



MARKETPLACE PLAN

Preferred Drug List

CareSource is a Qualified
Health Plan issuer on the

INTRODUCTION

We are pleased to provide the 2018 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](https://www.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 deductibles, copays and/or coinsurance. 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 up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers (such as Federal Simple Choice plans), anything shown in this document as a tier 5 drug will process under the tier 4 price structure. 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. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

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 a 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.

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.

Therapy with opioid analgesics may have quantity limits based on drug makers’ recommended dosing frequencies and/or state regulations. For specific opioid analgesic therapy requirements for your plan, please do the following.

- Providers - visit the Pharmacy page. The information is listed under Quantity Limits.
- Members - visit the Pharmacy page, then click on Preferred Drug List. The information is listed under Quantity Limits.

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.

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 under your medical benefit. 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.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on CareSource.com Health Partner Policies page.

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/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

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

metformin

Glucophage

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

metformin ext-rel

Glucophage XR

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

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](https://www.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 12/01/2018

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
GOUT		
<i>allopurinol sodium for inj 500 mg</i>	1	
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	3	ST; PA**
ULORIC TAB 80MG	3	ST; PA**
NON-OPIOID ANALGESICS§		
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>tencon tab 50-325mg</i>	1	QL (48 tabs / 25 days)
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	
NSAIDS§		
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
FENORTHO CAP 200MG	3	
<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 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	
NAPRELAN TAB 750MG CR	3	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium tab 600 mg</i>	1	
OPIOID AGONIST/ANTAGONISTS		
<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)
ZUBSOLV SUB 0.7-0.18	2	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 units / 25 days)
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 25 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 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 / 25 days), ST; Subject to initial 7-day limit
<i>codeine sulfate tab 15 mg</i>	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
<i>codeine sulfate tab 60 mg</i>	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 20-0.8MG	3	QL (60 caps / 25 days), ST
EMBEDA CAP 30-1.2MG	3	QL (60 caps / 25 days), ST
EMBEDA CAP 50-2MG	3	QL (30 caps / 25 days), ST
EMBEDA CAP 60-2.4MG	3	QL (30 caps / 25 days), ST
EMBEDA CAP 80-3.2MG	3	QL (30 caps / 25 days), ST
EMBEDA CAP 100-4MG	3	PA, ST; High Strength Requires PA
<i>endocet tab 2.5-325</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>endocet tab 7.5-325</i>	1	QL (240 tabs / 25 days), ST; Subject to initial 7- day limit
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<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 / 25 days), ST
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches / 25 days), ST
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, ST; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, ST; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, ST; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
HYDROMORPHON SUP 3MG	3	QL (120 suppositories / 25 days), ST; Subject to initial 7-day limit
<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 / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	1	
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	1	QL (150 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	QL (30 tabs / 25 days), ST
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	QL (30 tabs / 25 days), ST
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	QL (30 tabs / 25 days), ST
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	PA, ST; High Strength Requires PA
HYSINGLA ER TAB 20 MG	2	QL (30 tabs / 25 days), ST

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 30 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 40 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 60 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 80 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 100 MG	2	PA, ST; High Strength Requires PA
HYSINGLA ER TAB 120 MG	2	PA, ST; High Strength Requires PA
<i>levorphanol tartrate tab 2 mg</i>	1	QL (120 tabs / 25 days), ST; Subject to initial 7- day limit
<i>loratab tab 10-325mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>methadone con 10mg/ml</i>	1	QL (60 mL / 25 days), ST; (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl inj 10 mg/ml</i>	1	QL (20 ml / 25 days), ST
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (450 ml / 25 days), ST
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (300 mL / 25 days), ST
<i>methadone hcl tab 5 mg</i>	1	QL (90 tabs / 25 days), ST
<i>methadone hcl tab 10 mg</i>	1	QL (60 tabs / 25 days), ST
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 25 days)
<i>methadose tab 40mg</i>	1	QL (9 tabs / 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 (90 supp / 25 days), ST; Subject to initial 7- day limit
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	QL (30 caps / 25 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL (60 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL (60 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL (60 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate inj 8 mg/ml</i>	1	
<i>morphine sulfate inj 10 mg/ml</i>	1	
<i>morphine sulfate inj pf 0.5 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 / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (675 mL / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 1 mg/ml)</i>	1	QL (135 mL / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supp / 25 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	1	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tabs / 25 days), ST
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tabs / 25 days), ST
<i>morphine sulfate tab er 60 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	PA, ST; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
NUCYNTA ER TAB 50MG	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 100MG	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 150MG	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 200MG	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 250MG	2	PA, ST; High Strength Requires PA
NUCYNTA TAB 50MG	2	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA TAB 75MG	2	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA TAB 100MG	2	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (90 mL / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 ml / 25 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 15 mg</i>	1	QL (120 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 20 mg</i>	1	QL (90 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 30 mg</i>	1	QL (60 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 ml / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs / 25 days), ST; Subject to initial 7- day limit
OXYCONTIN TAB 10MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 15MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 20MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 30MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 40MG CR	2	PA, ST; High Strength Requires PA
OXYCONTIN TAB 60MG CR	2	PA, ST; High Strength Requires PA
OXYCONTIN TAB 80MG CR	2	PA, ST; High Strength Requires PA
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxymorphone hcl tab 10 mg</i>	1	QL (90 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA, ST; High Strength Requires PA
PRIMLEV TAB 5-300MG	3	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
PRIMLEV TAB 7.5-300	3	QL (240 tabs / 25 days), ST; Subject to initial 7- day limit
PRIMLEV TAB 10-300MG	3	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (30 tabs / 25 days), ST
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, ST; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, ST; High Strength Requires PA
XARTEMIS XR TAB 7.5-325	3	QL (120 tabs / 25 days)
<i>xylon tab 10-200mg</i>	1	QL (50 tabs / 25 days), ST; Subject to initial 7- day limit

OPIOID PARTIAL AGONISTS§

BELBUCA MIS 75MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 150MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 300MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 450MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 600MCG	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	PA, ST; High Strength Requires Prior Auth
<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); Must obtain approval after the initial fill
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs / 25 days); Must obtain approval after the initial fill

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>diflunisal tab 500 mg</i>	1	

ANESTHETICS

LOCAL ANESTHETICS

LIDO/DEXTROS INJ 5-7.5%	3	
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Drug Name	Drug Tier	Requirements/Limits
<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	
GENTAM/NACL INJ 0.9MG/ML	3	
GENTAM/NACL 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	
KETEK TAB 300MG	3	
KETEK TAB 400MG	3	
MONUROL PAK GRANULES	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	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	1	QL (280 mL / 28 days), 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tab 200 mg</i>	1	
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	
CAYSTON INH 75MG	4	QL (84 vials / 28 days), 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 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
PENTAM 300 INJ 300MG	3	
<i>polymyxin b sulfate for inj 500000 unit</i>	1	
<i>praziquantel tab 600 mg</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	
<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	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	
XIFAXAN TAB 200MG	2	
XIFAXAN TAB 550MG	2	PA

ANTIFUNGALS

<i>amphotericin b for inj 50 mg</i>	1	
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
CRESEMBA CAP 186 MG	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	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
LAMISIL GRA 125MG	3	PA
LAMISIL GRA 187.5MG	3	PA
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

Drug Name	Drug Tier	Requirements/Limits
<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	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	2	QL (120 caps / 30 days)
APTIVUS SOL	2	QL (285 mL / 28 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG	2	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	2	QL (180 caps / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	1	QL (30 caps / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz cap 200 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml / 28 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	4	QL (60 vials / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
INVIRASE CAP 200MG	2	QL (300 caps / 30 days)
INVIRASE TAB 500MG	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ml / 30 days)
<i>lamivudine tab 150 mg</i>	1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	1	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML	2	QL (1575 mL / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 tabs / 30 days)
NORVIR CAP 100MG	2	QL (360 caps / 30 days)
NORVIR POW 100MG	2	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML	2	QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML	2	QL (400 ml / 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 100 MG	3	QL (900 tabs / 30 days)
RESCRIPTOR TAB 200MG	3	QL (450 tabs / 30 days)
RETROVIR INJ 10MG/ML	2	
REYATAZ POW 50MG	2	QL (180 packets / 30 days)
<i>ritonavir tab 100 mg</i>	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML	2	QL (1840 mL / 30 days)
SELZENTRY TAB 25MG	2	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG	2	QL (120 tabs / 30 days)
<i>stavudine cap 15 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 tabs / 30 days)
TIVICAY TAB 10MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML	4	
TYBOST TAB 150MG	2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG	2	QL (30 caps / 30 days)
VIDEX SOL 2GM	2	QL (1200 ml / 30 days)
VIDEX SOL 4GM	2	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG	2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG	2	QL (120 tabs / 30 days)
VIRAMUNE SUS 50MG/5ML	2	QL (1200 mL / 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm / 30 days)
VIREAD TAB 150MG	2	QL (30 tabs / 30 days)
VIREAD TAB 200MG	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG	2	QL (30 tabs / 30 days)
ZERIT SOL 1MG/ML	2	QL (2400 ml / 30 days)
<i>zidovudine cap 100 mg</i>	1	QL (180 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ml / 30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 tabs / 30 days)
ATRIPLA TAB	2	QL (30 tabs / 30 days)
BIKTARVY TAB	2	QL (30 tabs / 30 days)
COMPLERA TAB	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	2	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (390 mL / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
STRIBILD TAB	2	QL (30 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	2	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS§		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 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	
COPEGUS TAB 200MG	4	PA
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
EPCLUSA TAB 400-100	4	QL (28 tabs / 28 days), 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	
HARVONI TAB 90-400MG	4	QL (28 tabs / 28 days), PA
<i>lamivudine tab 100 mg (hbv)</i>	1	
MODERIBA PAK 800/DAY	4	PA
MODERIBA PAK 1200/DAY	4	PA
<i>moderiba tab 200mg</i>	1	PA
MODERIBA TAB 600/DAY	4	PA
MODERIBA TAB 1000/DAY	4	PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (300 mL / 90 days)
PEGASYS INJ	4	QL (4 injections / 28 days), PA
PEGASYS INJ 180MCG/M	4	QL (4 injections / 28 days), PA
PEGASYS INJ PROCLICK	4	QL (4 injections / 28 days), PA
REBETOL CAP 200MG	4	PA
REBETOL SOL 40MG/ML	4	PA
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
RIBAPAK PAK 800/DAY	4	PA
RIBAPAK PAK 1200/DAY	4	PA

Drug Name	Drug Tier	Requirements/Limits
RIBAPAK TAB 600/DAY	4	PA
RIBAPAK TAB 1000/DAY	4	PA
<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
RIBATAB TAB 800/DAY	4	PA
RIBATAB TAB 1000/DAY	4	PA
RIBATAB TAB 1200/DAY	4	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	5	QL (28 tabs / 28 days), PA, ST
TECHNIVIE TAB	5	QL (56 tabs / 28 days), PA, ST
<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	
VOSEVI TAB	4	QL (28 tabs / 28 days), PA
ZEPATIER TAB 50-100MG	5	QL (28 tabs / 28 days), PA, ST

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR 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	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 20 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for iv soln 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	

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	
<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	
<i>cefotetan disodium for inj 1 gm</i>	1	
<i>cefotetan disodium for inj 2 gm</i>	1	
<i>cefotetan disodium for inj 10 gm</i>	1	
<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	
<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	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEFUROXIME INJ 75GM	3	
CEFUROXIME INJ 225GM	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
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	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
<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	
<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 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
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 mg1</i>		
<i>amoxicillin & k clavulanate tab 500-125 mg1</i>		
<i>amoxicillin & k clavulanate tab 875-125 mg1</i>		

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 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	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	1	
<i>nafcillin sodium for iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	1	
<i>nafcillin sodium for iv soln 10 gm</i>	1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	1	
<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 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	

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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>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

BICNU INJ 100MG	2	
<i>busulfan inj 6 mg/ml</i>	1	
<i>carmustine for inj 100 mg</i>	1	
<i>cyclophosphamide cap 25 mg</i>	1	
<i>cyclophosphamide cap 50 mg</i>	1	
<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>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	
<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	
TEMODAR INJ 100MG	4	PA
<i>temozolomide cap 5 mg</i>	4	PA
<i>temozolomide cap 20 mg</i>	4	PA
<i>temozolomide cap 100 mg</i>	4	PA
<i>temozolomide cap 140 mg</i>	4	PA
<i>temozolomide cap 180 mg</i>	4	PA
<i>temozolomide cap 250 mg</i>	4	PA

ANTHRACYCLINES

<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
DAUNOXOME INJ 2MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>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	
<i>azacitidine for inj 100 mg</i>	4	PA
<i>capecitabine tab 150 mg</i>	4	QL (120 tabs / 30 days), PA
<i>capecitabine tab 500 mg</i>	4	QL (300 tabs / 30 days), PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>clofarabine iv soln 1 mg/ml</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>	4	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 iv soln 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	
DOCEFREZ INJ 20MG	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 80MG/2ML	2	
DOCETAXEL INJ 140/7ML	2	
DOCETAXEL INJ 160/8ML	2	
DOCETAXEL INJ 200MG/20	2	
DOCETAXEL INJ NON-ALCO	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1	
<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		
<i>vinblastine sulfate inj 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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

CAMPATH INJ 30MG/ML	4	
ERBITUX INJ 100MG	4	PA
ERBITUX INJ 200MG	4	PA
ERIVEDGE CAP 150MG	4	QL (30 caps / 30 days), 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	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	4	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	4	QL (21 caps / 28 days), PA
KADCYLA INJ 100MG	4	PA
KADCYLA INJ 160MG	4	PA
KEYTRUDA INJ 100MG/4M	4	PA
KEYTRUDA SOL 50MG	4	PA
LYNPARZA CAP 50MG	4	QL (480 caps / 30 days), PA
LYNPARZA TAB 100MG	4	QL (180 tabs / 30 days), PA
LYNPARZA TAB 150MG	4	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	5	QL (224 caps / 28 days), PA
ZEJULA CAP 100MG	5	QL (90 caps / 30 days), PA
ZOLINZA CAP 100MG	4	QL (120 caps / 30 days), 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	

Drug Name	Drug Tier	Requirements/Limits
FARESTON TAB 60MG	2	
FASLODEX INJ 250/5ML	2	
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	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	
<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
XTANDI CAP 40MG	4	QL (120 caps / 30 days), PA
ZYTIGA TAB 250MG	4	QL (120 tabs / 30 days), PA
ZYTIGA TAB 500MG	4	QL (60 tabs / 30 days), PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	4	QL (60 tabs / 30 days), PA
AFINITOR DIS TAB 3MG	4	QL (90 tabs / 30 days), PA
AFINITOR DIS TAB 5MG	4	QL (60 tabs / 30 days), PA
AFINITOR TAB 2.5MG	4	QL (30 tabs / 30 days), PA
AFINITOR TAB 5MG	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
AFINITOR TAB 7.5MG	4	QL (30 tabs / 30 days), PA
AFINITOR TAB 10MG	4	QL (30 tabs / 30 days), PA
ALECENSA CAP 150MG	4	QL (240 caps / 30 days), PA
BOSULIF TAB 100MG	4	QL (90 tabs / 30 days), PA
BOSULIF TAB 400MG	4	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	4	QL (30 tabs / 30 days), PA
CALQUENCE CAP 100MG	5	QL (60 caps / 30 days), PA
CAPRELSA TAB 100MG	4	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	4	QL (30 tabs / 30 days), PA
COMETRIQ KIT 60MG	4	QL (1 kit / 28 days), PA
COMETRIQ KIT 100MG	4	QL (1 kit / 28 days), PA
COMETRIQ KIT 140MG	4	QL (1 kit / 28 days), PA
ICLUSIG TAB 15MG	4	QL (60 tabs / 30 days), PA
ICLUSIG TAB 45MG	4	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	4	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	4	QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	4	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	4	QL (90 caps / 30 days), PA
IMBRUVICA TAB 140MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 560MG	4	QL (30 tabs / 30 days), PA
INLYTA TAB 1MG	4	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
INLYTA TAB 5MG	4	QL (120 tabs / 30 days), PA
JAKAFI TAB 5MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	4	QL (60 tabs / 30 days), PA
LENVIMA CAP 4MG	4	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	4	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	4	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	4	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	4	QL (90 caps / 30 days), PA
MEKINIST TAB 0.5MG	4	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	4	QL (30 tabs / 30 days), PA
NEXAVAR TAB 200MG	4	QL (120 tabs / 30 days), PA
SPRYCEL TAB 20MG	4	QL (90 tabs / 30 days), PA
SPRYCEL TAB 50MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 70MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 80MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 100MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 140MG	4	QL (30 tabs / 30 days), PA
STIVARGA TAB 40MG	4	QL (84 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 12.5MG	4	QL (30 caps / 30 days), PA
SUTENT CAP 25MG	4	QL (30 caps / 30 days), PA
SUTENT CAP 37.5MG	4	QL (30 caps / 30 days), PA
SUTENT CAP 50MG	4	QL (30 caps / 30 days), PA
TAFINLAR CAP 50MG	4	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	4	QL (120 caps / 30 days), PA
TARCEVA TAB 25MG	4	QL (60 tabs / 30 days), PA
TARCEVA TAB 100MG	4	QL (30 tabs / 30 days), PA
TARCEVA TAB 150MG	4	QL (30 tabs / 30 days), PA
TYKERB TAB 250MG	4	QL (180 tabs / 30 days), PA
VOTRIENT TAB 200MG	4	QL (120 tabs / 30 days), PA
XALKORI CAP 200MG	4	QL (60 caps / 30 days), PA
XALKORI CAP 250MG	4	QL (60 caps / 30 days), PA
ZELBORAF TAB 240MG	4	QL (240 tabs / 30 days), PA
ZYDELIG TAB 100MG	4	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	4	QL (60 tabs / 30 days), PA
ZYKADIA CAP 150MG	4	QL (90 caps / 30 days), PA

MISCELLANEOUS

ARSENIC TRIO INJ 10/10ML	2	
<i>bexarotene cap 75 mg</i>	4	PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	
MATULANE CAP 50MG	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	4	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	4	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
ONCASPAR INJ 750/ML	4	PA
PHOTOFRIN INJ 75MG	2	
QUADRAMET INJ	2	
THERACYS INJ	2	
TICE BCG INJ	2	
<i>tretinoin cap 10 mg</i>	1	
TRISENOX INJ 12MG/6ML	2	
UVADEX INJ 20MCG/ML	2	
VISTOGARD PAK 10GM	2	
PLATINUM-BASED AGENTS		
<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	
<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	
<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	
<i>leucovorin calcium for inj 500 mg</i>	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	
<i>etoposide cap 50 mg</i>	1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>toposar inj 100/5ml</i>	1	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1	

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>		
<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>		

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<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	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	
<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 (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
BYVALSON TAB 5-80MG	3	
<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	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 160-12.51 mg</i>		
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.51 mg</i>		
<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	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	4	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	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	
<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	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</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	
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
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

Drug Name	Drug Tier	Requirements/Limits
<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	4	QL (2 injections / 28 days), PA
PRALUENT INJ 150MG/ML	4	QL (2 injections / 28 days), PA
REPATHA INJ 140MG/ML	4	QL (2 syringes / 28 days), PA
REPATHA PUSH INJ 420/3.5	4	QL (1 cartridge / 28 days), PA
REPATHA SURE INJ 140MG/ML	4	QL (2 pens / 28 days), 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	

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl 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	
<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 (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</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	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>		1
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<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	
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	
<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 td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
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	
ISORDIL TAB 40MG	2	
<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 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	QL (60 tabs / 30 days), PA, ST
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), PA
<i>epoprostenol sodium for inj 0.5 mg</i>	4	PA
<i>epoprostenol sodium for inj 1.5 mg</i>	4	PA
LETAIRIS TAB 5MG	4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG	4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	4	QL (30 tabs / 30 days), PA
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 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>	4	PA
<i>sildenafil citrate tab 20 mg</i>	4	QL (90 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	5	QL (60 tabs / 30 days), PA
TRACLEER TAB 32MG	4	QL (112 tabs / 28 days), PA
TRACLEER TAB 62.5MG	4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG	4	QL (60 tabs / 30 days), PA
TYVASO START SOL 0.6MG/ML	4	QL (28 ampules / 28 days), 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	QL (270 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS SOL 20MCG/ML	4	QL (270 mL / 30 days), 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)
<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)

ANTI-CONVULSANTS

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	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 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 10MG	3	PA
ONFI TAB 20MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital 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	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
SABRIL TAB 500MG	4	QL (180 tabs / 30 days)
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 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>	4	QL (180 packets / 30 days)
VIMPAT INJ 200MG/20	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 cap er 24hr 7 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	1	PA; PA applies for members less than 30 years of age
<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

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</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	PA; Members 70 and older subject to PA
<i>amitriptyline hcl tab 100 mg</i>	1	PA; Members 70 and older subject to PA
<i>amitriptyline hcl tab 150 mg</i>	1	PA; Members 70 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
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>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
<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

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>fluoxetine hcl tab 60 mg</i>	1	
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<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	PA; Members 70 and older subject to PA
<i>imipramine pamoate cap 150 mg</i>	1	PA; Members 70 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	PA; Members 70 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 concentrate for solution 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
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
<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 STARTER	3	ST; PA**
VIIBRYD TAB 10MG	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
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	
NEUPRO DIS 8MG/24HR	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
ANTIPSYCHOTICS		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<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	
<i>ARISTADA INJ 441MG/1.</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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**
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	

Drug Name	Drug Tier	Requirements/Limits
<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 DISORDERS		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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**

Drug Name	Drug Tier	Requirements/Limits
<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 caps / 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)
<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	

Drug Name	Drug Tier	Requirements/Limits
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>doxylamine succinate tab 25mg</i>	1	OTC
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)
HETLIOZ CAP 20MG	5	QL (30 caps / 30 days), 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)
<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)

MIGRAINES§

<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)

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<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)
<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 6 mg/0.5ml</i>	1	QL (12 vials / 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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone 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	
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	
<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>	4	QL (240 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	4	QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	QL (60 tabs / 30 days), PA
AUBAGIO TAB 7MG	2	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
AUBAGIO TAB 14MG	2	QL (30 tabs / 30 days), PA
AVONEX KIT 30MCG	5	QL (4 injections / 28 days), PA, ST
AVONEX PEN KIT 30MCG	5	QL (4 injections / 28 days), PA, ST
AVONEX PREFL KIT 30MCG	5	QL (4 injections / 28 days), PA, ST
BETASERON INJ 0.3MG	2	QL (14 injections / 28 days), PA
COPAXONE INJ 40MG/ML	2	QL (12 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	5	QL (60 tabs / 30 days), PA
GILENYA CAP 0.5MG	2	QL (30 caps / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 20 2 mg/ml</i>		QL (30 injections / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 2 mg/ml</i>		QL (12 syringes / 28 days), PA
PLEGRIDY INJ	5	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ PEN	5	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ STARTER	5	QL (1 kit / 28 days), PA, ST
PLEGRIDY PEN INJ STARTER	5	QL (1 pack / 28 days), PA, ST
REBIF INJ 22/0.5	2	QL (12 syringes / 28 days), PA
REBIF INJ 44/0.5	2	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 22/0.5	2	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 44/0.5	2	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ TITRATN	2	QL (1 box / 28 days), PA
REBIF TITRTN INJ PACK	2	QL (1 box / 28 days), PA
TECFIDERA CAP 120MG	2	QL (14 caps / 7 days), PA
TECFIDERA CAP 240MG	2	QL (60 caps / 30 days), PA
TECFIDERA MIS STARTER	2	QL (1 kit / 30 days), PA
TYSABRI INJ 300/15ML	4	QL (1 vial / 28 days), PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol tab 250 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>carisoprodol tab 350 mg</i>	1	PA; High Risk Medications require PA for members age 70 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 70 and older
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
DANTRIUM CAP 25MG	3	
DANTRIUM CAP 50MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
GABLOFEN INJ 50MCG/ML	3	
GABLOFEN INJ 10000/20	3	
GABLOFEN INJ 20000/20	3	
GABLOFEN INJ 40000/20	3	
LIORESAL INT INJ 0.05MG/1	3	
LIORESAL INT INJ 10MG/5ML	3	
LIORESAL INT INJ 10MG/20	3	
LIORESAL INT INJ 40MG/20	3	
<i>metaxalone tab 400 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>metaxalone tab 800 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol tab 750 mg</i>	1	PA; High Risk Medications require PA for members age 70 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 70 and older
<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	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	

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	

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
NARCAN SPR	2	
<i>nicorelief gum 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol loz 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<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
<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 / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days / 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
VIVITROL INJ 380MG	4	QL (1 vial / 30 days), PA

ENDOCRINE AND METABOLIC ANDROGENS

ANADROL-50 TAB 50MG	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	

Drug Name	Drug Tier	Requirements/Limits
<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
SYMLINPEN 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 70 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 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	

Drug Name	Drug Tier	Requirements/Limits
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	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON INJ 2MG	3	
BYDUREON PEN INJ 2MG	3	
OZEMPIC INJ 2/1.5ML	2	
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	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	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 INJ FLEXPEN	2	OTC; RELION not covered

Drug Name	Drug Tier	Requirements/Limits
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	
<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	2	
INVOKAMET TAB 50-1000	2	
INVOKAMET TAB 150-500	2	
INVOKAMET TAB 150-1000	2	
INVOKAMET XR TAB 50-500MG	2	
INVOKAMET XR TAB 50-1000	2	
INVOKAMET XR TAB 150-500	2	
INVOKAMET XR TAB 150-1000	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	

ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS

QTERN TAB 10MG/5MG	2	
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ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB

FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	2	
INVOKANA TAB 300MG	2	
JARDIANCE TAB 10MG	3	ST; PA**
JARDIANCE TAB 25MG	3	ST; PA**

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	
<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 70 and older
<i>glyburide micronized tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 6 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 1.25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
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	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<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>	4	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	PA
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	4	PA
SENSIPAR TAB 60MG	4	QL (60 tabs / 30 days), PA
SENSIPAR TAB 90MG	4	QL (120 tabs / 30 days), PA
CHELATING AGENTS		
CHEMET CAP 100MG	3	
DEPEN TITRA TAB 250MG	3	
FERRIPROX SOL 100MG/ML	4	PA
FERRIPROX TAB 500MG	4	PA
JADENU SPRKL GRA 90MG	5	PA
JADENU SPRKL GRA 180MG	5	PA
JADENU SPRKL GRA 360MG	5	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	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
THYROSAFE TAB 65MG	2	OTC
<i>trientine hcl cap 250 mg</i>	1	

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	
BALCOLTRA TAB 0.1-20	0	
<i>camila tab 0.35mg</i>	0	
<i>caziant pak</i>	0	
<i>chateal tab 0.15/30</i>	0	
<i>cryselle-28 tab 28 tabs</i>	0	
<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>enskyce tab</i>	0	
<i>errin tab 0.35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</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	

Drug Name	Drug Tier	Requirements/Limits
<i>gildess tab 1/20</i>	0	
<i>heather tab 0.35mg</i>	0	
<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 0 est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 52MG	0	QL (1 / 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutera 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	
NECON TAB 10/11-28	0	
NEXPLANON IMP 68MG	0	QL (1 / 300 days)
<i>nikki tab 3-0.02mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>nora-be tab 0.35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</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	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<i>pirmella tab 1/35</i>	0	
<i>pirmella tab 7/7/7</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	
SKYLA IUD 13.5MG	0	QL (1 / 300 days)
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
<i>take action tab 1.5mg</i>	0	OTC
TAYTULLA CAP 1MG/20MC	0	
<i>tilia fe tab</i>	0	
<i>tri-linyah 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	

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35e 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		
CARBAGLU TAB 200MG	4	PA
CERDELGA CAP 84MG	4	QL (60 caps / 30 days), PA
CYSTADANE POW	4	
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
KUVAN POW 100MG	4	PA
KUVAN POW 500MG	4	PA
KUVAN TAB 100MG	4	PA
<i>miglustat cap 100 mg</i>	5	QL (90 caps / 30 days), PA
MYALEPT INJ 11.3MG	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>	4	PA
ESTROGENS		
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 70 and older
DIVIGEL GEL 0.25MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1MG/GM	3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL 0.06%	3	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
ENJUVIA TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
ENJUVIA TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
ENJUVIA TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
ENJUVIA TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
<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 70 and older
<i>estradiol tab 1 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 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 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
ESTROGEL GEL	3	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 0.75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
EVAMIST SPR 1.53MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli tab 1mg-5mcg</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey lo tab 0.5-0.1</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 0.5 mg-2.5 mcg</i>	1	
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	3	
<i>yuvaferm tab 10mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FERTILITY REGULATORS		
<i>chor gonadot inj 10000unt</i>	5	PA
<i>clomiphene citrate tab 50 mg</i>	1	
GONAL-F INJ 450UNIT	4	QL (10 vials / 28 days), PA
GONAL-F INJ 1050UNIT	4	QL (6 vials / 28 days), PA
GONAL-F RFF INJ 75UNIT	4	QL (60 vials / 28 days), PA
GONAL-F RFF INJ 300/0.5	4	QL (15 cartridges / 28 days), PA
GONAL-F RFF INJ 450/0.75	4	QL (10 cartridges / 28 days), PA
GONAL-F RFF INJ 900/1.5	4	QL (7 cartridges / 28 days), PA
OVIDREL INJ	4	PA
GLUCOCORTICOIDS		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ORAL GLUCOSE REPLACEMENT	2	OTC
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	

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO SOL 600/2.4	5	QL (2.4 ml / 28 days), PA, ST
INCRELEX INJ 40MG/4ML	4	PA
MIACALCIN INJ 200/ML	3	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	QL (225 ml / 30 days), PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	QL (45 ml / 30 days), PA
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	4	QL (60mg / 24 weeks), 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	QL (1 kit / 28 days), PA
SANDOSTATIN KIT LAR 20MG	4	QL (2 kits / 28 days), PA
SANDOSTATIN KIT LAR 30MG	4	QL (1 kit / 28 days), PA
SIGNIFOR INJ 0.3MG/ML	5	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ampules / 30 days), PA
SOMATULINE INJ 60/0.2ML	4	QL (1 injection / 28 days), PA
SOMATULINE INJ 90/0.3ML	4	QL (1 injection / 28 days), PA
SOMATULINE INJ 120/.5ML	4	QL (1 injection / 28 days), PA
SOMAVERT INJ 10MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 15MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 20MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 25MG	4	QL (30 vials / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 30MG	4	QL (30 vials / 30 days), 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 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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

<i>atropine sulfate inj 1 mg/ml</i>	1	
<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	
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>hyoscyamine sulfate sl tab 0.125 mg</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>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-sl sub 0.125mg</i>	1	

ANTIEMETICS

AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
ANZEMET TAB 50MG	3	QL (6 tabs / 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs / 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps / 21 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs / 21 days)
CESAMET CAP 1MG	3	QL (18 caps / 21 days)
<i>compro sup 25mg</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 / 21 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 tabs / 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 (base equivalent)</i>	1	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</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 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 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 70 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 70 and older
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 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)
TRANSDERM-SC DIS 1.5MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI INJ	2	
VARUBI TAB 90MG	2	
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 tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<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 syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl tab 300 mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>APRISO CAP 0.375GM</i>	2	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>CANASA SUP 1000MG</i>	2	
<i>colocort ene 100mg</i>	1	
<i>DIPENTUM CAP 250MG</i>	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		
<i>AMITIZA CAP 8MCG</i>	2	
<i>AMITIZA CAP 24MCG</i>	2	
<i>LINZESS CAP 72MCG</i>	2	
<i>LINZESS CAP 145MCG</i>	2	
<i>LINZESS CAP 290MCG</i>	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		
<i>CLENPIQ SOL</i>	0	\$0 copay for members age 50 through 74
<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	
<i>GOLYTELY SOL</i>	2	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>MOVIPREP SOL</i>	0	\$0 copay for members age 50 through 74; Tier 2 for all others
<i>OSMOPREP TAB 1.5GM</i>	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	

Drug Name	Drug Tier	Requirements/Limits
PLENVU SOL	0	\$0 copay for members age 50 through 74
<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	0	\$0 copay for members age 50 through 74; Tier 3 for all others

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 1-0.025	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	

PROTON PUMP INHIBITORS§

DEXILANT CAP 30MG DR	3	QL (90 caps / 365 days), ST; PA**
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Drug Name	Drug Tier	Requirements/Limits
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	3	ST; PA**
CARDURA XL TAB 8MG	3	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**
RAPAFLO CAP 8MG	2	ST; PA**
<i>tadalafil tab 2.5 mg</i>	1	QL (30 tabs / 25 days), PA
<i>tadalafil tab 5 mg</i>	1	QL (30 tabs / 25 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	1	

CONTRACEPTIVES

CONCEPTROL GEL 4%	0	OTC
ENCARE SUP 100MG	0	OTC

Drug Name	Drug Tier	Requirements/Limits
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>phenazopyridine tab 95mg</i>	1	OTC
<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	
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	
<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**

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 sup 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 0.8%</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	
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 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	

Drug Name	Drug Tier	Requirements/Limits
<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
MIRCERA INJ 50MCG	5	PA
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
NEULASTA INJ 6MG/0.6M	4	QL (2 injections / 28 days), PA
NEULASTA KIT 6MG/0.6M	4	QL (2 injections / 28 days), 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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
PROMACTA TAB 12.5MG	4	QL (30 tabs / 30 days), PA
PROMACTA TAB 25MG	4	QL (30 tabs / 30 days), PA
PROMACTA TAB 50MG	4	QL (60 tabs / 30 days), PA
PROMACTA TAB 75MG	4	QL (60 tabs / 30 days), 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 70 and older
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<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

Drug Name	Drug Tier	Requirements/Limits
BIOLGIC DISEASE-MODIFYING AGENTS		
ACTEMRA INJ 80MG/4ML	5	QL (5 vials / 28 days), PA, ST
ACTEMRA INJ 162/0.9	5	QL (4 syringes / 28 days), PA, ST
ACTEMRA INJ 200/10ML	5	QL (4 vials / 14 days), PA, ST
ACTEMRA INJ 400/20ML	5	QL (2 vials / 14 days), PA, ST
CIMZIA KIT	5	QL (2 kits (4 syringes) / 28 days), PA, ST
CIMZIA KIT STARTER	5	QL (3 kits / 28 days), PA, ST
CIMZIA PREFL KIT 200MG/ML	5	QL (2 kits (4 syringes) / 28 days), PA, ST
ENBREL INJ 25/0.5ML	4	QL (8 syringes / 28 days), PA
ENBREL INJ 25MG	4	QL (8 syringes / 28 days), PA
ENBREL INJ 50MG/ML	4	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	4	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	4	QL (8 syringes / 28 days), PA
HUMIRA INJ 10/0.1ML	4	QL (2 injections / 28 days), PA
HUMIRA INJ 10MG/0.2	4	QL (2 injections / 28 days), PA
HUMIRA INJ 20/0.2ML	4	QL (2 injections / 28 days), PA
HUMIRA INJ 40/0.4ML	4	QL (4 injections / 28 days), PA
HUMIRA KIT 20MG/0.4	4	QL (2 injections / 28 days), PA
HUMIRA KIT 40MG/0.8	4	QL (4 injections / 28 days), PA
HUMIRA PEDIA INJ CROHNS	4	QL (2 injections / 28 days), PA; (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	4	QL (3 injections / 28 days), PA; (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	4	QL (4 injections / 28 days), PA
HUMIRA PEN INJ CD/UC/HS	4	QL (6 pens / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ PS/UV	4	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	4	PA
HUMIRA PEN KIT PS/UV	4	PA
KEVZARA INJ 150/1.14	4	QL (2 pens / 28 days), PA
KEVZARA INJ 150/1.14	4	QL (2 syringes / 4 weeks), PA
KEVZARA INJ 200/1.14	4	QL (2 pens / 28 days), PA
KEVZARA INJ 200/1.14	4	QL (2 syringes / 4 weeks), PA
ORENCIA CLCK INJ 125MG/ML	5	QL (4 syringes / 28 days), PA, ST
ORENCIA INJ 50/0.4	5	QL (4 syringes / 28 days), PA, ST
ORENCIA INJ 87.5/0.7	5	QL (4 syringes / 28 days), PA, ST
ORENCIA INJ 125MG/ML	5	QL (4 syringes / 28 days), PA, ST
ORENCIA INJ 250MG	5	QL (1000 mg / 4 weeks), PA, ST
SIMPONI ARIA SOL 50MG/4ML	5	QL (200 mg / 8 weeks), PA, ST
SIMPONI INJ 50/0.5ML	5	QL (1 injection / 28 days), PA, ST
SIMPONI INJ 100MG/ML	5	QL (1 injection / 28 days), PA, ST
STELARA INJ 45MG/0.5	4	QL (1 syringe / 84 days), PA
STELARA INJ 90MG/ML	4	QL (1 syringe / 56 days), PA
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), PA, ST

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
OTEZLA TAB 10/20/30	4	QL (55 tabs / 28 days), PA
OTEZLA TAB 30MG	4	QL (60 tabs / 30 days), PA

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA

Drug Name	Drug Tier	Requirements/Limits
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	QL (4 vials / 28 days), 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	QL (21 caps / 21 days), PA
POMALYST CAP 2MG	4	QL (21 caps / 21 days), PA
POMALYST CAP 3MG	4	QL (21 caps / 21 days), PA
POMALYST CAP 4MG	4	QL (21 caps / 21 days), PA
REVLIMID CAP 2.5MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 5MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 10MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 15MG	4	QL (21 caps / 28 days), PA
REVLIMID CAP 20MG	4	QL (21 caps / 28 days), PA
REVLIMID CAP 25MG	4	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	4	QL (28 caps / 28 days), PA
THALOMID CAP 100MG	4	QL (28 caps / 28 days), PA
THALOMID CAP 150MG	4	QL (56 caps / 28 days), PA
THALOMID CAP 200MG	4	QL (56 caps / 28 days), PA

IMMUNOSUPPRESSANTS

AZASAN TAB 75 MG	3	
AZASAN TAB 100MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine iv soln 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
PROGRAF INJ 5MG/ML	3	
RAPAMUNE SOL 1MG/ML	2	
SANDIMMUNE SOL 100MG/ML	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	
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 2018-19	0	
AFLURIA INJ PF 18-19	0	
AFLURIA QUAD INJ 2018-19	0	
AFLURIA QUAD INJ PF 18-19	0	
BEXSERO INJ	0	
BOOSTRIX 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	

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJ 20MCG/ML	0	
EZ FLU SHOT INJ 2018-19	0	
FLUAD INJ 2018-19	0	
FLUARIX QUAD INJ 2018-19	0	
FLUBLOK QUAD INJ 2018-19	0	
FLUCLVX QUAD INJ 2018-19	0	
FLULAVAL QUA INJ 2018-19	0	
FLUMIST QUAD SUS 2018-19	0	
FLUZONE HD INJ PF 18-19	0	
FLUZONE QUAD INJ 2018-19	0	
GARDASIL 9 INJ	0	
GARDASIL INJ	0	
HAVRIX INJ 720UNIT	0	
HAVRIX INJ 1440UNIT	0	
HEPLISAV-B INJ 20/0.5ML	0	
HEPLISAV-B INJ 20MCG	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
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

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INJ 50MCG	0	\$0 copay for members age 19 and older
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
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)
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

ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL PREP WIPES AND SWABS	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
ONETOUCH BLOOD GLUCOSE TEST KITS	2	OTC
ONETOUCH BLOOD GLUCOSE TEST STRIPS	2	QL (204 Test Strips / 25 days); OTC
SHARPS CONTAINER	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC

Drug Name	Drug Tier	Requirements/Limits
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
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<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
<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 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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
<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

<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride iv soln 0.9%</i>	1	
VITAMINS		
BABY SUPER DRO DAILY D3	0	OTC; \$0 applies for ages 65 and older
BIO-D-MULSIO LIQ 400/0.4	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>cholecalciferol cap 400 unit</i>	0	OTC; \$0 applies for ages 65 and older
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>d3 kids chw 400unit</i>	0	OTC; \$0 applies for ages 65 and older
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>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>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
<i>multi-vit/fe dro /fl 0.25</i>	1	
<i>multi-vit/fl dro 0.5mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 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>phytonadione tab 5 mg</i>	1	
<i>prenatabs rx tab</i>	1	
<i>pyridoxine hcl tab 25 mg</i>	1	OTC
<i>pyridoxine hcl tab 50 mg</i>	1	OTC
<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>virt-vite tab forte</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>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
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>levofloxacin ophth soln 0.5%</i>	1	
MOXEZA SOL 0.5%	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
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>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	2	
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%	2	
FLAREX SUS 0.1% OP	2	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML FORTE SUS 0.25% OP	2	

Drug Name	Drug Tier	Requirements/Limits
FML OIN 0.1% OP	2	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
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	
<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%	2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAZEO DRO 0.7%	2	

ANTI GLAUCOMA

ALPHAGAN P SOL 0.1%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
AZOPT SUS 1% OP	2	
<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 22.3-6.8 mg/ml</i>	1	
IOPIDINE SOL 1% OP	3	
<i>latanoprost ophth soln 0.005%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	2	ST; PA**
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
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 0.5% (once-daily)</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%	2	ST; PA**
ZIOPTAN DRO 0.0015%	3	ST; PA**

MISCELLANEOUS

<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>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%	2	
<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)
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Drug Name	Drug Tier	Requirements/Limits
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)

ANTICHOLINERGICSS

INCRUSE ELPT INH 62.5MCG	2	QL (1 package / 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	QL (1 package / 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 package / 25 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package / 25 days)
TUDORZA PRES AER 400/ACT	3	QL (1 package / 25 days)

ANTI HISTAMINE COMBINATIONS

DYMISTA SPR 137-50	2	QL (1 package / 25 days)
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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 tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 70 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>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 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 / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 (45 mL / 25 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / 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 (60 inhalations / 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package / 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		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>cheratussin syp ac</i>	1	
<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	
<i>prometh vc sol plain</i>	1	
<i>prometh vc/ syp codeine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>tussigon tab 5-1.5mg</i>	1	
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	

LEUKOTRIENE MODIFIERS

<i>zileuton tab er 12hr 600 mg</i>	1	
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LEUKOTRIENE RECEPTOR ANTAGONISTS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	

MAST CELL STABILIZERS§

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (2 boxes / 25 days)
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MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DALIRESP TAB 250MCG	3	PA
DALIRESP TAB 500MCG	3	PA
ESBRIET CAP 267MG	4	QL (270 caps / 30 days), PA
ESBRIET TAB 267MG	4	QL (270 tabs / 30 days), PA
ESBRIET TAB 801MG	4	QL (90 tabs / 30 days), PA
KALYDECO PAK 50MG	4	QL (60 packets / 30 days), PA
KALYDECO PAK 75MG	4	QL (60 packets / 30 days), PA
KALYDECO TAB 150MG	4	QL (60 tabs / 30 days), PA
ORKAMBI GRA 100-125	4	PA
ORKAMBI GRA 150-188	4	PA
ORKAMBI TAB 100-125	4	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	4	QL (112 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
<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	
SYMDEKO TAB 100-150	4	QL (56 tabs / 28 days), PA

NASAL STEROIDS§

<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 / 25 days)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	QL (1 bottle / 25 days); OTC

STEROID INHALANTS§

ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 25 days)
ASMANEX 30 AER 220MCG	2	QL (4 inhalers / 25 days)
ASMANEX 60 AER 220MCG	2	QL (2 inhalers / 25 days)
ASMANEX 120 AER 220MCG	2	QL (1 inhaler / 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 inhaler / 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 inhaler / 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	QL (2 packages / 25 days)
QVAR AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIIHA AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIIHAL AER 40MCG	2	QL (2 packages / 25 days)

STEROID/BETA-AGONIST COMBINATIONS§

ADVAIR DISKU AER 100/50	2	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50	2	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50	2	QL (1 package / 25 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	2	QL (1 package / 25 days)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	1	
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
<i>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**
<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

Drug Name	Drug Tier	Requirements/Limits
<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>BENZIQ GEL 5.25%</i>	2	
<i>BENZIQ LS GEL 2.75%</i>	2	
<i>benziq wash liq 5.25%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>bp foaming liq wash 10%</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>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>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	3	
<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>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>TRETIN-X CRE 0.075%</i>	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

Drug Name	Drug Tier	Requirements/Limits
<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

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	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
MENTAX CRE 1%	3	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 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	QL (90 grams / 25 days), ST; PA**
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	4	QL (1 box / 28 days), PA
COSENTYX PEN INJ 300DOSE	4	QL (1 box / 28 days), PA
<i>methoxsalen rapid cap 10 mg</i>	1	
8-MOP CAP 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
<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	QL (120g / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>alphatrex gel 0.05%</i>	1	QL (120g / 25 days)
<i>amcinonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>amcinonide lotion 0.1%</i>	1	QL (120mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120g / 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base 1 equivalent)</i>	1	QL (120g / 25 days)
<i>betamethasone valerate lotion 0.1% (base 1 equivalent)</i>	1	QL (120mL / 25 days)
<i>betamethasone valerate oint 0.1% (base 1 equivalent)</i>	1	QL (120g / 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	
CAPEX SHA 0.01%	3	
<i>clobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
<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	QL (120g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
CORDRAN 24X3 TAP 4MCG/CM	3	
DESONATE GEL 0.05%	3	QL (120g / 25 days)
<i>desonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>desonide lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>desonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120g / 25 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120g / 25 days)
<i>diflorasone diacetate cream 0.05%</i>	1	QL (120g / 25 days)
<i>diflorasone diacetate oint 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide soln 0.05%</i>	1	
<i>flurandrenolide cream 0.05%</i>	1	QL (120g / 25 days)
<i>flurandrenolide lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>flurandrenolide oint 0.05%</i>	1	QL (120g / 25 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
HALOG CRE 0.1%	3	QL (120g / 25 days)
HALOG OIN 0.1%	3	QL (120g / 25 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120g / 25 days)
<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	QL (120g / 25 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120g / 25 days)
<i>lokara lot 0.05%</i>	1	QL (120mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate cream 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120mL / 25 days)
PEDIADERM HC KIT	3	
PEDIADERM TA KIT	3	
<i>prednicarbate cream 0.1%</i>	1	QL (120g / 25 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120g / 25 days)
<i>scalacort lot 2%</i>	1	
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	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	
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	QL (500g / 25 days)
ELIDEL CRE 1%	2	ST; PA**
<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	
<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**
TARGETIN GEL 1%	4	PA

Drug Name	Drug Tier	Requirements/Limits
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>croatan lot 10%</i>	1	
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 acetate 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	

Drug Name	Drug Tier	Requirements/Limits
<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	

Index

8	
8-MOP CAP 10MG	125
A	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	18
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	18
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	16
<i>abacavir sulfate tab 300 mg (base equiv)</i>	16
ABRAXANE INJ 100MG	28
<i>acamprosate calcium tab delayed release 333 mg</i>	74
ACANYA GEL 1.2-2.5%	122
<i>acarbose tab 100 mg</i>	76
<i>acarbose tab 25 mg</i>	75
<i>acarbose tab 50 mg</i>	75
<i>acebutolol hcl cap 200 mg</i>	43
<i>acebutolol hcl cap 400 mg</i>	43
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide cap er 12hr 500 mg</i>	48
<i>acetazolamide sodium for inj 500 mg</i>	48
<i>acetazolamide tab 125 mg</i>	48
<i>acetazolamide tab 250 mg</i>	48
<i>acetic acid 2% in aluminum acetate otic soln</i>	129
<i>acetic acid otic soln 2%</i>	129
<i>acetylcysteine inhal soln 10%</i>	120
<i>acetylcysteine inhal soln 20%</i>	120
<i>acitretin cap 10 mg</i>	125
<i>acitretin cap 17.5 mg</i>	125
<i>acitretin cap 25 mg</i>	125
ACTEMRA INJ 162/0.9	104
ACTEMRA INJ 200/10ML	104
ACTEMRA INJ 400/20ML	104
ACTEMRA INJ 80MG/4ML	104
ACTHIB INJ	107
ACTIMMUNE INJ 2MU/0.5	106
ACUVAIL SOL 0.45%	114
<i>acyclovir cap 200 mg</i>	19
<i>acyclovir oint 5%</i>	128
<i>acyclovir sodium for inj 500 mg</i>	19
<i>acyclovir sodium iv soln 50 mg/ml</i>	19
<i>acyclovir susp 200 mg/5ml</i>	19
<i>acyclovir tab 400 mg</i>	19
<i>acyclovir tab 800 mg</i>	19
ADACEL INJ	107
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	122
<i>adapalene cream 0.1%</i>	122
<i>adapalene gel 0.1%</i>	122
<i>adapalene gel 0.3%</i>	122
<i>adapalene lotion 0.1%</i>	122
ADCIRCA TAB 20MG	50
<i>adefovir dipivoxil tab 10 mg</i>	19
ADEMPAS TAB 0.5MG	50
ADEMPAS TAB 1.5MG	50
ADEMPAS TAB 1MG	50
ADEMPAS TAB 2.5MG	51
ADEMPAS TAB 2MG	51
<i>adrucil inj 500/10ml</i>	27
ADULT RESPIRATORY MASK	110
ADVAIR DISKU AER 100/50	121
ADVAIR DISKU AER 250/50	121
ADVAIR DISKU AER 500/50	121
ADVAIR HFA AER 115/21	121
ADVAIR HFA AER 230/21	122
ADVAIR HFA AER 45/21	121
<i>afeditab tab 30mg cr</i>	45
<i>afeditab tab 60mg cr</i>	45
AFINITOR DIS TAB 2MG	30
AFINITOR DIS TAB 3MG	30
AFINITOR DIS TAB 5MG	30
AFINITOR TAB 10MG	31
AFINITOR TAB 2.5MG	30
AFINITOR TAB 5MG	30
AFINITOR TAB 7.5MG	31
AFLURIA INJ 2018-19	107
AFLURIA INJ PF 18-19	107
AFLURIA QUAD INJ 2018-19	107
AFLURIA QUAD INJ PF 18-19	107
AKYNZEO CAP 300-0.5	94
<i>ala-cort cre 1%</i>	126
<i>albendazole tab 200 mg</i>	13
ALBENZA TAB 200MG	13
<i>albuterol sulfate soln nebu 0.083% (2.5</i>	

<i>mg/3ml)</i>	119	ALPHAGAN P SOL 0.1%	115
<i>albuterol sulfate soln nebu 0.5% (5</i>		<i>alphatrex gel 0.05%</i>	126
<i>mg/ml)</i>	118	ALPRAZOLAM CON 1 MG/ML.....	52
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>		<i>alprazolam orally disintegrating tab 0.25</i>	
<i>(base equiv)</i>	118	<i>mg</i>	52
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>		<i>alprazolam orally disintegrating tab 0.5</i>	
<i>(base equiv)</i>	119	<i>mg</i>	52
<i>albuterol sulfate syrup 2 mg/5ml</i>	119	<i>alprazolam orally disintegrating tab 1 mg</i>	
<i>albuterol sulfate tab 2 mg</i>	119	.....	52
<i>albuterol sulfate tab 4 mg</i>	119	<i>alprazolam orally disintegrating tab 2 mg</i>	
<i>albuterol sulfate tab er 12hr 4 mg</i>	119	.....	52
<i>albuterol sulfate tab er 12hr 8 mg</i>	119	<i>alprazolam tab 0.25 mg</i>	52
<i>alclometasone dipropionate cream 0.05%</i>		<i>alprazolam tab 0.5 mg</i>	52
.....	126	<i>alprazolam tab 1 mg</i>	52
<i>alclometasone dipropionate oint 0.05%</i>		<i>alprazolam tab 2 mg</i>	52
.....	126	ALREX SUS 0.2%	114
ALCOH-WIPE MIS 12	109	ALTABAX OIN 1%	124
ALCOHOL PREP WIPES AND SWABS ..	109	<i>altavera tab</i>	81
ALDACTAZIDE TAB 50/50	48	<i>alyacen tab 1/35</i>	81
ALECENSA CAP 150MG	31	<i>alyacen tab 7/7/7</i>	81
<i>alendronate sodium oral soln 70</i>		<i>amantadine hcl cap 100 mg</i>	62
<i>mg/75ml</i>	80	<i>amantadine hcl syrup 50 mg/5ml</i>	62
<i>alendronate sodium tab 10 mg</i>	80	<i>amantadine hcl tab 100 mg</i>	62
<i>alendronate sodium tab 35 mg</i>	80	<i>amcinonide cream 0.1%</i>	126
<i>alendronate sodium tab 40 mg</i>	80	<i>amcinonide lotion 0.1%</i>	126
<i>alendronate sodium tab 5 mg</i>	80	AMCINONIDE OIN 0.1%.....	126
<i>alendronate sodium tab 70 mg</i>	80	<i>amethia tab</i>	81
ALFERON N INJ 5MU/ML	106	<i>amethyst tab 90-20mcg</i>	81
<i>alfuzosin hcl tab er 24hr 10 mg</i>	99	<i>amifostine for inj 500 mg</i>	34
ALIMTA INJ 100MG	27	<i>amikacin sulfate inj 1 gm/4ml (250</i>	
ALIMTA INJ 500MG	27	<i>mg/ml)</i>	12
ALINIA SUS 100/5ML	13	<i>amikacin sulfate inj 500 mg/2ml (250</i>	
ALINIA TAB 500MG	13	<i>mg/ml)</i>	12
<i>allopurinol sodium for inj 500 mg</i>	1	<i>amiloride & hydrochlorothiazide tab 5-50</i>	
<i>allopurinol tab 100 mg</i>	1	<i>mg</i>	48
<i>allopurinol tab 300 mg</i>	1	<i>amiloride hcl tab 5 mg</i>	48
<i>almotriptan malate tab 12.5 mg</i>	69	<i>aminophylline inj 25 mg/ml</i>	122
<i>almotriptan malate tab 6.25 mg</i>	69	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
ALOCRI SOL 2%.....	115	<i>mg/ml)</i>	39
<i>alogliptin benzoate tab 12.5 mg (base</i>		<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>equiv)</i>	76	<i>mg/ml)</i>	39
<i>alogliptin benzoate tab 25 mg (base</i>		<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>equiv)</i>	76	<i>mg/ml)</i>	40
<i>alogliptin benzoate tab 6.25 mg (base</i>		<i>amiodarone hcl tab 200 mg</i>	40
<i>equiv)</i>	76	<i>amiodarone hcl tab 400 mg</i>	40
ALOMIDE SOL 0.1% OP	115	AMITIZA CAP 24MCG	97
<i>alose tron hcl tab 0.5 mg (base equiv)</i> .	97	AMITIZA CAP 8MCG	97
<i>alose tron hcl tab 1 mg (base equiv)</i>	97	<i>amitriptyline hcl tab 100 mg</i>	57

<i>amitriptyline hcl tab 10 mg</i>	57	<i>40 mg</i>	35
<i>amitriptyline hcl tab 150 mg</i>	57	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 25 mg</i>	57	<i>medoxomil tab 10-20 mg</i>	37
<i>amitriptyline hcl tab 50 mg</i>	57	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 75 mg</i>	57	<i>medoxomil tab 10-40 mg</i>	37
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amlodipine besylate-olmesartan</i>	
<i>tab 10-160-12.5 mg</i>	38	<i>medoxomil tab 5-20 mg</i>	37
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amlodipine besylate-olmesartan</i>	
<i>tab 10-160-25 mg</i>	38	<i>medoxomil tab 5-40 mg</i>	37
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
<i>tab 10-320-25 mg</i>	38	<i>160 mg</i>	37
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
<i>tab 5-160-12.5 mg</i>	38	<i>320 mg</i>	37
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>tab 5-160-25 mg</i>	38	<i>mg</i>	37
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>tab 10-10 mg</i>	45	<i>mg</i>	37
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate tab 10 mg (base</i>	
<i>tab 10-20 mg</i>	45	<i>equivalent)</i>	45
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>tab 10-40 mg</i>	45	<i>equivalent)</i>	45
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate tab 5 mg (base</i>	
<i>tab 10-80 mg</i>	45	<i>equivalent)</i>	45
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amnestem cap 10mg</i>	122
<i>tab 2.5-10 mg</i>	45	<i>amnestem cap 20mg</i>	122
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amnestem cap 40mg</i>	122
<i>tab 2.5-20 mg</i>	45	<i>amoxapine tab 100 mg</i>	57
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxapine tab 150 mg</i>	57
<i>tab 2.5-40 mg</i>	45	<i>amoxapine tab 25 mg</i>	57
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxapine tab 50 mg</i>	57
<i>tab 5-10 mg</i>	45	<i>amoxicillin (trihydrate) cap 250 mg</i>	24
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxicillin (trihydrate) cap 500 mg</i>	24
<i>tab 5-20 mg</i>	45	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>.....</i>	24
<i>tab 5-40 mg</i>	45	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>.....</i>	24
<i>tab 5-80 mg</i>	45	<i>amoxicillin (trihydrate) for susp 125</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg/5ml</i>	24
<i>10-20 mg</i>	35	<i>amoxicillin (trihydrate) for susp 200</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg/5ml</i>	24
<i>10-40 mg</i>	35	<i>amoxicillin (trihydrate) for susp 250</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg/5ml</i>	24
<i>2.5-10 mg</i>	35	<i>amoxicillin (trihydrate) for susp 400</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>mg/5ml</i>	24
<i>10 mg</i>	35	<i>amoxicillin (trihydrate) tab 500 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin (trihydrate) tab 875 mg</i>	24
<i>20 mg</i>	35	<i>amoxicillin & k clavulanate chew tab 200-</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>28.5 mg</i>	23

<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	23	<i>(10-5) gm</i>	24
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	23	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	24
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	23	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	24
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	23	<i>ampicillin cap 250 mg</i>	24
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	23	<i>ampicillin cap 500 mg</i>	24
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	23	<i>ampicillin for susp 125 mg/5ml</i>	24
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	23	<i>ampicillin for susp 250 mg/5ml</i>	24
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	23	<i>ampicillin sodium for inj 10 gm</i>	24
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	24	<i>ampicillin sodium for inj 125 mg</i>	24
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	66	<i>ampicillin sodium for inj 1 gm</i>	24
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	66	<i>ampicillin sodium for inj 250 mg</i>	24
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	66	<i>ampicillin sodium for inj 2 gm</i>	24
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	66	<i>ampicillin sodium for inj 500 mg</i>	24
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	66	<i>ampicillin sodium for iv soln 10 gm</i>	24
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	66	<i>ampicillin sodium for iv soln 1 gm</i>	24
<i>amphetamine-dextroamphetamine tab 10 mg</i>	66	<i>ampicillin sodium for iv soln 2 gm</i>	24
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	67	<i>AMPYRA TAB 10MG</i>	71
<i>amphetamine-dextroamphetamine tab 15 mg</i>	67	<i>ANADROL-50 TAB 50MG</i>	75
<i>amphetamine-dextroamphetamine tab 20 mg</i>	67	<i>anagrelide hcl cap 0.5 mg</i>	103
<i>amphetamine-dextroamphetamine tab 30 mg</i>	67	<i>anagrelide hcl cap 1 mg</i>	103
<i>amphetamine-dextroamphetamine tab 5 mg</i>	66	<i>anastrozole tab 1 mg</i>	29
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	66	<i>ANORO ELLIPT AER 62.5-25</i>	116
<i>amphotericin b for inj 50 mg</i>	15	<i>ANZEMET TAB 100MG</i>	94
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	24	<i>ANZEMET TAB 50MG</i>	94
<i>ampicillin & sulbactam sodium for inj 15</i>		<i>APIDRA INJ SOLOSTAR</i>	77
		<i>APIDRA INJ U-100</i>	77
		<i>APOKYN INJ 10MG/ML</i>	62
		<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	115
		<i>aprepitant capsule 125 mg</i>	94
		<i>aprepitant capsule 40 mg</i>	94
		<i>aprepitant capsule 80 mg</i>	94
		<i>aprepitant capsule therapy pack 80 & 125 mg</i>	95
		<i>APRISO CAP 0.375GM</i>	97
		<i>apri tab</i>	81
		<i>APTIOM TAB 200MG</i>	52
		<i>APTIOM TAB 400MG</i>	52
		<i>APTIOM TAB 600MG</i>	52
		<i>APTIOM TAB 800MG</i>	52
		<i>APTIVUS CAP 250MG</i>	16
		<i>APTIVUS SOL</i>	16
		<i>aranelle tab</i>	81
		<i>ARANESP INJ 100MCG</i>	102
		<i>ARANESP INJ 10MCG</i>	102
		<i>ARANESP INJ 150MCG</i>	102

ARANESP INJ 200MCG	102	<i>equiv)</i>	16
ARANESP INJ 25MCG.....	102	<i>atazanavir sulfat cap 300 mg (base</i>	
ARANESP INJ 300MCG	102	<i>equiv)</i>	16
ARANESP INJ 40MCG.....	102	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
ARANESP INJ 500MCG	102	.....	43
ARANESP INJ 60MCG.....	102	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>arbinoxa sol 4mg/5ml</i>	117	.....	43
ARCALYST INJ 220MG	106	<i>atenolol tab 100 mg</i>	43
ARCAPTA CAP 75MCG.....	119	<i>atenolol tab 25 mg</i>	43
ARGATROBAN INJ 125/125	101	<i>atenolol tab 50 mg</i>	43
ARGATROBAN INJ 250/250	101	<i>atomoxetine hcl cap 100 mg (base</i>	
<i>argatroban inj 250 mg/2.5ml</i>		<i>equiv)</i>	67
<i>(concentrate for iv infusion)</i>	101	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
<i>aripiprazole orally disintegrating tab 10</i>		.....	67
<i>mg</i>	63	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
<i>aripiprazole orally disintegrating tab 15</i>		.....	67
<i>mg</i>	63	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
<i>aripiprazole oral solution 1 mg/ml</i>	63	.....	67
<i>aripiprazole tab 10 mg</i>	63	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	
<i>aripiprazole tab 15 mg</i>	63	.....	67
<i>aripiprazole tab 20 mg</i>	63	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	
<i>aripiprazole tab 2 mg</i>	63	.....	67
<i>aripiprazole tab 30 mg</i>	63	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	
<i>aripiprazole tab 5 mg</i>	63	.....	67
ARISTADA INJ 1064MG	64	<i>atorvastatin calcium tab 10 mg (base</i>	
ARISTADA INJ 441MG/1.	63	<i>equivalent)</i>	41
ARISTADA INJ 662MG/2	64	<i>atorvastatin calcium tab 20 mg (base</i>	
ARISTADA INJ 882MG/3	64	<i>equivalent)</i>	41
<i>armodafinil tab 150 mg</i>	74	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>armodafinil tab 200 mg</i>	74	<i>equivalent)</i>	42
<i>armodafinil tab 250 mg</i>	74	<i>atorvastatin calcium tab 80 mg (base</i>	
<i>armodafinil tab 50 mg</i>	74	<i>equivalent)</i>	42
ARRANON INJ 5MG/ML	27	<i>atovaquone-proguanil hcl tab 250-100</i>	
ARSENIC TRIO INJ 10/10ML.....	33	<i>mg</i>	16
<i>ashlyna tab</i>	81	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
ASMANEX 120 AER 220MCG	121	<i>mg</i>	16
ASMANEX 30 AER 110MCG.....	121	<i>atovaquone susp 750 mg/5ml</i>	13
ASMANEX 30 AER 220MCG.....	121	ATRIPLA TAB	18
ASMANEX 60 AER 220MCG.....	121	<i>atropine sulfat inj 1 mg/ml</i>	94
ASMANEX HFA AER 100 MCG.....	121	<i>atropine sulfat ophth soln 1%</i>	116
ASMANEX HFA AER 200 MCG.....	121	<i>atropine sulfat soln prefill syr 0.25</i>	
<i>aspirin-dipyridamole cap er 12hr 25-200</i>		<i>mg/5ml (0.05 mg/ml)</i>	94
<i>mg</i>	103	<i>atropine sulfat soln prefill syr 1</i>	
<i>aspirin chw 81mg</i>	11	<i>mg/10ml (0.1 mg/ml)</i>	94
<i>aspirin low tab 81mg ec</i>	11	AUBAGIO TAB 14MG	72
<i>atazanavir sulfat cap 150 mg (base</i>		AUBAGIO TAB 7MG	71
<i>equiv)</i>	16	AUGMENTIN SUS 125/5ML.....	24
<i>atazanavir sulfat cap 200 mg (base</i>		<i>aviane tab</i>	81

<i>avidoxy tab 100mg</i>	25	BELBUCA MIS 300MCG	11
<i>avita cre 0.025%</i>	122	BELBUCA MIS 450MCG	11
<i>avita gel 0.025%</i>	123	BELBUCA MIS 600MCG	11
AVONEX KIT 30MCG	72	BELBUCA MIS 750MCG	11
AVONEX PEN KIT 30MCG	72	BELBUCA MIS 75MCG	11
AVONEX PREFL KIT 30MCG	72	BELBUCA MIS 900MCG	11
<i>azacitidine for inj 100 mg</i>	27	BELSOMRA TAB 10MG	69
AZACTAM/DEX INJ 1GM	13	BELSOMRA TAB 15MG	69
AZACTAM/DEX INJ 2GM	13	BELSOMRA TAB 20MG	69
AZASAN TAB 100MG	106	BELSOMRA TAB 5MG	69
AZASAN TAB 75 MG	106	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	35
AZASITE SOL 1%	114	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	35
<i>azathioprine tab 50 mg</i>	106	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	35
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	117	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	35
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	117	<i>benazepril hcl tab 10 mg</i>	36
<i>azelastine hcl ophth soln 0.05%</i>	115	<i>benazepril hcl tab 20 mg</i>	36
AZELEX CRE 20%	123	<i>benazepril hcl tab 40 mg</i>	36
<i>azithromycin for susp 100 mg/5ml</i>	22	<i>benazepril hcl tab 5 mg</i>	36
<i>azithromycin for susp 200 mg/5ml</i>	22	BENZIQ GEL 5.25%	123
<i>azithromycin iv for soln 500 mg</i>	22	BENZIQ LS GEL 2.75%	123
<i>azithromycin powd pack for susp 1 gm</i>	22	<i>benziq wash liq 5.25%</i>	123
<i>azithromycin tab 250 mg</i>	22	<i>benzonatate cap 100 mg</i>	119
<i>azithromycin tab 500 mg</i>	22	<i>benzonatate cap 200 mg</i>	119
<i>azithromycin tab 600 mg</i>	22	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	123
AZOPT SUS 1% OP	115	<i>benztropine mesylate inj 1 mg/ml</i>	62
<i>aztreonam for inj 1 gm</i>	13	<i>benztropine mesylate tab 0.5 mg</i>	62
<i>aztreonam for inj 2 gm</i>	13	<i>benztropine mesylate tab 1 mg</i>	62
<i>azurette tab 28 day</i>	81	<i>benztropine mesylate tab 2 mg</i>	62
B		BEPREVE DRO 1.5%	115
BABY SUPER DRO DAILY D3	112	BESIVANCE SUS 0.6%	114
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	113	<i>betamethasone dipropionate augmented cream 0.05%</i>	126
<i>bacitracin-polymyxin b ophth oint</i>	114	<i>betamethasone dipropionate augmented gel 0.05%</i>	126
<i>bacitracin ophth oint 500 unit/gm</i>	114	<i>betamethasone dipropionate augmented lotion 0.05%</i>	126
<i>baclofen tab 10 mg</i>	72	<i>betamethasone dipropionate augmented oint 0.05%</i>	126
<i>baclofen tab 20 mg</i>	72	<i>betamethasone dipropionate cream 0.05%</i>	126
<i>baclofen tab 5 mg</i>	72	<i>betamethasone dipropionate lotion 0.05%</i>	126
BACTROBAN OIN NASAL 2%	124	<i>betamethasone dipropionate oint 0.05%</i>	126
BALCOLTRA TAB 0.1-20	81		
<i>balsalazide disodium cap 750 mg</i>	97		
BANZEL SUS 40MG/ML	52		
BANZEL TAB 200MG	52		
BANZEL TAB 400MG	52		
BARACLUDGE SOL .05MG/ML	19		
BASAGLAR KWIKPEN	77		
BELBUCA MIS 150MCG	11		

.....	126
<i>betamethasone valerate aerosol foam 0.12%</i>	126
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	126
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	126
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	126
BETASERON INJ 0.3MG	72
<i>betaxolol hcl ophth soln 0.5%</i>	115
<i>betaxolol hcl tab 10 mg</i>	43
<i>betaxolol hcl tab 20 mg</i>	43
<i>bethanechol chloride tab 10 mg</i>	100
<i>bethanechol chloride tab 25 mg</i>	100
<i>bethanechol chloride tab 50 mg</i>	100
<i>bethanechol chloride tab 5 mg</i>	100
BETIMOL SOL 0.25%.....	115
BETIMOL SOL 0.5%	115
BETOPTIC-S SUS 0.25% OP	115
BEVESPI AER 9-4.8MCG.....	117
<i>bexarotene cap 75 mg</i>	33
BEXSERO INJ	107
<i>bicalutamide tab 50 mg</i>	29
BICNU INJ 100MG.....	26
BIKTARVY TAB	18
<i>bimatoprost ophth soln 0.03%</i>	115
BIO-D-MULSIO LIQ 400/0.4	112
<i>bio-d-mulsio liq 400unit</i>	112
BIO-STATIN CAP 1000000	15
BIO-STATIN CAP 500000	15
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	43
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	43
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	43
<i>bisoprolol fumarate tab 10 mg</i>	43
<i>bisoprolol fumarate tab 5 mg</i>	43
<i>bleomycin sulfat for inj 15 unit</i>	27
<i>bleomycin sulfat for inj 30 unit</i>	27
BLEPHAMIDE OIN S.O.P.....	113
BLEPHAMIDE SUS OP	113
BLOOD GLUCOSE CALIBRATION SOLUTION	109
BOOSTRIX INJ.....	107
BOSULIF TAB 100MG	31
BOSULIF TAB 400MG	31

BOSULIF TAB 500MG	31
<i>bp foaming liq wash 10%</i>	123
<i>bp wash liq 2.5%</i>	123
BREO ELLIPTA INH 100-25.....	122
BREO ELLIPTA INH 200-25.....	122
BRILINTA TAB 60MG	103
BRILINTA TAB 90MG	103
<i>brimonidine tartrate ophth soln 0.15%</i>	115
<i>brimonidine tartrate ophth soln 0.2%</i> 115	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	114
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	114
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	62
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	62
<i>brompheniramine tannate chew tab 12 mg</i>	117
BROVANA NEB 15MCG.....	119
<i>budesonide delayed release particles cap 3 mg</i>	97
<i>budesonide inhalation susp 0.25 mg/2ml</i>	121
<i>budesonide inhalation susp 0.5 mg/2ml</i>	121
<i>budesonide inhalation susp 1 mg/2ml</i> 121	
<i>bumetanide inj 0.25 mg/ml</i>	48
<i>bumetanide tab 0.5 mg</i>	48
<i>bumetanide tab 1 mg</i>	48
<i>bumetanide tab 2 mg</i>	48
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	3
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	3
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	11
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	11
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	11
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	74
<i>bupropion hcl tab 100 mg</i>	57
<i>bupropion hcl tab 75 mg</i>	57
<i>bupropion hcl tab er 12hr 100 mg</i>	57
<i>bupropion hcl tab er 12hr 150 mg</i>	57

<i>bupropion hcl tab er 12hr 200 mg</i>	57	<i>calcium acetate (phosphate binder) tab</i>	
<i>bupropion hcl tab er 24hr 150 mg</i>	57	<i>667 mg</i>	92
<i>bupropion hcl tab er 24hr 300 mg</i>	58	CALQUENCE CAP 100MG.....	31
<i>buspirone hcl tab 10 mg</i>	70	<i>camila tab 0.35mg</i>	81
<i>buspirone hcl tab 15 mg</i>	70	CAMPATH INJ 30MG/ML.....	29
<i>buspirone hcl tab 30 mg</i>	71	CAMPTOSAR INJ 300/15ML.....	34
<i>buspirone hcl tab 5 mg</i>	70	CANASA SUP 1000MG.....	97
<i>buspirone hcl tab 7.5 mg</i>	70	<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>busulfan inj 6 mg/ml</i>	26	<i>tab 16-12.5 mg</i>	38
<i>butalbital-acetaminophen-caffeine cap</i>		<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>50-300-40 mg</i>	1	<i>tab 32-12.5 mg</i>	38
<i>butalbital-acetaminophen-caffeine cap</i>		<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>50-325-40 mg</i>	1	<i>tab 32-25 mg</i>	38
<i>butalbital-acetaminophen-caffeine tab</i>		<i>candesartan cilexetil tab 16 mg</i>	39
<i>50-325-40 mg</i>	1	<i>candesartan cilexetil tab 32 mg</i>	39
<i>butalbital-acetaminophen-caff w/ cod cap</i>		<i>candesartan cilexetil tab 4 mg</i>	39
<i>50-300-40-30 mg</i>	3	<i>candesartan cilexetil tab 8 mg</i>	39
<i>butalbital-aspirin-caffeine cap 50-325-40</i>		<i>capecitabine tab 150 mg</i>	27
<i>mg</i>	1	<i>capecitabine tab 500 mg</i>	27
<i>butorphanol tartrate inj 1 mg/ml</i>	3	CAPEX SHA 0.01%.....	126
<i>butorphanol tartrate inj 2 mg/ml</i>	3	CAPITAL/COD SUS 120-12/5.....	3
<i>butorphanol tartrate nasal soln 10 mg/ml</i>		CAPRELSA TAB 100MG.....	31
.....	3	CAPRELSA TAB 300MG.....	31
BYDUREON INJ 2MG.....	77	<i>captopril & hydrochlorothiazide tab 25-15</i>	
BYDUREON PEN INJ 2MG.....	77	<i>mg</i>	35
BYSTOLIC TAB 10MG.....	44	<i>captopril & hydrochlorothiazide tab 25-25</i>	
BYSTOLIC TAB 2.5MG.....	43	<i>mg</i>	35
BYSTOLIC TAB 20MG.....	44	<i>captopril & hydrochlorothiazide tab 50-15</i>	
BYSTOLIC TAB 5MG.....	43	<i>mg</i>	35
BYVALSON TAB 5-80MG.....	38	<i>captopril & hydrochlorothiazide tab 50-25</i>	
C		<i>mg</i>	35
<i>cabergoline tab 0.5 mg</i>	90	<i>captopril tab 100 mg</i>	36
<i>calcipotriene-betamethasone</i>		<i>captopril tab 12.5 mg</i>	36
<i>dipropionate oint 0.005-0.064%</i>	126	<i>captopril tab 25 mg</i>	36
<i>calcipotriene cream 0.005%</i>	125	<i>captopril tab 50 mg</i>	36
<i>calcipotriene oint 0.005%</i>	125	CARAFATE SUS 1GM/10ML.....	98
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>		CARBAGLU TAB 200MG.....	84
.....	125	<i>carbamazepine cap er 12hr 100 mg</i>	52
<i>calcitonin (salmon) nasal soln 200</i>		<i>carbamazepine cap er 12hr 200 mg</i>	52
<i>unit/act</i>	91	<i>carbamazepine cap er 12hr 300 mg</i>	52
<i>calcitrene oin 0.005%</i>	125	<i>carbamazepine chew tab 100 mg</i>	52
<i>calcitriol cap 0.25 mcg</i>	112	<i>carbamazepine susp 100 mg/5ml</i>	52
<i>calcitriol cap 0.5 mcg</i>	112	<i>carbamazepine tab 200 mg</i>	52
<i>calcitriol inj 1 mcg/ml</i>	112	<i>carbamazepine tab er 12hr 100 mg</i>	52
<i>calcitriol oint 3 mcg/gm</i>	125	<i>carbamazepine tab er 12hr 200 mg</i>	52
<i>calcitriol oral soln 1 mcg/ml</i>	112	<i>carbamazepine tab er 12hr 400 mg</i>	52
<i>calcium acetate (phosphate binder) cap</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>667 mg (169 mg ca)</i>	92	<i>12.5-50-200 mg</i>	62

carbidopa-levodopa-entacapone tabs
18.75-75-200 mg62
carbidopa-levodopa-entacapone tabs 25-
100-200 mg.....62
carbidopa-levodopa-entacapone tabs
31.25-125-200 mg62
carbidopa-levodopa-entacapone tabs
37.5-150-200 mg62
carbidopa-levodopa-entacapone tabs 50-
200-200 mg.....62
carbidopa & levodopa orally
disintegrating tab 10-100 mg62
carbidopa & levodopa orally
disintegrating tab 25-100 mg62
carbidopa & levodopa orally
disintegrating tab 25-250 mg62
carbidopa & levodopa tab 10-100 mg ..62
carbidopa & levodopa tab 25-100 mg ..62
carbidopa & levodopa tab 25-250 mg ..62
carbidopa & levodopa tab er 25-100 mg
.....62
carbidopa & levodopa tab er 50-200 mg
.....62
carbidopa tab 25 mg62
carbinoxamine maleate soln 4 mg/5ml
.....117
carbinoxamine maleate tab 4 mg117
carboplatin iv soln 150 mg/15ml.....34
carboplatin iv soln 450 mg/45ml.....34
carboplatin iv soln 50 mg/5ml34
carboplatin iv soln 600 mg/60ml.....34
CARDENE IV INJ 40/200ML45
CARDENE IV SOL 20/200ML45
CARDIZEM LA TAB 120MG45
CARDURA XL TAB 4MG99
CARDURA XL TAB 8MG99
carisoprodol tab 250 mg73
carisoprodol tab 350 mg73
carmustine for inj 100 mg.....26
carteolol hcl ophth soln 1%115
cartia xt cap 120/24hr.....45
cartia xt cap 180/24hr.....45
cartia xt cap 240/24hr.....45
cartia xt cap 300/24hr.....45
carvedilol phosphate cap er 24hr 10 mg
.....44
carvedilol phosphate cap er 24hr 20 mg
.....44

carvedilol phosphate cap er 24hr 40 mg
.....44
carvedilol phosphate cap er 24hr 80 mg
.....44
carvedilol tab 12.5 mg44
carvedilol tab 25 mg44
carvedilol tab 3.125 mg.....44
carvedilol tab 6.25 mg44
CAYA DPR.....109
CAYSTON INH 75MG13
caziant pak81
cefaclor cap 250 mg.....20
cefaclor cap 500 mg.....20
CEFACLOR ER TAB 500MG20
cefaclor for susp 125 mg/5ml.....20
cefaclor for susp 250 mg/5ml.....20
cefaclor for susp 375 mg/5ml.....20
cefadroxil cap 500 mg20
cefadroxil for susp 250 mg/5ml20
cefadroxil for susp 500 mg/5ml20
cefadroxil tab 1 gm.....20
cefazolin sodium for inj 10 gm.....20
cefazolin sodium for inj 1 gm20
cefazolin sodium for inj 20 gm.....20
cefazolin sodium for inj 500 mg.....20
cefazolin sodium for iv soln 1 gm20
cefdinir cap 300 mg20
cefdinir for susp 125 mg/5ml20
cefdinir for susp 250 mg/5ml20
cefditoren pivoxil tab 200 mg (base
equivalent)21
cefditoren pivoxil tab 400 mg (base
equivalent)21
cefepime hcl for inj 1 gm21
cefepime hcl for inj 2 gm21
cefixime for susp 100 mg/5ml21
cefixime for susp 200 mg/5ml21
cefotaxime sodium for inj 10 gm.....21
cefotaxime sodium for inj 1 gm21
cefotaxime sodium for inj 2 gm21
cefotaxime sodium for inj 500 mg21
cefotetan disodium for inj 10 gm21
cefotetan disodium for inj 1 gm21
cefotetan disodium for inj 2 gm21
cefoxitin sodium for inj 10 gm21
cefoxitin sodium for iv soln 1 gm21
cefoxitin sodium for iv soln 2 gm21
cefpodoxime proxetil for susp 100

<i>mg/5ml</i>	21	CHEMET CAP 100MG	80
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	21	<i>cheratussin syp ac</i>	119
<i>cefpodoxime proxetil tab 100 mg</i>	21	<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	12
<i>cefpodoxime proxetil tab 200 mg</i>	21	<i>chlorhexidine gluconate soln 0.12%</i> ..	129
<i>cefprozil for susp 125 mg/5ml</i>	21	<i>chloroquine phosphate tab 250 mg</i>	16
<i>cefprozil for susp 250 mg/5ml</i>	21	<i>chloroquine phosphate tab 500 mg</i>	16
<i>cefprozil tab 250 mg</i>	21	<i>chlorothiazide sodium for inj 500 mg</i> ...	48
<i>cefprozil tab 500 mg</i>	21	<i>chlorothiazide tab 250 mg</i>	48
<i>ceftazidime for inj 2 gm</i>	21	<i>chlorothiazide tab 500 mg</i>	48
<i>ceftibuten cap 400 mg</i>	21	<i>chlorpromazine hcl tab 100 mg</i>	64
<i>ceftibuten for susp 180 mg/5ml</i>	21	<i>chlorpromazine hcl tab 10 mg</i>	64
CEFTIN SUS 125/5ML.....	21	<i>chlorpromazine hcl tab 200 mg</i>	64
CEFTIN SUS 250/5ML.....	21	<i>chlorpromazine hcl tab 25 mg</i>	64
<i>ceftriaxone sodium for inj 10 gm</i>	21	<i>chlorpromazine hcl tab 50 mg</i>	64
<i>ceftriaxone sodium for inj 1 gm</i>	21	CHLORPROMAZ INJ 25MG/ML.....	64
<i>ceftriaxone sodium for inj 250 mg</i>	21	CHLORPROMAZ INJ 50MG/2ML	64
<i>ceftriaxone sodium for inj 2 gm</i>	21	<i>chlorthalidone tab 100 mg</i>	48
<i>ceftriaxone sodium for inj 500 mg</i>	21	<i>chlorthalidone tab 25 mg</i>	48
<i>ceftriaxone sodium for iv soln 1 gm</i>	21	<i>chlorthalidone tab 50 mg</i>	48
<i>ceftriaxone sodium for iv soln 2 gm</i>	21	<i>chlorzoxazone tab 500 mg</i>	73
<i>cefuroxime axetil tab 250 mg</i>	21	<i>cholecalciferol cap 400 unit</i>	112
<i>cefuroxime axetil tab 500 mg</i>	21	<i>cholestyramine light powder 4 gm/dose</i>	41
CEFUROXIME INJ 225GM	21	<i>cholestyramine light powder packets 4 gm</i>	41
CEFUROXIME INJ 75GM	21	<i>cholestyramine powder 4 gm/dose</i>	41
<i>cefuroxime sodium for inj 7.5 gm</i>	21	<i>cholestyramine powder packets 4 gm</i> ..	41
<i>cefuroxime sodium for inj 750 mg</i>	21	<i>choline fenofibrate cap dr 135 mg</i> (<i>fenofibric acid equiv</i>)	41
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	21	<i>choline fenofibrate cap dr 45 mg</i> (<i>fenofibric acid equiv</i>)	41
<i>celecoxib cap 100 mg</i>	1	<i>chor gonadot inj 10000unt</i>	88
<i>celecoxib cap 200 mg</i>	1	CIALIS TAB 2.5MG.....	99
<i>celecoxib cap 400 mg</i>	1	CIALIS TAB 5MG.....	99
<i>celecoxib cap 50 mg</i>	1	<i>ciclopirox gel 0.77%</i>	124
CELONTIN CAP 300MG	52	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	124
<i>cephalexin cap 250 mg</i>	21	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	124
<i>cephalexin cap 500 mg</i>	22	<i>ciclopirox shampoo 1%</i>	124
<i>cephalexin cap 750 mg</i>	22	<i>ciclopirox solution 8%</i>	125
<i>cephalexin for susp 125 mg/5ml</i>	22	<i>cidofovir iv inj 75 mg/ml</i>	19
<i>cephalexin for susp 250 mg/5ml</i>	22	<i>cilostazol tab 100 mg</i>	103
<i>cephalexin tab 250 mg</i>	22	<i>cilostazol tab 50 mg</i>	103
<i>cephalexin tab 500 mg</i>	22	CILOXAN OIN 0.3% OP.....	114
CERDELGA CAP 84MG	84	<i>cimetidine hcl soln 300 mg/5ml</i>	96
CESAMET CAP 1MG	95	<i>cimetidine tab 200 mg</i>	96
<i>cevimeline hcl cap 30 mg</i>	129		
CHANTIX PAK 0.5& 1MG	74		
CHANTIX PAK 1MG	74		
CHANTIX TAB 0.5MG.....	74		
CHANTIX TAB 1MG	74		
<i>chateal tab 0.15/30</i>	81		

<i>cimetidine tab 300 mg</i>	96	CITRANATAL PAK DHA	112
<i>cimetidine tab 400 mg</i>	96	CITRANATAL TAB BLOOM	112
<i>cimetidine tab 800 mg</i>	96	CITRANATAL TAB RX	112
CIMZIA KIT	104	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	
CIMZIA KIT STARTER	104	.....	27
CIMZIA PREFL KIT 200MG/ML.....	104	<i>claravis cap 10mg</i>	123
CIPRODEX SUS 0.3-0.1%	129	<i>claravis cap 20mg</i>	123
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		<i>claravis cap 30mg</i>	123
<i>1000 mg(base eq)</i>	23	<i>claravis cap 40mg</i>	123
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		CLARINEX SYP 0.5MG/ML.....	117
<i>500 mg (base eq)</i>	23	<i>clarithromycin for susp 125 mg/5ml</i>	22
<i>ciprofloxacin 200 mg/100ml in d5w</i>	23	<i>clarithromycin for susp 250 mg/5ml</i>	22
<i>ciprofloxacin 400 mg/200ml in d5w</i>	23	<i>clarithromycin tab 250 mg</i>	22
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		<i>clarithromycin tab 500 mg</i>	22
<i>(5%) (5 gm/100ml)</i>	23	<i>clarithromycin tab er 24hr 500 mg</i>	22
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>clearplex x gel 10%</i>	123
<i>(10%) (10 gm/100ml)</i>	23	<i>clemastine fumarate tab 2.68 mg</i>	117
<i>ciprofloxacin hcl ophth soln 0.3%</i>	114	CLENPIQ SOL.....	97
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		CLEOCIN SUP 100MG	100
.....	23	CLIMARA PRO DIS WEEKLY	84
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clindamax gel 1%</i>	123
.....	23	<i>clindamycin hcl cap 150 mg</i>	13
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clindamycin hcl cap 300 mg</i>	13
.....	23	<i>clindamycin hcl cap 75 mg</i>	13
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>clindamycin palmitate hcl for soln 75</i>	
.....	23	<i>mg/5ml (base equiv)</i>	13
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>		<i>clindamycin phosph-benzoyl peroxide</i>	
.....	23	<i>(refrig) gel 1.2 (1)-5%</i>	123
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>		<i>clindamycin phosphate-benzoyl peroxide</i>	
.....	23	<i>gel 1-5%</i>	123
CIPRO HC SUS OTIC	129	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .34		<i>gel 1.2-2.5%</i>	123
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .34		<i>clindamycin phosphate foam 1%</i>	123
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	34	<i>clindamycin phosphate gel 1%</i>	123
<i>citalopram hydrobromide oral soln 10</i>		<i>clindamycin phosphate inj 300 mg/2ml</i> 13	
<i>mg/5ml</i>	58	<i>clindamycin phosphate inj 600 mg/4ml</i> 13	
<i>citalopram hydrobromide tab 10 mg</i>		<i>clindamycin phosphate inj 900 mg/6ml</i> 13	
<i>(base equiv)</i>	58	<i>clindamycin phosphate inj 9 gm/60ml</i> .13	
<i>citalopram hydrobromide tab 20 mg</i>		<i>clindamycin phosphate iv soln 300</i>	
<i>(base equiv)</i>	58	<i>mg/2ml</i>	13
<i>citalopram hydrobromide tab 40 mg</i>		<i>clindamycin phosphate iv soln 900</i>	
<i>(base equiv)</i>	58	<i>mg/6ml</i>	13
CITRANATAL CAP HARMONY.....	112	<i>clindamycin phosphate lotion 1%</i>	123
CITRANATAL CAP MEDLEY.....	112	<i>clindamycin phosphate soln 1%</i>	123
CITRANATAL MIS	112	<i>clindamycin phosphate swab 1%</i>	123
CITRANATAL MIS 90 DHA	112	<i>clindamycin phosphate vaginal cream 2%</i>	
CITRANATAL MIS B-CALM	112	.....	100
CITRANATAL PAK ASSURE.....	112	<i>clobetasol propionate cream 0.05%</i> ...126	

<i>clobetasol propionate foam 0.05%</i>	126	<i>clozapine tab 200 mg</i>	64
<i>clobetasol propionate gel 0.05%</i>	126	<i>clozapine tab 25 mg</i>	64
<i>clobetasol propionate lotion 0.05%</i>	126	<i>clozapine tab 50 mg</i>	64
<i>clobetasol propionate oint 0.05%</i>	126	COARTEM TAB 20-120MG	16
<i>clobetasol propionate shampoo 0.05%</i>		<i>codeine sulfate tab 15 mg</i>	3
.....	126	<i>codeine sulfate tab 30 mg</i>	3
<i>clobetasol propionate soln 0.05%</i>	126	<i>codeine sulfate tab 60 mg</i>	3
<i>clobetasol propionate spray 0.05%</i>	126	<i>colchicine tab 0.6 mg</i>	1
<i>clocortolone pivalate cream 0.1%</i>	126	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>clofarabine iv soln 1 mg/ml</i>	27	.....	1
<i>clomiphene citrate tab 50 mg</i>	88	<i>colesevelam hcl packet for susp 3.75 gm</i>	
<i>clomipramine hcl cap 25 mg</i>	71	.....	41
<i>clomipramine hcl cap 50 mg</i>	71	<i>colesevelam hcl tab 625 mg</i>	41
<i>clomipramine hcl cap 75 mg</i>	71	<i>colestipol hcl granule packets 5 gm</i>	41
<i>clonazepam tab 0.5 mg</i>	52	<i>colestipol hcl granules 5 gm</i>	41
<i>clonazepam tab 1 mg</i>	52	<i>colestipol hcl tab 1 gm</i>	41
<i>clonazepam tab 2 mg</i>	52	<i>colocort ene 100mg</i>	97
<i>clonidine hcl tab 0.1 mg</i>	49	COMBIGAN SOL 0.2/0.5%.....	115
<i>clonidine hcl tab 0.2 mg</i>	49	COMBIVENT AER 20-100.....	117
<i>clonidine hcl tab 0.3 mg</i>	49	COMETRIQ KIT 100MG	31
<i>clonidine td patch weekly 0.1 mg/24hr</i>	49	COMETRIQ KIT 140MG	31
<i>clonidine td patch weekly 0.2 mg/24hr</i>	49	COMETRIQ KIT 60MG	31
<i>clonidine td patch weekly 0.3 mg/24hr</i>	49	COMPLERA TAB	18
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	103	<i>compro sup 25mg</i>	95
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	103	COMVAX INJ	107
<i>clorazepate dipotassium tab 15 mg</i>	53	CONCEPTROL GEL 4%	99
<i>clorazepate dipotassium tab 3.75 mg</i> ..	52	CONDYLOX GEL 0.5%.....	128
<i>clorazepate dipotassium tab 7.5 mg</i>	53	COPAXONE INJ 40MG/ML.....	72
<i>clotrimazole cream 1%</i>	125	COPEGUS TAB 200MG	19
<i>clotrimazole soln 1%</i>	125	CORDRAN 24X3 TAP 4MCG/CM	127
<i>clotrimazole troche 10 mg</i>	129	CORLANOR TAB 5MG.....	49
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	125	CORLANOR TAB 7.5MG.....	49
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	125	<i>cortisone acetate tab 25 mg</i>	88
<i>clozapine orally disintegrating tab 100 mg</i>	64	CORTISPORIN CRE 0.5%	124
<i>clozapine orally disintegrating tab 12.5 mg</i>	64	CORTISPORIN OIN 1%	124
<i>clozapine orally disintegrating tab 150 mg</i>	64	CORTISPORIN SUS -TC OTIC.....	129
<i>clozapine orally disintegrating tab 200 mg</i>	64	COSENTYX INJ 150MG/ML.....	125
<i>clozapine orally disintegrating tab 25 mg</i>	64	COSENTYX PEN INJ 300DOSE.....	125
<i>clozapine tab 100 mg</i>	64	CREON CAP 12000UNT	98
		CREON CAP 24000UNT	98
		CREON CAP 3000UNIT.....	98
		CREON CAP 36000UNT	98
		CREON CAP 6000UNIT.....	98
		CRESEMBA CAP 186 MG	15
		CRINONE GEL 4% VAG.....	92
		CRINONE GEL 8% VAG.....	92
		CRIXIVAN CAP 200MG	16
		CRIXIVAN CAP 400MG.....	16

<i>cromolyn sodium ophth soln 4%</i>	115	<i>danazol cap 50 mg</i>	84
<i>cromolyn sodium oral conc 100 mg/5ml</i>		DANTRIUM CAP 25MG	73
.....	98	DANTRIUM CAP 50MG	73
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>dantrolene sodium cap 100 mg</i>	73
.....	120	<i>dantrolene sodium cap 25 mg</i>	73
<i>croton lot 10%</i>	129	<i>dantrolene sodium cap 50 mg</i>	73
<i>cryselle-28 tab 28 tabs</i>	81	<i>dapsone tab 100 mg</i>	13
CUVPOSA SOL 1MG/5ML.....	94	<i>dapsone tab 25 mg</i>	13
<i>cyanocobalamin inj 1000 mcg/ml</i>	112	DAPTACEL INJ	107
<i>cyclafem tab 1/35</i>	81	<i>daptomycin for iv soln 500 mg</i>	13
<i>cyclafem tab 7/7/7</i>	81	DARAPRIM TAB 25MG	13
<i>cyclobenzaprine hcl tab 10 mg</i>	73	<i>darifenacin hydrobromide tab er 24hr 15</i>	
<i>cyclobenzaprine hcl tab 5 mg</i>	73	<i>mg (base equiv)</i>	100
<i>cyclobenzaprine hcl tab 7.5 mg</i>	73	<i>darifenacin hydrobromide tab er 24hr 7.5</i>	
<i>cyclophosphamide cap 25 mg</i>	26	<i>mg (base equiv)</i>	100
<i>cyclophosphamide cap 50 mg</i>	26	<i>dasetta tab 1/35</i>	81
<i>cyclophosphamide for inj 1 gm</i>	26	<i>dasetta tab 7/7/7</i>	81
<i>cyclophosphamide for inj 2 gm</i>	26	<i>daunorubicin hcl iv soln 20 mg/4ml (base</i>	
<i>cyclophosphamide for inj 500 mg</i>	26	<i>equiv)</i>	26
<i>cycloserine cap 250 mg</i>	18	DAUNOXOME INJ 2MG/ML.....	26
CYCLOSET TAB 0.8MG.....	76	DDROPS BOOST LIQ 600/.028.....	112
<i>cyclosporine cap 100 mg</i>	106	<i>decitabine for inj 50 mg</i>	27
<i>cyclosporine cap 25 mg</i>	106	<i>delyla tab 0.1-0.02</i>	81
<i>cyclosporine iv soln 50 mg/ml</i>	106	<i>demeclocycline hcl tab 150 mg</i>	25
<i>cyclosporine modified cap 100 mg</i>	107	<i>demeclocycline hcl tab 300 mg</i>	25
<i>cyclosporine modified cap 25 mg</i>	107	DENAVIR CRE 1%	128
<i>cyclosporine modified cap 50 mg</i>	107	DEPEN TITRA TAB 250MG.....	80
<i>cyclosporine modified oral soln 100</i>		DEPO-ESTRADI INJ 5MG/ML.....	84
<i>mg/ml</i>	107	DEPO-MEDROL INJ 20MG/ML	88
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ...117		DEPO-PROVERA INJ 400/ML.....	29
<i>cyproheptadine hcl tab 4 mg</i>	117	DEPO-SQ PROV INJ 104	81
CYSTADANE POW	84	DEPOCYT INJ 50MG/5ML	27
CYSTAGON CAP 150MG	84	DESCOVY TAB 200/25	18
CYSTAGON CAP 50MG	84	<i>desipramine hcl tab 100 mg</i>	58
CYSTARAN SOL 0.44%	116	<i>desipramine hcl tab 10 mg</i>	58
<i>cytarabine inj 20 mg/ml</i>	27	<i>desipramine hcl tab 150 mg</i>	58
<i>cytarabine inj pf 100 mg/ml</i>	27	<i>desipramine hcl tab 25 mg</i>	58
<i>cytarabine inj pf 20 mg/ml</i>	27	<i>desipramine hcl tab 50 mg</i>	58
D		<i>desipramine hcl tab 75 mg</i>	58
D-VI-SOL LIQ 400UNIT.....	112	<i>desloratadine tab 5 mg</i>	117
<i>d3 kids chw 400unit</i>	112	<i>desloratadine tab orally disintegrating</i>	
<i>dacarbazine for inj 100 mg</i>	26	<i>2.5 mg</i>	117
<i>dacarbazine for inj 200 mg</i>	26	<i>desloratadine tab orally disintegrating 5</i>	
<i>dalfampridine tab er 12hr 10 mg</i>	72	<i>mg</i>	117
DALIRESPI TAB 250MCG	120	<i>desmopressin acetate inj 4 mcg/ml</i>	93
DALIRESPI TAB 500MCG	120	<i>desmopressin acetate nasal soln 0.01%</i>	
<i>danazol cap 100 mg</i>	84	<i>(refrigerated)</i>	94
<i>danazol cap 200 mg</i>	84	<i>desmopressin acetate nasal spray soln</i>	

0.01%94
 desmopressin acetate nasal spray soln
 0.01% (refrigerated).....94
 desmopressin acetate tab 0.1 mg94
 desmopressin acetate tab 0.2 mg94
 DESONATE GEL 0.05%127
 desonide cream 0.05%127
 desonide lotion 0.05%127
 desonide oint 0.05%127
 desoximetasone cream 0.05%127
 desoximetasone cream 0.25%127
 desoximetasone gel 0.05%127
 desoximetasone oint 0.05%127
 desoximetasone oint 0.25%127
 desvenlafaxine succinate tab er 24hr 100
 mg (base equiv)58
 desvenlafaxine succinate tab er 24hr 25
 mg (base equiv)58
 desvenlafaxine succinate tab er 24hr 50
 mg (base equiv)58
 DEXAMETHASON CON 1MG/ML.....88
 dexamethasone elixir 0.5 mg/5ml88
 dexamethasone sodium phosphate inj
 100 mg/10ml88
 dexamethasone sodium phosphate inj 10
 mg/ml88
 dexamethasone sodium phosphate inj
 120 mg/30ml88
 dexamethasone sodium phosphate inj 20
 mg/5ml88
 dexamethasone sodium phosphate inj 4
 mg/ml88
 dexamethasone sodium phosphate ophth
 soln 0.1%114
 dexamethasone sod phosphate
 preservative free inj 10 mg/ml88
 dexamethasone soln 0.5 mg/5ml88
 dexamethasone tab 0.5 mg88
 dexamethasone tab 0.75 mg88
 dexamethasone tab 1.5 mg88
 dexamethasone tab 1 mg88
 dexamethasone tab 2 mg88
 dexamethasone tab 4 mg88
 dexamethasone tab 6 mg88
 DEXILANT CAP 30MG DR98
 DEXILANT CAP 60MG DR99
 dexmethylphenidate hcl cap er 24 hr 10
 mg67

dexmethylphenidate hcl cap er 24 hr 15
 mg67
 dexmethylphenidate hcl cap er 24 hr 20
 mg67
 dexmethylphenidate hcl cap er 24 hr 25
 mg67
 dexmethylphenidate hcl cap er 24 hr 30
 mg67
 dexmethylphenidate hcl cap er 24 hr 35
 mg67
 dexmethylphenidate hcl cap er 24 hr 40
 mg67
 dexmethylphenidate hcl cap er 24 hr 5
 mg67
 dexmethylphenidate hcl tab 10 mg67
 dexmethylphenidate hcl tab 2.5 mg67
 dexmethylphenidate hcl tab 5 mg67
 DEXPAK PAK 10 DAY88
 DEXPAK PAK 13 DAY88
 DEXPAK PAK 6 DAY88
 dexrazoxane for inj 250 mg34
 dexrazoxane for inj 500 mg34
 dextroamphetamine sulfate cap er 24hr
 10 mg67
 dextroamphetamine sulfate cap er 24hr
 15 mg67
 dextroamphetamine sulfate cap er 24hr 5
 mg67
 dextroamphetamine sulfate oral solution
 5 mg/5ml67
 dextroamphetamine sulfate tab 10 mg 67
 dextroamphetamine sulfate tab 5 mg ..67
 diazepam con 5mg/ml53
 diazepam inj 5 mg/ml53
 diazepam oral soln 1 mg/ml53
 diazepam tab 10 mg53
 diazepam tab 2 mg53
 diazepam tab 5 mg53
 diclofenac potassium tab 50 mg1
 diclofenac sodium gel 1%128
 diclofenac sodium ophth soln 0.1% ...114
 diclofenac sodium tab delayed release 25
 mg1
 diclofenac sodium tab delayed release 50
 mg1
 diclofenac sodium tab delayed release 75
 mg1
 diclofenac sodium tab er 24hr 100 mg...1

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	46
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	46
<i>dicloxacillin sodium cap 250 mg</i>	24	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	46
<i>dicloxacillin sodium cap 500 mg</i>	24	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	46
<i>dicyclomine hcl cap 10 mg</i>	94	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	46
<i>dicyclomine hcl inj 10 mg/ml</i>	94	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	46
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	94	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	46
<i>didanosine delayed release capsule 200 mg</i>	16	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	46
<i>didanosine delayed release capsule 250 mg</i>	16	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	46
<i>didanosine delayed release capsule 400 mg</i>	16	<i>diltiazem hcl tab 120 mg</i>	46
<i>DIFICID TAB 200MG</i>	22	<i>diltiazem hcl tab 30 mg</i>	46
<i>diflorasone diacetate cream 0.05%</i>	127	<i>diltiazem hcl tab 60 mg</i>	46
<i>diflorasone diacetate oint 0.05%</i>	127	<i>diltiazem hcl tab 90 mg</i>	46
<i>diflunisal tab 500 mg</i>	11	<i>DILTIAZEM INJ 100MG</i>	46
<i>digoxin inj 0.25 mg/ml</i>	47	<i>DIP/TET PED INJ 25-5LFU</i>	107
<i>digoxin oral soln 0.05 mg/ml</i>	47	<i>DIPENTUM CAP 250MG</i>	97
<i>digoxin tab 125 mcg (0.125 mg)</i>	47	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	117
<i>digoxin tab 250 mcg (0.25 mg)</i>	47	<i>diphenhydramine hcl inj 50 mg/ml</i>	118
<i>digox tab 0.125mg</i>	47	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	98
<i>digox tab 0.25mg</i>	47	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	98
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	69	<i>dipyridamole tab 25 mg</i>	103
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	69	<i>dipyridamole tab 50 mg</i>	103
<i>DILANTIN CAP 30MG</i>	53	<i>dipyridamole tab 75 mg</i>	103
<i>DILATRATE SR CAP 40MG</i>	50	<i>disopyramide phosphate cap 100 mg</i>	40
<i>diltiazem hcl cap er 12hr 120 mg</i>	45	<i>disopyramide phosphate cap 150 mg</i>	40
<i>diltiazem hcl cap er 12hr 60 mg</i>	45	<i>disulfiram tab 250 mg</i>	74
<i>diltiazem hcl cap er 12hr 90 mg</i>	45	<i>disulfiram tab 500 mg</i>	74
<i>diltiazem hcl cap er 24hr 120 mg</i>	45	<i>DIURIL SUS 250/5ML</i>	48
<i>diltiazem hcl cap er 24hr 180 mg</i>	45	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	53
<i>diltiazem hcl cap er 24hr 240 mg</i>	45	<i>divalproex sodium tab delayed release 125 mg</i>	53
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	46	<i>divalproex sodium tab delayed release 250 mg</i>	53
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	46	<i>divalproex sodium tab delayed release 500 mg</i>	53
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	46		
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	46		
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	46		

<i>divalproex sodium tab er 24 hr 250 mg</i>	<i>doxepin hcl conc 10 mg/ml</i>	59
.....53	<i>doxepin hcl cream 5%</i>	125
<i>divalproex sodium tab er 24 hr 500 mg</i>	<i>doxercalciferol cap 0.5 mcg</i>	112
.....53	<i>doxercalciferol cap 1 mcg</i>	112
DIVIGEL GEL 0.25MG	<i>doxercalciferol cap 2.5 mcg</i>	112
84	<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	112
DIVIGEL GEL 0.5MG.....	.....112	
84	<i>doxorubicin hcl for inj 10 mg</i>	27
DIVIGEL GEL 1MG/GM.....	<i>doxorubicin hcl for inj 50 mg</i>	27
84	<i>doxorubicin hcl inj 2 mg/ml</i>	27
DOCEFREZ INJ 20MG	<i>doxorubicin hcl liposomal inj (for iv</i>	
28	<i>infusion) 2 mg/ml</i>	27
<i>docetaxel for inj conc 20 mg/ml</i>	<i>doxy 100 inj 100mg</i>	25
28	<i>doxycycline hyclate cap 100 mg</i>	25
<i>docetaxel for inj conc 80 mg/4ml (20</i>	<i>doxycycline hyclate cap 50 mg</i>	25
<i>mg/ml)</i>	<i>doxycycline hyclate for inj 100 mg</i>	25
28	<i>doxycycline hyclate tab 100 mg</i>	25
DOCETAXEL INJ 140/7ML	<i>doxycycline hyclate tab 20 mg</i>	25
28	<i>doxycycline hyclate tab delayed release</i>	
DOCETAXEL INJ 160/8ML	<i>100 mg</i>	25
28	<i>doxycycline hyclate tab delayed release</i>	
DOCETAXEL INJ 20/0.5ML	<i>150 mg</i>	25
28	<i>doxycycline hyclate tab delayed release</i>	
DOCETAXEL INJ 200MG/20	<i>75 mg</i>	25
28	<i>doxycycline monohydrate cap 100 mg</i> .25	
DOCETAXEL INJ 80MG/2ML.....	<i>doxycycline monohydrate cap 150 mg</i> .25	
28	<i>doxycycline monohydrate cap 50 mg</i> ...25	
DOCETAXEL INJ NON-ALCO.....	<i>doxycycline monohydrate cap 75 mg</i> ...25	
28	<i>doxycycline monohydrate for susp 25</i>	
<i>docetaxel soln for iv infusion 160</i>	<i>mg/5ml</i>	25
<i>mg/16ml</i>	<i>doxycycline monohydrate tab 150 mg</i> .25	
28	<i>doxycycline monohydrate tab 50 mg</i> ...25	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	<i>doxycycline monohydrate tab 75 mg</i> ...25	
.....28	<i>doxylamine succinate tab 25mg</i>	69
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	<i>dronabinol cap 10 mg</i>	95
.....28	<i>dronabinol cap 2.5 mg</i>	95
<i>dofetilide cap 125 mcg (0.125 mg)</i>	<i>dronabinol cap 5 mg</i>	95
40	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	<i>tab 3-0.02-0.451 mg</i>	81
40	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	<i>tab 3-0.03-0.451 mg</i>	81
40	<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>donepezil hydrochloride orally</i>	<i>mg</i>	81
<i>disintegrating tab 10 mg</i>	DROXIA CAP 200MG	33
56	DROXIA CAP 300MG	33
<i>donepezil hydrochloride orally</i>	DROXIA CAP 400MG	33
<i>disintegrating tab 5 mg</i>	DUAVEE TAB 0.45-20	84
56	<i>duloxetine hcl cap 20 mg</i>	59
<i>donepezil hydrochloride tab 10 mg</i>		
56		
<i>donepezil hydrochloride tab 23 mg</i>		
56		
<i>donepezil hydrochloride tab 5 mg</i>		
56		
<i>doripenem for iv infusion 250 mg</i>		
13		
<i>doripenem for iv infusion 500 mg</i>		
13		
<i>dorzolamide hcl-timolol maleate ophth</i>		
<i>soln 22.3-6.8 mg/ml</i>		
115		
<i>dorzolamide hcl ophth soln 2%</i>		
115		
<i>doxazosin mesylate tab 1 mg</i>		
37		
<i>doxazosin mesylate tab 2 mg</i>		
37		
<i>doxazosin mesylate tab 4 mg</i>		
37		
<i>doxazosin mesylate tab 8 mg</i>		
37		
<i>doxepin hcl cap 100 mg</i>		
58		
<i>doxepin hcl cap 10 mg</i>		
58		
<i>doxepin hcl cap 150 mg</i>		
59		
<i>doxepin hcl cap 25 mg</i>		
58		
<i>doxepin hcl cap 50 mg</i>		
58		
<i>doxepin hcl cap 75 mg</i>		
58		

<i>duloxetine hcl cap 30 mg</i>	59	EMSAM DIS 9MG/24HR	59
<i>duloxetine hcl cap 60 mg</i>	59	EMTRIVA CAP 200MG	16
DUREZOL EMU 0.05%	114	EMTRIVA SOL 10MG/ML.....	16
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		EMVERM CHW 100MG	13
<i>mg</i>	99	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>dutasteride cap 0.5 mg</i>	99	<i>tab 10-25 mg</i>	35
DYMISTA SPR 137-50.....	117	<i>enalapril maleate & hydrochlorothiazide</i>	
DYRENIUM CAP 100MG.....	48	<i>tab 5-12.5 mg</i>	35
DYRENIUM CAP 50MG	48	<i>enalapril maleate tab 10 mg</i>	36
E		<i>enalapril maleate tab 2.5 mg</i>	36
<i>e.e.s. 400 tab 400mg</i>	22	<i>enalapril maleate tab 20 mg</i>	36
<i>econazole nitrate cream 1%</i>	125	<i>enalapril maleate tab 5 mg</i>	36
<i>ed-spaz tab 0.125mg</i>	94	ENBREL INJ 25/0.5ML.....	104
EDARBI TAB 40MG.....	39	ENBREL INJ 25MG.....	104
EDARBI TAB 80MG.....	39	ENBREL INJ 50MG/ML.....	104
EDURANT TAB 25MG.....	16	ENBREL MINI INJ 50MG/ML.....	104
<i>efavirenz cap 200 mg</i>	16	ENBREL SRCLK INJ 50MG/ML	104
<i>efavirenz cap 50 mg</i>	16	ENCARE SUP 100MG	99
<i>efavirenz tab 600 mg</i>	16	<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>	70	ENGERIX-B INJ 20MCG/ML.....	108
ELIDEL CRE 1%.....	128	ENJUVIA TAB 0.3MG	85
ELIGARD INJ 22.5MG	29	ENJUVIA TAB 0.45MG.....	85
ELIGARD INJ 30MG	29	ENJUVIA TAB 0.625MG.....	85
ELIGARD INJ 45MG	29	ENJUVIA TAB 0.9MG	85
ELIGARD INJ 7.5MG.....	29	<i>enoxaparin sodium inj 100 mg/ml</i>	101
<i>elinest tab</i>	81	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	101
ELIQUIS TAB 2.5MG	101	<i>enoxaparin sodium inj 150 mg/ml</i>	101
ELIQUIS TAB 5MG.....	101	<i>enoxaparin sodium inj 300 mg/3ml</i>	101
<i>elite-ob tab</i>	112	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	101
ELIXOPHYLLIN ELX 80/15ML.....	122	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	101
ELLA TAB 30MG.....	81	<i>enoxaparin sodium inj 60 mg/0.6ml</i>	101
ELMIRON CAP 100MG.....	100	<i>enoxaparin sodium inj 80 mg/0.8ml</i>	101
EMADINE SOL 0.05% OP	115	<i>enpresse-28 tab</i>	81
EMBEDA CAP 100-4MG.....	4	<i>enskyce tab</i>	81
EMBEDA CAP 20-0.8MG.....	4	<i>entacapone tab 200 mg</i>	62
EMBEDA CAP 30-1.2MG.....	4	<i>entecavir tab 0.5 mg</i>	19
EMBEDA CAP 50-2MG	4	<i>entecavir tab 1 mg</i>	19
EMBEDA CAP 60-2.4MG.....	4	ENTRESTO TAB 24-26MG.....	49
EMBEDA CAP 80-3.2MG.....	4	ENTRESTO TAB 49-51MG.....	49
EMCYT CAP 140MG	26	ENTRESTO TAB 97-103MG.....	49
EMEND SUS 125MG	95	<i>enulose sol 10gm/15</i>	97
<i>emoquette tab</i>	81	EPCLUSA TAB 400-100	19
EMSAM DIS 12MG/24H.....	59	EPIDUO FORTE GEL 0.3-2.5%	123
EMSAM DIS 6MG/24HR	59	<i>epinastine hcl ophth soln 0.05%</i>	115

<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	116	<i>(base equiv)</i>	59
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	116	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	59
EPIPEN-JR INJ 2-PAK.....	116	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	59
EPIPEN 2-PAK INJ 0.3MG	116	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	59
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	27	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	99
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	27	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	99
<i>epitol tab 200mg</i>	53	<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	99
EPIVIR HBV SOL 5MG/ML.....	19	<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	99
<i>eplerenone tab 25 mg</i>	37	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	85
<i>eplerenone tab 50 mg</i>	37	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	85
<i>epoprostenol sodium for inj 0.5 mg</i>	51	<i>estradiol tab 0.5 mg</i>	85
<i>epoprostenol sodium for inj 1.5 mg</i>	51	<i>estradiol tab 1 mg</i>	85
<i>eprosartan mesylate tab 600 mg</i>	39	<i>estradiol tab 2 mg</i>	85
ERBITUX INJ 100MG	29	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	85
ERBITUX INJ 200MG	29	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	86
<i>ergocalciferol cap 50000 unit</i>	112	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	85
<i>ergoloid mesylates tab 1 mg</i>	56	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	85
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	70	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	85
ERIVEDGE CAP 150MG	29	<i>estradiol td patch weekly 0.025 mg/24hr</i>	86
<i>errin tab 0.35mg</i>	81	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	86
ERTACZO CRE 2%	125	<i>estradiol td patch weekly 0.05 mg/24hr</i>	86
<i>ery-tab tab 250mg ec</i>	22	<i>estradiol td patch weekly 0.06 mg/24hr</i>	86
<i>ery-tab tab 333mg ec</i>	22	<i>estradiol td patch weekly 0.075 mg/24hr</i>	86
<i>ery-tab tab 500mg ec</i>	22	<i>estradiol vaginal cream 0.1 mg/gm</i>	86
<i>ery pad 2%</i>	123	<i>estradiol valerate im in oil 20 mg/ml</i> ...	86
ERYPED SUS 400/5ML	22	<i>estradiol valerate im in oil 40 mg/ml</i> ...	86
ERYTHROCIN INJ 500MG	22	ESTROGEL GEL	86
<i>erythrocin tab 250mg</i>	22	<i>estropipate tab 0.75 mg</i>	86
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	22		
<i>erythromycin ethylsuccinate tab 400 mg</i>	22		
<i>erythromycin gel 2%</i>	123		
<i>erythromycin ophth oint 5 mg/gm</i>	114		
<i>erythromycin pads 2%</i>	123		
<i>erythromycin soln 2%</i>	123		
<i>erythromycin tab 250 mg</i>	22		
<i>erythromycin tab 500 mg</i>	22		
<i>erythromycin w/ delayed release particles cap 250 mg</i>	22		
ESBRIET CAP 267MG.....	120		
ESBRIET TAB 267MG.....	120		
ESBRIET TAB 801MG.....	120		
<i>escitalopram oxalate soln 5 mg/5ml</i>			

<i>estropipate tab 1.5 mg</i>	86	<i>famotidine tab 40 mg</i>	96
<i>estropipate tab 3 mg</i>	86	FARESTON TAB 60MG	30
<i>eszopiclone tab 1 mg</i>	69	FARXIGA TAB 10MG	79
<i>eszopiclone tab 2 mg</i>	69	FARXIGA TAB 5MG.....	79
<i>eszopiclone tab 3 mg</i>	69	FARYDAK CAP 10MG	29
<i>ethacrynate sodium for inj 50 mg</i>	48	FARYDAK CAP 15MG	29
<i>ethacrynic acid tab 25 mg</i>	48	FARYDAK CAP 20MG	29
<i>ethambutol hcl tab 100 mg</i>	18	FASLODEX INJ 250/5ML	30
<i>ethambutol hcl tab 400 mg</i>	18	<i>fayosim tab</i>	81
<i>ethosuximide cap 250 mg</i>	53	FC2 FEMALE MIS CONDOM.....	109
<i>ethosuximide soln 250 mg/5ml</i>	53	<i>felbamate susp 600 mg/5ml</i>	53
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	81	<i>felbamate tab 400 mg</i>	53
<i>etodolac cap 200 mg</i>	1	<i>felbamate tab 600 mg</i>	53
<i>etodolac cap 300 mg</i>	1	<i>felodipine tab er 24hr 10 mg</i>	46
<i>etodolac tab 400 mg</i>	1	<i>felodipine tab er 24hr 2.5 mg</i>	46
<i>etodolac tab 500 mg</i>	1	<i>felodipine tab er 24hr 5 mg</i>	46
<i>etodolac tab er 24hr 400 mg</i>	2	FEMCAP MIS 22MM	109
<i>etodolac tab er 24hr 500 mg</i>	2	FEMCAP MIS 26MM	109
<i>etodolac tab er 24hr 600 mg</i>	2	FEMCAP MIS 30MM	109
<i>etoposide cap 50 mg</i>	34	<i>fenofibrate cap 150 mg</i>	41
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> .	34	<i>fenofibrate cap 50 mg</i>	41
EURAX CRE 10%.....	129	<i>fenofibrate micronized cap 130 mg</i>	41
EURAX LOT 10%.....	129	<i>fenofibrate micronized cap 134 mg</i>	41
EVAMIST SPR 1.53MG	87	<i>fenofibrate micronized cap 200 mg</i>	41
EVOTAZ TAB 300-150	18	<i>fenofibrate micronized cap 43 mg</i>	41
EXELDERM CRE 1%.....	125	<i>fenofibrate micronized cap 67 mg</i>	41
EXELDERM SOL 1%.....	125	<i>fenofibrate tab 145 mg</i>	41
<i>exemestane tab 25 mg</i>	29	<i>fenofibrate tab 160 mg</i>	41
<i>ezetimibe-simvastatin tab 10-10 mg</i> ...	41	<i>fenofibrate tab 48 mg</i>	41
<i>ezetimibe-simvastatin tab 10-20 mg</i> ...	41	<i>fenofibrate tab 54 mg</i>	41
<i>ezetimibe-simvastatin tab 10-40 mg</i> ...	41	<i>fenofibric acid tab 105 mg</i>	41
<i>ezetimibe-simvastatin tab 10-80 mg</i> ...	41	<i>fenofibric acid tab 35 mg</i>	41
<i>ezetimibe tab 10 mg</i>	41	<i>fenoprofen calcium cap 400 mg</i>	2
EZ FLU SHOT INJ 2018-19	108	<i>fenoprofen calcium tab 600 mg</i>	2
F		FENORTHO CAP 200MG	2
FACTIVE TAB 320MG.....	23	<i>fantanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	4
<i>falmina tab</i>	81	<i>fantanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	4
<i>famciclovir tab 125 mg</i>	19	<i>fantanyl citrate lozenge on a handle 200</i> <i>mcg</i>	4
<i>famciclovir tab 250 mg</i>	19	<i>fantanyl citrate lozenge on a handle 400</i> <i>mcg</i>	4
<i>famciclovir tab 500 mg</i>	19	<i>fantanyl citrate lozenge on a handle 600</i> <i>mcg</i>	4
<i>famotidine for susp 40 mg/5ml</i>	96	<i>fantanyl citrate lozenge on a handle 800</i> <i>mcg</i>	4
<i>famotidine inj 200 mg/20ml</i>	96	<i>fantanyl td patch 72hr 100 mcg/hr</i>	4
<i>famotidine inj 20 mg/2ml</i>	96		
<i>famotidine inj 40 mg/4ml</i>	96		
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	96		
<i>famotidine tab 20 mg</i>	96		

<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	<i>(0.025%)</i>	121
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	<i>fluocinolone acetone (otic) oil 0.01%</i>	
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	.....	130
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	<i>fluocinolone acetone cream 0.01%</i>	127
FERRIPROX SOL 100MG/ML	80	<i>fluocinolone acetone cream 0.025%</i>	127
FERRIPROX TAB 500MG.....	80	<i>fluocinolone acetone oil 0.01% (body oil)</i>	127
FETZIMA CAP 120MG	59	<i>fluocinolone acetone oil 0.01% (scalp oil)</i>	127
FETZIMA CAP 20MG	59	<i>fluocinolone acetone oint 0.025%</i>	127
FETZIMA CAP 40MG	59	<i>fluocinolone acetone soln 0.01%</i>	127
FETZIMA CAP 80MG	59	<i>fluocinonide cream 0.05%</i>	127
FETZIMA CAP TITRATIO.....	59	<i>fluocinonide cream 0.1%</i>	127
FIASP FLEX INJ TOUCH.....	77	<i>fluocinonide gel 0.05%</i>	127
FIASP INJ 100/ML.....	77	<i>fluocinonide oint 0.05%</i>	127
FINACEA AER 15%.....	129	<i>fluocinonide soln 0.05%</i>	127
FINACEA GEL 15%.....	129	<i>fluor-a-day dro 0.125mg</i>	110
<i>finasteride tab 5 mg</i>	99	FLUORABON DRO.....	110
FIRAZYR INJ 30MG/3ML.....	103	<i>fluoritab chw 0.25mg f</i>	110
FLAREX SUS 0.1% OP	114	<i>fluoritab chw 0.5mg f</i>	110
<i>flavoxate hcl tab 100 mg</i>	100	<i>fluoritab chw 2.2mg</i>	110
<i>flecainide acetate tab 100 mg</i>	40	<i>fluorometholone ophth susp 0.1%</i>	114
<i>flecainide acetate tab 150 mg</i>	40	FLUROPLEX CRE 1%.....	124
<i>flecainide acetate tab 50 mg</i>	40	<i>fluorouracil cream 0.5%</i>	124
<i>floxuridine for inj 0.5 gm</i>	27	<i>fluorouracil cream 5%</i>	124
FLUAD INJ 2018-19.....	108	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	27
FLUARIX QUAD INJ 2018-19.....	108	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	27
FLUBLOK QUAD INJ 2018-19	108	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	27
FLUCLVX QUAD INJ 2018-19	108	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	27
FLUCONAZOLE/ INJ NAACL 100	15	<i>fluorouracil soln 2%</i>	124
<i>fluconazole for susp 10 mg/ml</i>	15	<i>fluorouracil soln 5%</i>	124
<i>fluconazole for susp 40 mg/ml</i>	15	<i>fluoxetine hcl cap 10 mg</i>	59
<i>fluconazole in dextrose inj 200 mg/100ml</i>	15	<i>fluoxetine hcl cap 20 mg</i>	59
<i>fluconazole in dextrose inj 400 mg/200ml</i>	15	<i>fluoxetine hcl cap 40 mg</i>	59
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	15	<i>fluoxetine hcl cap delayed release 90 mg</i>	59
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	15	.....	59
<i>fluconazole tab 100 mg</i>	15	<i>fluoxetine hcl solution 20 mg/5ml</i>	59
<i>fluconazole tab 150 mg</i>	15	<i>fluoxetine hcl tab 10 mg</i>	59
<i>fluconazole tab 200 mg</i>	15	<i>fluoxetine hcl tab 20 mg</i>	59
<i>fluconazole tab 50 mg</i>	15	<i>fluoxetine hcl tab 60 mg</i>	59
<i>fludarabine phosphate for inj 50 mg</i>	27	<i>fluphenazine decanoate inj 25 mg/ml</i>	64
<i>fludarabine phosphate inj 25 mg/ml</i>	27	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	64
<i>fludrocortisone acetate tab 0.1 mg</i>	88	<i>fluphenazine hcl inj 2.5 mg/ml</i>	64
FLULAVAL QUA INJ 2018-19	108	<i>fluphenazine hcl oral conc 5 mg/ml</i>	64
FLUMIST QUAD SUS 2018-19	108		
<i>flunisolide nasal soln 25 mcg/act</i>			

<i>fluphenazine hcl tab 10 mg</i>	64	<i>equiv)</i>	16
<i>fluphenazine hcl tab 1 mg</i>	64	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	64	<i>tab 10-12.5 mg</i>	35
<i>fluphenazine hcl tab 5 mg</i>	64	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>flura-drops dro 0.125mg</i>	110	<i>tab 20-12.5 mg</i>	35
<i>flura-drops dro 0.25mg f.</i>	110	<i>fosinopril sodium tab 10 mg</i>	36
<i>flurandrenolide cream 0.05%</i>	127	<i>fosinopril sodium tab 20 mg</i>	36
<i>flurandrenolide lotion 0.05%</i>	127	<i>fosinopril sodium tab 40 mg</i>	36
<i>flurandrenolide oint 0.05%</i>	127	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>(phenytoin equiv)</i>	53
.....	114	<i>fosphenytoin sodium inj 500 mg/10ml</i>	
<i>flurbiprofen tab 100 mg</i>	2	<i>(phenytoin equiv)</i>	53
<i>flurbiprofen tab 50 mg</i>	2	FOSRENOL POW 1000MG	92
<i>flutamide cap 125 mg</i>	30	FOSRENOL POW 750MG	92
<i>fluticasone propionate cream 0.05%</i> ..	127	FRAGMIN INJ 10000/ML	101
<i>fluticasone propionate lotion 0.05%</i> ..	127	FRAGMIN INJ 12500UNT	101
<i>fluticasone propionate nasal susp 50</i>		FRAGMIN INJ 15000UNT	101
<i>mcg/act.</i>	121	FRAGMIN INJ 18000UNT	101
<i>fluticasone propionate oint 0.005%</i> ..	127	FRAGMIN INJ 2500/0.2	101
<i>fluvastatin sodium cap 20 mg</i>	42	FRAGMIN INJ 5000/0.2	101
<i>fluvastatin sodium cap 40 mg</i>	42	FRAGMIN INJ 7500/0.3	101
<i>fluvastatin sodium tab er 24 hr 80 mg</i> ..	42	FRAGMIN INJ 95000UNT	101
<i>fluvoxamine maleate cap er 24hr 100 mg</i>		<i>frovatriptan succinate tab 2.5 mg (base</i>	
.....	71	<i>equivalent)</i>	70
<i>fluvoxamine maleate cap er 24hr 150 mg</i>		<i>furosemide inj 10 mg/ml</i>	48
.....	71	<i>furosemide oral soln 10 mg/ml</i>	48
<i>fluvoxamine maleate tab 100 mg</i>	71	FUROSEMIDE ORAL SOLN 8 MG/ML	48
<i>fluvoxamine maleate tab 25 mg</i>	71	<i>furosemide tab 20 mg</i>	48
<i>fluvoxamine maleate tab 50 mg</i>	71	<i>furosemide tab 40 mg</i>	48
FLUZONE HD INJ PF 18-19	108	<i>furosemide tab 80 mg</i>	48
FLUZONE QUAD INJ 2018-19	108	FUZEON INJ 90MG	16
FML FORTE SUS 0.25% OP	114	FYCOMPA SUS 0.5MG/ML	53
FML OIN 0.1% OP	115	FYCOMPA TAB 10MG	53
<i>folic acid tab 1 mg</i>	112	FYCOMPA TAB 12MG	53
<i>folic acid tab 400 mcg</i>	112	FYCOMPA TAB 2MG	53
<i>folic acid tab 800 mcg</i>	112	FYCOMPA TAB 4MG	53
<i>fondaparinux sodium subcutaneous inj</i>		FYCOMPA TAB 6MG	53
<i>10 mg/0.8ml</i>	101	FYCOMPA TAB 8MG	53
<i>fondaparinux sodium subcutaneous inj</i>		G	
<i>2.5 mg/0.5ml</i>	101	<i>gabapentin cap 100 mg</i>	53
<i>fondaparinux sodium subcutaneous inj 5</i>		<i>gabapentin cap 300 mg</i>	53
<i>mg/0.4ml</i>	101	<i>gabapentin cap 400 mg</i>	53
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin oral soln 250 mg/5ml</i>	53
<i>7.5 mg/0.6ml</i>	101	<i>gabapentin tab 600 mg</i>	53
FORTEO SOL 600/2.4	91	<i>gabapentin tab 800 mg</i>	53
FOSAMAX + D TAB 70-2800	80	GABLOFEN INJ 10000/20	73
FOSAMAX + D TAB 70-5600	80	GABLOFEN INJ 20000/20	73
<i>fosamprenavir calcium tab 700 mg (base</i>		GABLOFEN INJ 40000/20	73

GABLOFEN INJ 50MCG/ML	73	GENTAM/NACL INJ 1.4MG/ML.....	12
<i>galantamine hydrobromide cap er 24hr</i>		<i>gentamicin in saline inj 0.8 mg/ml</i>	12
<i>16 mg.....</i>	56	<i>gentamicin in saline inj 1.2 mg/ml</i>	12
<i>galantamine hydrobromide cap er 24hr</i>		<i>gentamicin in saline inj 1.6 mg/ml</i>	12
<i>24 mg.....</i>	56	<i>gentamicin in saline inj 1 mg/ml</i>	12
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>gentamicin in saline inj 2 mg/ml</i>	12
<i>mg</i>	56	<i>gentamicin sulfate cream 0.1%.....</i>	124
<i>galantamine hydrobromide oral soln 4</i>		<i>gentamicin sulfate inj 10 mg/ml</i>	12
<i>mg/ml.....</i>	56	<i>gentamicin sulfate inj 40 mg/ml</i>	12
<i>galantamine hydrobromide tab 12 mg</i>	56	<i>gentamicin sulfate iv soln 10 mg/ml....</i>	12
<i>galantamine hydrobromide tab 4 mg...56</i>		<i>gentamicin sulfate oint 0.1%.....</i>	124
<i>galantamine hydrobromide tab 8 mg...56</i>		<i>gentamicin sulfate ophth oint 0.3%...114</i>	
GARDASIL 9 INJ	108	<i>gentamicin sulfate ophth soln 0.3%...114</i>	
GARDASIL INJ	108	GENVOYA TAB.....	18
<i>gatifloxacin ophth soln 0.5%</i>	114	<i>gianvi tab 3-0.02mg</i>	81
<i>gavilyte-c sol</i>	97	<i>gildess fe tab 1/20.....</i>	81
<i>gavilyte-g sol</i>	97	<i>gildess fe tab 1.5/30</i>	81
<i>gavilyte-h kit</i>	97	<i>gildess tab 1/20</i>	82
<i>gavilyte-n sol flav pk.....</i>	97	<i>gildess tab 1.5/30.....</i>	81
GAZYVA INJ 25MG/ML.....	29	GILENYA CAP 0.5MG	72
<i>gemcitabine hcl for inj 1 gm.....</i>	27	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gemcitabine hcl for inj 200 mg</i>	28	<i>20 mg/ml</i>	72
<i>gemcitabine hcl for inj 2 gm.....</i>	27	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>		<i>40 mg/ml</i>	72
<i>mg/ml) (base equiv)</i>	28	GLEOSTINE CAP 100MG	26
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>		GLEOSTINE CAP 10MG	26
<i>mg/ml) (base equiv)</i>	28	GLEOSTINE CAP 40MG	26
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>		GLEOSTINE CAP 5MG	26
<i>mg/ml) (base equiv)</i>	28	GLIADEL WAF 7.7MG	26
<i>gemfibrozil tab 600 mg</i>	41	<i>glimepiride tab 1 mg.....</i>	79
<i>generlac sol 10gm/15</i>	97	<i>glimepiride tab 2 mg.....</i>	79
<i>gengraf cap 100mg</i>	107	<i>glimepiride tab 4 mg.....</i>	79
<i>gengraf cap 25mg.....</i>	107	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>gengraf sol 100mg/ml</i>	107	<i>.....</i>	76
GENOTROPIN INJ 0.2MG.....	90	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
GENOTROPIN INJ 0.4MG.....	90	<i>.....</i>	76
GENOTROPIN INJ 0.6MG.....	90	<i>glipizide-metformin hcl tab 5-500 mg ..</i>	76
GENOTROPIN INJ 0.8MG.....	90	<i>glipizide tab 10 mg</i>	79
GENOTROPIN INJ 1.2MG.....	90	<i>glipizide tab 5 mg.....</i>	79
GENOTROPIN INJ 1.4MG.....	90	<i>glipizide tab er 24hr 10 mg</i>	79
GENOTROPIN INJ 1.6MG.....	90	<i>glipizide tab er 24hr 2.5 mg</i>	79
GENOTROPIN INJ 1.8MG.....	90	<i>glipizide tab er 24hr 5 mg.....</i>	79
GENOTROPIN INJ 12MG.....	90	GLUCAGON KIT 1MG.....	90
GENOTROPIN INJ 1MG	90	GLUCOSE URINE TEST STRIPS.....	109
GENOTROPIN INJ 2MG	90	<i>glyburide-metformin tab 1.25-250 mg.</i>	76
GENOTROPIN INJ 5MG	90	<i>glyburide-metformin tab 2.5-500 mg ..</i>	76
<i>gentak oin 0.3% op.....</i>	114	<i>glyburide-metformin tab 5-500 mg</i>	76
GENTAM/NACL INJ 0.9MG/ML.....	12	<i>glyburide micronized tab 1.5 mg.....</i>	79

<i>glyburide micronized tab 3 mg</i>	79	HALOG OIN 0.1%	127
<i>glyburide micronized tab 6 mg</i>	79	<i>haloperidol decanoate im soln 100 mg/ml</i>	64
<i>glyburide tab 1.25 mg</i>	79	.....	64
<i>glyburide tab 2.5 mg</i>	79	<i>haloperidol decanoate im soln 50 mg/ml</i>	64
<i>glyburide tab 5 mg</i>	79	.....	64
<i>glycopyrrolate inj 0.2 mg/ml</i>	94	<i>haloperidol lactate inj 5 mg/ml</i>	64
<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i>		<i>haloperidol lactate oral conc 2 mg/ml</i> ..	64
<i>mg/ml)</i>	94	<i>haloperidol tab 0.5 mg</i>	64
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	94	<i>haloperidol tab 10 mg</i>	64
.....	94	<i>haloperidol tab 1 mg</i>	64
<i>glycopyrrolate inj 4 mg/20ml (0.2</i>		<i>haloperidol tab 20 mg</i>	64
<i>mg/ml)</i>	94	<i>haloperidol tab 2 mg</i>	64
<i>glycopyrrolate tab 1 mg</i>	94	<i>haloperidol tab 5 mg</i>	64
<i>glycopyrrolate tab 2 mg</i>	94	HARVONI TAB 90-400MG.....	19
GOLYTELY SOL.....	97	HAVRIX INJ 1440UNIT.....	108
GONAL-F INJ 1050UNIT.....	88	HAVRIX INJ 720UNIT.....	108
GONAL-F INJ 450UNIT	88	<i>heather tab 0.35mg</i>	82
GONAL-F RFF INJ 300/0.5.....	88	<i>heparin sodium (porcine) inj 10000</i>	
GONAL-F RFF INJ 450/0.75	88	<i>unit/ml</i>	101
GONAL-F RFF INJ 75UNIT	88	<i>heparin sodium (porcine) inj 1000</i>	
GONAL-F RFF INJ 900/1.5.....	88	<i>unit/ml</i>	101
<i>granisetron hcl inj 0.1 mg/ml</i>	95	<i>heparin sodium (porcine) inj 20000</i>	
<i>granisetron hcl inj 1 mg/ml</i>	95	<i>unit/ml</i>	101
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>		<i>heparin sodium (porcine) inj 5000</i>	
.....	95	<i>unit/ml</i>	101
<i>granisetron hcl tab 1 mg</i>	95	<i>heparin sodium (porcine) pf inj 5000</i>	
<i>griseofulvin microsize susp 125 mg/5ml</i>		<i>unit/0.5ml</i>	101
.....	15	HEPLISAV-B INJ 20/0.5ML	108
<i>griseofulvin microsize tab 500 mg</i>	15	HEPLISAV-B INJ 20MCG.....	108
<i>griseofulvin ultramicrosize tab 125 mg</i>	15	HETLIOZ CAP 20MG	69
<i>griseofulvin ultramicrosize tab 250 mg</i>	15	HEXALEN CAP 50MG	26
<i>guanfacine hcl tab 1 mg</i>	49	HIBERIX SOL 10MCG.....	108
<i>guanfacine hcl tab 2 mg</i>	49	HUMALOG INJ 100/ML.....	77
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HUMALOG KWIK INJ 100/ML	77
<i>equiv)</i>	67	HUMALOG KWIK INJ 200/ML	77
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HUMALOG MIX INJ 50/50.....	77
<i>equiv)</i>	67	HUMALOG MIX INJ 50/50KWP	77
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		HUMALOG MIX INJ 75/25KWP	77
<i>equiv)</i>	68	HUMALOG MIX SUS 75/25	77
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HUMATROPE INJ 12MG	90
<i>equiv)</i>	68	HUMATROPE INJ 24MG	90
GUANIDINE TAB 125MG	71	HUMATROPE INJ 5MG.....	90
GYNAZOLE-1 CRE 2%.....	100	HUMATROPE INJ 6MG.....	90
GYNOL II GEL 3%	100	HUMATROPEN MIS FOR 12MG.....	110
H		HUMATROPEN MIS FOR 24MG.....	110
<i>halobetasol propionate cream 0.05%</i>	127	HUMATROPEN MIS FOR 6MG	110
<i>halobetasol propionate oint 0.05%</i>	127	HUMIRA INJ 10/0.1ML	104
HALOG CRE 0.1%	127	HUMIRA INJ 10MG/0.2	104

HUMIRA INJ 20/0.2ML	104	<i>hydrocortisone lotion 2.5%</i>	127
HUMIRA INJ 40/0.4ML	104	<i>hydrocortisone oint 1%</i>	127
HUMIRA KIT 20MG/0.4	104	<i>hydrocortisone oint 2.5%</i>	127
HUMIRA KIT 40MG/0.8	104	<i>hydrocortisone tab 10 mg</i>	88
HUMIRA PEDIA INJ CROHNS	104	<i>hydrocortisone tab 20 mg</i>	89
HUMIRA PEN INJ 40/0.4ML.....	104	<i>hydrocortisone tab 5 mg</i>	88
HUMIRA PEN INJ CD/UC/HS	104	<i>hydrocortisone valerate cream 0.2%</i> .	127
HUMIRA PEN INJ PS/UV	105	<i>hydrocortisone valerate oint 0.2%</i>	127
HUMIRA PEN KIT CD/UC/HS	105	<i>hydrocortisone w/ acetic acid otic soln 1-</i>	
HUMIRA PEN KIT PS/UV.....	105	<i>2%</i>	130
HUMULIN INJ 70/30.....	77	<i>hydromet syp 5-1.5/5</i>	119
HUMULIN INJ 70/30KWP.....	77	<i>hydromorphone hcl inj 1 mg/ml</i>	5
HUMULIN N INJ U-100.....	77	<i>hydromorphone hcl inj 2 mg/ml</i>	5
HUMULIN N INJ U-100KWP	77	<i>hydromorphone hcl inj 4 mg/ml</i>	5
HUMULIN R INJ U-100.....	77	<i>hydromorphone hcl liqd 1 mg/ml</i>	5
HUMULIN R INJ U-500.....	77	<i>hydromorphone hcl preservative free (pf)</i>	
<i>hydralazine hcl inj 20 mg/ml</i>	49	<i>inj 10 mg/ml</i>	5
<i>hydralazine hcl tab 100 mg</i>	49	<i>hydromorphone hcl tab 2 mg</i>	5
<i>hydralazine hcl tab 10 mg</i>	49	<i>hydromorphone hcl tab 4 mg</i>	5
<i>hydralazine hcl tab 25 mg</i>	49	<i>hydromorphone hcl tab 8 mg</i>	5
<i>hydralazine hcl tab 50 mg</i>	49	<i>hydromorphone hcl tab er 24hr deter 12</i>	
<i>hydrochlorothiazide cap 12.5 mg</i>	48	<i>mg</i>	5
<i>hydrochlorothiazide tab 12.5 mg</i>	48	<i>hydromorphone hcl tab er 24hr deter 16</i>	
<i>hydrochlorothiazide tab 25 mg</i>	48	<i>mg</i>	5
<i>hydrochlorothiazide tab 50 mg</i>	48	<i>hydromorphone hcl tab er 24hr deter 32</i>	
<i>hydrocodone-acetaminophen soln 10-325</i>		<i>mg</i>	5
<i>mg/15ml</i>	5	<i>hydromorphone hcl tab er 24hr deter 8</i>	
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>mg</i>	5
<i>325 mg/15ml</i>	5	HYDROMORPHON SUP 3MG	5
<i>hydrocodone-acetaminophen tab 10-325</i>		<i>hydroxychloroquine sulfat</i>	
<i>mg</i>	5	<i>tab 200 mg</i>	105
<i>hydrocodone-acetaminophen tab 2.5-325</i>		<i>hydroxyurea cap 500 mg</i>	33
<i>mg</i>	5	<i>hydroxyzine hcl im soln 25 mg/ml</i>	118
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>hydroxyzine hcl im soln 50 mg/ml</i>	118
<i>mg</i>	5	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	118
<i>hydrocodone-acetaminophen tab 7.5-325</i>		<i>hydroxyzine hcl tab 10 mg</i>	118
<i>mg</i>	5	<i>hydroxyzine hcl tab 25 mg</i>	118
<i>hydrocodone w/ homatropine syrup 5-</i>		<i>hydroxyzine hcl tab 50 mg</i>	118
<i>1.5 mg/5ml</i>	119	<i>hydroxyzine pamoate cap 100 mg</i>	118
<i>hydrocodone w/ homatropine tab 5-1.5</i>		<i>hydroxyzine pamoate cap 25 mg</i>	118
<i>mg</i>	119	<i>hydroxyzine pamoate cap 50 mg</i>	118
<i>hydrocortisone butyrate cream 0.1%</i> .	127	<i>hyoscyamine sulfate sl tab 0.125 mg</i> ...	94
<i>hydrocortisone butyrate hydrophilic lipo</i>		<i>hyoscyamine sulfate tab 0.125 mg</i>	94
<i>base cream 0.1%</i>	127	.....	94
<i>hydrocortisone butyrate oint 0.1%</i>	127	<i>hyoscyamine sulfate tab er 12hr 0.375</i>	
<i>hydrocortisone butyrate soln 0.1%</i>	127	<i>mg</i>	94
<i>hydrocortisone cream 1%</i>	127	HYQVIA INJ 10-800.....	106
<i>hydrocortisone cream 2.5%</i>	127		

HYQVIA INJ 2.5-200.....	105	IMBRUVICA TAB 560MG	31
HYQVIA INJ 20-1600	106	<i>imipenem-cilastatin intravenous for soln</i>	
HYQVIA INJ 30-2400	106	<i>250 mg</i>	13
HYQVIA INJ 5-400	105	<i>imipenem-cilastatin intravenous for soln</i>	
HYSINGLA ER TAB 100 MG	6	<i>500 mg</i>	13
HYSINGLA ER TAB 120 MG	6	<i>imipramine hcl tab 10 mg</i>	59
HYSINGLA ER TAB 20 MG	5	<i>imipramine hcl tab 25 mg</i>	59
HYSINGLA ER TAB 30 MG	6	<i>imipramine hcl tab 50 mg</i>	59
HYSINGLA ER TAB 40 MG	6	<i>imipramine pamoate cap 100 mg.....</i>	60
HYSINGLA ER TAB 60 MG	6	<i>imipramine pamoate cap 125 mg.....</i>	60
HYSINGLA ER TAB 80 MG	6	<i>imipramine pamoate cap 150 mg.....</i>	60
I		<i>imipramine pamoate cap 75 mg</i>	59
<i>ibandronate sodium iv soln 3 mg/3ml</i>		<i>imiquimod cream 5%</i>	124
<i>(base equivalent)</i>	80	INCRELEX INJ 40MG/4ML.....	91
<i>ibandronate sodium tab 150 mg (base</i>		INCRUSE ELPT INH 62.5MCG.....	117
<i>equivalent)</i>	80	<i>indapamide tab 1.25 mg.....</i>	48
IBRANCE CAP 100MG	29	<i>indapamide tab 2.5 mg</i>	48
IBRANCE CAP 125MG	29	<i>indomethacin cap 25 mg</i>	2
IBRANCE CAP 75MG.....	29	<i>indomethacin cap 50 mg</i>	2
<i>ibuprofen susp 100 mg/5ml</i>	2	INFANRIX INJ.....	108
<i>ibuprofen tab 400 mg</i>	2	INLYTA TAB 1MG	31
<i>ibuprofen tab 600 mg</i>	2	INLYTA TAB 5MG	32
<i>ibuprofen tab 800 mg</i>	2	INSULIN PEN NEEDLES.....	109
ICLUSIG TAB 15MG.....	31	INSULIN PEN NEEDLES/SYRINGES	109
ICLUSIG TAB 45MG.....	31	INTELENCE TAB 100MG.....	16
<i>idarubicin hcl iv inj 10 mg/10ml (1</i>		INTELENCE TAB 200MG.....	16
<i>mg/ml)</i>	27	INTELENCE TAB 25MG.....	16
<i>idarubicin hcl iv inj 20 mg/20ml (1</i>		INTRON A INJ 10MU	106
<i>mg/ml)</i>	27	INTRON A INJ 18MU	106
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>		INTRON A INJ 25MU	106
<i>.....</i>	27	INTRON A INJ 50MU	106
IDHIFA TAB 100MG.....	31	<i>introvale tab</i>	82
IDHIFA TAB 50MG	31	INVANZ INJ 1GM	13
<i>ifosfamide for inj 1 gm</i>	26	INVIRASE CAP 200MG	16
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>		INVIRASE TAB 500MG	16
<i>.....</i>	26	INVOKAMET TAB 150-1000	78
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>		INVOKAMET TAB 150-500.....	78
<i>.....</i>	26	INVOKAMET TAB 50-1000.....	78
ILEVRO DRO 0.3% OP	115	INVOKAMET TAB 50-500MG	78
<i>imatinib mesylate tab 100 mg (base</i>		INVOKAMET XR TAB 150-1000	78
<i>equivalent)</i>	31	INVOKAMET XR TAB 150-500	78
<i>imatinib mesylate tab 400 mg (base</i>		INVOKAMET XR TAB 50-1000	78
<i>equivalent)</i>	31	INVOKAMET XR TAB 50-500MG	78
IMBRUVICA CAP 140MG	31	INVOKANA TAB 100MG.....	79
IMBRUVICA CAP 70MG	31	INVOKANA TAB 300MG.....	79
IMBRUVICA TAB 140MG	31	IOPIDINE SOL 1% OP.....	115
IMBRUVICA TAB 280MG	31	IPOL INJ INACTIVE	108
IMBRUVICA TAB 420MG	31	<i>ipratropium-albuterol nebu soln 0.5-</i>	

2.5(3) mg/3ml	117	IV PREP WIPE PAD	124
<i>ipratropium bromide inhal soln 0.02%</i>		J	
.....	117	JADENU SPRKL GRA 180MG	80
<i>ipratropium bromide nasal soln 0.03%</i>		JADENU SPRKL GRA 360MG	80
(21 mcg/spray)	117	JADENU SPRKL GRA 90MG	80
<i>ipratropium bromide nasal soln 0.06%</i>		JADENU TAB 180MG	80
(42 mcg/spray)	117	JADENU TAB 360MG	80
<i>irbesartan-hydrochlorothiazide tab 150-</i>		JADENU TAB 90MG	80
<i>12.5 mg</i>	38	JAKAFI TAB 10MG.....	32
<i>irbesartan-hydrochlorothiazide tab 300-</i>		JAKAFI TAB 15MG.....	32
<i>12.5 mg</i>	38	JAKAFI TAB 20MG.....	32
<i>irbesartan tab 150 mg</i>	39	JAKAFI TAB 25MG.....	32
<i>irbesartan tab 300 mg</i>	39	JAKAFI TAB 5MG	32
<i>irbesartan tab 75 mg</i>	39	<i>jantoven tab 10mg</i>	102
<i>irinotecan hcl inj 100 mg/5ml (20</i>		<i>jantoven tab 1mg</i>	101
<i>mg/ml)</i>	34	<i>jantoven tab 2.5mg</i>	101
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>		<i>jantoven tab 2mg</i>	101
.....	34	<i>jantoven tab 3mg</i>	102
<i>irinotecan hcl inj 500 mg/25ml (20</i>		<i>jantoven tab 4mg</i>	102
<i>mg/ml)</i>	34	<i>jantoven tab 5mg</i>	102
ISENTRESS CHW 100MG	16	<i>jantoven tab 6mg</i>	102
ISENTRESS CHW 25MG	16	<i>jantoven tab 7.5mg</i>	102
ISENTRESS HD TAB 600MG	16	JANUMET TAB 50-1000.....	77
ISENTRESS POW 100MG.....	16	JANUMET TAB 50-500MG.....	77
ISENTRESS TAB 400MG.....	16	JANUMET XR TAB 100-1000	77
<i>isoniazid inj 100 mg/ml</i>	18	JANUMET XR TAB 50-1000.....	77
<i>isoniazid syrup 50 mg/5ml</i>	18	JANUMET XR TAB 50-500MG	77
<i>isoniazid tab 100 mg</i>	18	JANUVIA TAB 100MG	76
<i>isoniazid tab 300 mg</i>	18	JANUVIA TAB 25MG	76
ISORDIL TAB 40MG	50	JANUVIA TAB 50MG	76
<i>isosorbide dinitrate tab 10 mg</i>	50	JARDIANCE TAB 10MG	79
<i>isosorbide dinitrate tab 20 mg</i>	50	JARDIANCE TAB 25MG	79
<i>isosorbide dinitrate tab 30 mg</i>	50	JENTADUETO TAB 2.5-1000	77
<i>isosorbide dinitrate tab 5 mg</i>	50	JENTADUETO TAB 2.5-500.....	77
<i>isosorbide dinitrate tab er 40 mg</i>	50	JENTADUETO TAB 2.5-850	77
<i>isosorbide mononitrate tab 10 mg</i>	50	JENTADUETO TAB XR	77
<i>isosorbide mononitrate tab 20 mg</i>	50	<i>jinteli tab 1mg-5mcg</i>	87
<i>isosorbide mononitrate tab er 24hr 120</i>		<i>jolessa tab</i>	82
<i>mg</i>	50	<i>jolivette tab 0.35mg</i>	82
<i>isosorbide mononitrate tab er 24hr 30</i>		JUBLIA SOL 10%	125
<i>mg</i>	50	<i>junel 1/20 tab</i>	82
<i>isosorbide mononitrate tab er 24hr 60</i>		<i>junel 1.5/30 tab</i>	82
<i>mg</i>	50	<i>junel fe tab 1/20</i>	82
<i>isradipine cap 2.5 mg</i>	46	<i>junel fe tab 1.5/30</i>	82
<i>isradipine cap 5 mg</i>	46	K	
<i>itraconazole cap 100 mg</i>	15	<i>k-effervesce tab 25meq ef</i>	110
<i>itraconazole oral soln 10 mg/ml</i>	15	KADCYLA INJ 100MG.....	29
<i>ivermectin tab 3 mg</i>	13	KADCYLA INJ 160MG.....	29

KALETRA TAB 100-25MG	18	<i>labetalol hcl tab 100 mg</i>	44
KALETRA TAB 200-50MG	18	<i>labetalol hcl tab 200 mg</i>	44
KALYDECO PAK 50MG.....	120	<i>labetalol hcl tab 300 mg</i>	44
KALYDECO PAK 75MG.....	120	LACRISERT MIS 5MG OP	116
KALYDECO TAB 150MG.....	120	<i>lactic acid (ammonium lactate) cream</i>	
<i>kariva tab 28 day</i>	82	<i>12%</i>	128
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>		<i>lactic acid (ammonium lactate) lotion</i>	
<i>.....</i>	111	<i>10%</i>	128
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>		<i>lactic acid (ammonium lactate) lotion</i>	
<i>.....</i>	111	<i>12%</i>	128
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj.</i>	111	<i>lactulose solution 10 gm/15ml.....</i>	97
<i>kelnor tab 1/35</i>	82	LAMISIL GRA 125MG.....	15
KERYDIN SOL 5%	125	LAMISIL GRA 187.5MG.....	15
KETEK TAB 300MG.....	12	<i>lamivudine-zidovudine tab 150-300 mg</i>	
KETEK TAB 400MG.....	12	<i>.....</i>	18
<i>ketoconazole cream 2%.....</i>	125	<i>lamivudine oral soln 10 mg/ml</i>	16
<i>ketoconazole shampoo 2%.....</i>	126	<i>lamivudine tab 100 mg (hbv)</i>	19
<i>ketodan aer 2%.....</i>	125	<i>lamivudine tab 150 mg.....</i>	16
KETONE URINE TEST STRIPS.....	109	<i>lamivudine tab 300 mg.....</i>	16
<i>ketoprofen cap 50 mg</i>	2	<i>lamotrigine orally disintegrating tab 100</i>	
<i>ketoprofen cap 75 mg</i>	2	<i>mg</i>	53
<i>ketoprofen cap er 24hr 200 mg</i>	2	<i>lamotrigine orally disintegrating tab 200</i>	
<i>ketorolac tromethamine im inj 60</i>		<i>mg</i>	54
<i>mg/2ml (30 mg/ml).....</i>	2	<i>lamotrigine orally disintegrating tab 25</i>	
<i>ketorolac tromethamine inj 15 mg/ml ...</i>	2	<i>mg</i>	53
<i>ketorolac tromethamine inj 30 mg/ml ...</i>	2	<i>lamotrigine orally disintegrating tab 50</i>	
<i>ketorolac tromethamine ophth soln 0.4%</i>		<i>mg</i>	53
<i>.....</i>	115	<i>lamotrigine tab 100 mg</i>	54
<i>ketorolac tromethamine ophth soln 0.5%</i>		<i>lamotrigine tab 150 mg</i>	54
<i>.....</i>	115	<i>lamotrigine tab 200 mg</i>	54
<i>ketorolac tromethamine tab 10 mg</i>	2	<i>lamotrigine tab 25 mg.....</i>	54
KEVZARA INJ 150/1.14.....	105	<i>lamotrigine tab 25 mg (35) starter kit .</i>	54
KEVZARA INJ 200/1.14.....	105	<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>	
KEYTRUDA INJ 100MG/4M	29	<i>starter kit</i>	54
KEYTRUDA SOL 50MG	29	<i>lamotrigine tab 25 mg (84) & 100 mg</i>	
KINRIX INJ	108	<i>(14) starter kit</i>	54
<i>kionex sus 15gm/60</i>	80	<i>lamotrigine tab chewable dispersible 25</i>	
<i>klor-con 10 tab 10meq er</i>	110	<i>mg</i>	54
<i>klor-con 8 tab 8meq er.....</i>	110	<i>lamotrigine tab chewable dispersible 5</i>	
KLOR-CON M15 TAB 15MEQ ER	110	<i>mg</i>	54
<i>klor-con m20 tab 20meq er.....</i>	110	<i>lamotrigine tab er 24hr 100 mg</i>	54
<i>kurvelo tab 0.15/30</i>	82	<i>lamotrigine tab er 24hr 200 mg.....</i>	54
KUVAN POW 100MG.....	84	<i>lamotrigine tab er 24hr 250 mg.....</i>	54
KUVAN POW 500MG.....	84	<i>lamotrigine tab er 24hr 25 mg.....</i>	54
KUVAN TAB 100MG.....	84	<i>lamotrigine tab er 24hr 300 mg.....</i>	54
KYLEENA IUD 19.5MG	82	<i>lamotrigine tab er 24hr 50 mg.....</i>	54
L		LANCETS	109
<i>labetalol hcl iv soln 5 mg/ml</i>	44	LANCING DEVICE.....	109

LANOXIN PED INJ 0.1MG/ML	47	(base equiv).....	119
LANOXIN TAB 0.0625MG	47	levalbuterol hcl soln nebu 0.63 mg/3ml	
LANOXIN TAB 0.1875MG	47	(base equiv).....	119
<i>lansoprazole cap delayed release 15 mg</i>		<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
.....	99	(base equiv).....	119
<i>lansoprazole cap delayed release 30 mg</i>		<i>levalbuterol hcl soln nebu conc 1.25</i>	
.....	99	<i>mg/0.5ml (base equiv)</i>	119
<i>lanthanum carbonate chew tab 1000 mg</i>		<i>levalbuterol tartrate inhal aerosol 45</i>	
<i>(elemental).....</i>	92	<i>mcg/act (base equiv)</i>	119
<i>lanthanum carbonate chew tab 500 mg</i>		LEVEMIR INJ	77
<i>(elemental).....</i>	92	LEVEMIR INJ FLEXTOUC	77
<i>lanthanum carbonate chew tab 750 mg</i>		<i>levetiracetam inj 500 mg/5ml (100</i>	
<i>(elemental).....</i>	92	<i>mg/ml)</i>	54
<i>larin tab 1.5/30</i>	82	<i>levetiracetam in sodium chloride iv soln</i>	
LASTACRAFT SOL 0.25%	115	<i>1000 mg/100ml</i>	54
<i>latanoprost ophth soln 0.005%</i>	115	<i>levetiracetam in sodium chloride iv soln</i>	
LATUDA TAB 120MG	64	<i>1500 mg/100ml</i>	54
LATUDA TAB 20MG	64	<i>levetiracetam in sodium chloride iv soln</i>	
LATUDA TAB 40MG	64	<i>500 mg/100ml</i>	54
LATUDA TAB 60MG	64	<i>levetiracetam oral soln 100 mg/ml.....</i>	54
LATUDA TAB 80MG	64	<i>levetiracetam tab 1000 mg</i>	54
<i>leena tab</i>	82	<i>levetiracetam tab 250 mg</i>	54
<i>leflunomide tab 10 mg</i>	105	<i>levetiracetam tab 500 mg</i>	54
<i>leflunomide tab 20 mg</i>	105	<i>levetiracetam tab 750 mg</i>	54
LENVIMA CAP 10 MG	32	<i>levetiracetam tab er 24hr 500 mg.....</i>	54
LENVIMA CAP 12MG	32	<i>levetiracetam tab er 24hr 750 mg.....</i>	54
LENVIMA CAP 14 MG	32	<i>levobunolol hcl ophth soln 0.5%</i>	116
LENVIMA CAP 18 MG	32	<i>levocetirizine dihydrochloride soln 2.5</i>	
LENVIMA CAP 20 MG	32	<i>mg/5ml (0.5 mg/ml)</i>	118
LENVIMA CAP 24 MG	32	<i>levocetirizine dihydrochloride tab 5 mg</i>	
LENVIMA CAP 4MG	32	.....	118
LENVIMA CAP 8 MG	32	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	
<i>lessina tab</i>	82	.....	23
LETAIRIS TAB 10MG	51	<i>levofloxacin in d5w iv soln 500</i>	
LETAIRIS TAB 5MG	51	<i>mg/100ml</i>	23
<i>letrozole tab 2.5 mg.....</i>	30	<i>levofloxacin in d5w iv soln 750</i>	
<i>leucovorin calcium for inj 100 mg</i>	34	<i>mg/150ml</i>	23
<i>leucovorin calcium for inj 200 mg</i>	34	<i>levofloxacin iv soln 25 mg/ml</i>	23
<i>leucovorin calcium for inj 350 mg</i>	34	<i>levofloxacin ophth soln 0.5%.....</i>	114
<i>leucovorin calcium for inj 500 mg</i>	34	<i>levofloxacin oral soln 25 mg/ml</i>	23
<i>leucovorin calcium for inj 50 mg</i>	34	<i>levofloxacin tab 250 mg</i>	23
<i>leucovorin calcium tab 10 mg</i>	34	<i>levofloxacin tab 500 mg</i>	23
<i>leucovorin calcium tab 15 mg</i>	34	<i>levofloxacin tab 750 mg</i>	23
<i>leucovorin calcium tab 25 mg</i>	34	<i>levonest tab.....</i>	82
<i>leucovorin calcium tab 5 mg.....</i>	34	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
LEUKERAN TAB 2MG	26	<i>eth est tab 0.01mg(7)</i>	82
<i>leuprolide acetate inj kit 5 mg/ml</i>	30	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>		<i>day) tab 0.15-0.03 mg</i>	82

<i>levonorgestrel & ethinyl estradiol tab</i>		<i>inj 4%</i>	12
<i>0.15 mg-30 mcg</i>	82	<i>lidocaine hcl soln 4%</i>	128
<i>levora-28 tab 0.15/30</i>	82	<i>lidocaine hcl viscous soln 2%</i>	129
<i>levorphanol tartrate tab 2 mg</i>	6	<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	
<i>levothyroxine sodium tab 100 mcg</i>	92	.....	40
<i>levothyroxine sodium tab 112 mcg</i>	92	<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	
<i>levothyroxine sodium tab 125 mcg</i>	92	.....	40
<i>levothyroxine sodium tab 137 mcg</i>	92	<i>lidocaine oint 5%</i>	128
<i>levothyroxine sodium tab 150 mcg</i>	92	<i>lidocaine patch 5%</i>	128
<i>levothyroxine sodium tab 175 mcg</i>	92	LILETTA IUD 52MG	82
<i>levothyroxine sodium tab 200 mcg</i>	92	<i>lindane lotion 1%</i>	129
<i>levothyroxine sodium tab 25 mcg</i>	92	<i>lindane shampoo 1%</i>	129
<i>levothyroxine sodium tab 300 mcg</i>	92	<i>linezolid for susp 100 mg/5ml</i>	13
<i>levothyroxine sodium tab 50 mcg</i>	92	<i>linezolid in sodium chloride iv soln 600</i>	
<i>levothyroxine sodium tab 75 mcg</i>	92	<i>mg/300ml-0.9%</i>	13
<i>levothyroxine sodium tab 88 mcg</i>	92	<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>levoxyl tab 100mcg</i>	93	<i>mg/ml)</i>	13
<i>levoxyl tab 112mcg</i>	93	<i>linezolid tab 600 mg</i>	13
<i>levoxyl tab 125mcg</i>	93	LINZESS CAP 145MCG.....	97
<i>levoxyl tab 137mcg</i>	93	LINZESS CAP 290MCG.....	97
<i>levoxyl tab 150mcg</i>	93	LINZESS CAP 72MCG	97
<i>levoxyl tab 175mcg</i>	93	LIORESAL INT INJ 0.05MG/1	73
<i>levoxyl tab 200mcg</i>	93	LIORESAL INT INJ 10MG/20	73
<i>levoxyl tab 25mcg</i>	92	LIORESAL INT INJ 10MG/5ML.....	73
<i>levoxyl tab 50mcg</i>	92	LIORESAL INT INJ 40MG/20	73
<i>levoxyl tab 75mcg</i>	93	<i>liothyronine sodium iv soln 10 mcg/ml</i> .93	
<i>levoxyl tab 88mcg</i>	93	<i>liothyronine sodium tab 25 mcg</i>	93
LEXIVA SUS 50MG/ML.....	16	<i>liothyronine sodium tab 50 mcg</i>	93
LIDO/DEXTROS INJ 5-7.5%	11	<i>liothyronine sodium tab 5 mcg</i>	93
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ..	128	<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>		<i>12.5 mg</i>	36
.....	128	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>lidocaine hcl gel 2%</i>	128	<i>12.5 mg</i>	36
<i>lidocaine hcl iv inj 10 mg/ml</i>	40	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>lidocaine hcl iv inj 20 mg/ml</i>	40	<i>mg</i>	36
<i>lidocaine hcl laryngotracheal soln 4%</i> 129		<i>lisinopril tab 10 mg</i>	36
<i>lidocaine hcl local inj 0.5%</i>	12	<i>lisinopril tab 2.5 mg</i>	36
<i>lidocaine hcl local inj 1%</i>	12	<i>lisinopril tab 20 mg</i>	36
<i>lidocaine hcl local inj 2%</i>	12	<i>lisinopril tab 30 mg</i>	36
<i>lidocaine hcl local preservative free (pf)</i>		<i>lisinopril tab 40 mg</i>	36
<i>inj 0.5%</i>	12	<i>lisinopril tab 5 mg</i>	36
<i>lidocaine hcl local preservative free (pf)</i>		<i>lithium carbonate cap 150 mg</i>	71
<i>inj 1.5%</i>	12	<i>lithium carbonate cap 300 mg</i>	71
<i>lidocaine hcl local preservative free (pf)</i>		<i>lithium carbonate cap 600 mg</i>	71
<i>inj 1%</i>	12	<i>lithium carbonate tab 300 mg</i>	71
<i>lidocaine hcl local preservative free (pf)</i>		<i>lithium carbonate tab er 300 mg</i>	71
<i>inj 2%</i>	12	<i>lithium carbonate tab er 450 mg</i>	71
<i>lidocaine hcl local preservative free (pf)</i>		LITHIUM SOL 8MEQ/5ML	71

LIVALO TAB 1MG	42	LUPRON DEPOT INJ 45MG.....	30
LIVALO TAB 2MG	42	LUPRON DEPOT INJ 7.5MG.....	30
LIVALO TAB 4MG	42	LURIDE DRO 0.5MG/ML	110
<i>lokara lot 0.05%</i>	127	<i>luter tab</i>	82
LO LOESTRIN TAB 1-10-10	82	LYNPARZA CAP 50MG.....	29
<i>loperamide hcl cap 2 mg</i>	98	LYNPARZA TAB 100MG	29
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	18	LYNPARZA TAB 150MG	29
<i>lorazepam conc 2 mg/ml</i>	52	LYRICA CAP 100MG	54
<i>lorazepam tab 0.5 mg</i>	52	LYRICA CAP 150MG	54
<i>lorazepam tab 1 mg</i>	52	LYRICA CAP 200MG	54
<i>lorazepam tab 2 mg</i>	52	LYRICA CAP 225MG	54
<i>lortab tab 10-325mg</i>	6	LYRICA CAP 25MG	54
<i>loryna tab 3-0.02mg</i>	82	LYRICA CAP 300MG	54
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	38	LYRICA CAP 50MG	54
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	38	LYRICA CAP 75MG	54
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	38	LYRICA SOL 20MG/ML	54
<i>losartan potassium tab 100 mg</i>	39	LYSODREN TAB 500MG	30
<i>losartan potassium tab 25 mg</i>	39	M	
<i>losartan potassium tab 50 mg</i>	39	M-M-R II INJ	108
LOTEMAX GEL 0.5%	115	<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	110
LOTEMAX OIN 0.5%	115	<i>magnesium sulfate inj 50%</i>	110
LOTEMAX SUS 0.5%.....	115	<i>magnesium sulfate iv soln 20 gm/500ml</i> <i>(40 mg/ml)</i>	111
<i>lovastatin tab 10 mg</i>	42	<i>magnesium sulfate iv soln 2 gm/50ml</i> <i>(40 mg/ml)</i>	110
<i>lovastatin tab 20 mg</i>	42	<i>magnesium sulfate iv soln 40 gm/1000ml</i> <i>(40 mg/ml)</i>	111
<i>lovastatin tab 40 mg</i>	42	<i>magnesium sulfate iv soln 4 gm/100ml</i> <i>(40 mg/ml)</i>	110
<i>low-ogestrel tab</i>	82	<i>magnesium sulfate iv soln 4 gm/50ml</i> <i>(80 mg/ml)</i>	110
<i>loxapine succinate cap 10 mg</i>	64	<i>malathion lotion 0.5%</i>	129
<i>loxapine succinate cap 25 mg</i>	64	<i>maprotiline hcl tab 25 mg</i>	60
<i>loxapine succinate cap 50 mg</i>	64	<i>maprotiline hcl tab 50 mg</i>	60
<i>loxapine succinate cap 5 mg</i>	64	<i>maprotiline hcl tab 75 mg</i>	60
<i>ludent chw 0.25mg f</i>	110	<i>marlissa tab 0.15/30</i>	82
<i>ludent chw 0.5mg f</i>	110	MARPLAN TAB 10MG	60
<i>ludent chw 1mg f</i>	110	MATULANE CAP 50MG	33
LUMIGAN SOL 0.01%	116	<i>matzim la tab 180mg/24</i>	46
LUPANETA KIT 11.25-5.....	92	<i>matzim la tab 240mg/24</i>	46
LUPANETA KIT 3.75-5	92	<i>matzim la tab 300mg/24</i>	46
LUPR DEP-PED INJ 11.25MG	30	<i>matzim la tab 360mg/24</i>	46
LUPR DEP-PED INJ 15MG	30	<i>matzim la tab 420mg/24</i>	46
LUPR DEP-PED INJ 3M 30MG.....	30	MAXIDEX SUS 0.1% OP	115
LUPR DEP-PED INJ 7.5MG	30	<i>meclizine hcl tab 12.5 mg</i>	95
LUPRON DEPOT INJ 11.25MG	30	<i>meclizine hcl tab 25 mg</i>	95
LUPRON DEPOT INJ 22.5MG.....	30	<i>meclofenamate sodium cap 100 mg</i>	2
LUPRON DEPOT INJ 3.75MG.....	30		
LUPRON DEPOT INJ 30MG.....	30		

<i>meclofenamate sodium cap 50 mg</i>	2	<i>meropenem iv for soln 500 mg</i>	14
MEDROL TAB 2MG	89	<i>mesalamine enema 4 gm</i>	97
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	82	<i>mesalamine rectal enema 4 gm &</i> <i>cleanser wipe kit</i>	97
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	82	<i>mesna inj 100 mg/ml</i>	34
<i>medroxyprogesterone acetate tab 10 mg</i>	92	MESNEX TAB 400MG	34
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	92	MESTINON SYP 60MG/5ML.....	71
<i>medroxyprogesterone acetate tab 5 mg</i>	92	<i>metaproterenol sulfate syrup 10 mg/5ml</i>	119
<i>mefenamic acid cap 250 mg</i>	2	<i>metaproterenol sulfate tab 10 mg</i>	119
<i>mefloquine hcl tab 250 mg</i>	16	<i>metaproterenol sulfate tab 20 mg</i>	119
<i>megestrol acetate susp 40 mg/ml</i>	30	<i>metaxalone tab 400 mg</i>	73
<i>megestrol acetate susp 625 mg/5ml</i> ...	30	<i>metaxalone tab 800 mg</i>	73
<i>megestrol acetate tab 20 mg</i>	30	<i>metformin hcl tab 1000 mg</i>	76
<i>megestrol acetate tab 40 mg</i>	30	<i>metformin hcl tab 500 mg</i>	76
MEKINIST TAB 0.5MG	32	<i>metformin hcl tab 850 mg</i>	76
MEKINIST TAB 2MG	32	<i>metformin hcl tab er 24hr 500 mg</i>	76
<i>meloxicam susp 7.5 mg/5ml</i>	2	<i>metformin hcl tab er 24hr 750 mg</i>	76
<i>meloxicam tab 15 mg</i>	2	<i>metformin hcl tab er 24hr osmotic 1000</i> <i>mg</i>	76
<i>meloxicam tab 7.5 mg</i>	2	<i>metformin hcl tab er 24hr osmotic 500</i> <i>mg</i>	76
<i>melphalan hcl for inj 50 mg (base equiv)</i>	26	<i>methadone con 10mg/ml</i>	6
<i>melphalan tab 2 mg</i>	26	<i>methadone hcl inj 10 mg/ml</i>	6
<i>memantine hcl cap er 24hr 14 mg</i>	56	<i>methadone hcl soln 10 mg/5ml</i>	6
<i>memantine hcl cap er 24hr 21 mg</i>	56	<i>methadone hcl soln 5 mg/5ml</i>	6
<i>memantine hcl cap er 24hr 28 mg</i>	56	<i>methadone hcl tab 10 mg</i>	6
<i>memantine hcl cap er 24hr 7 mg</i>	56	<i>methadone hcl tab 5 mg</i>	6
<i>memantine hcl oral solution 2 mg/ml</i> ..	56	<i>methadone hcl tab for oral susp 40 mg</i> .	6
<i>memantine hcl tab 10 mg</i>	56	<i>methadose tab 40mg</i>	6
<i>memantine hcl tab 5 mg</i>	56	<i>methamphetamine hcl tab 5 mg</i>	68
<i>memantine hcl tab 5 mg (28) & 10 mg</i> <i>(21) titration pak</i>	56	<i>methazolamide tab 25 mg</i>	48
MENACTRA INJ	108	<i>methazolamide tab 50 mg</i>	48
MENEST TAB 0.3MG	87	<i>methenamine hippurate tab 1 gm</i>	14
MENEST TAB 0.625MG	87	<i>methimazole tab 10 mg</i>	93
MENEST TAB 1.25MG	87	<i>methimazole tab 5 mg</i>	93
MENEST TAB 2.5MG	87	<i>methocarbamol tab 500 mg</i>	73
MENHIBRIX INJ	108	<i>methocarbamol tab 750 mg</i>	74
MENOMUNE INJ A/C/Y/W	108	<i>methotrexate sodium for inj 1 gm</i>	28
MENTAX CRE 1%	125	<i>methotrexate sodium inj 250 mg/10ml</i> <i>(25 mg/ml)</i>	28
MENVEO INJ.....	108	<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	28
<i>meprobamate tab 200 mg</i>	52	<i>methotrexate sodium inj pf 1000</i> <i>mg/40ml (25 mg/ml)</i>	28
<i>meprobamate tab 400 mg</i>	52	<i>methotrexate sodium inj pf 100 mg/4ml</i> <i>(25 mg/ml)</i>	28
<i>mercaptopurine tab 50 mg</i>	28	<i>methotrexate sodium inj pf 200 mg/8ml</i>	
<i>meropenem iv for soln 1 gm</i>	13		

(25 mg/ml).....28
 methotrexate sodium inj pf 250 mg/10ml
 (25 mg/ml).....28
 methotrexate sodium inj pf 50 mg/2ml
 (25 mg/ml).....28
 methotrexate sodium tab 2.5 mg (base
 equiv)105
 methoxsalen rapid cap 10 mg.....125
 methscopolamine bromide tab 2.5 mg.94
 methscopolamine bromide tab 5 mg...94
 methyclothiazide tab 5 mg.....48
 methyl dopa tab 250 mg49
 methyl dopa tab 500 mg49
 methyl dopate hcl inj 250 mg/5ml49
 methylphenidate hcl cap er 10 mg (cd)68
 methylphenidate hcl cap er 20 mg (cd)68
 methylphenidate hcl cap er 24hr 20 mg
 (la).....68
 methylphenidate hcl cap er 24hr 30 mg
 (la).....68
 methylphenidate hcl cap er 24hr 40 mg
 (la).....68
 methylphenidate hcl cap er 24hr 60 mg
 (la).....68
 methylphenidate hcl cap er 30 mg (cd)68
 methylphenidate hcl cap er 40 mg (cd)68
 methylphenidate hcl cap er 50 mg (cd)68
 methylphenidate hcl cap er 60 mg (cd)68
 methylphenidate hcl chew tab 10 mg ..68
 methylphenidate hcl chew tab 2.5 mg .68
 methylphenidate hcl chew tab 5 mg ...68
 methylphenidate hcl soln 10 mg/5ml...68
 methylphenidate hcl soln 5 mg/5ml.....68
 methylphenidate hcl tab 10 mg68
 methylphenidate hcl tab 20 mg68
 methylphenidate hcl tab 5 mg68
 methylphenidate hcl tab er 10 mg.....68
 methylphenidate hcl tab er 20 mg.....68
 methylphenidate hcl tab er 24hr 18 mg
68
 methylphenidate hcl tab er 24hr 27 mg
68
 methylphenidate hcl tab er 24hr 36 mg
68
 methylphenidate hcl tab er 24hr 54 mg
68
 methylphenidate hcl tab er osmotic
 release (osm) 18 mg.....68

methylphenidate hcl tab er osmotic
 release (osm) 27 mg.....68
 methylphenidate hcl tab er osmotic
 release (osm) 36 mg.....68
 methylphenidate hcl tab er osmotic
 release (osm) 54 mg.....68
 methylprednisolone acetate inj susp 40
 mg/ml.....89
 methylprednisolone acetate inj susp 80
 mg/ml.....89
 methylprednisolone sod succ for inj 1000
 mg (base equiv)89
 methylprednisolone sod succ for inj 125
 mg (base equiv)89
 methylprednisolone sod succ for inj 40
 mg (base equiv)89
 methylprednisolone tab 16 mg89
 methylprednisolone tab 32 mg89
 methylprednisolone tab 4 mg89
 methylprednisolone tab 8 mg89
 methylprednisolone tab therapy pack 4
 mg (21)89
 methyltestosterone cap 10 mg75
 metipranolol ophth soln 0.3%.....116
 metoclopramide hcl inj 5 mg/ml (base
 equivalent)95
 metoclopramide hcl orally disintegrating
 tab 5 mg (base eq)95
 metoclopramide hcl soln 5 mg/5ml (10
 mg/10ml) (base equiv)95
 metoclopramide hcl tab 10 mg (base
 equivalent)95
 metoclopramide hcl tab 5 mg (base
 equivalent)95
 metolazone tab 10 mg48
 metolazone tab 2.5 mg48
 metolazone tab 5 mg48
 metoprolol & hydrochlorothiazide tab
 100-25 mg43
 metoprolol & hydrochlorothiazide tab
 100-50 mg43
 metoprolol & hydrochlorothiazide tab 50-
 25 mg43
 metoprolol succinate tab er 24hr 100 mg
 (tartrate equiv)44
 metoprolol succinate tab er 24hr 200 mg
 (tartrate equiv)44
 metoprolol succinate tab er 24hr 25 mg

(tartrate equiv)	44	MIRCERA INJ 50MCG	102
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	44	MIRCERA INJ 75MCG	102
metoprolol tartrate iv soln 5 mg/5ml ...	44	MIRCERA SOL 150/0.3	102
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	44	MIRCERA SOL 30/0.3ML	102
metoprolol tartrate tab 100 mg	44	MIRENA IUD SYSTEM	82
metoprolol tartrate tab 25 mg	44	mirtazapine orally disintegrating tab 15 mg	60
metoprolol tartrate tab 50 mg	44	mirtazapine orally disintegrating tab 30 mg	60
metronidazole cap 375 mg	14	mirtazapine orally disintegrating tab 45 mg	60
metronidazole cream 0.75%	129	mirtazapine tab 15 mg	60
metronidazole gel 0.75%	129	mirtazapine tab 30 mg	60
metronidazole gel 1%	129	mirtazapine tab 45 mg	60
metronidazole in nacl 0.79% iv soln 500 mg/100ml	14	mirtazapine tab 7.5 mg	60
metronidazole lotion 0.75%	129	MIRVASO GEL 0.33%	129
metronidazole tab 250 mg	14	MISC LANCETS	109
metronidazole tab 500 mg	14	misoprostol tab 100 mcg	98
metronidazole vaginal gel 0.75%	100	misoprostol tab 200 mcg	98
mexiletine hcl cap 150 mg	40	mitomycin for iv soln 20 mg	27
mexiletine hcl cap 200 mg	40	mitomycin for iv soln 40 mg	27
mexiletine hcl cap 250 mg	40	mitomycin for iv soln 5 mg	27
MIACALCIN INJ 200/ML	91	mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	33
mibelas 24 chw fe	82	mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	33
miconazole 3 sup 200mg	100	mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	33
midodrine hcl tab 10 mg	49	modafinil tab 100 mg	74
midodrine hcl tab 2.5 mg	49	modafinil tab 200 mg	74
midodrine hcl tab 5 mg	49	MODERIBA PAK 1200/DAY	19
miglitol tab 100 mg	76	MODERIBA PAK 800/DAY	19
miglitol tab 25 mg	76	MODERIBA TAB 1000/DAY	19
miglitol tab 50 mg	76	moderiba tab 200mg	19
miglustat cap 100 mg	84	MODERIBA TAB 600/DAY	19
mimvey lo tab 0.5-0.1	87	moexipril-hydrochlorothiazide tab 15- 12.5 mg	36
mimvey tab 1-0.5mg	87	moexipril-hydrochlorothiazide tab 15-25 mg	36
minitran dis 0.1mg/hr	50	moexipril-hydrochlorothiazide tab 7.5- 12.5 mg	36
minitran dis 0.2mg/hr	50	moexipril hcl tab 15 mg	36
minitran dis 0.4mg/hr	50	moexipril hcl tab 7.5 mg	36
minitran dis 0.6mg/hr	50	mometasone furoate cream 0.1%	128
minocycline hcl cap 100 mg	26	mometasone furoate oint 0.1%	128
minocycline hcl cap 50 mg	25	mometasone furoate solution 0.1% (lotion)	128
minocycline hcl cap 75 mg	26	mono-lynyah tab 0.25-35	82
minocycline hcl tab 100 mg	26		
minocycline hcl tab 50 mg	26		
minocycline hcl tab 75 mg	26		
minoxidil tab 10 mg	49		
minoxidil tab 2.5 mg	49		
MIRCERA INJ 100MCG	102		
MIRCERA INJ 200MCG	102		

<i>mononessa tab</i>	82	<i>morphine sulfate tab er 100 mg</i>	8
<i>montelukast sodium chew tab 4 mg</i> <i>(base equiv)</i>	120	<i>morphine sulfate tab er 15 mg</i>	8
<i>montelukast sodium chew tab 5 mg</i> <i>(base equiv)</i>	120	<i>morphine sulfate tab er 200 mg</i>	8
<i>montelukast sodium oral granules packet</i> <i>4 mg (base equiv)</i>	120	<i>morphine sulfate tab er 30 mg</i>	8
<i>montelukast sodium tab 10 mg (base</i> <i>equiv)</i>	120	<i>morphine sulfate tab er 60 mg</i>	8
MONUROL PAK GRANULES	12	MORPHINE SUL INJ 150/30ML.....	6
<i>morgidox cap 1x100mg</i>	26	MORPHINE SUL INJ 2MG/ML	6
<i>morphine sulfate beads cap er 24hr 120</i> <i>mg</i>	7	MORPHINE SUL INJ 4MG/ML	6
<i>morphine sulfate beads cap er 24hr 30</i> <i>mg</i>	6	MORPHINE SUL INJ 5MG/ML	6
<i>morphine sulfate beads cap er 24hr 45</i> <i>mg</i>	6	MORPHINE SUL SUP 30MG	6
<i>morphine sulfate beads cap er 24hr 60</i> <i>mg</i>	6	MOTOFEN TAB 1-0.025.....	98
<i>morphine sulfate beads cap er 24hr 75</i> <i>mg</i>	7	MOVANTIK TAB 12.5MG	98
<i>morphine sulfate beads cap er 24hr 90</i> <i>mg</i>	7	MOVANTIK TAB 25MG	98
<i>morphine sulfate cap er 24hr 100 mg</i>	7	MOVIPREP SOL.....	97
<i>morphine sulfate cap er 24hr 10 mg</i>	7	MOXEZA SOL 0.5%	114
<i>morphine sulfate cap er 24hr 20 mg</i>	7	<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i>	23
<i>morphine sulfate cap er 24hr 30 mg</i>	7	<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	114
<i>morphine sulfate cap er 24hr 50 mg</i>	7	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	23
<i>morphine sulfate cap er 24hr 60 mg</i>	7	MULTAQ TAB 400MG	40
<i>morphine sulfate cap er 24hr 80 mg</i>	7	<i>multi-vit/fe dro /fl 0.25</i>	112
<i>morphine sulfate inj 10 mg/ml</i>	7	<i>multi-vit/fl dro /fe 0.25</i>	113
<i>morphine sulfate inj 8 mg/ml</i>	7	<i>multi-vit/fl dro 0.25mg</i>	113
<i>morphine sulfate inj pf 0.5 mg/ml</i>	7	<i>multi-vit/fl dro 0.5mg/ml</i>	112
<i>morphine sulfate inj pf 1 mg/ml</i>	7	<i>multivit/fl chw 0.25mg</i>	113
<i>morphine sulfate iv soln 1 mg/ml</i>	7	<i>multivit/fl chw 0.5mg</i>	113
<i>morphine sulfate iv soln pf 10 mg/ml</i>	7	<i>multivit/fl chw 1mg</i>	113
<i>morphine sulfate iv soln pf 15 mg/ml</i>	7	<i>mupirocin oint 2%</i>	124
<i>morphine sulfate iv soln pf 4 mg/ml</i>	7	<i>mvc-fluoride chw 1mg</i>	113
<i>morphine sulfate iv soln pf 8 mg/ml</i>	7	MYALEPT INJ 11.3MG	84
<i>morphine sulfate oral soln 100 mg/5ml</i> <i>(20 mg/ml)</i>	7	<i>mycophenolate mofetil cap 250 mg</i> ...	107
<i>morphine sulfate oral soln 10 mg/5ml</i> ...	7	<i>mycophenolate mofetil for oral susp 200</i> <i>mg/ml</i>	107
<i>morphine sulfate oral soln 20 mg/5ml</i> ...	7	<i>mycophenolate mofetil hcl for iv soln 500</i> <i>mg (base equiv)</i>	107
<i>morphine sulfate suppos 10 mg</i>	7	<i>mycophenolate mofetil tab 500 mg</i> ...	107
<i>morphine sulfate suppos 20 mg</i>	7	<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	107
<i>morphine sulfate suppos 5 mg</i>	7	<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	107
<i>morphine sulfate tab 15 mg</i>	8	<i>myorisan cap 10mg</i>	123
<i>morphine sulfate tab 30 mg</i>	8	<i>myorisan cap 20mg</i>	123
		<i>myorisan cap 40mg</i>	123
		MYRBETRIQ TAB 25MG	100
		MYRBETRIQ TAB 50MG	100
		<i>myzilra tab</i>	82

N	
<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	43
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	43
<i>nadolol tab 20 mg</i>	44
<i>nadolol tab 40 mg</i>	44
<i>nadolol tab 80 mg</i>	44
<i>nafcillin sodium for inj 1 gm</i>	24
<i>nafcillin sodium for inj 2 gm</i>	24
<i>nafcillin sodium for iv soln 10 gm</i>	24
<i>nafcillin sodium for iv soln 1 gm</i>	24
<i>nafcillin sodium for iv soln 2 gm</i>	24
<i>nafrinse chw 1mg f</i>	111
<i>naftifine hcl cream 1%</i>	125
<i>naftifine hcl cream 2%</i>	125
<i>nalbuphine hcl inj 10 mg/ml</i>	8
<i>nalbuphine hcl inj 20 mg/ml</i>	8
<i>naloxone hcl inj 0.4 mg/ml</i>	74
<i>naloxone hcl inj 4 mg/10ml</i>	74
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	74
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	74
<i>naltrexone hcl tab 50 mg</i>	74
NAMENDA XR CAP TITRATIO	57
<i>naphazoline hcl ophth soln 0.1%</i>	116
NAPRELAN TAB 750MG CR	2
<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>	70
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	70
NARCAN SPR	75
NATACYN SUS 5% OP	114
NATAZIA TAB	82
<i>nateglinide tab 120 mg</i>	78
<i>nateglinide tab 60 mg</i>	78
NEBUPENT INH 300MG	14
<i>necon tab 0.5/35</i>	82
<i>necon tab 1/35</i>	82
<i>necon tab 1/50-28</i>	82
NECON TAB 10/11-28	82
<i>nefazodone hcl tab 100 mg</i>	60
<i>nefazodone hcl tab 150 mg</i>	60
<i>nefazodone hcl tab 200 mg</i>	60
<i>nefazodone hcl tab 250 mg</i>	60
<i>nefazodone hcl tab 50 mg</i>	60
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	114
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	113
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	113
<i>neomycin-polymyxin-hc ophth susp</i>	113
<i>neomycin-polymyxin-hc otic soln 1%</i>	130
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	130
<i>neomycin sulfate tab 500 mg</i>	12
NEULASTA INJ 6MG/0.6M	102
NEULASTA KIT 6MG/0.6M	102
NEUPRO DIS 1MG/24HR	62
NEUPRO DIS 2MG/24HR	62
NEUPRO DIS 3MG/24HR	62
NEUPRO DIS 4MG/24HR	62
NEUPRO DIS 6MG/24HR	62
NEUPRO DIS 8MG/24HR	62
NEVANAC SUS 0.1%	115
<i>nevirapine susp 50 mg/5ml</i>	17
<i>nevirapine tab 200 mg</i>	17
<i>nevirapine tab er 24hr 100 mg</i>	17
<i>nevirapine tab er 24hr 400 mg</i>	17
NEXAVAR TAB 200MG	32
NEXPLANON IMP 68MG	82
NEXTERONE INJ	40
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	42
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	42
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	42
<i>nicardipine hcl cap 20 mg</i>	46
<i>nicardipine hcl cap 30 mg</i>	46
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	46
<i>nicorelief gum 4mg mint</i>	75
<i>nicotine polacrilex gum 2 mg</i>	75
<i>nicotine polacrilex gum 4 mg</i>	75
<i>nicotine polacrilex lozenge 2 mg</i>	75
<i>nicotine pol loz 4mg mint</i>	75

<i>nicotine td patch 24hr 14 mg/24hr</i>	75	<i>nitroglycerin sl tab 0.4 mg</i>	50
<i>nicotine td patch 24hr 21 mg/24hr</i>	75	<i>nitroglycerin sl tab 0.6 mg</i>	50
<i>nicotine td patch 24hr 7 mg/24hr</i>	75	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	50
NICOTROL INH.....	75	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	50
NICOTROL NS SPR 10MG/ML.....	75	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	50
<i>nifedical xl tab 30mg</i>	46	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	50
<i>nifedical xl tab 60mg</i>	46	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>nifedipine tab er 24hr 30 mg</i>	47	<i>mcg/spray)</i>	50
<i>nifedipine tab er 24hr 60 mg</i>	47	<i>nizatidine cap 150 mg</i>	96
<i>nifedipine tab er 24hr 90 mg</i>	47	<i>nizatidine cap 300 mg</i>	96
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>nizatidine oral soln 15 mg/ml</i>	96
<i>mg</i>	47	<i>nora-be tab 0.35mg</i>	83
<i>nifedipine tab er 24hr osmotic release 60</i>		NORDIPEN 5 MIS DEVICE	110
<i>mg</i>	47	NORDIPEN DEL MIS SYSTEM	110
<i>nifedipine tab er 24hr osmotic release 90</i>		NORDITROPIN INJ 10/1.5ML	90
<i>mg</i>	47	NORDITROPIN INJ 15/1.5ML	90
<i>nikki tab 3-0.02mg</i>	82	NORDITROPIN INJ 30/3ML.....	90
<i>nilutamide tab 150 mg</i>	30	NORDITROPIN INJ 5/1.5ML.....	90
<i>nimodipine cap 30 mg</i>	47	<i>norethindrone & ethinyl estradiol-fe chew</i>	
NIPENT INJ 10MG	28	<i>tab 0.8 mg-25 mcg</i>	83
<i>nisoldipine tab er 24hr 17 mg</i>	47	<i>norethindrone ace-ethinyl estradiol-fe</i>	
<i>nisoldipine tab er 24hr 20 mg</i>	47	<i>tab 1 mg-20 mcg (24)</i>	83
<i>nisoldipine tab er 24hr 25.5 mg</i>	47	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nisoldipine tab er 24hr 30 mg</i>	47	<i>tab 0.5 mg-2.5 mcg</i>	87
<i>nisoldipine tab er 24hr 34 mg</i>	47	<i>norethindrone acetate tab 5 mg</i>	92
<i>nisoldipine tab er 24hr 40 mg</i>	47	<i>norethindrone tab 0.35 mg</i>	83
<i>nisoldipine tab er 24hr 8.5 mg</i>	47	<i>norgestimate-eth estrad tab 0.18-</i>	
NITRO-BID OIN 2%	50	<i>25/0.215-25/0.25-25 mg-mcg</i>	83
NITRO-DUR DIS 0.3MG/HR	50	<i>norgestimate-eth estrad tab 0.18-</i>	
NITRO-DUR DIS 0.8MG/HR	50	<i>35/0.215-35/0.25-35 mg-mcg</i>	83
<i>nitrofurantoin macrocrystalline cap 100</i>		<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>mg</i>	14	<i>mg-35 mcg</i>	83
<i>nitrofurantoin macrocrystalline cap 25</i>		NORPACE CAP 100MG CR	40
<i>mg</i>	14	NORPACE CAP 150MG CR	40
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>nortrel tab 0.5/35</i>	83
<i>mg</i>	14	<i>nortrel tab 1/35</i>	83
<i>nitrofurantoin monohydrate</i>		<i>nortrel tab 7/7/7</i>	83
<i>macrocrystalline cap 100 mg</i>	14	<i>nortriptyline hcl cap 10 mg</i>	60
<i>nitrofurantoin susp 25 mg/5ml</i>	14	<i>nortriptyline hcl cap 25 mg</i>	60
<i>nitroglycerin cap er 9 mg</i>	50	<i>nortriptyline hcl cap 50 mg</i>	60
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>		<i>nortriptyline hcl cap 75 mg</i>	60
.....	50	<i>nortriptyline hcl soln 10 mg/5ml</i>	60
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>		NORTUSS-EX LIQ 200-20/5.....	119
.....	50	NORVIR CAP 100MG	17
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>		NORVIR POW 100MG	17
.....	50	NORVIR SOL 80MG/ML.....	17
NITROGLYCER INJ 5MG/ML	50	NOVOLIN INJ 70/30	77
<i>nitroglycerin sl tab 0.3 mg</i>	50	NOVOLIN INJ FLEXPEN	77

NOVOLIN N INJ U-100.....	78	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	91
NOVOLIN R INJ U-100.....	78	ODEFSEY TAB	18
NOVOLOG INJ 100/ML.....	78	<i>ofloxacin ophth soln 0.3%</i>	114
NOVOLOG INJ FLEXPEN.....	78	<i>ofloxacin otic soln 0.3%</i>	130
NOVOLOG INJ PENFILL.....	78	<i>ofloxacin tab 300 mg</i>	23
NOVOLOG MIX INJ 70/30.....	78	<i>ofloxacin tab 400 mg</i>	23
NOVOLOG MIX INJ FLEXPEN.....	78	<i>ogestrel tab</i>	83
NOXAFIL SUS 40MG/ML.....	15	<i>olanzapine for im inj 10 mg</i>	65
NOXAFIL TAB 100MG	15	<i>olanzapine orally disintegrating tab 10 mg</i>	65
NUCYNTA ER TAB 100MG	8	<i>olanzapine orally disintegrating tab 15 mg</i>	65
NUCYNTA ER TAB 150MG	8	<i>olanzapine orally disintegrating tab 20 mg</i>	65
NUCYNTA ER TAB 200MG	8	<i>olanzapine orally disintegrating tab 5 mg</i>	65
NUCYNTA ER TAB 250MG	8	.....	65
NUCYNTA ER TAB 50MG	8	<i>olanzapine tab 10 mg</i>	65
NUCYNTA TAB 100MG	8	<i>olanzapine tab 15 mg</i>	65
NUCYNTA TAB 50MG.....	8	<i>olanzapine tab 2.5 mg</i>	65
NUCYNTA TAB 75MG.....	8	<i>olanzapine tab 20 mg</i>	65
NUEDEXTA CAP 20-10MG	71	<i>olanzapine tab 5 mg</i>	65
<i>nulev tab 0.125mg</i>	94	<i>olanzapine tab 7.5 mg</i>	65
NUPLAZID TAB 17MG	65	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> ..38	
NUTROPIN AQ INJ 10MG/2ML.....	90	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	38
NUTROPIN AQ INJ 20MG/2ML.....	90	.....	38
NUTROPIN AQ INJ NUSPIN 5.....	90	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> ..38	
NUTROPIN INJ 10MG.....	90	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> ..38	
NUVARING MIS	83	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>....38	
<i>nyamyc pow 100000</i>	125	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>....38	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	125	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>....38	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	125	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>.....38	
<i>nystatin cream 100000 unit/gm</i>	125	<i>olmesartan medoxomil tab 20 mg</i>.....39	
<i>nystatin oint 100000 unit/gm</i>	125	<i>olmesartan medoxomil tab 40 mg</i>.....39	
<i>nystatin oral powder</i>	15	<i>olmesartan medoxomil tab 5 mg</i>.....39	
<i>nystatin susp 100000 unit/ml</i>	129	<i>olopatadine hcl nasal soln 0.6%</i>	118
<i>nystatin tab 500000 unit</i>	15	<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	115
<i>nystatin topical powder 100000 unit/gm</i>	125	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	115
<i>nystop pow 100000</i>	125		
O			
<i>ocella tab 3-0.03mg</i>	83		
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	91		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	91		
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	91		
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	91		

<i>omega-3-acid ethyl esters cap 1 gm</i>....43	ORFADIN CAP 5MG .....84
<i>omeprazole cap delayed release 10 mg</i> 99	ORFADIN SUS 4MG/ML.....84
<i>omeprazole cap delayed release 20 mg</i> 99	ORKAMBI GRA 100-125 .....120
<i>omeprazole cap delayed release 40 mg</i> 99	ORKAMBI GRA 150-188 .....120
OMNARIS SPR .....121	ORKAMBI TAB 100-125.....120
OMNIFLEX DPR.....109	ORKAMBI TAB 200-125.....120
OMNITROPE INJ 10/1.5ML .....90	<i>orphenadrine citrate inj 30 mg/ml</i>.....74
OMNITROPE INJ 5/1.5ML .....90	<i>orphenadrine citrate tab er 12hr 100 mg</i>.....74
OMNITROPE INJ 5.8MG .....90	<i>orsythia tab</i> .....83
ONCASPAR INJ 750/ML.....34	<i>oscimin sr tab 0.375mg</i> .....94
<i>ondansetron hcl inj 40 mg/20ml (2</i> <i>mg/ml)</i> .....95	<i>oscimin sub 0.125mg</i> .....94
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> .....95	<i>oscimin tab 0.125mg</i> .....94
<i>ondansetron hcl oral soln 4 mg/5ml</i> ....95	<i>oseltamivir phosphate cap 30 mg (base</i> <i>equiv)</i> .....19
<i>ondansetron hcl tab 24 mg</i> .....95	<i>oseltamivir phosphate cap 45 mg (base</i> <i>equiv)</i> .....19
<i>ondansetron hcl tab 4 mg</i> .....95	<i>oseltamivir phosphate cap 75 mg (base</i> <i>equiv)</i> .....19
<i>ondansetron hcl tab 8 mg</i> .....95	<i>oseltamivir phosphate for susp 6 mg/ml</i> <i>(base equiv)</i> .....19
<i>ondansetron orally disintegrating tab 4</i> <i>mg</i> .....95	OSMOPREP TAB 1.5GM .....97
<i>ondansetron orally disintegrating tab 8</i> <i>mg</i> .....95	OSPHERA TAB 60MG .....91
ONETOUCH BLOOD GLUCOSE TEST KITS.....109	OTEZLA TAB 10/20/30.....105
ONETOUCH BLOOD GLUCOSE TEST STRIPS.....109	OTEZLA TAB 30MG.....105
ONFI SUS 2.5MG/ML.....54	OVIDREL INJ.....88
ONFI TAB 10MG .....54	<i>oxacillin sodium for inj 10 gm (base</i> <i>equivalent)</i> .....25
ONFI TAB 20MG .....54	<i>oxacillin sodium for inj 1 gm (base</i> <i>equivalent)</i> .....24
ONGLYZA TAB 2.5MG .....76	<i>oxacillin sodium for inj 2 gm (base</i> <i>equivalent)</i> .....25
ONGLYZA TAB 5MG.....76	<i>oxaliplatin for iv inj 100 mg</i> .....34
OPSUMIT TAB 10MG .....51	<i>oxaliplatin for iv inj 50 mg</i> .....34
ORAL GLUCOSE REPLACEMENT.....90	<i>oxaliplatin iv soln 100 mg/20ml</i>.....34
<i>oralone dent pst 0.1%</i> .....129	<i>oxaliplatin iv soln 50 mg/10ml</i>.....34
ORAVIG TAB 50MG .....129	<i>oxandrolone tab 10 mg</i> .....75
ORENCIA CLCK INJ 125MG/ML.....105	<i>oxandrolone tab 2.5 mg</i> .....75
ORENCIA INJ 125MG/ML.....105	<i>oxaprozin tab 600 mg</i> .....2
ORENCIA INJ 250MG .....105	<i>oxazepam cap 10 mg</i> .....52
ORENCIA INJ 50/0.4 .....105	<i>oxazepam cap 15 mg</i> .....52
ORENCIA INJ 87.5/0.7.....105	<i>oxazepam cap 30 mg</i> .....52
ORENITRAM TAB 0.125MG .....51	<i>oxcarbazepine susp 300 mg/5ml (60</i> <i>mg/ml)</i> .....55
ORENITRAM TAB 0.25MG.....51	<i>oxcarbazepine tab 150 mg</i>.....55
ORENITRAM TAB 1MG .....51	<i>oxcarbazepine tab 300 mg</i>.....55
ORENITRAM TAB 2.5MG .....51	<i>oxcarbazepine tab 600 mg</i>.....55
ORENITRAM TAB 5MG .....51	<i>oxiconazole nitrate cream 1%</i>.....125
ORFADIN CAP 10MG .....84	
ORFADIN CAP 20MG .....84	
ORFADIN CAP 2MG .....84	

OXISTAT LOT 1%.....	125	oxymorphone hcl tab er 12hr 30 mg ...	10
oxybutynin chloride syrup 5 mg/5ml..	100	oxymorphone hcl tab er 12hr 40 mg ...	10
oxybutynin chloride tab 5 mg	100	oxymorphone hcl tab er 12hr 5 mg	10
oxybutynin chloride tab er 24hr 10 mg		oxymorphone hcl tab er 12hr 7.5 mg ..	10
.....	100	OZEMPIC INJ 2/1.5ML	77
oxybutynin chloride tab er 24hr 15 mg		P	
.....	100	pacerone tab 100mg	40
oxybutynin chloride tab er 24hr 5 mg	100	pacerone tab 200mg	40
oxycodone-aspirin tab 4.8355-325 mg ..	9	paclitaxel iv conc 100 mg/16.7ml (6	
oxycodone-ibuprofen tab 5-400 mg.....	10	mg/ml)	28
oxycodone hcl cap 5 mg	8	paclitaxel iv conc 150 mg/25ml (6	
oxycodone hcl conc 100 mg/5ml (20		mg/ml)	28
mg/ml)	8	paclitaxel iv conc 300 mg/50ml (6	
oxycodone hcl soln 5 mg/5ml.....	8	mg/ml)	28
oxycodone hcl tab 10 mg	9	paclitaxel iv conc 30 mg/5ml (6 mg/ml)	
oxycodone hcl tab 15 mg	9	.....	28
oxycodone hcl tab 20 mg	9	paliperidone tab er 24hr 1.5 mg	65
oxycodone hcl tab 30 mg	9	paliperidone tab er 24hr 3 mg	65
oxycodone hcl tab 5 mg	9	paliperidone tab er 24hr 6 mg	65
oxycodone hcl tab er 12hr deter 10 mg .	9	paliperidone tab er 24hr 9 mg	65
oxycodone hcl tab er 12hr deter 15 mg .	9	pamidronate disodium for inj 30 mg....	80
oxycodone hcl tab er 12hr deter 20 mg .	9	pamidronate disodium for inj 90 mg....	80
oxycodone hcl tab er 12hr deter 30 mg .	9	pamidronate disodium iv soln 3 mg/ml	80
oxycodone hcl tab er 12hr deter 40 mg .	9	pamidronate disodium iv soln 9 mg/ml	80
oxycodone hcl tab er 12hr deter 60 mg .	9	pantoprazole sodium ec tab 20 mg (base	
oxycodone hcl tab er 12hr deter 80 mg .	9	equiv)	99
oxycodone w/ acetaminophen soln 5-325		pantoprazole sodium ec tab 40 mg (base	
mg/5ml.....	9	equiv)	99
oxycodone w/ acetaminophen tab 10-325		PARAGARD IUD T380A	83
mg	9	paricalcitol cap 1 mcg.....	113
oxycodone w/ acetaminophen tab 2.5-		paricalcitol cap 2 mcg.....	113
325 mg.....	9	paricalcitol cap 4 mcg.....	113
oxycodone w/ acetaminophen tab 5-325		paricalcitol iv soln 2 mcg/ml	113
mg	9	paricalcitol iv soln 5 mcg/ml	113
oxycodone w/ acetaminophen tab 7.5-		paromomycin sulfate cap 250 mg	12
325 mg.....	9	paroxetine hcl tab 10 mg.....	60
OXYCONTIN TAB 10MG CR.....	10	paroxetine hcl tab 20 mg.....	60
OXYCONTIN TAB 15MG CR.....	10	paroxetine hcl tab 30 mg.....	60
OXYCONTIN TAB 20MG CR.....	10	paroxetine hcl tab 40 mg.....	60
OXYCONTIN TAB 30MG CR.....	10	paroxetine hcl tab er 24hr 12.5 mg	60
OXYCONTIN TAB 40MG CR.....	10	paroxetine hcl tab er 24hr 25 mg.....	60
OXYCONTIN TAB 60MG CR.....	10	paroxetine hcl tab er 24hr 37.5 mg	60
OXYCONTIN TAB 80MG CR.....	10	PASER GRA 4GM.....	18
oxymorphone hcl tab 10 mg.....	10	PAZEO DRO 0.7%	115
oxymorphone hcl tab 5 mg	10	PCE TAB 333MG EC.....	22
oxymorphone hcl tab er 12hr 10 mg ...	10	PCE TAB 500MG EC.....	22
oxymorphone hcl tab er 12hr 15 mg ...	10	pedia d-vite dro 400unit	113
oxymorphone hcl tab er 12hr 20 mg ...	10	PEDIADERM HC KIT.....	128

PEDIADERM TA KIT	128	<i>phenobarbital tab 30 mg</i>	55
PEDIARIX INJ 0.5ML.....	108	<i>phenobarbital tab 32.4 mg.....</i>	55
PEDIATRIC RESPIRATORY MASK	110	<i>phenobarbital tab 60 mg</i>	55
PEDVAX HIB INJ	108	<i>phenobarbital tab 64.8 mg.....</i>	55
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>phenobarbital tab 97.2 mg.....</i>	55
<i>for soln 236 gm.....</i>	97	<i>phenoxybenzamine hcl cap 10 mg</i>	49
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>phenylephrine hcl ophth soln 10%</i>	116
<i>for soln 240 gm.....</i>	97	<i>phenylephrine hcl ophth soln 2.5% ...</i>	116
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>phenytoin chew tab 50 mg.....</i>	55
<i>420 gm</i>	97	<i>phenytoin sodium extended cap 100 mg</i>	
PEGANONE TAB 250MG	55	.....	55
PEGASYS INJ	19	<i>phenytoin sodium extended cap 200 mg</i>	
PEGASYS INJ 180MCG/M	19	.....	55
PEGASYS INJ PROCLICK	19	<i>phenytoin sodium extended cap 300 mg</i>	
<i>penicillin g potassium for inj 20000000</i>		.....	55
<i>unit</i>	25	<i>phenytoin sodium inj 50 mg/ml</i>	55
<i>penicillin g potassium for inj 5000000</i>		<i>phenytoin susp 125 mg/5ml.....</i>	55
<i>unit</i>	25	PHOSLYRA SOL	92
<i>penicillin g sodium for inj 5000000 unit</i>		PHOSPHOLINE SOL 0.125%OP	116
.....	25	PHOTOFRIN INJ 75MG.....	34
<i>penicillin v potassium for soln 125</i>		<i>physiolyte sol</i>	116
<i>mg/5ml.....</i>	25	<i>physiosol sol irrigat</i>	116
<i>penicillin v potassium for soln 250</i>		<i>phytonadione tab 5 mg.....</i>	113
<i>mg/5ml.....</i>	25	PICATO GEL 0.015%	124
<i>penicillin v potassium tab 250 mg</i>	25	PICATO GEL 0.05%	124
<i>penicillin v potassium tab 500 mg</i>	25	<i>pilocarpine hcl ophth soln 1%.....</i>	116
PENTACEL INJ	108	<i>pilocarpine hcl tab 5 mg.....</i>	129
PENTAM 300 INJ 300MG	14	<i>pilocarpine hcl tab 7.5 mg</i>	129
<i>pentoxifylline tab er 400 mg.....</i>	103	<i>pimozide tab 1 mg.....</i>	71
PERFOROMIST NEB 20MCG	119	<i>pimozide tab 2 mg.....</i>	71
<i>perindopril erbumine tab 2 mg</i>	36	<i>pindolol tab 10 mg.....</i>	44
<i>perindopril erbumine tab 4 mg</i>	37	<i>pindolol tab 5 mg</i>	44
<i>perindopril erbumine tab 8 mg</i>	37	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>periogard sol 0.12%.....</i>	129	.....	78
<i>permethrin cream 5%</i>	129	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
<i>perphenazine tab 16 mg</i>	65	.....	78
<i>perphenazine tab 2 mg.....</i>	65	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>perphenazine tab 4 mg.....</i>	65	<i>500 mg</i>	78
<i>perphenazine tab 8 mg.....</i>	65	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>pfizerpen inj 20mu.....</i>	25	<i>850 mg</i>	78
<i>phenadoz sup 25mg.....</i>	95	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>phenazopyridine hcl tab 100 mg</i>	100	.....	78
<i>phenazopyridine tab 95mg</i>	100	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>phenelzine sulfate tab 15 mg</i>	60	.....	78
<i>phenobarbital elixir 20 mg/5ml.....</i>	55	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>phenobarbital tab 100 mg.....</i>	55	.....	78
<i>phenobarbital tab 15 mg</i>	55	<i>piperacillin sod-tazobactam na for inj</i>	
<i>phenobarbital tab 16.2 mg.....</i>	55	<i>3.375 gm (3-0.375 gm)</i>	25

<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	25	<i>mg)</i>	111
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	25	<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	100
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	25	<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	100
<i>pirmella tab 1/35</i>	83	<i>potassium citrate tab er 5 meq (540 mg)</i>	100
<i>pirmella tab 7/7/7</i>	83	PRADAXA CAP 110MG.....	102
<i>piroxicam cap 10 mg</i>	2	PRADAXA CAP 150MG.....	102
<i>piroxicam cap 20 mg</i>	2	PRADAXA CAP 75MG	102
PLEGRIDY INJ	72	PRALUENT INJ 150MG/ML.....	43
PLEGRIDY INJ PEN.....	72	PRALUENT INJ 75MG/ML.....	43
PLEGRIDY INJ STARTER.....	72	<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	63
PLEGRIDY PEN INJ STARTER	72	<i>pramipexole dihydrochloride tab 0.25 mg</i>	63
PLENVU SOL	98	<i>pramipexole dihydrochloride tab 0.5 mg</i>	62
PNEUMOVAX 23 INJ 25/0.5	108	<i>pramipexole dihydrochloride tab 0.75 mg</i>	63
<i>podofilox soln 0.5%</i>	128	<i>pramipexole dihydrochloride tab 1.5 mg</i>	63
<i>polycin oin op</i>	114	<i>pramipexole dihydrochloride tab 1 mg</i>	63
<i>polyethylene glycol 3350 oral packet</i> ...98		<i>pramipexole dihydrochloride tab er 24hr</i> <i>0.375 mg</i>	63
<i>polyethylene glycol 3350 oral powder</i> ..98		<i>pramipexole dihydrochloride tab er 24hr</i> <i>0.75 mg</i>	63
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	114	<i>pramipexole dihydrochloride tab er 24hr</i> <i>1.5 mg</i>	63
<i>polymyxin b sulfate for inj 500000 unit</i> 14		<i>pramipexole dihydrochloride tab er 24hr</i> <i>2.25 mg</i>	63
POMALYST CAP 1MG	106	<i>pramipexole dihydrochloride tab er 24hr</i> <i>3.75 mg</i>	63
POMALYST CAP 2MG	106	<i>pramipexole dihydrochloride tab er 24hr</i> <i>3 mg</i>	63
POMALYST CAP 3MG	106	<i>pramipexole dihydrochloride tab er 24hr</i> <i>4.5 mg</i>	63
POMALYST CAP 4MG	106	<i>pramox gel 1%</i>	128
<i>portia-28 tab</i>	83	<i>prasugrel hcl tab 10 mg (base equiv)</i> 103	
<i>potassium chloride cap er 10 meq</i>	111	<i>prasugrel hcl tab 5 mg (base equiv)</i> ..103	
<i>potassium chloride cap er 8 meq</i>	111	<i>pravastatin sodium tab 10 mg</i>	42
<i>potassium chloride inj 10 meq/100ml</i> 111		<i>pravastatin sodium tab 20 mg</i>	42
<i>potassium chloride inj 10 meq/50ml</i> ..111		<i>pravastatin sodium tab 40 mg</i>	42
<i>potassium chloride inj 20 meq/100ml</i> 111		<i>pravastatin sodium tab 80 mg</i>	42
<i>potassium chloride inj 20 meq/50ml</i> ..111		<i>praziquantel tab 600 mg</i>	14
<i>potassium chloride inj 2 meq/ml</i>	111	<i>prazosin hcl cap 1 mg</i>	37
<i>potassium chloride inj 40 meq/100ml</i> 111		<i>prazosin hcl cap 2 mg</i>	37
<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	111	<i>prazosin hcl cap 5 mg</i>	37
<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	111		
<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	111		
<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	111		
<i>potassium chloride tab er 10 meq</i>	111		
<i>potassium chloride tab er 20 meq (1500</i> <i>mg)</i>	111		
<i>potassium chloride tab er 8 meq (600</i>			

PRED MILD SUS 0.12% OP.....	115	<i>prevalite pow 4gm</i>	41
<i>prednicarbate cream 0.1%</i>	128	<i>previfem tab</i>	83
<i>prednicarbate oint 0.1%</i>	128	PREVNAR 13 INJ	108
<i>prednisolone acetate ophth susp 1%</i> ..	115	PREZCOBIX TAB 800-150	18
<i>prednisolone sodium phosphate oral soln</i>		PREZISTA SUS 100MG/ML	17
<i>25 mg/5ml (base eq)</i>	89	PREZISTA TAB 150MG	17
<i>prednisolone sod phos orally disintegr</i>		PREZISTA TAB 600MG	17
<i>tab 10 mg (base eq)</i>	89	PREZISTA TAB 75MG	17
<i>prednisolone sod phos orally disintegr</i>		PREZISTA TAB 800MG	17
<i>tab 15 mg (base eq)</i>	89	PRIFTIN TAB 150MG	18
<i>prednisolone sod phos orally disintegr</i>		PRIMAQUINE TAB 26.3MG	16
<i>tab 30 mg (base eq)</i>	89	<i>primidone tab 250 mg</i>	55
<i>prednisolone sod phosphate oral soln 10</i>		<i>primidone tab 50 mg</i>	55
<i>mg/5ml (base equiv)</i>	89	PRIMLEV TAB 10-300MG.....	10
<i>prednisolone sod phosphate oral soln 15</i>		PRIMLEV TAB 5-300MG	10
<i>mg/5ml (base equiv)</i>	89	PRIMLEV TAB 7.5-300	10
<i>prednisolone sod phosphate oral soln 20</i>		PRIMSOL SOL 50MG/5ML.....	14
<i>mg/5ml (base equiv)</i>	89	PROAIR HFA AER	119
<i>prednisolone sod phosph oral soln 6.7</i>		PROAIR RESPI AER	119
<i>mg/5ml (5 mg/5ml base)</i>	89	<i>probenecid tab 500 mg</i>	1
<i>prednisolone syrup 15 mg/5ml (usp</i>		<i>procainamide hcl inj 100 mg/ml</i>	40
<i>solution equivalent)</i>	89	<i>prochlorperazine edisylate inj 5 mg/ml</i> 95	
PREDNISON CON 5MG/ML.....	89	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone oral soln 5 mg/5ml</i>	89	<i>(base equivalent)</i>	95
<i>prednisone tab 10 mg</i>	89	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prednisone tab 1 mg</i>	89	<i>equivalent)</i>	95
<i>prednisone tab 2.5 mg</i>	89	<i>prochlorperazine suppos 25 mg</i>	95
<i>prednisone tab 20 mg</i>	89	PROCRIT INJ 10000/ML	102
<i>prednisone tab 50 mg</i>	89	PROCRIT INJ 2000/ML	102
<i>prednisone tab 5 mg</i>	89	PROCRIT INJ 20000/ML	103
<i>prednisone tab therapy pack 10 mg (21)</i>		PROCRIT INJ 3000/ML	102
.....	89	PROCRIT INJ 4000/ML	102
<i>prednisone tab therapy pack 10 mg (48)</i>		PROCRIT INJ 40000/ML	103
.....	90	<i>procto-pak cre 1%</i>	99
<i>prednisone tab therapy pack 5 mg (21)</i>		<i>proctosol hc cre 2.5%</i>	99
.....	89	<i>proctozone cre -hc 2.5%</i>	99
<i>prednisone tab therapy pack 5 mg (48)</i>		<i>progesterone micronized cap 100 mg</i> ..	92
.....	89	<i>progesterone micronized cap 200 mg</i> ..	92
PRED SOD PHO SOL 1% OP	115	PROGRAF INJ 5MG/ML	107
PREMARIN INJ 25MG.....	87	PROLIA SOL 60MG/ML.....	91
PREMARIN TAB 0.3MG.....	87	PROMACTA TAB 12.5MG	103
PREMARIN TAB 0.45MG.....	87	PROMACTA TAB 25MG	103
PREMARIN TAB 0.625MG	87	PROMACTA TAB 50MG	103
PREMARIN TAB 0.9MG.....	87	PROMACTA TAB 75MG	103
PREMARIN TAB 1.25MG.....	87	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
PREMARIN VAG CRE 0.625MG	87	.....	120
<i>prenatabs rx tab</i>	113	<i>promethazine hcl inj 25 mg/ml</i>	95
PREPOPIK PAK	98	<i>promethazine hcl inj 50 mg/ml</i>	95

promethazine hcl suppos 12.5 mg.....95
promethazine hcl suppos 25 mg95
promethazine hcl syrup 6.25 mg/5ml ..95
promethazine hcl tab 12.5 mg96
promethazine hcl tab 25 mg.....96
promethazine hcl tab 50 mg.....96
promethazine w/ codeine syrup 6.25-10 mg/5ml120
promethegan sup 12.5mg96
promethegan sup 25mg.....96
promethegan sup 50mg.....96
prometh vc/ syp codeine.....119
prometh vc sol plain.....119
propafenone hcl cap er 12hr 225 mg ...40
propafenone hcl cap er 12hr 325 mg ...40
propafenone hcl cap er 12hr 425 mg ...40
propafenone hcl tab 150 mg40
propafenone hcl tab 225 mg40
propafenone hcl tab 300 mg40
proparacaine hcl ophth soln 0.5%116
propranolol & hydrochlorothiazide tab 40-25 mg43
propranolol & hydrochlorothiazide tab 80-25 mg43
propranolol hcl cap er 24hr 120 mg44
propranolol hcl cap er 24hr 160 mg44
propranolol hcl cap er 24hr 60 mg44
propranolol hcl cap er 24hr 80 mg44
propranolol hcl inj 1 mg/ml44
propranolol hcl oral soln 20 mg/5ml44
propranolol hcl oral soln 40 mg/5ml44
propranolol hcl tab 10 mg44
propranolol hcl tab 20 mg44
propranolol hcl tab 40 mg44
propranolol hcl tab 60 mg44
propranolol hcl tab 80 mg44
propylthiouracil tab 50 mg93
 PROQUAD INJ.....108
protriptyline hcl tab 10 mg.....61
protriptyline hcl tab 5 mg61
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....120
pyrazinamide tab 500 mg18
pyridostigmine bromide tab 60 mg.....71
pyridostigmine bromide tab er 180 mg 71
pyridoxine hcl tab 25 mg113
pyridoxine hcl tab 50 mg113

Q
 QTERN TAB 10MG/5MG79
 QUADRAMET INJ34
quasense tab83
quetiapine fumarate tab 100 mg65
quetiapine fumarate tab 200 mg65
quetiapine fumarate tab 25 mg65
quetiapine fumarate tab 300 mg65
quetiapine fumarate tab 400 mg65
quetiapine fumarate tab 50 mg65
quetiapine fumarate tab er 24hr 150 mg65
quetiapine fumarate tab er 24hr 200 mg65
quetiapine fumarate tab er 24hr 300 mg65
quetiapine fumarate tab er 24hr 400 mg65
quetiapine fumarate tab er 24hr 50 mg65
quetiapine fumarate tab er 24hr 150 mg65
quinapril-hydrochlorothiazide tab 10-12.5 mg36
quinapril-hydrochlorothiazide tab 20-12.5 mg36
quinapril-hydrochlorothiazide tab 20-25 mg36
quinapril hcl tab 10 mg.....37
quinapril hcl tab 20 mg.....37
quinapril hcl tab 40 mg.....37
quinapril hcl tab 5 mg37
quinidine sulfate tab 200 mg40
quinidine sulfate tab 300 mg40
quinine sulfate cap 324 mg16
 QVAR AER 40MCG.....121
 QVAR AER 80MCG.....121
 QVAR REDIIHA AER 80MCG.....121
 QVAR REDIIHAL AER 40MCG121
 R
rabeprazole sodium ec tab 20 mg99
raloxifene hcl tab 60 mg91
ramipril cap 1.25 mg.....37
ramipril cap 10 mg37
ramipril cap 2.5 mg37
ramipril cap 5 mg37
 RANEXA TAB 1000MG50
 RANEXA TAB 500MG49
ranitidine hcl cap 150 mg96
ranitidine hcl cap 300 mg96

<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	<i>reserpine tab 0.25 mg</i>	50
.....	RESTASIS EMU 0.05%.....	116
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	RETROVIR INJ 10MG/ML.....	17
.....	REVLIMID CAP 10MG.....	106
<i>ranitidine hcl syrup 15 mg/ml (75</i>	REVLIMID CAP 15MG.....	106
<i>mg/5ml)</i>	REVLIMID CAP 2.5MG.....	106
96	REVLIMID CAP 20MG.....	106
<i>ranitidine hcl tab 150 mg</i>	REVLIMID CAP 25MG.....	106
96	REVLIMID CAP 5MG	106
<i>ranitidine hcl tab 300 mg</i>	REXULTI TAB 0.25MG.....	65
97	REXULTI TAB 0.5MG	65
RAPAFLO CAP 4MG	REXULTI TAB 1MG	65
99	REXULTI TAB 2MG	65
RAPAFLO CAP 8MG	REXULTI TAB 3MG	65
99	REXULTI TAB 4MG	65
RAPAMUNE SOL 1MG/ML.....	REYATAZ POW 50MG.....	17
107	RIBAPAK PAK 1200/DAY	19
<i>rasagiline mesylate tab 0.5 mg (base</i>	RIBAPAK PAK 800/DAY.....	19
<i>equiv)</i>	RIBAPAK TAB 1000/DAY	20
63	RIBAPAK TAB 600/DAY.....	20
<i>rasagiline mesylate tab 1 mg (base</i>	<i>ribasphere cap 200mg</i>	20
<i>equiv)</i>	<i>ribasphere tab 200mg</i>	20
63	<i>ribasphere tab 400mg</i>	20
REBETOL CAP 200MG.....	<i>ribasphere tab 600mg</i>	20
19	RIBATAB TAB 1000/DAY	20
REBETOL SOL 40MG/ML	RIBATAB TAB 1200/DAY	20
19	RIBATAB TAB 800/DAY.....	20
REBIF INJ 22/0.5.....	<i>ribavirin cap 200 mg</i>	20
72	<i>ribavirin for inhal soln 6 gm</i>	20
REBIF INJ 44/0.5.....	<i>ribavirin tab 200 mg</i>	20
72	<i>rifabutin cap 150 mg</i>	18
REBIF REBIDO INJ 22/0.5.....	RIFAMATE CAP	18
72	<i>rifampin cap 150 mg</i>	18
REBIF REBIDO INJ 44/0.5.....	<i>rifampin cap 300 mg</i>	18
72	<i>rifampin for inj 600 mg</i>	18
REBIF REBIDO INJ TITRATN	RIFATER TAB	18
72	<i>riluzole tab 50 mg</i>	71
REBIF TITRTN INJ PACK	<i>rimantadine hydrochloride tab 100 mg</i>	20
72	<i>risedronate sodium tab 150 mg</i>	80
<i>reclipsen tab</i>	<i>risedronate sodium tab 30 mg</i>	80
83	<i>risedronate sodium tab 35 mg</i>	80
RECOMBIVA-HB INJ 40MCG/ML	<i>risedronate sodium tab 5 mg</i>	80
108	<i>risedronate sodium tab delayed release</i>	
RECOMBIVA HB INJ 10MCG/ML.....	<i>35 mg</i>	80
108	<i>risperidone orally disintegrating tab 0.25</i>	
RECOMBIVA HB INJ 5MCG/0.5.....	<i>mg</i>	65
108	<i>risperidone orally disintegrating tab 0.5</i>	
RECTIV OIN 0.4%	<i>mg</i>	65
128		
REGONOL INJ 5MG/ML		
71		
REGRANEX GEL 0.01%		
129		
RELENZA MIS DISKHALE		
19		
REMODULIN INJ 10MG/ML		
51		
REMODULIN INJ 1MG/ML.....		
51		
REMODULIN INJ 2.5MG/ML		
51		
REMODULIN INJ 5MG/ML.....		
51		
<i>repaglinide-metformin hcl tab 1-500 mg</i>		
.....		
78		
<i>repaglinide-metformin hcl tab 2-500 mg</i>		
.....		
78		
<i>repaglinide tab 0.5 mg</i>		
78		
<i>repaglinide tab 1 mg</i>		
78		
<i>repaglinide tab 2 mg</i>		
78		
REPATHA INJ 140MG/ML.....		
43		
REPATHA PUSH INJ 420/3.5.....		
43		
REPATHA SURE INJ 140MG/ML		
43		
RESCRIPTOR TAB 100 MG.....		
17		
RESCRIPTOR TAB 200MG.....		
17		
<i>reserpine tab 0.1 mg</i>		
50		

<i>risperidone orally disintegrating tab 1 mg</i>	<i>rosuvastatin calcium tab 20 mg</i>	42
.....65	<i>rosuvastatin calcium tab 40 mg</i>	42
<i>risperidone orally disintegrating tab 2 mg</i>	<i>rosuvastatin calcium tab 5 mg</i>	42
.....65	ROTARIX SUS.....	108
<i>risperidone orally disintegrating tab 3 mg</i>	ROTATEQ SOL	108
.....65	ROZEREM TAB 8MG	69
<i>risperidone orally disintegrating tab 4 mg</i>	RYDAPT CAP 25MG	29
.....65	S	
<i>risperidone soln 1 mg/ml</i>	SABRIL TAB 500MG	55
.....65	SAIZEN INJ 5MG	90
<i>risperidone tab 0.25 mg</i>	SAIZEN INJ 8.8MG.....	90
.....66	SAMSCA TAB 15MG.....	91
<i>risperidone tab 0.5 mg</i>	SAMSCA TAB 30MG.....	91
.....65	SANCUSO DIS 3.1MG.....	96
<i>risperidone tab 1 mg</i>	SANDIMMUNE SOL 100MG/ML	107
.....66	SANDOSTATIN KIT LAR 10MG	91
<i>risperidone tab 2 mg</i>	SANDOSTATIN KIT LAR 20MG	91
.....66	SANDOSTATIN KIT LAR 30MG	91
<i>risperidone tab 3 mg</i>	SANTYL OIN 250/GM	129
.....66	SAPHRIS SUB 10MG.....	66
<i>risperidone tab 4 mg</i>	SAPHRIS SUB 2.5MG.....	66
.....66	SAPHRIS SUB 5MG	66
<i>ritonavir tab 100 mg</i>	SAVELLA MIS TITR PAK	71
.....17	SAVELLA TAB 100MG	71
<i>rivastigmine tartrate cap 1.5 mg (base</i>	SAVELLA TAB 12.5MG	71
<i>equivalent)</i>	SAVELLA TAB 25MG	71
.....57	SAVELLA TAB 50MG	71
<i>rivastigmine tartrate cap 3 mg (base</i>	<i>scalacort lot 2%</i>	128
<i>equivalent)</i>	<i>selegiline hcl cap 5 mg</i>	63
.....57	<i>selegiline hcl tab 5 mg</i>	63
<i>rivastigmine tartrate cap 4.5 mg (base</i>	<i>selenium sulfide lotion 2.5%</i>	126
<i>equivalent)</i>	SELZENTRY SOL 20MG/ML.....	17
.....57	SELZENTRY TAB 150MG	17
<i>rivastigmine tartrate cap 6 mg (base</i>	SELZENTRY TAB 25MG	17
<i>equivalent)</i>	SELZENTRY TAB 300MG	17
.....57	SELZENTRY TAB 75MG	17
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	SENSIPAR TAB 30MG	80
.....57	SENSIPAR TAB 60MG	80
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	SENSIPAR TAB 90MG	80
.....57	SEREVENT DIS AER 50MCG.....	119
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	SEROSTIM INJ 4MG	90
.....57	SEROSTIM INJ 5MG	90
<i>rivelsa tab</i>	SEROSTIM INJ 6MG	90
.....83	<i>sertraline hcl oral concentrate for</i>	
<i>rizatriptan benzoate oral disintegrating</i>	<i>solution 20 mg/ml</i>	61
<i>tab 10 mg (base eq)</i>	<i>sertraline hcl tab 100 mg</i>	61
.....70	<i>sertraline hcl tab 25 mg</i>	61
<i>rizatriptan benzoate oral disintegrating</i>	<i>sertraline hcl tab 50 mg</i>	61
<i>tab 5 mg (base eq)</i>		
.....70		
<i>rizatriptan benzoate tab 10 mg (base</i>		
<i>equivalent)</i>		
.....70		
<i>rizatriptan benzoate tab 5 mg (base</i>		
<i>equivalent)</i>		
.....70		
<i>ropinirole hydrochloride tab 0.25 mg</i>		
.....63		
<i>ropinirole hydrochloride tab 0.5 mg</i>		
.....63		
<i>ropinirole hydrochloride tab 1 mg</i>		
.....63		
<i>ropinirole hydrochloride tab 2 mg</i>		
.....63		
<i>ropinirole hydrochloride tab 3 mg</i>		
.....63		
<i>ropinirole hydrochloride tab 4 mg</i>		
.....63		
<i>ropinirole hydrochloride tab 5 mg</i>		
.....63		
<i>rosadan cre 0.75%</i>		
.....129		
<i>rosuvastatin calcium tab 10 mg</i>		
.....42		

<i>sevelamer carbonate packet 0.8 gm</i> ....92	<i>(from 0.55 mg naf)</i> .....111
<i>sevelamer carbonate packet 2.4 gm</i> ....92	<i>sodium fluoride chew tab 0.5 mg f (from</i>
<i>sevelamer carbonate tab 800 mg</i>.....92	<i>1.1 mg naf)</i> .....111
SHARPS CONTAINER .....109	<i>sodium fluoride chew tab 1 mg f (from</i>
SHINGRIX INJ 50MCG .....109	<i>2.2 mg naf)</i> .....111
SHUR-SEAL GEL 2%.....100	<i>sodium fluoride soln 0.5 mg/ml f (from</i>
SIGNIFOR INJ 0.3MG/ML .....91	<i>1.1 mg/ml naf)</i>.....111
SIGNIFOR INJ 0.6MG/ML .....91	<i>sodium fluoride tab 0.5 mg f (from 1.1</i>
SIGNIFOR INJ 0.9MG/ML .....91	<i>mg naf)</i> .....111
<i>sildenafil citrate iv soln 10 mg/12.5ml</i>	<i>sodium fluoride tab 1 mg f (from 2.2 mg</i>
<i>(base equivalent)</i> .....51	<i>naf)</i> .....111
<i>sildenafil citrate tab 20 mg</i> .....51	<i>sodium phenylbutyrate oral powder 3</i>
<i>silver sulfadiazine cream 1%</i> .....124	<i>gm/teaspoonful</i> .....84
SIMBRINZA SUS 1-0.2%.....116	<i>sodium phenylbutyrate tab 500 mg</i> .....84
SIMPONI ARIA SOL 50MG/4ML .....105	<i>sodium polystyrene sulfonate oral susp</i>
SIMPONI INJ 100MG/ML .....105	<i>15 gm/60ml</i>.....80
SIMPONI INJ 50/0.5ML .....105	<i>sodium polystyrene sulfonate rectal susp</i>
<i>simvastatin tab 10 mg</i>.....42	<i>30 gm/120ml</i>.....81
<i>simvastatin tab 20 mg</i>.....42	SOLU-CORTEF INJ 1000MG .....90
<i>simvastatin tab 40 mg</i>.....42	SOLU-CORTEF INJ 100MG.....90
<i>simvastatin tab 5 mg</i> .....42	SOLU-CORTEF INJ 250MG.....90
<i>simvastatin tab 80 mg</i>.....42	SOLU-CORTEF INJ 500MG.....90
<i>sirolimus tab 0.5 mg</i> .....107	SOLU-MEDROL INJ 2GM .....90
<i>sirolimus tab 1 mg</i> .....107	SOMATULINE INJ 120/.5ML.....91
<i>sirolimus tab 2 mg</i> .....107	SOMATULINE INJ 60/0.2ML.....91
SIRTURO TAB 100MG.....18	SOMATULINE INJ 90/0.3ML.....91
SIVEXTRO INJ 200MG .....14	SOMAVERT INJ 10MG.....91
SIVEXTRO TAB 200MG .....14	SOMAVERT INJ 15MG.....91
SKLICE LOT 0.5% .....129	SOMAVERT INJ 20MG.....91
SKYLA IUD 13.5MG .....83	SOMAVERT INJ 25MG.....91
<i>sm nicotine dis 14mg/24h</i>.....75	SOMAVERT INJ 30MG.....92
<i>sm nicotine dis 21mg</i> .....75	<i>sorine tab 120mg</i> .....40
<i>sm nicotine dis 7mg/24hr</i> .....75	<i>sorine tab 160mg</i> .....40
<i>sm vitamin d tab 400unit</i> .....113	<i>sorine tab 240mg</i> .....40
<i>sodium chloride flush iv soln 0.9%</i> ....111	<i>sorine tab 80mg</i> .....40
<i>sodium chloride inj 0.45%</i> .....111	<i>sotalol hcl (afib/afl) tab 120 mg</i>.....40
<i>sodium chloride inj 0.9%</i> .....111	<i>sotalol hcl (afib/afl) tab 160 mg</i>.....40
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	<i>sotalol hcl (afib/afl) tab 80 mg</i> .....40
.....111	SOTALOL HCL INJ 150/10ML .....40
<i>sodium chloride inj 3%</i> .....111	<i>sotalol hcl tab 120 mg</i>.....40
<i>sodium chloride inj 5%</i> .....111	<i>sotalol hcl tab 160 mg</i> .....40
<i>sodium chloride irrigation soln 0.9%</i> ..129	<i>sotalol hcl tab 240 mg</i>.....40
<i>sodium chloride iv soln 0.9%</i>.....112	<i>sotalol hcl tab 80 mg</i>.....40
<i>sodium chloride soln nebu 0.9%</i> .....121	SOVALDI TAB 400MG .....20
<i>sodium chloride soln nebu 10%</i> .....121	<i>spinosad susp 0.9%</i> .....129
<i>sodium chloride soln nebu 3%</i> .....121	SPIRIVA AER 1.25MCG .....117
<i>sodium chloride soln nebu 7%</i> .....121	SPIRIVA CAP HANDIHLR .....117
<i>sodium fluoride chew tab 0.25 mg f</i>	SPIRIVA SPR 2.5MCG .....117

<i>spironolactone & hydrochlorothiazide tab</i>		SULFAMYLLON CRE 85MG/GM	124
<i>25-25 mg</i>	49	<i>sulfasalazine tab 500 mg</i>	97
<i>spironolactone tab 100 mg.....</i>	49	<i>sulfasalazine tab delayed release 500 mg</i>	
<i>spironolactone tab 25 mg</i>	49	<i>.....</i>	97
<i>spironolactone tab 50 mg</i>	49	<i>sulindac tab 150 mg</i>	2
SPORANOX SOL 10MG/ML	15	<i>sulindac tab 200 mg</i>	2
<i>sprintec 28 tab 28 day</i>	83	<i>sumatriptan nasal spray 20 mg/act</i>	70
SPRYCEL TAB 100MG	32	<i>sumatriptan nasal spray 5 mg/act.....</i>	70
SPRYCEL TAB 140MG	32	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	70
SPRYCEL TAB 20MG	32	<i>sumatriptan succinate solution auto-</i>	
SPRYCEL TAB 50MG	32	<i>injector 4 mg/0.5ml</i>	70
SPRYCEL TAB 70MG	32	<i>sumatriptan succinate solution auto-</i>	
SPRYCEL TAB 80MG	32	<i>injector 6 mg/0.5ml</i>	70
<i>sronyx tab</i>	83	<i>sumatriptan succinate solution cartridge</i>	
<i>ssd cre 1%</i>	124	<i>4 mg/0.5ml</i>	70
<i>stavudine cap 15 mg.....</i>	17	<i>sumatriptan succinate solution cartridge</i>	
<i>stavudine cap 20 mg.....</i>	17	<i>6 mg/0.5ml</i>	70
<i>stavudine cap 30 mg.....</i>	17	<i>sumatriptan succinate solution prefilled</i>	
<i>stavudine cap 40 mg.....</i>	17	<i>syringe 6 mg/0.5ml</i>	70
STELARA INJ 45MG/0.5	105	<i>sumatriptan succinate tab 100 mg</i>	70
STELARA INJ 90MG/ML.....	105	<i>sumatriptan succinate tab 25 mg</i>	70
STIVARGA TAB 40MG.....	32	<i>sumatriptan succinate tab 50 mg</i>	70
<i>streptomycin sulfate for inj 1 gm</i>	12	SUPRAX CAP 400MG	22
STRIBILD TAB	18	SUPRAX CHW 100MG	22
STRIVERDI AER 2.5MCG	119	SUPRAX CHW 200MG	22
SUBOXONE MIS 12-3MG	3	SUPRAX SUS 500/5ML.....	22
SUBOXONE MIS 2-0.5MG	3	SUPREP BOWEL SOL PREP KIT.....	98
SUBOXONE MIS 4-1MG	3	SUTENT CAP 12.5MG	33
SUBOXONE MIS 8-2MG	3	SUTENT CAP 25MG	33
SUCRAID SOL 8500/ML	98	SUTENT CAP 37.5MG	33
<i>sucrafate tab 1 gm.....</i>	98	SUTENT CAP 50MG	33
<i>sulfacetamide sodium-prednisolone</i>		<i>syeda tab 3-0.03mg.....</i>	83
<i>ophth soln 10-0.23(0.25)%.....</i>	113	<i>symax-sl sub 0.125mg</i>	94
<i>sulfacetamide sodium lotion 10% (acne)</i>		SYMBICORT AER 160-4.5.....	122
<i>.....</i>	123	SYMBICORT AER 80-4.5.....	122
<i>sulfacetamide sodium ophth oint 10%</i>		SYMDEKO TAB 100-150	121
<i>.....</i>	114	SYMLINPEN 60 INJ 1000MCG	76
<i>sulfacetamide sodium ophth soln 10%</i>		SYMLNPEN 120 INJ 1000MCG.....	76
<i>.....</i>	114	SYNAREL SOL 2MG/ML	84
SULFADIAZINE TAB 500MG.....	12	SYNERA DIS 70-70MG	128
<i>sulfamethoxazole-trimethoprim iv soln</i>		SYNTHROID TAB 100MCG	93
<i>400-80 mg/5ml.....</i>	14	SYNTHROID TAB 112MCG	93
<i>sulfamethoxazole-trimethoprim susp</i>		SYNTHROID TAB 125MCG.....	93
<i>200-40 mg/5ml.....</i>	14	SYNTHROID TAB 137MCG	93
<i>sulfamethoxazole-trimethoprim tab 400-</i>		SYNTHROID TAB 150MCG.....	93
<i>80 mg.....</i>	14	SYNTHROID TAB 175MCG.....	93
<i>sulfamethoxazole-trimethoprim tab 800-</i>		SYNTHROID TAB 200MCG.....	93
<i>160 mg</i>	14	SYNTHROID TAB 25MCG.....	93

SYNTHROID TAB 300MCG.....	93	<i>telmisartan-amlodipine tab 40-5 mg ...</i>	38
SYNTHROID TAB 50MCG.....	93	<i>telmisartan-amlodipine tab 80-10 mg..</i>	38
SYNTHROID TAB 75MCG.....	93	<i>telmisartan-amlodipine tab 80-5 mg ...</i>	38
SYNTHROID TAB 88MCG.....	93	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
T		<i>12.5 mg</i>	39
TABLOID TAB 40MG.....	28	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tacrolimus cap 0.5 mg</i>	107	<i>12.5 mg</i>	39
<i>tacrolimus cap 1 mg.....</i>	107	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tacrolimus cap 5 mg.....</i>	107	<i>25 mg.....</i>	39
<i>tacrolimus oint 0.03%</i>	128	<i>telmisartan tab 20 mg.....</i>	39
<i>tacrolimus oint 0.1%</i>	128	<i>telmisartan tab 40 mg.....</i>	39
<i>tadalafil tab 2.5 mg</i>	99	<i>telmisartan tab 80 mg.....</i>	39
<i>tadalafil tab 20 mg (pah).....</i>	51	<i>temazepam cap 15 mg</i>	69
<i>tadalafil tab 5 mg</i>	99	<i>temazepam cap 22.5 mg</i>	69
TAFINLAR CAP 50MG.....	33	<i>temazepam cap 30 mg</i>	69
TAFINLAR CAP 75MG.....	33	<i>temazepam cap 7.5 mg.....</i>	69
<i>take action tab 1.5mg</i>	83	TEMODAR INJ 100MG.....	26
<i>tamoxifen citrate tab 10 mg (base</i>		<i>temozolomide cap 100 mg</i>	26
<i>equivalent)</i>	30	<i>temozolomide cap 140 mg</i>	26
<i>tamoxifen citrate tab 20 mg (base</i>		<i>temozolomide cap 180 mg</i>	26
<i>equivalent)</i>	30	<i>temozolomide cap 20 mg.....</i>	26
<i>tamsulosin hcl cap 0.4 mg</i>	99	<i>temozolomide cap 250 mg</i>	26
TANZEUM INJ 30MG.....	77	<i>temozolomide cap 5 mg</i>	26
TANZEUM INJ 50MG.....	77	<i>tencon tab 50-325mg</i>	1
TARCEVA TAB 100MG.....	33	TENIPOSIDE INJ 50MG/5ML	34
TARCEVA TAB 150MG.....	33	TENIVAC INJ 5-2LF	109
TARCEVA TAB 25MG	33	<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TARGRETIN GEL 1%.....	128	<i>.....</i>	17
TAYTULLA CAP 1MG/20MC	83	<i>terazosin hcl cap 10 mg (base</i>	
<i>tazarotene cream 0.1%</i>	126	<i>equivalent)</i>	37
<i>tazicef inj 1gm</i>	22	<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>tazicef inj 2gm</i>	22	<i>.....</i>	37
<i>tazicef inj 6gm</i>	22	<i>terazosin hcl cap 2 mg (base equivalent)</i>	
TAZORAC CRE 0.05%.....	126	<i>.....</i>	37
TAZORAC GEL 0.05%	126	<i>terazosin hcl cap 5 mg (base equivalent)</i>	
TAZORAC GEL 0.1%.....	126	<i>.....</i>	37
<i>taztia xt cap 120mg/24</i>	47	<i>terbinafine hcl tab 250 mg</i>	15
<i>taztia xt cap 180mg/24</i>	47	<i>terbutaline sulfate inj 1 mg/ml.....</i>	119
<i>taztia xt cap 240mg/24</i>	47	<i>terbutaline sulfate tab 2.5 mg</i>	119
<i>taztia xt cap 300mg/24</i>	47	<i>terbutaline sulfate tab 5 mg</i>	119
<i>taztia xt cap 360mg/24</i>	47	<i>terconazole vaginal cream 0.4%</i>	101
TECFIDERA CAP 120MG.....	72	<i>terconazole vaginal suppos 80 mg.....</i>	101
TECFIDERA CAP 240MG.....	72	<i>testosterone cypionate im inj in oil 100</i>	
TECFIDERA MIS STARTER.....	72	<i>mg/ml.....</i>	75
TECHNIVIE TAB.....	20	<i>testosterone cypionate im inj in oil 200</i>	
TEKTURNAB TAB 150MG.....	48	<i>mg/ml.....</i>	75
TEKTURNAB TAB 300MG.....	48	<i>testosterone enanthate im inj in oil 200</i>	
<i>telmisartan-amlodipine tab 40-10 mg..</i>	38	<i>mg/ml.....</i>	75

<i>testosterone td gel 10mg/act (2%)</i>	75	<i>timolol maleate ophth soln 0.25%</i>	116
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	75	<i>timolol maleate ophth soln 0.5%</i>	116
TET/DIP TOX INJ 2-2 LF	109	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	116
<i>tetrabenazine tab 12.5 mg</i>	71	<i>timolol maleate tab 10 mg</i>	45
<i>tetrabenazine tab 25 mg</i>	71	<i>timolol maleate tab 20 mg</i>	45
<i>tetracycline hcl cap 250 mg</i>	26	<i>timolol maleate tab 5 mg</i>	44
<i>tetracycline hcl cap 500 mg</i>	26	TIMOPTIC OCU SOL 0.25% OP	116
TEXACORT SOL 2.5%	128	TIMOPTIC OCU SOL 0.5% OP	116
THALOMID CAP 100MG	106	<i>tinidazole tab 250 mg</i>	12
THALOMID CAP 150MG	106	<i>tinidazole tab 500 mg</i>	12
THALOMID CAP 200MG	106	<i>tis-u-sol sol</i>	116
THALOMID CAP 50MG	106	TIVICAY TAB 10MG	17
THEO-24 CAP 100MG CR	122	TIVICAY TAB 25MG	17
THEO-24 CAP 200MG CR	122	TIVICAY TAB 50MG	17
THEO-24 CAP 300MG CR	122	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	74
THEO-24 CAP 400MG ER	122	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	74
<i>theochron tab 100mg cr</i>	122	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	74
<i>theochron tab 200mg cr</i>	122	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	74
<i>theochron tab 300mg cr</i>	122	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	74
<i>theophylline soln 80 mg/15ml</i>	122	TOBRADEX OIN 0.3-0.1%	113
<i>theophylline tab er 12hr 450 mg</i>	122	TOBRADEX ST SUS 0.3-0.05	113
<i>theophylline tab er 24hr 400 mg</i>	122	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	114
<i>theophylline tab er 24hr 600 mg</i>	122	<i>tobramycin nebu soln 300 mg/5ml</i>	12
THERACYS INJ	34	<i>tobramycin ophth soln 0.3%</i>	114
<i>thioridazine hcl tab 100 mg</i>	66	<i>tobramycin sulfate for inj 1.2 gm</i>	12
<i>thioridazine hcl tab 10 mg</i>	66	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	12
<i>thioridazine hcl tab 25 mg</i>	66	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	13
<i>thioridazine hcl tab 50 mg</i>	66	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	12
<i>thiothixene cap 10 mg</i>	66	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	13
<i>thiothixene cap 1 mg</i>	66	TOBREX OIN 0.3% OP	114
<i>thiothixene cap 2 mg</i>	66	TODAY SPONGE MIS	100
<i>thiothixene cap 5 mg</i>	66	<i>tolcapone tab 100 mg</i>	63
THYROLAR-1/2 TAB 30MG	93	<i>tolmetin sodium cap 400 mg</i>	2
THYROLAR-1/4 TAB 15MG	93	<i>tolmetin sodium tab 200 mg</i>	2
THYROLAR-1 TAB 60MG	93	<i>tolmetin sodium tab 600 mg</i>	3
THYROLAR-2 TAB 120MG	93	<i>tolterodine tartrate cap er 24hr 2 mg</i> 100	
THYROLAR-3 TAB 180MG	93	<i>tolterodine tartrate cap er 24hr 4 mg</i> 100	
THYROSAFE TAB 65MG	81		
<i>tiagabine hcl tab 12 mg</i>	55		
<i>tiagabine hcl tab 16 mg</i>	55		
<i>tiagabine hcl tab 2 mg</i>	55		
<i>tiagabine hcl tab 4 mg</i>	55		
TICE BCG INJ	34		
<i>tilia fe tab</i>	83		
<i>timolol maleate ophth gel forming soln 0.25%</i>	116		
<i>timolol maleate ophth gel forming soln 0.5%</i>	116		

<i>tolterodine tartrate tab 1 mg</i>	100	TRESIBA FLEX INJ 200UNIT	78
<i>tolterodine tartrate tab 2 mg</i>	100	TRETIN-X CRE 0.075%	123
<i>topiramate sprinkle cap 15 mg</i>	55	<i>tretinoin cap 10 mg</i>	34
<i>topiramate sprinkle cap 25 mg</i>	55	<i>tretinoin cream 0.025%</i>	124
<i>topiramate tab 100 mg</i>	55	<i>tretinoin cream 0.05%</i>	123
<i>topiramate tab 200 mg</i>	55	<i>tretinoin cream 0.1%</i>	123
<i>topiramate tab 25 mg</i>	55	<i>tretinoin gel 0.01%</i>	124
<i>topiramate tab 50 mg</i>	55	<i>tretinoin gel 0.025%</i>	124
<i>toposar inj 100/5ml</i>	35	<i>tretinoin gel 0.05%</i>	124
<i>toposar inj 20mg/ml</i>	34	<i>tretinoin microsphere gel 0.04%</i>	124
<i>topotecan hcl for inj 4 mg (base equiv)</i>	35	<i>tretinoin microsphere gel 0.1%</i>	124
<i>toremide tab 100 mg</i>	49	<i>tri-linyah tab</i>	83
<i>toremide tab 10 mg</i>	49	<i>tri-sprintec tab</i>	83
<i>toremide tab 20 mg</i>	49	<i>tri-vit/fe dro /fl 0.25</i>	113
<i>toremide tab 5 mg</i>	49	<i>tri-vit/fl dro 0.25mg</i>	113
TOVIAZ TAB 4MG.....	100	<i>tri-vit/fl dro 0.5mg</i>	113
TOVIAZ TAB 8MG.....	100	<i>triamcinolone acetone aerosol soln</i> <i>0.147 mg/gm</i>	128
TRACLEER TAB 125MG	51	<i>triamcinolone acetone cream 0.025%</i>	128
TRACLEER TAB 32MG	51	<i>triamcinolone acetone cream 0.1%</i>	128
TRACLEER TAB 62.5MG	51	<i>triamcinolone acetone cream 0.5%</i>	128
TRADJENTA TAB 5MG.....	76	<i>triamcinolone acetone dental paste</i> <i>0.1%</i>	129
<i>tramadol hcl tab 50 mg</i>	11	<i>triamcinolone acetone lotion 0.025%</i>	128
<i>tramadol hcl tab er 24hr 100 mg</i>	11	<i>triamcinolone acetone lotion 0.1%</i>	128
<i>tramadol hcl tab er 24hr 200 mg</i>	11	<i>triamcinolone acetone nasal aerosol</i> <i>suspension 55 mcg/act</i>	121
<i>tramadol hcl tab er 24hr 300 mg</i>	11	<i>triamcinolone acetone oint 0.025%</i>	128
<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	36	<i>triamcinolone acetone oint 0.1%</i>	128
<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i>	36	<i>triamcinolone acetone oint 0.5%</i>	128
<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i>	36	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	49
<i>trandolapril-verapamil hcl tab er 4-240</i> <i>mg</i>	36	<i>triamterene & hydrochlorothiazide cap</i> <i>50-25 mg</i>	49
<i>trandolapril tab 1 mg</i>	37	<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	49
<i>trandolapril tab 2 mg</i>	37	<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	49
<i>trandolapril tab 4 mg</i>	37	<i>triderm cre 0.1%</i>	128
<i>tranexamic acid iv soln 1000 mg/10ml</i> <i>(100 mg/ml)</i>	103	<i>trientine hcl cap 250 mg</i>	81
<i>tranexamic acid tab 650 mg</i>	103	<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	66
TRANSDERM-SC DIS 1.5MG	96	<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	66
<i>tranylcypromine sulfate tab 10 mg</i>	61	<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	66
TRAVATAN Z DRO 0.004%	116		
<i>trazodone hcl tab 100 mg</i>	61		
<i>trazodone hcl tab 150 mg</i>	61		
<i>trazodone hcl tab 300 mg</i>	61		
<i>trazodone hcl tab 50 mg</i>	61		
TRECATOR TAB 250MG.....	18		
TRESIBA FLEX INJ 100UNIT	78		

<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	66	<i>unithroid tab 50mcg</i>	93
<i>trifluridine ophth soln 1%</i>	114	<i>unithroid tab 75mcg</i>	93
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	63	<i>unithroid tab 88mcg</i>	93
<i>trihexyphenidyl hcl tab 2 mg</i>	63	UPTRAVI TAB 1000MCG.....	51
<i>trihexyphenidyl hcl tab 5 mg</i>	63	UPTRAVI TAB 1200MCG.....	51
<i>trimethobenzamide hcl cap 300 mg</i>	96	UPTRAVI TAB 1400MCG.....	51
<i>trimethoprim tab 100 mg</i>	14	UPTRAVI TAB 1600MCG.....	51
<i>trimipramine maleate cap 100 mg</i>	61	UPTRAVI TAB 200/800	51
<i>trimipramine maleate cap 25 mg</i>	61	UPTRAVI TAB 200MCG	51
<i>trimipramine maleate cap 50 mg</i>	61	UPTRAVI TAB 400MCG	51
<i>trinessa tab</i>	83	UPTRAVI TAB 600MCG	51
TRINTELLIX TAB 10MG	61	UPTRAVI TAB 800MCG	51
TRINTELLIX TAB 20MG	61	URINE GLUCOSE MONITORING SUPPLIES	109
TRINTELLIX TAB 5MG.....	61	URINE TEST STRIPS	110
TRISENOX INJ 12MG/6ML	34	<i>ursodiol cap 300 mg</i>	98
TRIUMEQ TAB	18	<i>ursodiol tab 250 mg</i>	98
<i>trivora-28 tab</i>	83	<i>ursodiol tab 500 mg</i>	98
TROGARZO INJ 150MG/ML.....	17	UVADEX INJ 20MCG/ML.....	34
<i>tropicamide ophth soln 0.5%</i>	116	V	
<i>tropicamide ophth soln 1%</i>	116	<i>valacyclovir hcl tab 1 gm</i>	20
<i>trospium chloride cap er 24hr 60 mg</i> .	100	<i>valacyclovir hcl tab 500 mg</i>	20
<i>trospium chloride tab 20 mg</i>	100	<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	20
TRULICITY INJ 0.75/0.5	77	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	20
TRULICITY INJ 1.5/0.5	77	<i>valproate sodium inj 100 mg/ml</i>	55
TRUMENBA INJ	109	<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	55
TRUVADA TAB 100-150	18	<i>valproic acid cap 250 mg</i>	55
TRUVADA TAB 133-200	18	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	39
TRUVADA TAB 167-250	18	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	39
TRUVADA TAB 200-300	18	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	39
TUDORZA PRES AER 400/ACT.....	117	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	39
<i>tussigon tab 5-1.5mg</i>	120	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	39
TUZISTRA XR SUS	120	<i>valsartan tab 160 mg</i>	39
TWINRIX INJ.....	109	<i>valsartan tab 320 mg</i>	39
TYBOST TAB 150MG.....	17	<i>valsartan tab 40 mg</i>	39
TYKERB TAB 250MG.....	33	<i>valsartan tab 80 mg</i>	39
TYSABRI INJ 300/15ML	72	<i>vancomycin hcl cap 125 mg (base equivalent)</i>	14
TYVASO START SOL 0.6MG/ML.....	51	<i>vancomycin hcl cap 250 mg (base equivalent)</i>	14
U			
ULESFIA LOT 5%	129		
ULORIC TAB 40MG	1		
ULORIC TAB 80MG	1		
<i>unithroid tab 100mcg</i>	93		
<i>unithroid tab 112mcg</i>	93		
<i>unithroid tab 125mcg</i>	93		
<i>unithroid tab 200mcg</i>	93		
<i>unithroid tab 25mcg</i>	93		
<i>unithroid tab 300mcg</i>	93		

<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	15	<i>verapamil hcl cap er 24hr 200 mg</i>	47
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	15	<i>verapamil hcl cap er 24hr 240 mg</i>	47
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	15	<i>verapamil hcl cap er 24hr 300 mg</i>	47
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	15	<i>verapamil hcl cap er 24hr 360 mg</i>	47
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	15	<i>verapamil hcl iv soln 2.5 mg/ml</i>	47
<i>vandazole gel 0.75%</i>	101	<i>verapamil hcl tab 120 mg</i>	47
VAQTA INJ 25/0.5ML.....	109	<i>verapamil hcl tab 40 mg</i>	47
VAQTA INJ 50UNT/ML.....	109	<i>verapamil hcl tab 80 mg</i>	47
VARIVAX INJ	109	<i>verapamil hcl tab er 120 mg</i>	47
VARUBI INJ	96	<i>verapamil hcl tab er 180 mg</i>	47
VARUBI TAB 90MG.....	96	<i>verapamil hcl tab er 240 mg</i>	47
VASCEPA CAP 0.5GM	43	VERDESO AER 0.05%.....	128
VASCEPA CAP 1GM	43	VEREGEN OIN 15%	129
VCF VAGINAL AER CONTRACP	100	VESICARE TAB 10MG	100
VCF VAGINAL MIS CONTRACP.....	100	VESICARE TAB 5MG	100
<i>velivet pak</i>	83	<i>vestura tab 3-0.02mg</i>	83
VELPHORO CHW 500MG	92	VEXOL SUS 1% OP	115
VENCLEXTA TAB 100MG	35	VIBRAMYCIN SYP 50MG/5ML.....	26
VENCLEXTA TAB 10MG	35	VICTOZA INJ 18MG/3ML.....	77
VENCLEXTA TAB 50MG	35	VIDEX EC CAP 125MG	17
VENCLEXTA TAB START PK	35	VIDEX SOL 2GM	17
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	61	VIDEX SOL 4GM	17
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	61	<i>vigabatrin powd pack 500 mg</i>	55
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	61	VIIBRYD KIT STARTER	61
<i>venlafaxine hcl tab 100 mg</i>	61	VIIBRYD TAB 10MG	61
<i>venlafaxine hcl tab 25 mg</i>	61	VIIBRYD TAB 20MG	62
<i>venlafaxine hcl tab 37.5 mg</i>	61	VIIBRYD TAB 40MG	62
<i>venlafaxine hcl tab 50 mg</i>	61	VIMPAT INJ 200MG/20	55
<i>venlafaxine hcl tab 75 mg</i>	61	VIMPAT SOL 10MG/ML.....	55
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	61	VIMPAT TAB 100MG	55
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	61	VIMPAT TAB 150MG	55
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	61	VIMPAT TAB 200MG	55
VENTAVIS SOL 10MCG/ML.....	51	VIMPAT TAB 50MG.....	55
VENTAVIS SOL 20MCG/ML.....	52	<i>vinblastine sulfate inj 1 mg/ml</i>	28
<i>verapamil hcl cap er 24hr 100 mg</i>	47	<i>vincasar pfs inj 1mg/ml</i>	29
<i>verapamil hcl cap er 24hr 120 mg</i>	47	<i>vincristine sulfate iv soln 1 mg/ml</i>	29
<i>verapamil hcl cap er 24hr 180 mg</i>	47	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	29
		<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	29
		VIOKACE TAB 10440	98
		VIOKACE TAB 20880	98
		<i>viorele tab</i>	83
		VIRACEPT TAB 250MG	17
		VIRACEPT TAB 625MG	17
		VIRAMUNE SUS 50MG/5ML	17
		VIREAD POW 40MG/GM.....	17
		VIREAD TAB 150MG	17

VIREAD TAB 200MG	17
VIREAD TAB 250MG	17
<i>virt-vite tab forte</i>	113
VISTOGARD PAK 10GM	34
<i>vit a/c/d/fl dro 0.25mg</i>	113
VITAMIN D2 TAB 400UNIT	113
VITAMIN D3 LIQ 1000UNIT	113
VITAMIN D3 LIQ 1200UNIT	113
VITUZ SOL 5-4MG.....	120
VIVITROL INJ 380MG	75
<i>voriconazole for susp 40 mg/ml</i>	15
<i>voriconazole tab 200 mg</i>	15
<i>voriconazole tab 50 mg</i>	15
VOSEVI TAB.....	20
VOTRIENT TAB 200MG	33
VYVANSE CAP 10MG	68
VYVANSE CAP 20MG	68
VYVANSE CAP 30MG	68
VYVANSE CAP 40MG	69
VYVANSE CAP 50MG	69
VYVANSE CAP 60MG	69
VYVANSE CAP 70MG	69
VYVANSE CHW 10MG	69
VYVANSE CHW 20MG	69
VYVANSE CHW 30MG	69
VYVANSE CHW 40MG	69
VYVANSE CHW 50MG	69
VYVANSE CHW 60MG	69
W	
<i>warfarin sodium tab 10 mg</i>	102
<i>warfarin sodium tab 1 mg</i>	102
<i>warfarin sodium tab 2.5 mg</i>	102
<i>warfarin sodium tab 2 mg</i>	102
<i>warfarin sodium tab 3 mg</i>	102
<i>warfarin sodium tab 4 mg</i>	102
<i>warfarin sodium tab 5 mg</i>	102
<i>warfarin sodium tab 6 mg</i>	102
<i>warfarin sodium tab 7.5 mg</i>	102
WELCHOL PAK 3.75GM	41
<i>wera tab 0.5/35</i>	83
WIDE-SEAL DPR KIT 60	109
WIDE-SEAL DPR KIT 65	109
WIDE-SEAL DPR KIT 70	109
WIDE-SEAL DPR KIT 75	109
WIDE-SEAL DPR KIT 80	109
WIDE-SEAL DPR KIT 85	109
WIDE-SEAL DPR KIT 90	109
WIDE-SEAL DPR KIT 95	109

X	
XALKORI CAP 200MG	33
XALKORI CAP 250MG	33
XARELTO STAR TAB 15/20MG.....	102
XARELTO TAB 10MG	102
XARELTO TAB 15MG.....	102
XARELTO TAB 20MG.....	102
XARTEMIS XR TAB 7.5-325	11
XELJANZ TAB 5MG	105
XIFAXAN TAB 200MG	15
XIFAXAN TAB 550MG	15
XIGDUO XR TAB 10-1000	79
XIGDUO XR TAB 10-500MG.....	79
XIGDUO XR TAB 2.5-1000	78
XIGDUO XR TAB 5-1000MG.....	79
XIGDUO XR TAB 5-500MG	78
XOLEGEL GEL 2%	125
XTANDI CAP 40MG.....	30
<i>xulane dis 150-35</i>	83
<i>xylon tab 10-200mg</i>	11
XYREM SOL 500MG/ML.....	74
Y	
<i>yuvaferm tab 10mcg</i>	87
Z	
<i>zafirlukast tab 10 mg</i>	120
<i>zafirlukast tab 20 mg</i>	120
<i>zaleplon cap 10 mg</i>	69
<i>zaleplon cap 5 mg</i>	69
ZANAFLEX CAP 2MG.....	74
ZANAFLEX CAP 4MG.....	74
ZANAFLEX CAP 6MG.....	74
ZANAFLEX TAB 4MG.....	74
<i>zarah tab 3-0.03mg</i>	83
ZARXIO INJ 300/0.5.....	103
ZARXIO INJ 480/0.8.....	103
<i>zazole cre 0.8%</i>	101
<i>zazole sup 80mg</i>	101
ZEJULA CAP 100MG	29
ZELBORAF TAB 240MG	33
<i>zenchent fe chw 0.4mg-35</i>	83
<i>zenchent tab</i>	83
ZENPEP CAP 10000UNT	98
ZENPEP CAP 15000UNT	98
ZENPEP CAP 20000UNT	98
ZENPEP CAP 25000	98
ZENPEP CAP 3000UNIT.....	98
ZENPEP CAP 40000	98
ZENPEP CAP 5000UNIT.....	98

<i>zenzedi tab 15mg</i>	69	ZUBSOLV SUB 11.4-2.9	3
<i>zenzedi tab 2.5mg</i>	69	ZUBSOLV SUB 2.9-0.71	3
<i>zenzedi tab 20mg</i>	69	ZUBSOLV SUB 5.7-1.4	3
<i>zenzedi tab 30mg</i>	69	ZUBSOLV SUB 8.6-2.1	3
<i>zenzedi tab 7.5mg</i>	69	ZUPLENZ MIS 4MG	96
ZEPATIER TAB 50-100MG	20	ZUPLENZ MIS 8MG	96
ZERIT SOL 1MG/ML	17	ZYDELIG TAB 100MG	33
<i>zidovudine cap 100 mg</i>	17	ZYDELIG TAB 150MG	33
<i>zidovudine syrup 10 mg/ml</i>	18	ZYKADIA CAP 150MG	33
<i>zidovudine tab 300 mg</i>	18	ZYTIGA TAB 250MG	30
<i>zileuton tab er 12hr 600 mg</i>	120	ZYTIGA TAB 500MG	30
ZINACEF/H2O INJ 1.5GM PB.....	22		
ZINACEF INJ 750MG	22		
ZIOPTAN DRO 0.0015%.....	116		
<i>ziprasidone hcl cap 20 mg</i>	66		
<i>ziprasidone hcl cap 40 mg</i>	66		
<i>ziprasidone hcl cap 60 mg</i>	66		
<i>ziprasidone hcl cap 80 mg</i>	66		
ZIRGAN GEL 0.15%	114		
ZMAX SUS 2GM.....	22		
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	80		
<i>zoledronic acid iv soln 5 mg/100ml</i>	80		
ZOLINZA CAP 100MG	29		
<i>zolmitriptan orally disintegrating tab 2.5</i> <i>mg</i>	70		
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i>	70		
<i>zolmitriptan tab 2.5 mg</i>	70		
<i>zolmitriptan tab 5 mg</i>	70		
<i>zolpidem tartrate tab 10 mg</i>	69		
<i>zolpidem tartrate tab 5 mg</i>	69		
<i>zolpidem tartrate tab er 12.5 mg</i>	69		
<i>zolpidem tartrate tab er 6.25 mg</i>	69		
ZOMIG SPR 2.5MG.....	70		
ZOMIG SPR 5MG	70		
<i>zonisamide cap 100 mg</i>	56		
<i>zonisamide cap 25 mg</i>	56		
<i>zonisamide cap 50 mg</i>	56		
ZONTIVITY TAB 2.08MG	103		
ZORBTIVE INJ 8.8MG	90		
ZORTRESS TAB 0.25MG.....	107		
ZORTRESS TAB 0.5MG	107		
ZORTRESS TAB 0.75MG.....	107		
ZOSTAVAX INJ	109		
<i>zovia 1/35e tab</i>	84		
ZUBSOLV SUB 0.7-0.18	3		
ZUBSOLV SUB 1.4-0.36	3		

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 የሚያገዙት 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 ချေးချကာ ပြုပြင်မှု အသက်ကြို ကြိုကြက်ပေါ်ရှိ အသက်ကြို ကြို ဝက်ဇ် ငြိမ်မူဝက်ပုံနှိပ်သည့် ဝေ့ဒ်ပါ။

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 griege, 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)