 90MG	96	VEREGEN OIN 15%.....	128
VASCEPA CAP 0.5GM	42	VESICARE TAB 10MG	100
VASCEPA CAP 1GM	42	VESICARE TAB 5MG	100
VCF VAGINAL AER CONTRACP	100	<i>vestura tab 3-0.02mg</i>	82
VCF VAGINAL MIS CONTRACP	100	VEXOL SUS 1% OP	114
<i>velivet pak</i>	82	VIBATIV INJ 250MG	12
VELPHORO CHW 500MG	92	VIBATIV INJ 750MG	12
VENCLEXTA TAB 100MG	34	VIBRAMYCIN SYP 50MG/5ML.....	26
VENCLEXTA TAB 10MG.....	34	<i>vicodin es tab 7.5-300</i>	10
VENCLEXTA TAB 50MG.....	34	<i>vicodin hp tab 10-300mg</i>	10
VENCLEXTA TAB START PK	34	<i>vicodin tab 5-300mg</i>	10
<i>venlafaxine hcl cap er 24hr 150 mg</i> <i>(base equivalent)</i>	60	VICTOZA INJ 18MG/3ML.....	76
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> <i>(base equivalent)</i>	60	VIDEX SOL 2GM	17
<i>venlafaxine hcl cap er 24hr 75 mg (base</i> <i>equivalent)</i>	60	VIDEX SOL 4GM	17
<i>venlafaxine hcl tab 100 mg</i>	60	VIEKIRA PAK TAB	23
<i>venlafaxine hcl tab 25 mg</i>	60	<i>vigabatrin powd pack 500 mg</i>	54
		VIGAMOX DRO 0.5%.....	114
		VIIBRYD KIT	60
		VIIBRYD KIT STARTER	61
		VIIBRYD TAB 10MG	61
		VIIBRYD TAB 20MG	61
		VIIBRYD TAB 40MG	61

VIMPAT INJ 200MG/20	54	VYVANSE CHW 40MG	68
VIMPAT SOL 10MG/ML	54	VYVANSE CHW 50MG	68
VIMPAT TAB 100MG	54	VYVANSE CHW 60MG	68
VIMPAT TAB 150MG	54	W	
VIMPAT TAB 200MG	55	<i>warfarin sodium tab 1 mg</i>	102
VIMPAT TAB 50MG	54	<i>warfarin sodium tab 10 mg</i>	102
VINBLASTINE INJ 10MG	29	<i>warfarin sodium tab 2 mg</i>	102
<i>vinblastine sulfate inj 1 mg/ml</i>	29	<i>warfarin sodium tab 2.5 mg</i>	102
<i>vincasar pfs inj 1mg/ml</i>	29	<i>warfarin sodium tab 3 mg</i>	102
<i>vincristine sulfate iv soln 1 mg/ml</i>	29	<i>warfarin sodium tab 4 mg</i>	102
<i>vinorelbine tartrate inj 10 mg/ml (base</i>		<i>warfarin sodium tab 5 mg</i>	102
<i>equiv)</i>	29	<i>warfarin sodium tab 6 mg</i>	102
<i>vinorelbine tartrate inj 50 mg/5ml (10</i>		<i>warfarin sodium tab 7.5 mg</i>	102
<i>mg/ml) (base equiv)</i>	29	WELCHOL PAK 3.75GM	40
VIOKACE TAB	98	WELCHOL TAB 625MG	40
VIOKACE TAB 20880	98	<i>wera tab 0.5/35</i>	82
<i>viorele tab</i>	82	WIDE-SEAL DPR KIT 60	109
VIRACEPT TAB 250MG	17	WIDE-SEAL DPR KIT 65	109
VIRACEPT TAB 625MG	17	WIDE-SEAL DPR KIT 70	109
VIRAMUNE SUS 50MG/5ML	17	WIDE-SEAL DPR KIT 75	109
VIREAD POW 40MG/GM	17	WIDE-SEAL DPR KIT 80	109
VIREAD TAB 150MG	17	WIDE-SEAL DPR KIT 85	109
VIREAD TAB 200MG	17	WIDE-SEAL DPR KIT 90	109
VIREAD TAB 250MG	17	WIDE-SEAL DPR KIT 95	109
VIREAD TAB 300MG	17	X	
VISTOGARD PAK 10GM	33	XALKORI CAP 200MG	32
<i>vit a/c/d/fl dro 0.25mg</i>	113	XALKORI CAP 250MG	32
VITAMIN D2 TAB 400UNIT	113	XARELTO STAR TAB 15/20MG	102
VITAMIN D3 LIQ 1000UNIT	113	XARELTO TAB 10MG	102
VITAMIN D3 LIQ 1200UNIT	113	XARELTO TAB 15MG	102
VITEKTA TAB 150MG	17	XARELTO TAB 20MG	102
VITEKTA TAB 85MG	17	XARTEMIS XR TAB 7.5-325	10
VIVITROL INJ 380MG	74	XELJANZ TAB 5MG	104
<i>voriconazole for susp 40 mg/ml</i>	15	XEOMIN INJ 100UNIT	73
<i>voriconazole tab 200 mg</i>	15	XEOMIN INJ 200UNIT	73
<i>voriconazole tab 50 mg</i>	15	XEOMIN INJ 50 UNIT	73
VOTRIENT TAB 200MG	32	XGEVA INJ	91
VPRIV INJ 400UNIT	83	XIFAXAN TAB 200MG	14
VYVANSE CAP 10MG	68	XIFAXAN TAB 550MG	14
VYVANSE CAP 20MG	68	XIGDUO XR TAB 10-1000	77
VYVANSE CAP 30MG	68	XIGDUO XR TAB 10-500MG	77
VYVANSE CAP 40MG	68	XIGDUO XR TAB 5-1000MG	77
VYVANSE CAP 50MG	68	XIGDUO XR TAB 5-500MG	77
VYVANSE CAP 60MG	68	XOLEGEL GEL 2%	125
VYVANSE CAP 70MG	68	<i>xulane dis 150-35</i>	82
VYVANSE CHW 10MG	68	<i>xylon tab 10-200mg</i>	10
VYVANSE CHW 20MG	68	XYREM SOL 500MG/ML	73
VYVANSE CHW 30MG	68		

Y	
YERVOY INJ 200MG	30
YERVOY INJ 50MG	30
yuvafem tab 10mcg	87
Z	
zafirlukast tab 10 mg	120
zafirlukast tab 20 mg	120
zaleplon cap 10 mg	69
zaleplon cap 5 mg	68
ZALTRAP INJ 100/4ML	30
ZALTRAP INJ 200/8ML	30
ZANOSAR INJ 1GM	27
ZANTAC INJ 50/50ML.....	97
ZANTAC TAB 25MG EF	97
zarah tab 3-0.03mg.....	82
ZARXIO INJ 300/0.5	103
ZARXIO INJ 480/0.8	103
ZAVESCA CAP 100MG	83
zazole cre 0.4%	101
zazole cre 0.8%	101
zazole sup 80mg	101
ZEJULA CAP 100MG	30
ZELAPAR TAB 1.25MG.....	62
ZELBORAF TAB 240MG.....	32
ZEMAIRA INJ 1000MG.....	120
zenchent fe chw 0.4mg-35	82
zenchent tab	82
ZENPEP CAP 10000UNT	99
ZENPEP CAP 15000UNT	99
ZENPEP CAP 20000UNT	99
ZENPEP CAP 25000UNT	99
ZENPEP CAP 3000UNIT	98
ZENPEP CAP 40000UNT	99
ZENPEP CAP 5000UNIT	99
zenzedi tab 15mg.....	68
zenzedi tab 2.5mg.....	68
zenzedi tab 20mg.....	68
zenzedi tab 30mg.....	68
zenzedi tab 7.5mg.....	68
ZERIT SOL 1MG/ML	17
ZIAGEN SOL 20MG/ML	17
ZIANA GEL	123
zidovudine cap 100 mg	17
zidovudine syrup 10 mg/ml	17
zidovudine tab 300 mg.....	17
zileuton tab er 12hr 600 mg	119
ZINACEF INJ 750MG	21
ZINACEF/H2O INJ 1.5GM PB.....	21
ZIOPTAN DRO 0.0015%	115
ziprasidone hcl cap 20 mg	65
ziprasidone hcl cap 40 mg	65
ziprasidone hcl cap 60 mg	65
ziprasidone hcl cap 80 mg	65
ZIRGAN GEL 0.15%	114
ZMAX SUS 2GM.....	22
zoledronic acid inj conc for iv infusion 4 mg/5ml.....	79
zoledronic acid iv soln 5 mg/100ml	79
ZOLEDRONIC INJ 4MG/100	79
ZOLINZA CAP 100MG	30
zolmitriptan orally disintegrating tab 2.5 mg	70
zolmitriptan orally disintegrating tab 5 mg	70
zolmitriptan tab 2.5 mg.....	70
zolmitriptan tab 5 mg.....	70
zolpidem tartrate tab 10 mg.....	69
zolpidem tartrate tab 5 mg	69
zolpidem tartrate tab er 12.5 mg	69
zolpidem tartrate tab er 6.25 mg	69
ZOMETA INJ 4MG/100	79
ZOMIG SPR 2.5MG.....	70
ZOMIG SPR 5MG	70
zonisamide cap 100 mg.....	55
zonisamide cap 25 mg.....	55
zonisamide cap 50 mg.....	55
ZONTIVITY TAB 2.08MG	104
ZORBTIVE INJ 8.8MG	90
ZORTRESS TAB 0.25MG	106
ZORTRESS TAB 0.5MG	106
ZORTRESS TAB 0.75MG	106
ZOSTAVAX INJ.....	108
ZOSYN SOL 2-0.25GM.....	25
ZOSYN SOL 3-0.375G	25
ZOSYN SOL 4-0.50GM.....	25
zovia 1/35e tab.....	82
zovia 1/50e tab.....	82
ZUPLENZ MIS 4MG	96
ZUPLENZ MIS 8MG	96
ZYCLARA CRE 3.75%	124
ZYCLARA PUMP CRE 2.5%	124
ZYDELIG TAB 100MG	32
ZYDELIG TAB 150MG	32
ZYKADIA CAP 150MG	32
ZYTIGA TAB 250MG	31
ZYTIGA TAB 500MG	31

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجي الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸዎት፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸዎት። ከአስተርጓሚ ጋር አብዝሎ ለመታወቁያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ချေးချက် ပြုသဖြင့် သင်၏ အသက်ကြို ကြိုကြက်ပေါ်ရှိ အသက်ကြို ကြို ဝက်ဇ် ငြိမ်မူဝက်ပုံနှိပ်သည့် ဝေ့စီနီ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder-Service Nummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે [એસબીએમ ક યેકમન i ન મ મ કો] વિશે પ્રશ્નો હોય તો તમને મદદ અને મ હહતી મેળિનો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ પ મ i પ્ર પત કરી શક ર છે. દ ભ વપરો તિ કરિ મ ટે,કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます (無償)。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstubleift met het Ledenservice nummer op uw lid ID -kaart.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, Зателефонуйте за номером обслуговування учасників, який вказано на вашому посвідченні учасника

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên. Vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religion affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religion affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religion affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



[CareSource.com/marketplace](https://www.caresource.com/marketplace)