



MARKETPLACE PLAN

Ohio Preferred Drug List

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.

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)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 25 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 25 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 25 days)
<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)
<i>codeine sulfate tab 15 mg</i>	1	QL (42 tabs / 25 days)
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs / 25 days)
<i>codeine sulfate tab 60 mg</i>	1	QL (42 tabs / 25 days)
EMBEDA CAP 20-0.8MG	3	PA
EMBEDA CAP 30-1.2MG	3	PA
EMBEDA CAP 50-2MG	3	PA
EMBEDA CAP 60-2.4MG	3	PA
EMBEDA CAP 80-3.2MG	3	PA
EMBEDA CAP 100-4MG	3	PA
<i>endocet tab 2.5-325</i>	1	QL (360 tabs / 25 days)
<i>endocet tab 5-325mg</i>	1	QL (320 tabs / 25 days)
<i>endocet tab 7.5-325</i>	1	QL (210 tabs / 25 days)
<i>endocet tab 10-325mg</i>	1	QL (160 tabs / 25 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	QL (120 lozenges / 25 days), PA

Drug Name	Drug Tier	Requirements/Limits
<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	PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 25 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL (2700 mL / 25 days)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 25 days)
HYDROMORPHON SUP 3MG	3	QL (120 supp / 25 days)
<i>hydromorphone hcl inj 1 mg/ml</i>	1	
<i>hydromorphone hcl inj 2 mg/ml</i>	1	
<i>hydromorphone hcl inj 4 mg/ml</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 mL / 25 days)
<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)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (150 tabs / 25 days)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	PA
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	PA
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	PA
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	2	PA
HYSINGLA ER TAB 30 MG	2	PA
HYSINGLA ER TAB 40 MG	2	PA
HYSINGLA ER TAB 60 MG	2	PA
HYSINGLA ER TAB 80 MG	2	PA
HYSINGLA ER TAB 100 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 120 MG	2	PA
<i>levorphanol tartrate tab 2 mg</i>	1	QL (100 tabs / 25 days)
<i>loratab tab 10-325mg</i>	1	QL (180 tabs / 25 days)
<i>methadone con 10mg/ml</i>	1	PA; (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl inj 10 mg/ml</i>	1	PA
<i>methadone hcl soln 5 mg/5ml</i>	1	PA
<i>methadone hcl soln 10 mg/5ml</i>	1	PA
<i>methadone hcl tab 5 mg</i>	1	PA
<i>methadone hcl tab 10 mg</i>	1	PA
<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 (80 supp / 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 100 mg</i>	1	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)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (600 mL / 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (120 mL / 25 days)
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 supp / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 supp / 25 days)
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supp / 25 days)
<i>morphine sulfate tab 15 mg</i>	1	QL (160 tabs / 25 days)
<i>morphine sulfate tab 30 mg</i>	1	QL (80 tabs / 25 days)
<i>morphine sulfate tab er 15 mg</i>	1	PA
<i>morphine sulfate tab er 30 mg</i>	1	PA
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
NUCYNTA ER TAB 50MG	2	PA
NUCYNTA ER TAB 100MG	2	PA
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	QL (120 tabs / 25 days)
NUCYNTA TAB 75MG	2	QL (80 tabs / 25 days)
NUCYNTA TAB 100MG	2	QL (60 tabs / 25 days)
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps / 25 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (80 mL / 25 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (160 tabs / 25 days)
<i>oxycodone hcl tab 15 mg</i>	1	QL (100 tabs / 25 days)
<i>oxycodone hcl tab 20 mg</i>	1	QL (80 tabs / 25 days)
<i>oxycodone hcl tab 30 mg</i>	1	QL (50 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1600 mL / 25 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 25 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (320 tabs / 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (210 tabs / 25 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (160 tabs / 25 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (330 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs / 25 days)
OXYCONTIN TAB 10MG CR	2	PA
OXYCONTIN TAB 15MG CR	2	PA
OXYCONTIN TAB 20MG CR	2	PA
OXYCONTIN TAB 30MG CR	2	PA
OXYCONTIN TAB 40MG CR	2	PA
OXYCONTIN TAB 60MG CR	2	PA
OXYCONTIN TAB 80MG CR	2	PA
<i>oxymorphone hcl tab 5 mg</i>	1	QL (160 tabs / 25 days)
<i>oxymorphone hcl tab 10 mg</i>	1	QL (80 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA
PRIMLEV TAB 5-300MG	3	QL (320 tabs / 25 days)
PRIMLEV TAB 7.5-300	3	QL (210 tabs / 25 days)
PRIMLEV TAB 10-300MG	3	QL (160 tabs / 25 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs / 25 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	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)

OPIOID PARTIAL AGONISTS§

BELBUCA MIS 75MCG	2	PA
BELBUCA MIS 150MCG	2	PA
BELBUCA MIS 300MCG	2	PA
BELBUCA MIS 450MCG	2	PA
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<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
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Drug Name	Drug Tier	Requirements/Limits
<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

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	1	
<i>GENTAM/NACL INJ 0.9MG/ML</i>	3	
<i>GENTAM/NACL INJ 1.4MG/ML</i>	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	1	
<i>KETEK TAB 300MG</i>	3	
<i>KETEK TAB 400MG</i>	3	
<i>MONUROL PAK GRANULES</i>	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	
<i>SULFADIAZINE TAB 500MG</i>	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1	
<i>linezolid tab 600 mg</i>	1	
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 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	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 NACL 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	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin tab 500000 unit</i>	1	
SPORANOX SOL 10MG/ML	2	PA
<i>terbinafine hcl tab 250 mg</i>	1	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA

ANTIMALARIALS

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

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)

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
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)
<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	

Drug Name	Drug Tier	Requirements/Limits
RIFAMATE CAP	2	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
RIFATER TAB	2	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	2	
ANTIVIRALS§		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	1	
<i>acyclovir sodium 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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 20 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for iv soln 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZMAX SUS 2GM	3	

FLUOROQUINOLONES

<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	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-571 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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

Drug Name	Drug Tier	Requirements/Limits
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	
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

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 medoxomil1 tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-40 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-40 mg</i>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide 1 tab 40-10-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide 1 tab 40-10-25 mg</i>		
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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/af) tab 80 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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**

Drug Name	Drug Tier	Requirements/Limits
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		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL 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	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	1	
<i>nifedical xl tab 30mg</i>	1	
<i>nifedical xl tab 60mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<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	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digox tab 0.25mg</i>	1	
<i>digox tab 0.125mg</i>	1	
<i>digoxin inj 0.25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	

DIRECT RENIN INHIBITORS/COMBINATIONS

TEKTURN TAB 150MG	3	ST; PA**
TEKTURN TAB 300MG	3	ST; PA**

DIURETICS

<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	

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<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**
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (120 tabs / 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 25 days)
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 25 days)
DILANTIN CAP 30MG	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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**

Drug Name	Drug Tier	Requirements/Limits
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
<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)

Drug Name	Drug Tier	Requirements/Limits
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	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP 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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	1	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	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl oral 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	

Drug Name	Drug Tier	Requirements/Limits
<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**
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
CHLORPROMAZ INJ 25MG/ML	3	
CHLORPROMAZ INJ 50MG/2ML	3	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<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**

Drug Name	Drug Tier	Requirements/Limits
LATUDA TAB 80MG	2	ST; PA**
LATUDA TAB 120MG	2	ST; PA**
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
NUPLAZID TAB 17MG	4	PA
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	ST; PA**
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	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 2.5MG	3	ST; PA**
SAPHRIS SUB 5MG	3	ST; PA**
SAPHRIS SUB 10MG	3	ST; PA**
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
ATTENTION DEFICIT HYPERACTIVITY 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)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release 1 (osm) 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release 1 (osm) 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release 1 (osm) 54 mg</i>	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG	2	
VYVANSE CAP 20MG	2	
VYVANSE CAP 30MG	2	
VYVANSE CAP 40MG	2	
VYVANSE CAP 50MG	2	
VYVANSE CAP 60MG	2	
VYVANSE CAP 70MG	2	
VYVANSE CHW 10MG	2	
VYVANSE CHW 20MG	2	
VYVANSE CHW 30MG	2	
VYVANSE CHW 40MG	2	
VYVANSE CHW 50MG	2	
VYVANSE CHW 60MG	2	
<i>zenzedi tab 2.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 7.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 15mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 20mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 30mg</i>	1	QL (30 tabs / 25 days)
HYPNOTICS§		
BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
<i>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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SPR 2.5MG	3	QL (12 sprays / 25 days)
ZOMIG SPR 5MG	3	QL (12 sprays / 25 days)

MISCELLANEOUS

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	
<i>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

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tab 10 mg</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	3	PA
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		

Drug Name	Drug Tier	Requirements/Limits
<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	
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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	

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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

Drug Name	Drug Tier	Requirements/Limits
<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

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

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 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	

Drug Name	Drug Tier	Requirements/Limits
<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-lynyah 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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
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- 1 0.1 mg</i>		
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
ESTROGEL GEL	3	PA; High Risk Medications require PA for members age 70 and older
<i>estropiate tab 0.75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropiate tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropiate tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
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>		
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
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	

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	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
DEXPAK PAK 6 DAY	3	
DEXPAK PAK 10 DAY	3	
DEXPAK PAK 13 DAY	3	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
PREDNISONE CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 2GM	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGON KIT 1MG	2	
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

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
NUTROPIN AQ INJ 10MG/2ML	5	PA, ST
NUTROPIN AQ INJ 20MG/2ML	5	PA, ST
NUTROPIN AQ INJ NUSPIN 5	5	PA, ST
NUTROPIN INJ 10MG	5	PA, ST
OMNITROPE INJ 5.8MG	5	PA, ST
OMNITROPE INJ 5/1.5ML	5	PA, ST
OMNITROPE INJ 10/1.5ML	5	PA, ST
SAIZEN INJ 5MG	5	PA, ST
SAIZEN INJ 8.8MG	5	PA, ST
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA

MISCELLANEOUS

<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO SOL 600/2.4	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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium iv soln 10 mcg/ml</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	

VASOPRESSINS

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

GASTROINTESTINAL

ANTICHOLINERGICS

<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	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
GOLYTELY SOL	2	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	0	\$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfite for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfite for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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**
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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<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

BIOLOGIC 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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	
<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>engraf cap 25mg</i>	1	
<i>engraf cap 100mg</i>	1	
<i>engraf 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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
TOBEX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy PA** - PA applies if Step is not met OTC - Over the Counter 112

Drug Name	Drug Tier	Requirements/Limits
<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)
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§

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

ANTICHOLINERGICS§

INCRUSE ELPT INH 62.5MCG	2	QL (1 package / 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
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)
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

Drug Name	Drug Tier	Requirements/Limits
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
<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

STERIOD 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)

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHA AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIHAL 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)
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

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene lotion 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>amneesteem cap 10mg</i>	1	PA
<i>amneesteem cap 20mg</i>	1	PA
<i>amneesteem cap 40mg</i>	1	PA
<i>avita cre 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>avita gel 0.025%</i>	1	PA; PA applies for members age 35 and older
AZELEX CRE 20%	3	ST; PA**
BENZI Q GEL 5.25%	2	
BENZI Q LS GEL 2.75%	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	
EPIDUO FORTE GEL 0.3-2.5%	3	
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
TRETIN-X CRE 0.075%	3	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	1	PA; PA applies for members age 35 and older

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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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**
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Drug Name	Drug Tier	Requirements/Limits
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	
<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>		QL (120g / 25 days)
<i>betamethasone valerate lotion 0.1% (base 1 equivalent)</i>		QL (120mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate oint 0.1% (base 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
<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

Drug Name	Drug Tier	Requirements/Limits
<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**
TARGRETIN GEL 1%	4	PA
VEREGEN OIN 15%	3	
DERMATOLOGY, ROSACEA		
FINACEA AER 15%	2	
FINACEA GEL 15%	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	
<i>rosadan cre 0.75%</i>	1	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan 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	

Drug Name	Drug Tier	Requirements/Limits
<i>oralone dent pst 0.1%</i>	1	
ORAVIG TAB 50MG	3	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
CORTISPORIN SUS -TC OTIC	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

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<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>		<i>alprazolam orally disintegrating tab 0.5</i>	
<i>(base equiv)</i>	115	<i>mg</i>	48
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<i>alogliptin benzoate tab 25 mg (base</i>		<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>equiv)</i>	73	<i>mg/ml)</i>	36
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<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
<i>tab 5-160-12.5 mg</i>	34	<i>320 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>tab 5-160-25 mg</i>	34	<i>mg</i>	34
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>tab 10-10 mg</i>	41	<i>mg</i>	34
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate tab 10 mg (base</i>	
<i>tab 10-20 mg</i>	41	<i>equivalent)</i>	41
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>tab 10-40 mg</i>	41	<i>equivalent)</i>	41
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amlodipine besylate tab 5 mg (base</i>	
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<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxapine tab 150 mg</i>	53
<i>tab 2.5-40 mg</i>	41	<i>amoxapine tab 25 mg</i>	53
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxapine tab 50 mg</i>	53
<i>tab 5-10 mg</i>	41	<i>amoxicillin (trihydrate) cap 250 mg</i>	20
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxicillin (trihydrate) cap 500 mg</i>	20
<i>tab 5-20 mg</i>	41	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>.....</i>	20
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<i>amlodipine besylate-atorvastatin calcium</i>		<i>.....</i>	20
<i>tab 5-80 mg</i>	41	<i>amoxicillin (trihydrate) for susp 125</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg/5ml</i>	20
<i>10-20 mg</i>	31	<i>amoxicillin (trihydrate) for susp 200</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg/5ml</i>	20
<i>10-40 mg</i>	31	<i>amoxicillin (trihydrate) for susp 250</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg/5ml</i>	20
<i>2.5-10 mg</i>	31	<i>amoxicillin (trihydrate) for susp 400</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>mg/5ml</i>	20
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<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin (trihydrate) tab 875 mg</i>	20
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<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	19	<i>(10-5) gm</i>	20
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	20	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	20
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	20	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	20
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	20	<i>ampicillin cap 250 mg</i>	20
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	20	<i>ampicillin cap 500 mg</i>	20
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	20	<i>ampicillin for susp 125 mg/5ml</i>	20
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	20	<i>ampicillin for susp 250 mg/5ml</i>	20
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	20	<i>ampicillin sodium for inj 10 gm</i>	20
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	20	<i>ampicillin sodium for inj 125 mg</i>	20
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	62	<i>ampicillin sodium for inj 1 gm</i>	20
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	62	<i>ampicillin sodium for inj 250 mg</i>	20
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	62	<i>ampicillin sodium for inj 2 gm</i>	20
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	62	<i>ampicillin sodium for inj 500 mg</i>	20
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<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	62	<i>ampicillin sodium for iv soln 1 gm</i>	20
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		<i>APTIOM TAB 800MG</i>	48
		<i>APTIVUS CAP 250MG</i>	12
		<i>APTIVUS SOL</i>	12
		<i>aranelle tab</i>	77
		<i>ARANESP INJ 100MCG</i>	98
		<i>ARANESP INJ 10MCG</i>	98
		<i>ARANESP INJ 150MCG</i>	98

ARANESP INJ 200MCG.....	98	<i>equiv)</i>	12
ARANESP INJ 25MCG	98	<i>atazanavir sulfat cap 300 mg (base</i>	
ARANESP INJ 300MCG.....	98	<i>equiv)</i>	12
ARANESP INJ 40MCG	98	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
ARANESP INJ 500MCG.....	99	.....	39
ARANESP INJ 60MCG	98	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>arbinoxa sol 4mg/5ml</i>	113	.....	39
ARCALYST INJ 220MG	102	<i>atenolol tab 100 mg</i>	39
ARCAPTA CAP 75MCG.....	115	<i>atenolol tab 25 mg</i>	39
ARGATROBAN INJ 125/125	97	<i>atenolol tab 50 mg</i>	39
ARGATROBAN INJ 250/250	97	<i>atomoxetine hcl cap 100 mg (base</i>	
<i>argatroban inj 250 mg/2.5ml</i>		<i>equiv)</i>	63
<i>(concentrate for iv infusion)</i>	97	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
<i>aripiprazole orally disintegrating tab 10</i>		.....	63
<i>mg</i>	59	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
<i>aripiprazole orally disintegrating tab 15</i>		.....	63
<i>mg</i>	59	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
<i>aripiprazole oral solution 1 mg/ml</i>	59	.....	63
<i>aripiprazole tab 10 mg</i>	60	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	
<i>aripiprazole tab 15 mg</i>	60	.....	63
<i>aripiprazole tab 20 mg</i>	60	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	
<i>aripiprazole tab 2 mg</i>	59	.....	63
<i>aripiprazole tab 30 mg</i>	60	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	
<i>aripiprazole tab 5 mg</i>	60	.....	63
ARISTADA INJ 1064MG	60	<i>atorvastatin calcium tab 10 mg (base</i>	
ARISTADA INJ 441MG/1.	60	<i>equivalent)</i>	38
ARISTADA INJ 662MG/2	60	<i>atorvastatin calcium tab 20 mg (base</i>	
ARISTADA INJ 882MG/3	60	<i>equivalent)</i>	38
<i>armodafinil tab 150 mg</i>	70	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>armodafinil tab 200 mg</i>	70	<i>equivalent)</i>	38
<i>armodafinil tab 250 mg</i>	70	<i>atorvastatin calcium tab 80 mg (base</i>	
<i>armodafinil tab 50 mg</i>	70	<i>equivalent)</i>	38
ARRANON INJ 5MG/ML	23	<i>atovaquone-proguanil hcl tab 250-100</i>	
ARSENIC TRIO INJ 10/10ML.....	29	<i>mg</i>	12
<i>ashlyna tab</i>	77	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
ASMANEX 120 AER 220MCG	117	<i>mg</i>	12
ASMANEX 30 AER 110MCG.....	117	<i>atovaquone susp 750 mg/5ml</i>	9
ASMANEX 30 AER 220MCG.....	117	ATRIPLA TAB	14
ASMANEX 60 AER 220MCG.....	117	<i>atropine sulfat inj 1 mg/ml</i>	90
ASMANEX HFA AER 100 MCG.....	117	<i>atropine sulfat ophth soln 1%</i>	112
ASMANEX HFA AER 200 MCG.....	117	<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>	90
<i>mg</i>	99	<i>atropine sulfat soln prefill syr 1</i>	
<i>aspirin chw 81mg</i>	7	<i>mg/10ml (0.1 mg/ml)</i>	90
<i>aspirin low tab 81mg ec</i>	8	AUBAGIO TAB 14MG	68
<i>atazanavir sulfat cap 150 mg (base</i>		AUBAGIO TAB 7MG	68
<i>equiv)</i>	12	AUGMENTIN SUS 125/5ML.....	21
<i>atazanavir sulfat cap 200 mg (base</i>		<i>aviane tab</i>	77

<i>avidoxy tab 100mg</i>	21	BELBUCA MIS 300MCG.....	7
<i>avita cre 0.025%</i>	119	BELBUCA MIS 450MCG.....	7
<i>avita gel 0.025%</i>	119	BELBUCA MIS 600MCG.....	7
AVONEX KIT 30MCG	68	BELBUCA MIS 750MCG.....	7
AVONEX PEN KIT 30MCG	68	BELBUCA MIS 75MCG	7
AVONEX PREFL KIT 30MCG	68	BELBUCA MIS 900MCG.....	7
<i>azacitidine for inj 100 mg</i>	23	BELSOMRA TAB 10MG	65
AZACTAM/DEX INJ 1GM	9	BELSOMRA TAB 15MG	65
AZACTAM/DEX INJ 2GM	9	BELSOMRA TAB 20MG	65
AZASAN TAB 100MG	103	BELSOMRA TAB 5MG.....	65
AZASAN TAB 75 MG	103	<i>benazepril & hydrochlorothiazide tab 10-</i>	
AZASITE SOL 1%.....	110	<i>12.5 mg</i>	31
<i>azathioprine tab 50 mg</i>	103	<i>benazepril & hydrochlorothiazide tab 20-</i>	
<i>azelastine hcl nasal spray 0.1% (137</i>		<i>12.5 mg</i>	31
<i>mcg/spray)</i>	113	<i>benazepril & hydrochlorothiazide tab 20-</i>	
<i>azelastine hcl nasal spray 0.15% (205.5</i>		<i>25 mg</i>	31
<i>mcg/spray)</i>	113	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>azelastine hcl ophth soln 0.05%</i>	111	<i>6.25 mg</i>	31
AZELEX CRE 20%	119	<i>benazepril hcl tab 10 mg</i>	32
<i>azithromycin for susp 100 mg/5ml</i>	18	<i>benazepril hcl tab 20 mg</i>	32
<i>azithromycin for susp 200 mg/5ml</i>	18	<i>benazepril hcl tab 40 mg</i>	32
<i>azithromycin iv for soln 500 mg</i>	18	<i>benazepril hcl tab 5 mg</i>	32
<i>azithromycin powd pack for susp 1 gm</i>	18	BENZIQ GEL 5.25%	119
<i>azithromycin tab 250 mg</i>	18	BENZIQ LS GEL 2.75%	119
<i>azithromycin tab 500 mg</i>	18	<i>benziq wash liq 5.25%</i>	119
<i>azithromycin tab 600 mg</i>	18	<i>benzonatate cap 100 mg</i>	116
AZOPT SUS 1% OP	112	<i>benzonatate cap 200 mg</i>	116
<i>aztreonam for inj 1 gm</i>	9	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
<i>aztreonam for inj 2 gm</i>	9	.....	119
<i>azurette tab 28 day</i>	77	<i>benztropine mesylate inj 1 mg/ml</i>	58
B		<i>benztropine mesylate tab 0.5 mg</i>	58
BABY SUPER DRO DAILY D3	108	<i>benztropine mesylate tab 1 mg</i>	58
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		<i>benztropine mesylate tab 2 mg</i>	58
<i>oint 1%</i>	110	BEPREVE DRO 1.5%.....	111
<i>bacitracin-polymyxin b ophth oint</i>	110	BESIVANCE SUS 0.6%.....	110
<i>bacitracin ophth oint 500 unit/gm</i>	110	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 10 mg</i>	69	<i>cream 0.05%</i>	122
<i>baclofen tab 20 mg</i>	69	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 5 mg</i>	69	<i>gel 0.05%</i>	122
BACTROBAN OIN NASAL 2%	120	<i>betamethasone dipropionate augmented</i>	
BALCOLTRA TAB 0.1-20.....	77	<i>lotion 0.05%</i>	122
<i>balsalazide disodium cap 750 mg</i>	93	<i>betamethasone dipropionate augmented</i>	
BANZEL SUS 40MG/ML.....	48	<i>oint 0.05%</i>	122
BANZEL TAB 200MG.....	48	<i>betamethasone dipropionate cream</i>	
BANZEL TAB 400MG.....	48	<i>0.05%</i>	122
BARACLUDGE SOL .05MG/ML	15	<i>betamethasone dipropionate lotion</i>	
BASAGLAR KWIKPEN.....	73	<i>0.05%</i>	122
BELBUCA MIS 150MCG.....	7	<i>betamethasone dipropionate oint 0.05%</i>	

.....	122	BOSULIF TAB 500MG	27
<i>betamethasone valerate aerosol foam</i>		<i>bp foaming liq wash 10%</i>	119
<i>0.12%</i>	122	<i>bp wash liq 2.5%</i>	119
<i>betamethasone valerate cream 0.1%</i>		BREO ELLIPTA INH 100-25	118
<i>(base equivalent)</i>	122	BREO ELLIPTA INH 200-25	118
<i>betamethasone valerate lotion 0.1%</i>		BRILINTA TAB 60MG	99
<i>(base equivalent)</i>	122	BRILINTA TAB 90MG	99
<i>betamethasone valerate oint 0.1% (base</i>		<i>brimonidine tartrate ophth soln 0.15%</i>	
<i>equivalent)</i>	123	.....	112
BETASERON INJ 0.3MG	68	<i>brimonidine tartrate ophth soln 0.2%</i>	112
<i>betaxolol hcl ophth soln 0.5%</i>	112	<i>bromfenac sodium ophth soln 0.09%</i>	
<i>betaxolol hcl tab 10 mg</i>	40	<i>(base equiv) (once-daily)</i>	111
<i>betaxolol hcl tab 20 mg</i>	40	<i>bromfenac sodium ophth soln 0.09%</i>	
<i>bethanechol chloride tab 10 mg</i>	96	<i>(base equivalent)</i>	111
<i>bethanechol chloride tab 25 mg</i>	96	<i>bromocriptine mesylate cap 5 mg (base</i>	
<i>bethanechol chloride tab 50 mg</i>	96	<i>equivalent)</i>	58
<i>bethanechol chloride tab 5 mg</i>	96	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
BETIMOL SOL 0.25%	112	<i>equivalent)</i>	58
BETIMOL SOL 0.5%	112	<i>brompheniramine tannate chew tab 12</i>	
BETOPTIC-S SUS 0.25% OP	112	<i>mg</i>	113
BEVESPI AER 9-4.8MCG	113	BROVANA NEB 15MCG	115
<i>bexarotene cap 75 mg</i>	29	<i>budesonide delayed release particles cap</i>	
BEXSERO INJ	104	<i>3 mg</i>	93
<i>bicalutamide tab 50 mg</i>	26	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
BICNU INJ 100MG	22	.....	117
BIKTARVY TAB	14	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>bimatoprost ophth soln 0.03%</i>	112	.....	117
BIO-D-MULSIO LIQ 400/0.4	108	<i>budesonide inhalation susp 1 mg/2ml</i>	117
<i>bio-d-mulsio liq 400unit</i>	108	<i>bumetanide inj 0.25 mg/ml</i>	44
BIO-STATIN CAP 1000000	11	<i>bumetanide tab 0.5 mg</i>	44
BIO-STATIN CAP 500000	11	<i>bumetanide tab 1 mg</i>	44
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		<i>bumetanide tab 2 mg</i>	44
<i>6.25 mg</i>	39	<i>buprenorphine hcl-naloxone hcl sl tab 2-</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		<i>0.5 mg (base equiv)</i>	3
<i>6.25 mg</i>	39	<i>buprenorphine hcl-naloxone hcl sl tab 8-</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>2 mg (base equiv)</i>	3
<i>6.25 mg</i>	39	<i>buprenorphine hcl inj 0.3 mg/ml (base</i>	
<i>bisoprolol fumarate tab 10 mg</i>	40	<i>equiv)</i>	7
<i>bisoprolol fumarate tab 5 mg</i>	40	<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>bleomycin sulfate for inj 15 unit</i>	23	<i>equiv)</i>	7
<i>bleomycin sulfate for inj 30 unit</i>	23	<i>buprenorphine hcl sl tab 8 mg (base</i>	
BLEPHAMIDE OIN S.O.P.	110	<i>equiv)</i>	7
BLEPHAMIDE SUS OP	110	<i>bupropion hcl (smoking deterrent) tab er</i>	
BLOOD GLUCOSE CALIBRATION		<i>12hr 150 mg</i>	70
SOLUTION	106	<i>bupropion hcl tab 100 mg</i>	54
BOOSTRIX INJ	104	<i>bupropion hcl tab 75 mg</i>	54
BOSULIF TAB 100MG	27	<i>bupropion hcl tab er 12hr 100 mg</i>	54
BOSULIF TAB 400MG	27	<i>bupropion hcl tab er 12hr 150 mg</i>	54

<i>bupropion hcl tab er 12hr 200 mg</i>	54	<i>calcium acetate (phosphate binder) tab</i>	
<i>bupropion hcl tab er 24hr 150 mg</i>	54	<i>667 mg</i>	88
<i>bupropion hcl tab er 24hr 300 mg</i>	54	CALQUENCE CAP 100MG.....	27
<i>buspirone hcl tab 10 mg</i>	67	<i>camila tab 0.35mg</i>	77
<i>buspirone hcl tab 15 mg</i>	67	CAMPATH INJ 30MG/ML.....	25
<i>buspirone hcl tab 30 mg</i>	67	CAMPTOSAR INJ 300/15ML.....	31
<i>buspirone hcl tab 5 mg</i>	67	CANASA SUP 1000MG.....	93
<i>buspirone hcl tab 7.5 mg</i>	67	<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>busulfan inj 6 mg/ml</i>	22	<i>tab 16-12.5 mg</i>	34
<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>	34
<i>butalbital-acetaminophen-caffeine cap</i>		<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>50-325-40 mg</i>	1	<i>tab 32-25 mg</i>	34
<i>butalbital-acetaminophen-caffeine tab</i>		<i>candesartan cilexetil tab 16 mg</i>	35
<i>50-325-40 mg</i>	1	<i>candesartan cilexetil tab 32 mg</i>	35
<i>butalbital-acetaminophen-caff w/ cod cap</i>		<i>candesartan cilexetil tab 4 mg</i>	35
<i>50-300-40-30 mg</i>	3	<i>candesartan cilexetil tab 8 mg</i>	35
<i>butalbital-aspirin-caffeine cap 50-325-40</i>		<i>capecitabine tab 150 mg</i>	23
<i>mg</i>	1	<i>capecitabine tab 500 mg</i>	23
<i>butorphanol tartrate inj 1 mg/ml</i>	3	CAPEX SHA 0.01%.....	123
<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.....	27
.....	3	CAPRELSA TAB 300MG.....	27
BYDUREON INJ 2MG.....	73	<i>captopril & hydrochlorothiazide tab 25-15</i>	
BYDUREON PEN INJ 2MG.....	73	<i>mg</i>	31
BYSTOLIC TAB 10MG.....	40	<i>captopril & hydrochlorothiazide tab 25-25</i>	
BYSTOLIC TAB 2.5MG.....	40	<i>mg</i>	31
BYSTOLIC TAB 20MG.....	40	<i>captopril & hydrochlorothiazide tab 50-15</i>	
BYSTOLIC TAB 5MG.....	40	<i>mg</i>	31
BYVALSON TAB 5-80MG.....	34	<i>captopril & hydrochlorothiazide tab 50-25</i>	
C		<i>mg</i>	32
<i>cabergoline tab 0.5 mg</i>	87	<i>captopril tab 100 mg</i>	32
<i>calcipotriene-betamethasone</i>		<i>captopril tab 12.5 mg</i>	32
<i>dipropionate oint 0.005-0.064%</i>	123	<i>captopril tab 25 mg</i>	32
<i>calcipotriene cream 0.005%</i>	122	<i>captopril tab 50 mg</i>	32
<i>calcipotriene oint 0.005%</i>	122	CARAFATE SUS 1GM/10ML.....	94
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>		CARBAGLU TAB 200MG.....	80
.....	122	<i>carbamazepine cap er 12hr 100 mg</i>	48
<i>calcitonin (salmon) nasal soln 200</i>		<i>carbamazepine cap er 12hr 200 mg</i>	48
<i>unit/act</i>	87	<i>carbamazepine cap er 12hr 300 mg</i>	48
<i>calcitrene oin 0.005%</i>	122	<i>carbamazepine chew tab 100 mg</i>	48
<i>calcitriol cap 0.25 mcg</i>	108	<i>carbamazepine susp 100 mg/5ml</i>	48
<i>calcitriol cap 0.5 mcg</i>	108	<i>carbamazepine tab 200 mg</i>	48
<i>calcitriol inj 1 mcg/ml</i>	108	<i>carbamazepine tab er 12hr 100 mg</i>	48
<i>calcitriol oint 3 mcg/gm</i>	122	<i>carbamazepine tab er 12hr 200 mg</i>	49
<i>calcitriol oral soln 1 mcg/ml</i>	108	<i>carbamazepine tab er 12hr 400 mg</i>	49
<i>calcium acetate (phosphate binder) cap</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>667 mg (169 mg ca)</i>	88	<i>12.5-50-200 mg</i>	58

<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	58
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	58
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	58
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	58
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	58
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	58
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	58
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	58
<i>carbidopa & levodopa tab 10-100 mg</i> ..	58
<i>carbidopa & levodopa tab 25-100 mg</i> ..	58
<i>carbidopa & levodopa tab 25-250 mg</i> ..	58
<i>carbidopa & levodopa tab er 25-100 mg</i>	58
<i>carbidopa & levodopa tab er 50-200 mg</i>	58
<i>carbidopa tab 25 mg</i>	58
<i>carbinoxamine maleate soln 4 mg/5ml</i>	114
<i>carbinoxamine maleate tab 4 mg</i>	114
<i>carboplatin iv soln 150 mg/15ml</i>	30
<i>carboplatin iv soln 450 mg/45ml</i>	30
<i>carboplatin iv soln 50 mg/5ml</i>	30
<i>carboplatin iv soln 600 mg/60ml</i>	30
CARDENE IV INJ 40/200ML	41
CARDENE IV SOL 20/200ML	41
CARDIZEM LA TAB 120MG	41
CARDURA XL TAB 4MG	95
CARDURA XL TAB 8MG	95
<i>carisoprodol tab 250 mg</i>	69
<i>carisoprodol tab 350 mg</i>	69
<i>carmustine for inj 100 mg</i>	22
<i>carteolol hcl ophth soln 1%</i>	112
<i>cartia xt cap 120/24hr</i>	41
<i>cartia xt cap 180/24hr</i>	41
<i>cartia xt cap 240/24hr</i>	41
<i>cartia xt cap 300/24hr</i>	41
<i>carvedilol phosphate cap er 24hr 10 mg</i>	40
<i>carvedilol phosphate cap er 24hr 20 mg</i>	40

<i>carvedilol phosphate cap er 24hr 40 mg</i>	40
<i>carvedilol phosphate cap er 24hr 80 mg</i>	40
<i>carvedilol tab 12.5 mg</i>	40
<i>carvedilol tab 25 mg</i>	40
<i>carvedilol tab 3.125 mg</i>	40
<i>carvedilol tab 6.25 mg</i>	40
CAYA DPR.....	105
CAYSTON INH 75MG.....	9
<i>caziant pak</i>	77
<i>cefaclor cap 250 mg</i>	16
<i>cefaclor cap 500 mg</i>	16
CEFACLOR ER TAB 500MG	16
<i>cefaclor for susp 125 mg/5ml</i>	16
<i>cefaclor for susp 250 mg/5ml</i>	16
<i>cefaclor for susp 375 mg/5ml</i>	16
<i>cefadroxil cap 500 mg</i>	16
<i>cefadroxil for susp 250 mg/5ml</i>	16
<i>cefadroxil for susp 500 mg/5ml</i>	16
<i>cefadroxil tab 1 gm</i>	16
<i>cefazolin sodium for inj 10 gm</i>	17
<i>cefazolin sodium for inj 1 gm</i>	17
<i>cefazolin sodium for inj 20 gm</i>	17
<i>cefazolin sodium for inj 500 mg</i>	17
<i>cefazolin sodium for iv soln 1 gm</i>	17
<i>cefdinir cap 300 mg</i>	17
<i>cefdinir for susp 125 mg/5ml</i>	17
<i>cefdinir for susp 250 mg/5ml</i>	17
<i>cefditoren pivoxil tab 200 mg (base</i> <i>equivalent)</i>	17
<i>cefditoren pivoxil tab 400 mg (base</i> <i>equivalent)</i>	17
<i>cefepime hcl for inj 1 gm</i>	17
<i>cefepime hcl for inj 2 gm</i>	17
<i>cefixime for susp 100 mg/5ml</i>	17
<i>cefixime for susp 200 mg/5ml</i>	17
<i>cefotaxime sodium for inj 10 gm</i>	17
<i>cefotaxime sodium for inj 1 gm</i>	17
<i>cefotaxime sodium for inj 2 gm</i>	17
<i>cefotaxime sodium for inj 500 mg</i>	17
<i>cefotetan disodium for inj 10 gm</i>	17
<i>cefotetan disodium for inj 1 gm</i>	17
<i>cefotetan disodium for inj 2 gm</i>	17
<i>cefoxitin sodium for inj 10 gm</i>	17
<i>cefoxitin sodium for iv soln 1 gm</i>	17
<i>cefoxitin sodium for iv soln 2 gm</i>	17
<i>cefpodoxime proxetil for susp 100</i>	

<i>mg/5ml</i>	17	CHEMET CAP 100MG	77
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	17	<i>cheratussin syp ac</i>	116
.....	17	<i>chloramphenicol sodium succinate for iv</i>	
<i>cefpodoxime proxetil tab 100 mg</i>	17	<i>inj 1 gm</i>	8
<i>cefpodoxime proxetil tab 200 mg</i>	17	<i>chlorhexidine gluconate soln 0.12%</i> ..	125
<i>cefprozil for susp 125 mg/5ml</i>	17	<i>chloroquine phosphate tab 250 mg</i>	12
<i>cefprozil for susp 250 mg/5ml</i>	17	<i>chloroquine phosphate tab 500 mg</i>	12
<i>cefprozil tab 250 mg</i>	17	<i>chlorothiazide sodium for inj 500 mg</i> ...	44
<i>cefprozil tab 500 mg</i>	17	<i>chlorothiazide tab 250 mg</i>	44
<i>ceftazidime for inj 2 gm</i>	17	<i>chlorothiazide tab 500 mg</i>	44
<i>ceftibuten cap 400 mg</i>	17	<i>chlorpromazine hcl tab 100 mg</i>	60
<i>ceftibuten for susp 180 mg/5ml</i>	17	<i>chlorpromazine hcl tab 10 mg</i>	60
CEFTIN SUS 125/5ML.....	17	<i>chlorpromazine hcl tab 200 mg</i>	60
CEFTIN SUS 250/5ML.....	17	<i>chlorpromazine hcl tab 25 mg</i>	60
<i>ceftriaxone sodium for inj 10 gm</i>	17	<i>chlorpromazine hcl tab 50 mg</i>	60
<i>ceftriaxone sodium for inj 1 gm</i>	17	CHLORPROMAZ INJ 25MG/ML.....	60
<i>ceftriaxone sodium for inj 250 mg</i>	17	CHLORPROMAZ INJ 50MG/2ML	60
<i>ceftriaxone sodium for inj 2 gm</i>	17	<i>chlorthalidone tab 100 mg</i>	44
<i>ceftriaxone sodium for inj 500 mg</i>	17	<i>chlorthalidone tab 25 mg</i>	44
<i>ceftriaxone sodium for iv soln 1 gm</i>	17	<i>chlorthalidone tab 50 mg</i>	44
<i>ceftriaxone sodium for iv soln 2 gm</i>	17	<i>chlorzoxazone tab 500 mg</i>	69
<i>cefuroxime axetil tab 250 mg</i>	18	<i>cholecalciferol cap 400 unit</i>	108
<i>cefuroxime axetil tab 500 mg</i>	18	<i>cholestyramine light powder 4 gm/dose</i>	
CEFUROXIME INJ 225GM	18	.....	37
CEFUROXIME INJ 75GM	18	<i>cholestyramine light powder packets 4</i>	
<i>cefuroxime sodium for inj 7.5 gm</i>	18	<i>gm</i>	37
<i>cefuroxime sodium for inj 750 mg</i>	18	<i>cholestyramine powder 4 gm/dose</i>	37
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	18	<i>cholestyramine powder packets 4 gm</i> ..	37
<i>celecoxib cap 100 mg</i>	1	<i>choline fenofibrate cap dr 135 mg</i>	
<i>celecoxib cap 200 mg</i>	1	<i>(fenofibric acid equiv)</i>	37
<i>celecoxib cap 400 mg</i>	1	<i>choline fenofibrate cap dr 45 mg</i>	
<i>celecoxib cap 50 mg</i>	1	<i>(fenofibric acid equiv)</i>	37
CELONTIN CAP 300MG	49	<i>chor gonadot inj 10000unt</i>	84
<i>cephalexin cap 250 mg</i>	18	CIALIS TAB 2.5MG.....	95
<i>cephalexin cap 500 mg</i>	18	CIALIS TAB 5MG.....	96
<i>cephalexin cap 750 mg</i>	18	<i>ciclopirox gel 0.77%</i>	121
<i>cephalexin for susp 125 mg/5ml</i>	18	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cephalexin for susp 250 mg/5ml</i>	18	<i>equiv)</i>	121
<i>cephalexin tab 250 mg</i>	18	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>cephalexin tab 500 mg</i>	18	<i>equiv)</i>	121
CERDELGA CAP 84MG	80	<i>ciclopirox shampoo 1%</i>	121
CESAMET CAP 1MG	91	<i>ciclopirox solution 8%</i>	121
<i>cevimeline hcl cap 30 mg</i>	125	<i>cidofovir iv inj 75 mg/ml</i>	15
CHANTIX PAK 0.5& 1MG	70	<i>cilostazol tab 100 mg</i>	99
CHANTIX PAK 1MG	70	<i>cilostazol tab 50 mg</i>	99
CHANTIX TAB 0.5MG.....	71	CILOXAN OIN 0.3% OP.....	110
CHANTIX TAB 1MG	71	<i>cimetidine hcl soln 300 mg/5ml</i>	92
<i>chateal tab 0.15/30</i>	77	<i>cimetidine tab 200 mg</i>	92

<i>cimetidine tab 300 mg</i>	92	CITRANATAL PAK DHA	108
<i>cimetidine tab 400 mg</i>	92	CITRANATAL TAB BLOOM	108
<i>cimetidine tab 800 mg</i>	92	CITRANATAL TAB RX	108
CIMZIA KIT	100	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	
CIMZIA KIT STARTER	100	.....	23
CIMZIA PREFL KIT 200MG/ML.....	100	<i>claravis cap 10mg</i>	119
CIPRODEX SUS 0.3-0.1%	126	<i>claravis cap 20mg</i>	119
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		<i>claravis cap 30mg</i>	119
<i>1000 mg(base eq)</i>	19	<i>claravis cap 40mg</i>	119
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		CLARINEX SYP 0.5MG/ML.....	114
<i>500 mg (base eq)</i>	19	<i>clarithromycin for susp 125 mg/5ml</i>	18
<i>ciprofloxacin 200 mg/100ml in d5w</i>	19	<i>clarithromycin for susp 250 mg/5ml</i>	18
<i>ciprofloxacin 400 mg/200ml in d5w</i>	19	<i>clarithromycin tab 250 mg</i>	18
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		<i>clarithromycin tab 500 mg</i>	18
<i>(5%) (5 gm/100ml)</i>	19	<i>clarithromycin tab er 24hr 500 mg</i>	18
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>clearplex x gel 10%</i>	119
<i>(10%) (10 gm/100ml)</i>	19	<i>clemastine fumarate tab 2.68 mg</i>	114
<i>ciprofloxacin hcl ophth soln 0.3%</i>	110	CLENPIQ SOL.....	93
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		CLEOCIN SUP 100MG	97
.....	19	CLIMARA PRO DIS WEEKLY	80
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clindamax gel 1%</i>	119
.....	19	<i>clindamycin hcl cap 150 mg</i>	9
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clindamycin hcl cap 300 mg</i>	9
.....	19	<i>clindamycin hcl cap 75 mg</i>	9
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>clindamycin palmitate hcl for soln 75</i>	
.....	19	<i>mg/5ml (base equiv)</i>	9
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>		<i>clindamycin phosph-benzoyl peroxide</i>	
.....	19	<i>(refrig) gel 1.2 (1)-5%</i>	119
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>		<i>clindamycin phosphate-benzoyl peroxide</i>	
.....	19	<i>gel 1-5%</i>	119
CIPRO HC SUS OTIC	126	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .30		<i>gel 1.2-2.5%</i>	119
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .30		<i>clindamycin phosphate foam 1%</i>	119
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	30	<i>clindamycin phosphate gel 1%</i>	119
<i>citalopram hydrobromide oral soln 10</i>		<i>clindamycin phosphate inj 300 mg/2ml</i> .9	
<i>mg/5ml</i>	54	<i>clindamycin phosphate inj 600 mg/4ml</i> .9	
<i>citalopram hydrobromide tab 10 mg</i>		<i>clindamycin phosphate inj 900 mg/6ml</i> .9	
<i>(base equiv)</i>	54	<i>clindamycin phosphate inj 9 gm/60ml</i> ...9	
<i>citalopram hydrobromide tab 20 mg</i>		<i>clindamycin phosphate iv soln 300</i>	
<i>(base equiv)</i>	54	<i>mg/2ml</i>	9
<i>citalopram hydrobromide tab 40 mg</i>		<i>clindamycin phosphate iv soln 900</i>	
<i>(base equiv)</i>	54	<i>mg/6ml</i>	9
CITRANATAL CAP HARMONY	108	<i>clindamycin phosphate lotion 1%</i>	119
CITRANATAL CAP MEDLEY	108	<i>clindamycin phosphate soln 1%</i>	119
CITRANATAL MIS	108	<i>clindamycin phosphate swab 1%</i>	119
CITRANATAL MIS 90 DHA	108	<i>clindamycin phosphate vaginal cream 2%</i>	
CITRANATAL MIS B-CALM	108	.....	97
CITRANATAL PAK ASSURE.....	108	<i>clobetasol propionate cream 0.05%</i> ...123	

<i>clobetasol propionate foam 0.05%</i>	123	<i>clozapine tab 200 mg</i>	60
<i>clobetasol propionate gel 0.05%</i>	123	<i>clozapine tab 25 mg</i>	60
<i>clobetasol propionate lotion 0.05%</i>	123	<i>clozapine tab 50 mg</i>	60
<i>clobetasol propionate oint 0.05%</i>	123	COARTEM TAB 20-120MG	12
<i>clobetasol propionate shampoo 0.05%</i>		<i>codeine sulfate tab 15 mg</i>	3
.....	123	<i>codeine sulfate tab 30 mg</i>	3
<i>clobetasol propionate soln 0.05%</i>	123	<i>codeine sulfate tab 60 mg</i>	3
<i>clobetasol propionate spray 0.05%</i>	123	<i>colchicine tab 0.6 mg</i>	1
<i>clocortolone pivalate cream 0.1%</i>	123	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>clofarabine iv soln 1 mg/ml</i>	23	.....	1
<i>clomiphene citrate tab 50 mg</i>	84	<i>colesevelam hcl packet for susp 3.75 gm</i>	
<i>clomipramine hcl cap 25 mg</i>	67	.....	37
<i>clomipramine hcl cap 50 mg</i>	67	<i>colesevelam hcl tab 625 mg</i>	37
<i>clomipramine hcl cap 75 mg</i>	67	<i>colestipol hcl granule packets 5 gm</i>	37
<i>clonazepam tab 0.5 mg</i>	49	<i>colestipol hcl granules 5 gm</i>	37
<i>clonazepam tab 1 mg</i>	49	<i>colestipol hcl tab 1 gm</i>	37
<i>clonazepam tab 2 mg</i>	49	<i>colocort ene 100mg</i>	93
<i>clonidine hcl tab 0.1 mg</i>	45	COMBIGAN SOL 0.2/0.5%.....	112
<i>clonidine hcl tab 0.2 mg</i>	45	COMBIVENT AER 20-100.....	113
<i>clonidine hcl tab 0.3 mg</i>	45	COMETRIQ KIT 100MG	27
<i>clonidine td patch weekly 0.1 mg/24hr</i>	45	COMETRIQ KIT 140MG	27
<i>clonidine td patch weekly 0.2 mg/24hr</i>	45	COMETRIQ KIT 60MG	27
<i>clonidine td patch weekly 0.3 mg/24hr</i>	45	COMPLERA TAB	14
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	99	<i>compro sup 25mg</i>	91
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	99	COMVAX INJ	104
<i>clorazepate dipotassium tab 15 mg</i>	49	CONCEPTROL GEL 4%	96
<i>clorazepate dipotassium tab 3.75 mg</i> ..	49	CONDYLOX GEL 0.5%.....	125
<i>clorazepate dipotassium tab 7.5 mg</i> ...	49	COPAXONE INJ 40MG/ML.....	68
<i>clotrimazole cream 1%</i>	121	COPEGUS TAB 200MG	15
<i>clotrimazole soln 1%</i>	121	CORDRAN 24X3 TAP 4MCG/CM	123
<i>clotrimazole troche 10 mg</i>	125	CORLANOR TAB 5MG.....	45
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	121	CORLANOR TAB 7.5MG.....	45
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	121	<i>cortisone acetate tab 25 mg</i>	84
<i>clozapine orally disintegrating tab 100 mg</i>	60	CORTISPORIN CRE 0.5%	120
<i>clozapine orally disintegrating tab 12.5 mg</i>	60	CORTISPORIN OIN 1%	120
<i>clozapine orally disintegrating tab 150 mg</i>	60	CORTISPORIN SUS -TC OTIC.....	126
<i>clozapine orally disintegrating tab 200 mg</i>	60	COSENTYX INJ 150MG/ML.....	122
<i>clozapine orally disintegrating tab 25 mg</i>	60	COSENTYX PEN INJ 300DOSE.....	122
<i>clozapine tab 100 mg</i>	60	CREON CAP 12000UNT	94
		CREON CAP 24000UNT	95
		CREON CAP 3000UNIT.....	94
		CREON CAP 36000UNT	95
		CREON CAP 6000UNIT.....	94
		CRESEMBA CAP 186 MG	11
		CRINONE GEL 4% VAG.....	88
		CRINONE GEL 8% VAG.....	88
		CRIXIVAN CAP 200MG	12
		CRIXIVAN CAP 400MG.....	12

<i>cromolyn sodium ophth soln 4%</i>	111	<i>danazol cap 50 mg</i>	80
<i>cromolyn sodium oral conc 100 mg/5ml</i>		DANTRIUM CAP 25MG	69
.....	94	DANTRIUM CAP 50MG	69
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>dantrolene sodium cap 100 mg</i>	69
.....	116	<i>dantrolene sodium cap 25 mg</i>	69
<i>croton lot 10%</i>	125	<i>dantrolene sodium cap 50 mg</i>	69
<i>cryselle-28 tab 28 tabs</i>	77	<i>dapsone tab 100 mg</i>	9
CUVPOSA SOL 1MG/5ML.....	90	<i>dapsone tab 25 mg</i>	9
<i>cyanocobalamin inj 1000 mcg/ml</i>	108	DAPTACEL INJ	104
<i>cyclafem tab 1/35</i>	77	<i>daptomycin for iv soln 500 mg</i>	9
<i>cyclafem tab 7/7/7</i>	77	DARAPRIM TAB 25MG	9
<i>cyclobenzaprine hcl tab 10 mg</i>	69	<i>darifenacin hydrobromide tab er 24hr 15</i>	
<i>cyclobenzaprine hcl tab 5 mg</i>	69	<i>mg (base equiv)</i>	96
<i>cyclobenzaprine hcl tab 7.5 mg</i>	69	<i>darifenacin hydrobromide tab er 24hr 7.5</i>	
<i>cyclophosphamide cap 25 mg</i>	22	<i>mg (base equiv)</i>	96
<i>cyclophosphamide cap 50 mg</i>	22	<i>dasetta tab 1/35</i>	77
<i>cyclophosphamide for inj 1 gm</i>	22	<i>dasetta tab 7/7/7</i>	77
<i>cyclophosphamide for inj 2 gm</i>	22	<i>daunorubicin hcl iv soln 20 mg/4ml (base</i>	
<i>cyclophosphamide for inj 500 mg</i>	22	<i>equiv)</i>	23
<i>cycloserine cap 250 mg</i>	14	DAUNOXOME INJ 2MG/ML.....	23
CYCLOSET TAB 0.8MG.....	73	DDROPS BOOST LIQ 600/.028	108
<i>cyclosporine cap 100 mg</i>	103	<i>decitabine for inj 50 mg</i>	23
<i>cyclosporine cap 25 mg</i>	103	<i>delyla tab 0.1-0.02</i>	77
<i>cyclosporine iv soln 50 mg/ml</i>	103	<i>demeclocycline hcl tab 150 mg</i>	21
<i>cyclosporine modified cap 100 mg</i>	103	<i>demeclocycline hcl tab 300 mg</i>	21
<i>cyclosporine modified cap 25 mg</i>	103	DENAVIR CRE 1%	125
<i>cyclosporine modified cap 50 mg</i>	103	DEPEN TITRA TAB 250MG	77
<i>cyclosporine modified oral soln 100</i>		DEPO-ESTRADI INJ 5MG/ML.....	81
<i>mg/ml</i>	103	DEPO-MEDROL INJ 20MG/ML	84
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ...114		DEPO-PROVERA INJ 400/ML.....	26
<i>cyproheptadine hcl tab 4 mg</i>	114	DEPO-SQ PROV INJ 104	77
CYSTADANE POW	80	DEPOCYT INJ 50MG/5ML	23
CYSTAGON CAP 150MG	80	DESCOVY TAB 200/25	14
CYSTAGON CAP 50MG	80	<i>desipramine hcl tab 100 mg</i>	54
CYSTARAN SOL 0.44%	112	<i>desipramine hcl tab 10 mg</i>	54
<i>cytarabine inj 20 mg/ml</i>	23	<i>desipramine hcl tab 150 mg</i>	54
<i>cytarabine inj pf 100 mg/ml</i>	23	<i>desipramine hcl tab 25 mg</i>	54
<i>cytarabine inj pf 20 mg/ml</i>	23	<i>desipramine hcl tab 50 mg</i>	54
D		<i>desipramine hcl tab 75 mg</i>	54
D-VI-SOL LIQ 400UNIT.....	108	<i>desloratadine tab 5 mg</i>	114
<i>d3 kids chw 400unit</i>	108	<i>desloratadine tab orally disintegrating</i>	
<i>dacarbazine for inj 100 mg</i>	22	<i>2.5 mg</i>	114
<i>dacarbazine for inj 200 mg</i>	22	<i>desloratadine tab orally disintegrating 5</i>	
<i>dalfampridine tab er 12hr 10 mg</i>	68	<i>mg</i>	114
DALIRESP TAB 250MCG	116	<i>desmopressin acetate inj 4 mcg/ml</i>	90
DALIRESP TAB 500MCG	116	<i>desmopressin acetate nasal soln 0.01%</i>	
<i>danazol cap 100 mg</i>	80	<i>(refrigerated)</i>	90
<i>danazol cap 200 mg</i>	80	<i>desmopressin acetate nasal spray soln</i>	

0.01%	90	dexamethylphenidate hcl cap er 24 hr 15 mg	63
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	90	dexamethylphenidate hcl cap er 24 hr 20 mg	63
desmopressin acetate tab 0.1 mg	90	dexamethylphenidate hcl cap er 24 hr 25 mg	63
desmopressin acetate tab 0.2 mg	90	dexamethylphenidate hcl cap er 24 hr 30 mg	63
DESONATE GEL 0.05%	123	dexamethylphenidate hcl cap er 24 hr 35 mg	63
desonide cream 0.05%	123	dexamethylphenidate hcl cap er 24 hr 40 mg	63
desonide lotion 0.05%	123	dexamethylphenidate hcl cap er 24 hr 5 mg	63
desonide oint 0.05%	123	dexamethylphenidate hcl tab 10 mg	63
desoximetasone cream 0.05%	123	dexamethylphenidate hcl tab 2.5 mg	63
desoximetasone cream 0.25%	123	dexamethylphenidate hcl tab 5 mg	63
desoximetasone gel 0.05%	123	DEXPAK PAK 10 DAY	85
desoximetasone oint 0.05%	123	DEXPAK PAK 13 DAY	85
desoximetasone oint 0.25%	123	DEXPAK PAK 6 DAY.....	85
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	54	dexrazoxane for inj 250 mg	30
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	54	dexrazoxane for inj 500 mg	30
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	54	dextroamphetamine sulfate cap er 24hr 10 mg	63
DEXAMETHASON CON 1MG/ML.....	84	dextroamphetamine sulfate cap er 24hr 15 mg	63
dexamethasone elixir 0.5 mg/5ml	84	dextroamphetamine sulfate cap er 24hr 5 mg	63
dexamethasone sodium phosphate inj 100 mg/10ml	85	dextroamphetamine sulfate oral solution 5 mg/5ml	64
dexamethasone sodium phosphate inj 10 mg/ml.....	84	dextroamphetamine sulfate tab 10 mg	64
dexamethasone sodium phosphate inj 120 mg/30ml	85	dextroamphetamine sulfate tab 5 mg	64
dexamethasone sodium phosphate inj 20 mg/5ml	84	diazepam con 5mg/ml	49
dexamethasone sodium phosphate inj 4 mg/ml.....	84	diazepam inj 5 mg/ml	49
dexamethasone sodium phosphate ophth soln 0.1%	111	diazepam oral soln 1 mg/ml	49
dexamethasone sod phosphate preservative free inj 10 mg/ml	84	diazepam tab 10 mg	49
dexamethasone soln 0.5 mg/5ml	85	diazepam tab 2 mg	49
dexamethasone tab 0.5 mg	85	diazepam tab 5 mg	49
dexamethasone tab 0.75 mg	85	diclofenac potassium tab 50 mg	1
dexamethasone tab 1.5 mg	85	diclofenac sodium gel 1%	125
dexamethasone tab 1 mg	85	diclofenac sodium ophth soln 0.1%	111
dexamethasone tab 2 mg	85	diclofenac sodium tab delayed release 25 mg	1
dexamethasone tab 4 mg	85	diclofenac sodium tab delayed release 50 mg	1
dexamethasone tab 6 mg	85	diclofenac sodium tab delayed release 75 mg	1
DEXILANT CAP 30MG DR	95	diclofenac sodium tab er 24hr 100 mg...1	
DEXILANT CAP 60MG DR	95		
dexamethylphenidate hcl cap er 24 hr 10 mg	63		

<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>	42
<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>	42
<i>dicloxacillin sodium cap 250 mg</i>	21	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	42
<i>dicloxacillin sodium cap 500 mg</i>	21	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	42
<i>dicyclomine hcl cap 10 mg</i>	90	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	42
<i>dicyclomine hcl inj 10 mg/ml</i>	90	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	42
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	90	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	42
<i>dicyclomine hcl tab 20 mg</i>	90	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	42
<i>didanosine delayed release capsule 200 mg</i>	12	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	42
<i>didanosine delayed release capsule 250 mg</i>	12	<i>diltiazem hcl tab 120 mg</i>	42
<i>didanosine delayed release capsule 400 mg</i>	12	<i>diltiazem hcl tab 30 mg</i>	42
<i>DIFICID TAB 200MG</i>	18	<i>diltiazem hcl tab 60 mg</i>	42
<i>diflorasone diacetate cream 0.05%</i> ..	123	<i>diltiazem hcl tab 90 mg</i>	42
<i>diflorasone diacetate oint 0.05%</i>	123	<i>DILTIAZEM INJ 100MG</i>	42
<i>diflunisal tab 500 mg</i>	8	<i>DIP/TET PED INJ 25-5LFU</i>	104
<i>digoxin inj 0.25 mg/ml</i>	43	<i>DIPENTUM CAP 250MG</i>	93
<i>digoxin oral soln 0.05 mg/ml</i>	44	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	114
<i>digoxin tab 125 mcg (0.125 mg)</i>	44	<i>diphenhydramine hcl inj 50 mg/ml</i>	114
<i>digoxin tab 250 mcg (0.25 mg)</i>	44	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	94
<i>digox tab 0.125mg</i>	43	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	94
<i>digox tab 0.25mg</i>	43	<i>dipyridamole tab 25 mg</i>	100
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	66	<i>dipyridamole tab 50 mg</i>	100
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	66	<i>dipyridamole tab 75 mg</i>	100
<i>DILANTIN CAP 30MG</i>	49	<i>disopyramide phosphate cap 100 mg</i> ..	36
<i>DILATRATE SR CAP 40MG</i>	46	<i>disopyramide phosphate cap 150 mg</i> ..	36
<i>diltiazem hcl cap er 12hr 120 mg</i>	42	<i>disulfiram tab 250 mg</i>	71
<i>diltiazem hcl cap er 12hr 60 mg</i>	42	<i>disulfiram tab 500 mg</i>	71
<i>diltiazem hcl cap er 12hr 90 mg</i>	42	<i>DIURIL SUS 250/5ML</i>	44
<i>diltiazem hcl cap er 24hr 120 mg</i>	42	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	49
<i>diltiazem hcl cap er 24hr 180 mg</i>	42	<i>divalproex sodium tab delayed release 125 mg</i>	49
<i>diltiazem hcl cap er 24hr 240 mg</i>	42	<i>divalproex sodium tab delayed release 250 mg</i>	49
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	42	<i>divalproex sodium tab delayed release 500 mg</i>	49
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	42		
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	42		
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	42		
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	42		

<i>divalproex sodium tab er 24 hr 250 mg</i>	<i>doxepin hcl conc 10 mg/ml</i>	55
.....49	<i>doxepin hcl cream 5%</i>	121
<i>divalproex sodium tab er 24 hr 500 mg</i>	<i>doxercalciferol cap 0.5 mcg</i>	109
.....49	<i>doxercalciferol cap 1 mcg</i>	109
DIVIGEL GEL 0.25MG	<i>doxercalciferol cap 2.5 mcg</i>	109
81	<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	109
DIVIGEL GEL 0.5MG.....81	.....109	
DIVIGEL GEL 1MG/GM.....81	<i>doxorubicin hcl for inj 10 mg</i>	23
DOCEFREZ INJ 20MG	<i>doxorubicin hcl for inj 50 mg</i>	23
24	<i>doxorubicin hcl inj 2 mg/ml</i>	23
<i>docetaxel for inj conc 20 mg/ml</i>	<i>doxorubicin hcl liposomal inj (for iv</i>	
24	<i>infusion) 2 mg/ml</i>	23
<i>docetaxel for inj conc 80 mg/4ml (20</i>	<i>doxy 100 inj 100mg</i>	21
<i>mg/ml)</i>	<i>doxycycline hyclate cap 100 mg</i>	21
24	<i>doxycycline hyclate cap 50 mg</i>	21
DOCETAXEL INJ 140/7ML	<i>doxycycline hyclate for inj 100 mg</i>	21
24	<i>doxycycline hyclate tab 100 mg</i>	21
DOCETAXEL INJ 160/8ML	<i>doxycycline hyclate tab 20 mg</i>	21
24	<i>doxycycline hyclate tab delayed release</i>	
DOCETAXEL INJ 20/0.5ML	<i>100 mg</i>	21
24	<i>doxycycline hyclate tab delayed release</i>	
DOCETAXEL INJ 200MG/20	<i>150 mg</i>	22
24	<i>doxycycline hyclate tab delayed release</i>	
DOCETAXEL INJ 80MG/2ML.....	<i>75 mg</i>	21
24	<i>doxycycline monohydrate cap 100 mg</i> .	22
DOCETAXEL INJ NON-ALCO.....	<i>doxycycline monohydrate cap 150 mg</i> .	22
25	<i>doxycycline monohydrate cap 50 mg</i> ...	22
<i>docetaxel soln for iv infusion 160</i>	<i>doxycycline monohydrate cap 75 mg</i> ...	22
<i>mg/16ml</i>	<i>doxycycline monohydrate for susp 25</i>	
25	<i>mg/5ml</i>	22
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	<i>doxycycline monohydrate tab 150 mg</i> .	22
.....	<i>doxycycline monohydrate tab 50 mg</i> ...	22
25	<i>doxycycline monohydrate tab 75 mg</i> ...	22
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	<i>doxylamine succinate tab 25mg</i>	65
.....	<i>dronabinol cap 10 mg</i>	91
25	<i>dronabinol cap 2.5 mg</i>	91
<i>dofetilide cap 125 mcg (0.125 mg)</i>	<i>dronabinol cap 5 mg</i>	91
36	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	<i>tab 3-0.02-0.451 mg</i>	77
36	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	<i>tab 3-0.03-0.451 mg</i>	77
36	<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>donepezil hydrochloride orally</i>	<i>mg</i>	78
<i>disintegrating tab 10 mg</i>	DROXIA CAP 200MG	29
52	DROXIA CAP 300MG	30
<i>donepezil hydrochloride orally</i>	DROXIA CAP 400MG	30
<i>disintegrating tab 5 mg</i>	DUAVEE TAB 0.45-20	81
52	<i>duloxetine hcl cap 20 mg</i>	55
<i>donepezil hydrochloride tab 10 mg</i>		
52		
<i>donepezil hydrochloride tab 23 mg</i>		
52		
<i>donepezil hydrochloride tab 5 mg</i>		
52		
<i>doripenem for iv infusion 250 mg</i>		
9		
<i>doripenem for iv infusion 500 mg</i>		
9		
<i>dorzolamide hcl-timolol maleate ophth</i>		
<i>soln 22.3-6.8 mg/ml</i>		
112		
<i>dorzolamide hcl ophth soln 2%</i>		
112		
<i>doxazosin mesylate tab 1 mg</i>		
33		
<i>doxazosin mesylate tab 2 mg</i>		
33		
<i>doxazosin mesylate tab 4 mg</i>		
33		
<i>doxazosin mesylate tab 8 mg</i>		
33		
<i>doxepin hcl cap 100 mg</i>		
55		
<i>doxepin hcl cap 10 mg</i>		
54		
<i>doxepin hcl cap 150 mg</i>		
55		
<i>doxepin hcl cap 25 mg</i>		
54		
<i>doxepin hcl cap 50 mg</i>		
54		
<i>doxepin hcl cap 75 mg</i>		
55		

<i>duloxetine hcl cap 30 mg</i>	55	EMSAM DIS 9MG/24HR	55
<i>duloxetine hcl cap 60 mg</i>	55	EMTRIVA CAP 200MG	12
DUREZOL EMU 0.05%	111	EMTRIVA SOL 10MG/ML.....	12
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		EMVERM CHW 100MG	9
<i>mg</i>	96	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>dutasteride cap 0.5 mg</i>	96	<i>tab 10-25 mg</i>	32
DYMISTA SPR 137-50.....	113	<i>enalapril maleate & hydrochlorothiazide</i>	
DYRENIUM CAP 100MG.....	44	<i>tab 5-12.5 mg</i>	32
DYRENIUM CAP 50MG	44	<i>enalapril maleate tab 10 mg</i>	32
E		<i>enalapril maleate tab 2.5 mg</i>	32
<i>e.e.s. 400 tab 400mg</i>	18	<i>enalapril maleate tab 20 mg</i>	32
<i>econazole nitrate cream 1%</i>	121	<i>enalapril maleate tab 5 mg</i>	32
<i>ed-spaz tab 0.125mg</i>	90	ENBREL INJ 25/0.5ML.....	100
EDARBI TAB 40MG.....	35	ENBREL INJ 25MG.....	100
EDARBI TAB 80MG.....	35	ENBREL INJ 50MG/ML.....	100
EDURANT TAB 25MG.....	12	ENBREL MINI INJ 50MG/ML.....	100
<i>efavirenz cap 200 mg</i>	12	ENBREL SRCLK INJ 50MG/ML	100
<i>efavirenz cap 50 mg</i>	12	ENCARE SUP 100MG	96
<i>efavirenz tab 600 mg</i>	12	<i>endocet tab 10-325mg</i>	3
ELESTRIN GEL 0.06%	81	<i>endocet tab 2.5-325</i>	3
<i>eletriptan hydrobromide tab 20 mg (base</i>		<i>endocet tab 5-325mg</i>	3
<i>equivalent)</i>	66	<i>endocet tab 7.5-325</i>	3
<i>eletriptan hydrobromide tab 40 mg (base</i>		ENGERIX-B INJ 10/0.5ML.....	104
<i>equivalent)</i>	66	ENGERIX-B INJ 20MCG/ML.....	104
ELIDEL CRE 1%.....	125	ENJUVIA TAB 0.3MG	81
ELIGARD INJ 22.5MG	26	ENJUVIA TAB 0.45MG.....	81
ELIGARD INJ 30MG	26	ENJUVIA TAB 0.625MG.....	81
ELIGARD INJ 45MG	26	ENJUVIA TAB 0.9MG	81
ELIGARD INJ 7.5MG.....	26	<i>enoxaparin sodium inj 100 mg/ml</i>	97
<i>elinest tab</i>	78	<i>enoxaparin sodium inj 120 mg/0.8ml</i> ..	97
ELIQUIS TAB 2.5MG.....	97	<i>enoxaparin sodium inj 150 mg/ml</i>	97
ELIQUIS TAB 5MG	97	<i>enoxaparin sodium inj 300 mg/3ml</i>	97
<i>elite-ob tab</i>	109	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	97
ELIXOPHYLLIN ELX 80/15ML.....	118	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	97
ELLA TAB 30MG.....	78	<i>enoxaparin sodium inj 60 mg/0.6ml</i>	97
ELMIRON CAP 100MG.....	96	<i>enoxaparin sodium inj 80 mg/0.8ml</i>	97
EMADINE SOL 0.05% OP	111	<i>enpresse-28 tab</i>	78
EMBEDA CAP 100-4MG.....	3	<i>enskyce tab</i>	78
EMBEDA CAP 20-0.8MG.....	3	<i>entacapone tab 200 mg</i>	58
EMBEDA CAP 30-1.2MG.....	3	<i>entecavir tab 0.5 mg</i>	15
EMBEDA CAP 50-2MG	3	<i>entecavir tab 1 mg</i>	15
EMBEDA CAP 60-2.4MG.....	3	ENTRESTO TAB 24-26MG.....	45
EMBEDA CAP 80-3.2MG.....	3	ENTRESTO TAB 49-51MG.....	45
EMCYT CAP 140MG	22	ENTRESTO TAB 97-103MG.....	45
EMEND SUS 125MG	91	<i>enulose sol 10gm/15</i>	93
<i>emoquette tab</i>	78	EPCLUSA TAB 400-100	15
EMSAM DIS 12MG/24H.....	55	EPIDUO FORTE GEL 0.3-2.5%	119
EMSAM DIS 6MG/24HR	55	<i>epinastine hcl ophth soln 0.05%</i>	111

<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	113	<i>(base equiv)</i>	55
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	113	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	55
EPIPEN-JR INJ 2-PAK.....	113	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	55
EPIPEN 2-PAK INJ 0.3MG	113	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	55
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	23	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	95
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	23	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	95
<i>epitol tab 200mg</i>	49	<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	95
EPIVIR HBV SOL 5MG/ML.....	15	<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	95
<i>eplerenone tab 25 mg</i>	33	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	81
<i>eplerenone tab 50 mg</i>	33	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	81
<i>epoprostenol sodium for inj 0.5 mg</i>	47	<i>estradiol tab 0.5 mg</i>	81
<i>epoprostenol sodium for inj 1.5 mg</i>	47	<i>estradiol tab 1 mg</i>	81
<i>eprosartan mesylate tab 600 mg</i>	35	<i>estradiol tab 2 mg</i>	82
ERBITUX INJ 100MG	25	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	82
ERBITUX INJ 200MG	25	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	82
<i>ergocalciferol cap 50000 unit</i>	109	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	82
<i>ergoloid mesylates tab 1 mg</i>	52	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	82
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	66	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	82
ERIVEDGE CAP 150MG	25	<i>estradiol td patch weekly 0.025 mg/24hr</i>	82
<i>errin tab 0.35mg</i>	78	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	82
ERTACZO CRE 2%	121	<i>estradiol td patch weekly 0.05 mg/24hr</i>	82
<i>ery-tab tab 250mg ec</i>	18	<i>estradiol td patch weekly 0.06 mg/24hr</i>	82
<i>ery-tab tab 333mg ec</i>	18	<i>estradiol td patch weekly 0.075 mg/24hr</i>	82
<i>ery-tab tab 500mg ec</i>	18	<i>estradiol vaginal cream 0.1 mg/gm</i>	82
<i>ery pad 2%</i>	119	<i>estradiol valerate im in oil 20 mg/ml</i> ...	83
ERYPED SUS 400/5ML	18	<i>estradiol valerate im in oil 40 mg/ml</i> ...	83
ERYTHROCIN INJ 500MG	18	ESTROGEL GEL	83
<i>erythrocin tab 250mg</i>	18	<i>estropipate tab 0.75 mg</i>	83
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	19		
<i>erythromycin ethylsuccinate tab 400 mg</i>	19		
<i>erythromycin gel 2%</i>	119		
<i>erythromycin ophth oint 5 mg/gm</i>	110		
<i>erythromycin pads 2%</i>	119		
<i>erythromycin soln 2%</i>	120		
<i>erythromycin tab 250 mg</i>	19		
<i>erythromycin tab 500 mg</i>	19		
<i>erythromycin w/ delayed release particles cap 250 mg</i>	19		
ESBRIET CAP 267MG.....	116		
ESBRIET TAB 267MG.....	116		
ESBRIET TAB 801MG.....	117		
<i>escitalopram oxalate soln 5 mg/5ml</i>			

<i>estropipate tab 1.5 mg</i>	83	<i>famotidine tab 40 mg</i>	93
<i>estropipate tab 3 mg</i>	83	FARESTON TAB 60MG	26
<i>eszopiclone tab 1 mg</i>	65	FARXIGA TAB 10MG	75
<i>eszopiclone tab 2 mg</i>	65	FARXIGA TAB 5MG.....	75
<i>eszopiclone tab 3 mg</i>	65	FARYDAK CAP 10MG	25
<i>ethacrynate sodium for inj 50 mg</i>	44	FARYDAK CAP 15MG	25
<i>ethacrynic acid tab 25 mg</i>	44	FARYDAK CAP 20MG	25
<i>ethambutol hcl tab 100 mg</i>	14	FASLODEX INJ 250/5ML	26
<i>ethambutol hcl tab 400 mg</i>	14	<i>fayosim tab</i>	78
<i>ethosuximide cap 250 mg</i>	49	FC2 FEMALE MIS CONDOM.....	105
<i>ethosuximide soln 250 mg/5ml</i>	49	<i>felbamate susp 600 mg/5ml</i>	49
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	78	<i>felbamate tab 400 mg</i>	49
<i>etodolac cap 200 mg</i>	1	<i>felbamate tab 600 mg</i>	49
<i>etodolac cap 300 mg</i>	1	<i>felodipine tab er 24hr 10 mg</i>	42
<i>etodolac tab 400 mg</i>	1	<i>felodipine tab er 24hr 2.5 mg</i>	42
<i>etodolac tab 500 mg</i>	1	<i>felodipine tab er 24hr 5 mg</i>	42
<i>etodolac tab er 24hr 400 mg</i>	2	FEMCAP MIS 22MM	105
<i>etodolac tab er 24hr 500 mg</i>	2	FEMCAP MIS 26MM	105
<i>etodolac tab er 24hr 600 mg</i>	2	FEMCAP MIS 30MM	105
<i>etoposide cap 50 mg</i>	31	<i>fenofibrate cap 150 mg</i>	37
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> .	31	<i>fenofibrate cap 50 mg</i>	37
EURAX CRE 10%.....	125	<i>fenofibrate micronized cap 130 mg</i>	37
EURAX LOT 10%.....	125	<i>fenofibrate micronized cap 134 mg</i>	37
EVAMIST SPR 1.53MG	83	<i>fenofibrate micronized cap 200 mg</i>	37
EVOTAZ TAB 300-150	14	<i>fenofibrate micronized cap 43 mg</i>	37
EXELDERM CRE 1%.....	121	<i>fenofibrate micronized cap 67 mg</i>	37
EXELDERM SOL 1%.....	121	<i>fenofibrate tab 145 mg</i>	37
<i>exemestane tab 25 mg</i>	26	<i>fenofibrate tab 160 mg</i>	37
<i>ezetimibe-simvastatin tab 10-10 mg</i> ...	37	<i>fenofibrate tab 48 mg</i>	37
<i>ezetimibe-simvastatin tab 10-20 mg</i> ...	37	<i>fenofibrate tab 54 mg</i>	37
<i>ezetimibe-simvastatin tab 10-40 mg</i> ...	37	<i>fenofibric acid tab 105 mg</i>	37
<i>ezetimibe-simvastatin tab 10-80 mg</i> ...	38	<i>fenofibric acid tab 35 mg</i>	37
<i>ezetimibe tab 10 mg</i>	37	<i>fenoprofen calcium cap 400 mg</i>	2
EZ FLU SHOT INJ 2018-19	104	<i>fenoprofen calcium tab 600 mg</i>	2
F		FENORTHO CAP 200MG	2
FACTIVE TAB 320MG.....	19	<i>fantanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	4
<i>falmina tab</i>	78	<i>fantanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	4
<i>famciclovir tab 125 mg</i>	15	<i>fantanyl citrate lozenge on a handle 200</i> <i>mcg</i>	3
<i>famciclovir tab 250 mg</i>	15	<i>fantanyl citrate lozenge on a handle 400</i> <i>mcg</i>	3
<i>famciclovir tab 500 mg</i>	15	<i>fantanyl citrate lozenge on a handle 600</i> <i>mcg</i>	4
<i>famotidine for susp 40 mg/5ml</i>	92	<i>fantanyl citrate lozenge on a handle 800</i> <i>mcg</i>	4
<i>famotidine inj 200 mg/20ml</i>	93	<i>fantanyl td patch 72hr 100 mcg/hr</i>	4
<i>famotidine inj 20 mg/2ml</i>	93		
<i>famotidine inj 40 mg/4ml</i>	93		
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	93		
<i>famotidine tab 20 mg</i>	93		

<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	<i>(0.025%)</i>	117
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	<i>fluocinolone acetamide (otic) oil 0.01%</i>	
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	.....	126
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	<i>fluocinolone acetamide cream 0.01%</i>	123
FERRIPROX SOL 100MG/ML	77	<i>fluocinolone acetamide cream 0.025%</i>	123
FERRIPROX TAB 500MG.....	77	<i>fluocinolone acetamide oil 0.01% (body oil)</i>	123
FETZIMA CAP 120MG	55	<i>fluocinolone acetamide oil 0.01% (scalp oil)</i>	123
FETZIMA CAP 20MG	55	<i>fluocinolone acetamide oint 0.025%</i> ...	123
FETZIMA CAP 40MG	55	<i>fluocinolone acetamide soln 0.01%</i> ...	123
FETZIMA CAP 80MG	55	<i>fluocinonide cream 0.05%</i>	123
FETZIMA CAP TITRATIO.....	55	<i>fluocinonide cream 0.1%</i>	123
FIASP FLEX INJ TOUCH.....	73	<i>fluocinonide gel 0.05%</i>	123
FIASP INJ 100/ML.....	73	<i>fluocinonide oint 0.05%</i>	123
FINACEA AER 15%.....	125	<i>fluocinonide soln 0.05%</i>	123
FINACEA GEL 15%.....	125	<i>fluor-a-day dro 0.125mg</i>	106
<i>finasteride tab 5 mg</i>	96	FLUORABON DRO.....	106
FIRAZYR INJ 30MG/3ML	99	<i>fluoritab chw 0.25mg f</i>	106
FLAREX SUS 0.1% OP	111	<i>fluoritab chw 0.5mg f</i>	106
<i>flavoxate hcl tab 100 mg</i>	96	<i>fluoritab chw 2.2mg</i>	106
<i>flecainide acetate tab 100 mg</i>	36	<i>fluorometholone ophth susp 0.1%</i>	111
<i>flecainide acetate tab 150 mg</i>	36	FLUROPLEX CRE 1%.....	120
<i>flecainide acetate tab 50 mg</i>	36	<i>fluorouracil cream 0.5%</i>	120
<i>floxuridine for inj 0.5 gm</i>	24	<i>fluorouracil cream 5%</i>	120
FLUAD INJ 2018-19.....	104	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	24
FLUARIX QUAD INJ 2018-19.....	104	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	24
FLUBLOK QUAD INJ 2018-19	104	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	24
FLUCLVX QUAD INJ 2018-19	104	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	24
FLUCONAZOLE/ INJ NAACL 100	11	<i>fluorouracil soln 2%</i>	120
<i>fluconazole for susp 10 mg/ml</i>	11	<i>fluorouracil soln 5%</i>	120
<i>fluconazole for susp 40 mg/ml</i>	11	<i>fluoxetine hcl cap 10 mg</i>	55
<i>fluconazole in dextrose inj 200 mg/100ml</i>	11	<i>fluoxetine hcl cap 20 mg</i>	55
<i>fluconazole in dextrose inj 400 mg/200ml</i>	11	<i>fluoxetine hcl cap 40 mg</i>	55
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11	<i>fluoxetine hcl cap delayed release 90 mg</i>	55
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11	<i>fluoxetine hcl solution 20 mg/5ml</i>	55
<i>fluconazole tab 100 mg</i>	11	<i>fluoxetine hcl tab 10 mg</i>	55
<i>fluconazole tab 150 mg</i>	11	<i>fluoxetine hcl tab 20 mg</i>	55
<i>fluconazole tab 200 mg</i>	11	<i>fluoxetine hcl tab 60 mg</i>	55
<i>fluconazole tab 50 mg</i>	11	<i>fluphenazine decanoate inj 25 mg/ml</i> ..	60
<i>fludarabine phosphate for inj 50 mg</i>	24	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	60
<i>fludarabine phosphate inj 25 mg/ml</i>	24	<i>fluphenazine hcl inj 2.5 mg/ml</i>	60
<i>fludrocortisone acetate tab 0.1 mg</i>	85	<i>fluphenazine hcl oral conc 5 mg/ml</i>	60
FLULAVAL QUA INJ 2018-19	104		
FLUMIST QUAD SUS 2018-19	104		
<i>flunisolide nasal soln 25 mcg/act</i>			

<i>fluphenazine hcl tab 10 mg</i>	60	<i>equiv)</i>	12
<i>fluphenazine hcl tab 1 mg</i>	60	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	60	<i>tab 10-12.5 mg</i>	32
<i>fluphenazine hcl tab 5 mg</i>	60	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>flura-drops dro 0.125mg</i>	106	<i>tab 20-12.5 mg</i>	32
<i>flura-drops dro 0.25mg f.</i>	106	<i>fosinopril sodium tab 10 mg</i>	32
<i>flurandrenolide cream 0.05%</i>	123	<i>fosinopril sodium tab 20 mg</i>	32
<i>flurandrenolide lotion 0.05%</i>	123	<i>fosinopril sodium tab 40 mg</i>	32
<i>flurandrenolide oint 0.05%</i>	123	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>(phenytoin equiv)</i>	49
.....	111	<i>fosphenytoin sodium inj 500 mg/10ml</i>	
<i>flurbiprofen tab 100 mg</i>	2	<i>(phenytoin equiv)</i>	49
<i>flurbiprofen tab 50 mg</i>	2	FOSRENOL POW 1000MG	88
<i>flutamide cap 125 mg</i>	26	FOSRENOL POW 750MG	88
<i>fluticasone propionate cream 0.05%</i> ..	123	FRAGMIN INJ 10000/ML	98
<i>fluticasone propionate lotion 0.05%</i> ..	123	FRAGMIN INJ 12500UNT	98
<i>fluticasone propionate nasal susp 50</i>		FRAGMIN INJ 15000UNT	98
<i>mcg/act.</i>	117	FRAGMIN INJ 18000UNT	98
<i>fluticasone propionate oint 0.005%</i> ..	123	FRAGMIN INJ 2500/0.2	97
<i>fluvastatin sodium cap 20 mg</i>	38	FRAGMIN INJ 5000/0.2	97
<i>fluvastatin sodium cap 40 mg</i>	38	FRAGMIN INJ 7500/0.3	97
<i>fluvastatin sodium tab er 24 hr 80 mg</i> ..	38	FRAGMIN INJ 95000UNT	98
<i>fluvoxamine maleate cap er 24hr 100 mg</i>		<i>frovatriptan succinate tab 2.5 mg (base</i>	
.....	67	<i>equivalent)</i>	66
<i>fluvoxamine maleate cap er 24hr 150 mg</i>		<i>furosemide inj 10 mg/ml</i>	44
.....	67	<i>furosemide oral soln 10 mg/ml</i>	44
<i>fluvoxamine maleate tab 100 mg</i>	67	FUROSEMIDE ORAL SOLN 8 MG/ML	44
<i>fluvoxamine maleate tab 25 mg</i>	67	<i>furosemide tab 20 mg</i>	44
<i>fluvoxamine maleate tab 50 mg</i>	67	<i>furosemide tab 40 mg</i>	44
FLUZONE HD INJ PF 18-19	104	<i>furosemide tab 80 mg</i>	44
FLUZONE QUAD INJ 2018-19	104	FUZEON INJ 90MG	12
FML FORTE SUS 0.25% OP	111	FYCOMPA SUS 0.5MG/ML	49
FML OIN 0.1% OP	111	FYCOMPA TAB 10MG	49
<i>folic acid tab 1 mg</i>	109	FYCOMPA TAB 12MG	49
<i>folic acid tab 400 mcg</i>	109	FYCOMPA TAB 2MG	49
<i>folic acid tab 800 mcg</i>	109	FYCOMPA TAB 4MG	49
<i>fondaparinux sodium subcutaneous inj</i>		FYCOMPA TAB 6MG	49
<i>10 mg/0.8ml.</i>	97	FYCOMPA TAB 8MG	49
<i>fondaparinux sodium subcutaneous inj</i>		G	
<i>2.5 mg/0.5ml.</i>	97	<i>gabapentin cap 100 mg</i>	49
<i>fondaparinux sodium subcutaneous inj 5</i>		<i>gabapentin cap 300 mg</i>	49
<i>mg/0.4ml</i>	97	<i>gabapentin cap 400 mg</i>	49
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin oral soln 250 mg/5ml</i>	50
<i>7.5 mg/0.6ml.</i>	97	<i>gabapentin tab 600 mg</i>	50
FORTEO SOL 600/2.4	87	<i>gabapentin tab 800 mg</i>	50
FOSAMAX + D TAB 70-2800	76	GABLOFEN INJ 10000/20	69
FOSAMAX + D TAB 70-5600	76	GABLOFEN INJ 20000/20	69
<i>fosamprenavir calcium tab 700 mg (base</i>		GABLOFEN INJ 40000/20	69

GABLOFEN INJ 50MCG/ML	69	GENTAM/NACL INJ 1.4MG/ML	8
<i>galantamine hydrobromide cap er 24hr</i>		<i>gentamicin in saline inj 0.8 mg/ml</i>	8
<i>16 mg</i>	52	<i>gentamicin in saline inj 1.2 mg/ml</i>	8
<i>galantamine hydrobromide cap er 24hr</i>		<i>gentamicin in saline inj 1.6 mg/ml</i>	8
<i>24 mg</i>	52	<i>gentamicin in saline inj 1 mg/ml</i>	8
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>gentamicin in saline inj 2 mg/ml</i>	8
<i>mg</i>	52	<i>gentamicin sulfate cream 0.1%</i>	120
<i>galantamine hydrobromide oral soln 4</i>		<i>gentamicin sulfate inj 10 mg/ml</i>	8
<i>mg/ml</i>	52	<i>gentamicin sulfate inj 40 mg/ml</i>	8
<i>galantamine hydrobromide tab 12 mg</i>	52	<i>gentamicin sulfate iv soln 10 mg/ml</i>	8
<i>galantamine hydrobromide tab 4 mg</i>	52	<i>gentamicin sulfate oint 0.1%</i>	121
<i>galantamine hydrobromide tab 8 mg</i>	52	<i>gentamicin sulfate ophth oint 0.3% ...</i>	110
GARDASIL 9 INJ	104	<i>gentamicin sulfate ophth soln 0.3% ...</i>	110
GARDASIL INJ	104	GENVOYA TAB	14
<i>gatifloxacin ophth soln 0.5%</i>	110	<i>gianvi tab 3-0.02mg</i>	78
<i>gavilyte-c sol</i>	93	<i>gildess fe tab 1/20</i>	78
<i>gavilyte-g sol</i>	93	<i>gildess fe tab 1.5/30</i>	78
<i>gavilyte-h kit</i>	94	<i>gildess tab 1/20</i>	78
<i>gavilyte-n sol flav pk</i>	94	<i>gildess tab 1.5/30</i>	78
GAZYVA INJ 25MG/ML	25	GILENYA CAP 0.5MG	68
<i>gemcitabine hcl for inj 1 gm</i>	24	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gemcitabine hcl for inj 200 mg</i>	24	<i>20 mg/ml</i>	68
<i>gemcitabine hcl for inj 2 gm</i>	24	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>		<i>40 mg/ml</i>	68
<i>mg/ml) (base equiv)</i>	24	GLEOSTINE CAP 100MG	22
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>		GLEOSTINE CAP 10MG	22
<i>mg/ml) (base equiv)</i>	24	GLEOSTINE CAP 40MG	22
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>		GLEOSTINE CAP 5MG	22
<i>mg/ml) (base equiv)</i>	24	GLIADEL WAF 7.7MG	22
<i>gemfibrozil tab 600 mg</i>	37	<i>glimepiride tab 1 mg</i>	75
<i>generlac sol 10gm/15</i>	94	<i>glimepiride tab 2 mg</i>	75
<i>gengraf cap 100mg</i>	103	<i>glimepiride tab 4 mg</i>	75
<i>gengraf cap 25mg</i>	103	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>gengraf sol 100mg/ml</i>	103	<i>.....</i>	72
GENOTROPIN INJ 0.2MG	86	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
GENOTROPIN INJ 0.4MG	86	<i>.....</i>	72
GENOTROPIN INJ 0.6MG	86	<i>glipizide-metformin hcl tab 5-500 mg ..</i>	72
GENOTROPIN INJ 0.8MG	86	<i>glipizide tab 10 mg</i>	75
GENOTROPIN INJ 1.2MG	86	<i>glipizide tab 5 mg</i>	75
GENOTROPIN INJ 1.4MG	86	<i>glipizide tab er 24hr 10 mg</i>	75
GENOTROPIN INJ 1.6MG	86	<i>glipizide tab er 24hr 2.5 mg</i>	75
GENOTROPIN INJ 1.8MG	86	<i>glipizide tab er 24hr 5 mg</i>	75
GENOTROPIN INJ 12MG	86	GLUCAGON KIT 1MG	86
GENOTROPIN INJ 1MG	86	GLUCOSE URINE TEST STRIPS	106
GENOTROPIN INJ 2MG	86	<i>glyburide-metformin tab 1.25-250 mg</i>	72
GENOTROPIN INJ 5MG	86	<i>glyburide-metformin tab 2.5-500 mg ..</i>	72
<i>gentak oin 0.3% op</i>	110	<i>glyburide-metformin tab 5-500 mg</i>	72
GENTAM/NACL INJ 0.9MG/ML	8	<i>glyburide micronized tab 1.5 mg</i>	75

<i>glyburide micronized tab 3 mg</i>	75	HALOG OIN 0.1%	124
<i>glyburide micronized tab 6 mg</i>	76	<i>haloperidol decanoate im soln 100 mg/ml</i>	60
<i>glyburide tab 1.25 mg</i>	76	<i>haloperidol decanoate im soln 50 mg/ml</i>	60
<i>glyburide tab 2.5 mg</i>	76	<i>haloperidol lactate inj 5 mg/ml</i>	60
<i>glyburide tab 5 mg</i>	76	<i>haloperidol lactate oral conc 2 mg/ml</i> ..	60
<i>glycopyrrolate inj 0.2 mg/ml</i>	90	<i>haloperidol tab 0.5 mg</i>	60
<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i> <i>mg/ml)</i>	90	<i>haloperidol tab 10 mg</i>	60
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	90	<i>haloperidol tab 1 mg</i>	60
<i>glycopyrrolate inj 4 mg/20ml (0.2</i> <i>mg/ml)</i>	90	<i>haloperidol tab 20 mg</i>	60
<i>glycopyrrolate tab 1 mg</i>	90	<i>haloperidol tab 2 mg</i>	60
<i>glycopyrrolate tab 2 mg</i>	90	<i>haloperidol tab 5 mg</i>	60
GOLYTELY SOL	94	HARVONI TAB 90-400MG	15
GONAL-F INJ 1050UNIT	84	HAVRIX INJ 1440UNIT	104
GONAL-F INJ 450UNIT	84	HAVRIX INJ 720UNIT	104
GONAL-F RFF INJ 300/0.5	84	<i>heather tab 0.35mg</i>	78
GONAL-F RFF INJ 450/0.75	84	<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	98
GONAL-F RFF INJ 75UNIT	84	<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	98
GONAL-F RFF INJ 900/1.5	84	<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	98
<i>granisetron hcl inj 0.1 mg/ml</i>	91	<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	98
<i>granisetron hcl inj 1 mg/ml</i>	91	<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	98
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	91	HEPLISAV-B INJ 20/0.5ML	104
<i>granisetron hcl tab 1 mg</i>	91	HEPLISAV-B INJ 20MCG	104
<i>griseofulvin microsize susp 125 mg/5ml</i>	11	HETLIOZ CAP 20MG	65
<i>griseofulvin microsize tab 500 mg</i>	11	HEXALEN CAP 50MG	22
<i>griseofulvin ultramicrosize tab 125 mg</i> ..	11	HIBERIX SOL 10MCG	104
<i>griseofulvin ultramicrosize tab 250 mg</i> ..	11	HUMALOG INJ 100/ML	73
<i>guanfacine hcl tab 1 mg</i>	45	HUMALOG KWIK INJ 100/ML	73
<i>guanfacine hcl tab 2 mg</i>	45	HUMALOG KWIK INJ 200/ML	73
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	64	HUMALOG MIX INJ 50/50	73
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	64	HUMALOG MIX INJ 50/50KWP	73
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	64	HUMALOG MIX INJ 75/25KWP	73
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	64	HUMALOG MIX SUS 75/25	73
GUANIDINE TAB 125MG	67	HUMATROPE INJ 12MG	86
GYNAZOLE-1 CRE 2%	97	HUMATROPE INJ 24MG	86
GYNOL II GEL 3%	96	HUMATROPE INJ 5MG	86
H		HUMATROPE INJ 6MG	86
<i>halobetasol propionate cream 0.05%</i> ..	123	HUMATROPEN MIS FOR 12MG	106
<i>halobetasol propionate oint 0.05%</i>	123	HUMATROPEN MIS FOR 24MG	106
HALOG CRE 0.1%	123	HUMATROPEN MIS FOR 6MG	106
		HUMIRA INJ 10/0.1ML	100
		HUMIRA INJ 10MG/0.2	100

HUMIRA INJ 20/0.2ML	100	<i>hydrocortisone lotion 2.5%</i>	124
HUMIRA INJ 40/0.4ML	101	<i>hydrocortisone oint 1%</i>	124
HUMIRA KIT 20MG/0.4	101	<i>hydrocortisone oint 2.5%</i>	124
HUMIRA KIT 40MG/0.8	101	<i>hydrocortisone tab 10 mg</i>	85
HUMIRA PEDIA INJ CROHNS	101	<i>hydrocortisone tab 20 mg</i>	85
HUMIRA PEN INJ 40/0.4ML.....	101	<i>hydrocortisone tab 5 mg</i>	85
HUMIRA PEN INJ CD/UC/HS	101	<i>hydrocortisone valerate cream 0.2%</i> .	124
HUMIRA PEN INJ PS/UV	101	<i>hydrocortisone valerate oint 0.2%</i>	124
HUMIRA PEN KIT CD/UC/HS	101	<i>hydrocortisone w/ acetic acid otic soln 1-</i>	
HUMIRA PEN KIT PS/UV.....	101	<i>2%</i>	126
HUMULIN INJ 70/30.....	74	<i>hydromet syp 5-1.5/5</i>	116
HUMULIN INJ 70/30KWP.....	74	<i>hydromorphone hcl inj 1 mg/ml</i>	4
HUMULIN N INJ U-100.....	74	<i>hydromorphone hcl inj 2 mg/ml</i>	4
HUMULIN N INJ U-100KWP	74	<i>hydromorphone hcl inj 4 mg/ml</i>	4
HUMULIN R INJ U-100.....	74	<i>hydromorphone hcl liqd 1 mg/ml</i>	4
HUMULIN R INJ U-500.....	74	<i>hydromorphone hcl preservative free (pf)</i>	
<i>hydralazine hcl inj 20 mg/ml</i>	45	<i>inj 10 mg/ml</i>	4
<i>hydralazine hcl tab 100 mg</i>	45	<i>hydromorphone hcl tab 2 mg</i>	4
<i>hydralazine hcl tab 10 mg</i>	45	<i>hydromorphone hcl tab 4 mg</i>	4
<i>hydralazine hcl tab 25 mg</i>	45	<i>hydromorphone hcl tab 8 mg</i>	4
<i>hydralazine hcl tab 50 mg</i>	45	<i>hydromorphone hcl tab er 24hr deter 12</i>	
<i>hydrochlorothiazide cap 12.5 mg</i>	44	<i>mg</i>	4
<i>hydrochlorothiazide tab 12.5 mg</i>	44	<i>hydromorphone hcl tab er 24hr deter 16</i>	
<i>hydrochlorothiazide tab 25 mg</i>	44	<i>mg</i>	4
<i>hydrochlorothiazide tab 50 mg</i>	44	<i>hydromorphone hcl tab er 24hr deter 32</i>	
<i>hydrocodone-acetaminophen soln 10-325</i>		<i>mg</i>	4
<i>mg/15ml</i>	4	<i>hydromorphone hcl tab er 24hr deter 8</i>	
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>mg</i>	4
<i>325 mg/15ml</i>	4	HYDROMORPHON SUP 3MG	4
<i>hydrocodone-acetaminophen tab 10-325</i>		<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>mg</i>	4	.....	102
<i>hydrocodone-acetaminophen tab 2.5-325</i>		<i>hydroxyurea cap 500 mg</i>	30
<i>mg</i>	4	<i>hydroxyzine hcl im soln 25 mg/ml</i>	114
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>hydroxyzine hcl im soln 50 mg/ml</i>	114
<i>mg</i>	4	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	114
<i>hydrocodone-acetaminophen tab 7.5-325</i>		<i>hydroxyzine hcl tab 10 mg</i>	114
<i>mg</i>	4	<i>hydroxyzine hcl tab 25 mg</i>	114
<i>hydrocodone w/ homatropine syrup 5-</i>		<i>hydroxyzine hcl tab 50 mg</i>	114
<i>1.5 mg/5ml</i>	116	<i>hydroxyzine pamoate cap 100 mg</i>	115
<i>hydrocodone w/ homatropine tab 5-1.5</i>		<i>hydroxyzine pamoate cap 25 mg</i>	114
<i>mg</i>	116	<i>hydroxyzine pamoate cap 50 mg</i>	114
<i>hydrocortisone butyrate cream 0.1%</i>	124	<i>hyoscyamine sulfate sl tab 0.125 mg</i> ...90	
<i>hydrocortisone butyrate hydrophilic lipo</i>		<i>hyoscyamine sulfate tab 0.125 mg</i>.....90	
<i>base cream 0.1%</i>	124	.....	90
<i>hydrocortisone butyrate oint 0.1%</i>	124	<i>hyoscyamine sulfate tab er 12hr 0.375</i>	
<i>hydrocortisone butyrate soln 0.1%</i>	124	<i>mg</i>	91
<i>hydrocortisone cream 1%</i>	124	HYQVIA INJ 10-800.....	102
<i>hydrocortisone cream 2.5%</i>	124		

HYQVIA INJ 2.5-200.....	102	IMBRUVICA TAB 560MG	28
HYQVIA INJ 20-1600	102	<i>imipenem-cilastatin intravenous for soln</i>	
HYQVIA INJ 30-2400	102	<i>250 mg</i>	9
HYQVIA INJ 5-400	102	<i>imipenem-cilastatin intravenous for soln</i>	
HYSINGLA ER TAB 100 MG	4	<i>500 mg</i>	9
HYSINGLA ER TAB 120 MG	5	<i>imipramine hcl tab 10 mg</i>	55
HYSINGLA ER TAB 20 MG	4	<i>imipramine hcl tab 25 mg</i>	55
HYSINGLA ER TAB 30 MG	4	<i>imipramine hcl tab 50 mg</i>	56
HYSINGLA ER TAB 40 MG	4	<i>imipramine pamoate cap 100 mg</i>	56
HYSINGLA ER TAB 60 MG	4	<i>imipramine pamoate cap 125 mg</i>	56
HYSINGLA ER TAB 80 MG	4	<i>imipramine pamoate cap 150 mg</i>	56
I		<i>imipramine pamoate cap 75 mg</i>	56
<i>ibandronate sodium iv soln 3 mg/3ml</i>		<i>imiquimod cream 5%</i>	120
<i>(base equivalent)</i>	76	INCRELEX INJ 40MG/4ML.....	87
<i>ibandronate sodium tab 150 mg (base</i>		INCRUSE ELPT INH 62.5MCG.....	113
<i>equivalent)</i>	76	<i>indapamide tab 1.25 mg</i>	44
IBRANCE CAP 100MG	25	<i>indapamide tab 2.5 mg</i>	44
IBRANCE CAP 125MG	25	<i>indomethacin cap 25 mg</i>	2
IBRANCE CAP 75MG.....	25	<i>indomethacin cap 50 mg</i>	2
<i>ibuprofen susp 100 mg/5ml</i>	2	INFANRIX INJ.....	104
<i>ibuprofen tab 400 mg</i>	2	INLYTA TAB 1MG	28
<i>ibuprofen tab 600 mg</i>	2	INLYTA TAB 5MG	28
<i>ibuprofen tab 800 mg</i>	2	INSULIN PEN NEEDLES.....	106
ICLUSIG TAB 15MG.....	27	INSULIN PEN NEEDLES/SYRINGES	106
ICLUSIG TAB 45MG.....	27	INTELENCE TAB 100MG.....	12
<i>idarubicin hcl iv inj 10 mg/10ml (1</i>		INTELENCE TAB 200MG.....	12
<i>mg/ml)</i>	23	INTELENCE TAB 25MG.....	12
<i>idarubicin hcl iv inj 20 mg/20ml (1</i>		INTRON A INJ 10MU	102
<i>mg/ml)</i>	23	INTRON A INJ 18MU	102
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>		INTRON A INJ 25MU	102
<i>.....</i>	23	INTRON A INJ 50MU	102
IDHIFA TAB 100MG.....	27	<i>introvale tab</i>	78
IDHIFA TAB 50MG	27	INVANZ INJ 1GM	9
<i>ifosfamide for inj 1 gm</i>	22	INVIRASE CAP 200MG	12
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>		INVIRASE TAB 500MG	12
<i>.....</i>	22	INVOKAMET TAB 150-1000	75
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>		INVOKAMET TAB 150-500.....	75
<i>.....</i>	22	INVOKAMET TAB 50-1000.....	75
ILEVRO DRO 0.3% OP	111	INVOKAMET TAB 50-500MG	75
<i>imatinib mesylate tab 100 mg (base</i>		INVOKAMET XR TAB 150-1000	75
<i>equivalent)</i>	27	INVOKAMET XR TAB 150-500	75
<i>imatinib mesylate tab 400 mg (base</i>		INVOKAMET XR TAB 50-1000	75
<i>equivalent)</i>	27	INVOKAMET XR TAB 50-500MG	75
IMBRUVICA CAP 140MG	27	INVOKANA TAB 100MG.....	75
IMBRUVICA CAP 70MG	27	INVOKANA TAB 300MG.....	75
IMBRUVICA TAB 140MG	28	IOPIDINE SOL 1% OP.....	112
IMBRUVICA TAB 280MG	28	IPOL INJ INACTIVE	104
IMBRUVICA TAB 420MG	28	<i>ipratropium-albuterol nebu soln 0.5-</i>	

2.5(3) mg/3ml	113	IV PREP WIPE PAD	121
<i>ipratropium bromide inhal soln 0.02%</i>		J	
.....	113	JADENU SPRKL GRA 180MG	77
<i>ipratropium bromide nasal soln 0.03%</i>		JADENU SPRKL GRA 360MG	77
(21 mcg/spray)	113	JADENU SPRKL GRA 90MG	77
<i>ipratropium bromide nasal soln 0.06%</i>		JADENU TAB 180MG	77
(42 mcg/spray)	113	JADENU TAB 360MG	77
<i>irbesartan-hydrochlorothiazide tab 150-</i>		JADENU TAB 90MG	77
<i>12.5 mg</i>	34	JAKAFI TAB 10MG.....	28
<i>irbesartan-hydrochlorothiazide tab 300-</i>		JAKAFI TAB 15MG.....	28
<i>12.5 mg</i>	34	JAKAFI TAB 20MG.....	28
<i>irbesartan tab 150 mg</i>	35	JAKAFI TAB 25MG.....	28
<i>irbesartan tab 300 mg</i>	35	JAKAFI TAB 5MG	28
<i>irbesartan tab 75 mg</i>	35	<i>jantoven tab 10mg</i>	98
<i>irinotecan hcl inj 100 mg/5ml (20</i>		<i>jantoven tab 1mg</i>	98
<i>mg/ml)</i>	31	<i>jantoven tab 2.5mg</i>	98
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>		<i>jantoven tab 2mg</i>	98
.....	31	<i>jantoven tab 3mg</i>	98
<i>irinotecan hcl inj 500 mg/25ml (20</i>		<i>jantoven tab 4mg</i>	98
<i>mg/ml)</i>	31	<i>jantoven tab 5mg</i>	98
ISENTRESS CHW 100MG	12	<i>jantoven tab 6mg</i>	98
ISENTRESS CHW 25MG	12	<i>jantoven tab 7.5mg</i>	98
ISENTRESS HD TAB 600MG	13	JANUMET TAB 50-1000.....	73
ISENTRESS POW 100MG.....	13	JANUMET TAB 50-500MG.....	73
ISENTRESS TAB 400MG.....	13	JANUMET XR TAB 100-1000	73
<i>isoniazid inj 100 mg/ml</i>	14	JANUMET XR TAB 50-1000.....	73
<i>isoniazid syrup 50 mg/5ml</i>	14	JANUMET XR TAB 50-500MG	73
<i>isoniazid tab 100 mg</i>	14	JANUVIA TAB 100MG	73
<i>isoniazid tab 300 mg</i>	14	JANUVIA TAB 25MG	73
ISORDIL TAB 40MG	46	JANUVIA TAB 50MG	73
<i>isosorbide dinitrate tab 10 mg</i>	46	JARDIANCE TAB 10MG	75
<i>isosorbide dinitrate tab 20 mg</i>	46	JARDIANCE TAB 25MG	75
<i>isosorbide dinitrate tab 30 mg</i>	46	JENTADUETO TAB 2.5-1000	73
<i>isosorbide dinitrate tab 5 mg</i>	46	JENTADUETO TAB 2.5-500.....	73
<i>isosorbide dinitrate tab er 40 mg</i>	46	JENTADUETO TAB 2.5-850	73
<i>isosorbide mononitrate tab 10 mg</i>	46	JENTADUETO TAB XR	73
<i>isosorbide mononitrate tab 20 mg</i>	46	<i>jinteli tab 1mg-5mcg</i>	83
<i>isosorbide mononitrate tab er 24hr 120</i>		<i>jolessa tab</i>	78
<i>mg</i>	46	<i>jolivette tab 0.35mg</i>	78
<i>isosorbide mononitrate tab er 24hr 30</i>		JUBLIA SOL 10%	121
<i>mg</i>	46	<i>junel 1/20 tab</i>	78
<i>isosorbide mononitrate tab er 24hr 60</i>		<i>junel 1.5/30 tab</i>	78
<i>mg</i>	46	<i>junel fe tab 1/20</i>	78
<i>isradipine cap 2.5 mg</i>	42	<i>junel fe tab 1.5/30</i>	78
<i>isradipine cap 5 mg</i>	42	K	
<i>itraconazole cap 100 mg</i>	11	<i>k-effervesce tab 25meq ef</i>	106
<i>itraconazole oral soln 10 mg/ml</i>	11	KADCYLA INJ 100MG.....	25
<i>ivermectin tab 3 mg</i>	10	KADCYLA INJ 160MG.....	25

KALETRA TAB 100-25MG	14	<i>labetalol hcl tab 100 mg</i>	40
KALETRA TAB 200-50MG	14	<i>labetalol hcl tab 200 mg</i>	40
KALYDECO PAK 50MG.....	117	<i>labetalol hcl tab 300 mg</i>	40
KALYDECO PAK 75MG.....	117	LACRISERT MIS 5MG OP	112
KALYDECO TAB 150MG.....	117	<i>lactic acid (ammonium lactate) cream</i>	
<i>kariva tab 28 day</i>	78	<i>12%</i>	125
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>		<i>lactic acid (ammonium lactate) lotion</i>	
<i>.....</i>	108	<i>10%</i>	125
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>		<i>lactic acid (ammonium lactate) lotion</i>	
<i>.....</i>	108	<i>12%</i>	125
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj.</i>	108	<i>lactulose solution 10 gm/15ml.....</i>	94
<i>kelnor tab 1/35</i>	78	LAMISIL GRA 125MG.....	11
KERYDIN SOL 5%	121	LAMISIL GRA 187.5MG.....	11
KETEK TAB 300MG	8	<i>lamivudine-zidovudine tab 150-300 mg</i>	
KETEK TAB 400MG	8	<i>.....</i>	14
<i>ketoconazole cream 2%.....</i>	121	<i>lamivudine oral soln 10 mg/ml</i>	13
<i>ketoconazole shampoo 2%.....</i>	122	<i>lamivudine tab 100 mg (hbv)</i>	15
<i>ketodan aer 2%.....</i>	121	<i>lamivudine tab 150 mg.....</i>	13
KETONE URINE TEST STRIPS.....	106	<i>lamivudine tab 300 mg.....</i>	13
<i>ketoprofen cap 50 mg</i>	2	<i>lamotrigine orally disintegrating tab 100</i>	
<i>ketoprofen cap 75 mg</i>	2	<i>mg</i>	50
<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>	50
<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>	50
<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>	50
<i>.....</i>	111	<i>lamotrigine tab 100 mg</i>	50
<i>ketorolac tromethamine ophth soln 0.5%</i>		<i>lamotrigine tab 150 mg</i>	50
<i>.....</i>	111	<i>lamotrigine tab 200 mg</i>	50
<i>ketorolac tromethamine tab 10 mg</i>	2	<i>lamotrigine tab 25 mg.....</i>	50
KEVZARA INJ 150/1.14.....	101	<i>lamotrigine tab 25 mg (35) starter kit .</i>	50
KEVZARA INJ 200/1.14.....	101	<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>	
KEYTRUDA INJ 100MG/4M	25	<i>starter kit</i>	50
KEYTRUDA SOL 50MG	25	<i>lamotrigine tab 25 mg (84) & 100 mg</i>	
KINRIX INJ	104	<i>(14) starter kit</i>	50
<i>kionex sus 15gm/60</i>	77	<i>lamotrigine tab chewable dispersible 25</i>	
<i>klor-con 10 tab 10meq er</i>	106	<i>mg</i>	50
<i>klor-con 8 tab 8meq er.....</i>	106	<i>lamotrigine tab chewable dispersible 5</i>	
KLOR-CON M15 TAB 15MEQ ER	106	<i>mg</i>	50
<i>klor-con m20 tab 20meq er.....</i>	107	<i>lamotrigine tab er 24hr 100 mg</i>	50
<i>kurvelo tab 0.15/30</i>	78	<i>lamotrigine tab er 24hr 200 mg.....</i>	50
KUVAN POW 100MG.....	80	<i>lamotrigine tab er 24hr 250 mg.....</i>	50
KUVAN POW 500MG.....	80	<i>lamotrigine tab er 24hr 25 mg.....</i>	50
KUVAN TAB 100MG.....	80	<i>lamotrigine tab er 24hr 300 mg.....</i>	50
KYLEENA IUD 19.5MG	78	<i>lamotrigine tab er 24hr 50 mg.....</i>	50
L		LANCETS	106
<i>labetalol hcl iv soln 5 mg/ml</i>	40	LANCING DEVICE.....	106

LANOXIN PED INJ 0.1MG/ML	44	(base equiv).....	115
LANOXIN TAB 0.0625MG	44	levalbuterol hcl soln nebu 0.63 mg/3ml	
LANOXIN TAB 0.1875MG	44	(base equiv).....	115
<i>lansoprazole cap delayed release 15 mg</i>		<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
.....	95	(base equiv).....	115
<i>lansoprazole cap delayed release 30 mg</i>		<i>levalbuterol hcl soln nebu conc 1.25</i>	
.....	95	<i>mg/0.5ml (base equiv)</i>	115
<i>lanthanum carbonate chew tab 1000 mg</i>		<i>levalbuterol tartrate inhal aerosol 45</i>	
<i>(elemental).....</i>	88	<i>mcg/act (base equiv)</i>	115
<i>lanthanum carbonate chew tab 500 mg</i>		LEVEMIR INJ	74
<i>(elemental).....</i>	88	LEVEMIR INJ FLEXTOUC	74
<i>lanthanum carbonate chew tab 750 mg</i>		<i>levetiracetam inj 500 mg/5ml (100</i>	
<i>(elemental).....</i>	88	<i>mg/ml)</i>	50
<i>larin tab 1.5/30.....</i>	78	<i>levetiracetam in sodium chloride iv soln</i>	
LASTACRAFT SOL 0.25%	111	<i>1000 mg/100ml</i>	50
<i>latanoprost ophth soln 0.005%.....</i>	112	<i>levetiracetam in sodium chloride iv soln</i>	
LATUDA TAB 120MG	61	<i>1500 mg/100ml</i>	50
LATUDA TAB 20MG	60	<i>levetiracetam in sodium chloride iv soln</i>	
LATUDA TAB 40MG	60	<i>500 mg/100ml</i>	50
LATUDA TAB 60MG	60	<i>levetiracetam oral soln 100 mg/ml.....</i>	50
LATUDA TAB 80MG	61	<i>levetiracetam tab 1000 mg</i>	50
<i>leena tab.....</i>	78	<i>levetiracetam tab 250 mg.....</i>	50
<i>leflunomide tab 10 mg.....</i>	102	<i>levetiracetam tab 500 mg.....</i>	50
<i>leflunomide tab 20 mg.....</i>	102	<i>levetiracetam tab 750 mg.....</i>	50
LENVIMA CAP 10 MG.....	28	<i>levetiracetam tab er 24hr 500 mg.....</i>	50
LENVIMA CAP 12MG.....	28	<i>levetiracetam tab er 24hr 750 mg.....</i>	50
LENVIMA CAP 14 MG.....	28	<i>levobunolol hcl ophth soln 0.5%</i>	112
LENVIMA CAP 18 MG.....	28	<i>levocetirizine dihydrochloride soln 2.5</i>	
LENVIMA CAP 20 MG.....	28	<i>mg/5ml (0.5 mg/ml)</i>	115
LENVIMA CAP 24 MG.....	28	<i>levocetirizine dihydrochloride tab 5 mg</i>	
LENVIMA CAP 4MG	28	.....	115
LENVIMA CAP 8 MG.....	28	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	
<i>lessina tab.....</i>	78	.....	19
LETAIRIS TAB 10MG	47	<i>levofloxacin in d5w iv soln 500</i>	
LETAIRIS TAB 5MG	47	<i>mg/100ml</i>	19
<i>letrozole tab 2.5 mg.....</i>	26	<i>levofloxacin in d5w iv soln 750</i>	
<i>leucovorin calcium for inj 100 mg</i>	30	<i>mg/150ml</i>	19
<i>leucovorin calcium for inj 200 mg</i>	30	<i>levofloxacin iv soln 25 mg/ml.....</i>	19
<i>leucovorin calcium for inj 350 mg</i>	30	<i>levofloxacin ophth soln 0.5%.....</i>	110
<i>leucovorin calcium for inj 500 mg</i>	30	<i>levofloxacin oral soln 25 mg/ml.....</i>	19
<i>leucovorin calcium for inj 50 mg</i>	30	<i>levofloxacin tab 250 mg</i>	19
<i>leucovorin calcium tab 10 mg.....</i>	30	<i>levofloxacin tab 500 mg</i>	19
<i>leucovorin calcium tab 15 mg.....</i>	30	<i>levofloxacin tab 750 mg</i>	19
<i>leucovorin calcium tab 25 mg.....</i>	30	<i>levonest tab.....</i>	78
<i>leucovorin calcium tab 5 mg.....</i>	30	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
LEUKERAN TAB 2MG	22	<i>eth est tab 0.01mg(7).....</i>	78
<i>leuprolide acetate inj kit 5 mg/ml</i>	26	<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>	78

<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>0.15 mg-30 mcg.....</i>	<i>78</i>
<i>levora-28 tab 0.15/30</i>	<i>78</i>
<i>levorphanol tartrate tab 2 mg</i>	<i>5</i>
<i>levothyroxine sodium tab 100 mcg.....</i>	<i>89</i>
<i>levothyroxine sodium tab 112 mcg.....</i>	<i>89</i>
<i>levothyroxine sodium tab 125 mcg.....</i>	<i>89</i>
<i>levothyroxine sodium tab 137 mcg.....</i>	<i>89</i>
<i>levothyroxine sodium tab 150 mcg.....</i>	<i>89</i>
<i>levothyroxine sodium tab 175 mcg.....</i>	<i>89</i>
<i>levothyroxine sodium tab 200 mcg.....</i>	<i>89</i>
<i>levothyroxine sodium tab 25 mcg</i>	<i>89</i>
<i>levothyroxine sodium tab 300 mcg.....</i>	<i>89</i>
<i>levothyroxine sodium tab 50 mcg</i>	<i>89</i>
<i>levothyroxine sodium tab 75 mcg</i>	<i>89</i>
<i>levothyroxine sodium tab 88 mcg</i>	<i>89</i>
<i>levoxyl tab 100mcg.....</i>	<i>89</i>
<i>levoxyl tab 112mcg.....</i>	<i>89</i>
<i>levoxyl tab 125mcg.....</i>	<i>89</i>
<i>levoxyl tab 137mcg.....</i>	<i>89</i>
<i>levoxyl tab 150mcg.....</i>	<i>89</i>
<i>levoxyl tab 175mcg.....</i>	<i>89</i>
<i>levoxyl tab 200mcg.....</i>	<i>89</i>
<i>levoxyl tab 25mcg</i>	<i>89</i>
<i>levoxyl tab 50mcg</i>	<i>89</i>
<i>levoxyl tab 75mcg</i>	<i>89</i>
<i>levoxyl tab 88mcg</i>	<i>89</i>
<i>LEXIVA SUS 50MG/ML.....</i>	<i>13</i>
<i>LIDO/DEXTROS INJ 5-7.5%</i>	<i>8</i>
<i>lidocaine-prilocaine cream 2.5-2.5%..</i>	<i>124</i>
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	<i>124</i>
<i>.....</i>	<i>124</i>
<i>lidocaine hcl gel 2%</i>	<i>124</i>
<i>lidocaine hcl iv inj 10 mg/ml</i>	<i>36</i>
<i>lidocaine hcl iv inj 20 mg/ml</i>	<i>36</i>
<i>lidocaine hcl laryngotracheal soln 4%</i>	<i>125</i>
<i>lidocaine hcl local inj 0.5%</i>	<i>8</i>
<i>lidocaine hcl local inj 1%</i>	<i>8</i>
<i>lidocaine hcl local inj 2%</i>	<i>8</i>
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 0.5%.....</i>	<i>8</i>
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 1.5%.....</i>	<i>8</i>
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 1%</i>	<i>8</i>
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 2%</i>	<i>8</i>
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 4%</i>	<i>8</i>
<i>lidocaine hcl soln 4%.....</i>	<i>124</i>
<i>lidocaine hcl viscous soln 2%.....</i>	<i>125</i>
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	
<i>.....</i>	<i>36</i>
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	
<i>.....</i>	<i>36</i>
<i>lidocaine oint 5%</i>	<i>124</i>
<i>lidocaine patch 5%.....</i>	<i>124</i>
<i>LILETTA IUD 52MG</i>	<i>78</i>
<i>lindane lotion 1%.....</i>	<i>125</i>
<i>lindane shampoo 1%.....</i>	<i>125</i>
<i>linezolid for susp 100 mg/5ml</i>	<i>10</i>
<i>linezolid in sodium chloride iv soln 600</i>	
<i>mg/300ml-0.9%.....</i>	<i>10</i>
<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>mg/ml)</i>	<i>10</i>
<i>linezolid tab 600 mg</i>	<i>10</i>
<i>LINZESS CAP 145MCG.....</i>	<i>93</i>
<i>LINZESS CAP 290MCG.....</i>	<i>93</i>
<i>LINZESS CAP 72MCG</i>	<i>93</i>
<i>LIORESAL INT INJ 0.05MG/1</i>	<i>69</i>
<i>LIORESAL INT INJ 10MG/20</i>	<i>69</i>
<i>LIORESAL INT INJ 10MG/5ML.....</i>	<i>69</i>
<i>LIORESAL INT INJ 40MG/20</i>	<i>69</i>
<i>liothyronine sodium iv soln 10 mcg/ml.</i>	<i>89</i>
<i>liothyronine sodium tab 25 mcg.....</i>	<i>89</i>
<i>liothyronine sodium tab 50 mcg.....</i>	<i>89</i>
<i>liothyronine sodium tab 5 mcg</i>	<i>89</i>
<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	<i>32</i>
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	<i>32</i>
<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>mg</i>	<i>32</i>
<i>lisinopril tab 10 mg</i>	<i>33</i>
<i>lisinopril tab 2.5 mg</i>	<i>33</i>
<i>lisinopril tab 20 mg</i>	<i>33</i>
<i>lisinopril tab 30 mg</i>	<i>33</i>
<i>lisinopril tab 40 mg</i>	<i>33</i>
<i>lisinopril tab 5 mg.....</i>	<i>33</i>
<i>lithium carbonate cap 150 mg</i>	<i>67</i>
<i>lithium carbonate cap 300 mg</i>	<i>67</i>
<i>lithium carbonate cap 600 mg</i>	<i>67</i>
<i>lithium carbonate tab 300 mg</i>	<i>67</i>
<i>lithium carbonate tab er 300 mg.....</i>	<i>67</i>
<i>lithium carbonate tab er 450 mg.....</i>	<i>67</i>
<i>LITHIUM SOL 8MEQ/5ML</i>	<i>67</i>

LIVALO TAB 1MG	38	LUPRON DEPOT INJ 45MG.....	26
LIVALO TAB 2MG	38	LUPRON DEPOT INJ 7.5MG.....	26
LIVALO TAB 4MG	38	LURIDE DRO 0.5MG/ML	107
<i>lokara lot 0.05%</i>	124	<i>lutura tab</i>	78
LO LOESTRIN TAB 1-10-10	78	LYNPARZA CAP 50MG.....	25
<i>loperamide hcl cap 2 mg</i>	94	LYNPARZA TAB 100MG	25
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	14	LYNPARZA TAB 150MG	25
<i>lorazepam conc 2 mg/ml</i>	48	LYRICA CAP 100MG	50
<i>lorazepam tab 0.5 mg</i>	48	LYRICA CAP 150MG	50
<i>lorazepam tab 1 mg</i>	48	LYRICA CAP 200MG	50
<i>lorazepam tab 2 mg</i>	48	LYRICA CAP 225MG	51
<i>lortab tab 10-325mg</i>	5	LYRICA CAP 25MG	50
<i>loryna tab 3-0.02mg</i>	78	LYRICA CAP 300MG	51
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	34	LYRICA CAP 50MG	50
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	34	LYRICA CAP 75MG	50
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	34	LYRICA SOL 20MG/ML	51
<i>losartan potassium tab 100 mg</i>	35	LYSODREN TAB 500MG	26
<i>losartan potassium tab 25 mg</i>	35	M	
<i>losartan potassium tab 50 mg</i>	35	M-M-R II INJ	104
LOTEMAX GEL 0.5%	111	<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	107
LOTEMAX OIN 0.5%	111	<i>magnesium sulfate inj 50%</i>	107
LOTEMAX SUS 0.5%.....	111	<i>magnesium sulfate iv soln 20 gm/500ml</i> <i>(40 mg/ml)</i>	107
<i>lovastatin tab 10 mg</i>	38	<i>magnesium sulfate iv soln 2 gm/50ml</i> <i>(40 mg/ml)</i>	107
<i>lovastatin tab 20 mg</i>	38	<i>magnesium sulfate iv soln 40 gm/1000ml</i> <i>(40 mg/ml)</i>	107
<i>lovastatin tab 40 mg</i>	38	<i>magnesium sulfate iv soln 4 gm/100ml</i> <i>(40 mg/ml)</i>	107
<i>low-ogestrel tab</i>	78	<i>magnesium sulfate iv soln 4 gm/50ml</i> <i>(80 mg/ml)</i>	107
<i>loxapine succinate cap 10 mg</i>	61	<i>malathion lotion 0.5%</i>	125
<i>loxapine succinate cap 25 mg</i>	61	<i>maprotiline hcl tab 25 mg</i>	56
<i>loxapine succinate cap 50 mg</i>	61	<i>maprotiline hcl tab 50 mg</i>	56
<i>loxapine succinate cap 5 mg</i>	61	<i>maprotiline hcl tab 75 mg</i>	56
<i>ludent chw 0.25mg f</i>	107	<i>marlissa tab 0.15/30</i>	78
<i>ludent chw 0.5mg f</i>	107	MARPLAN TAB 10MG	56
<i>ludent chw 1mg f</i>	107	MATULANE CAP 50MG	30
LUMIGAN SOL 0.01%	112	<i>matzim la tab 180mg/24</i>	42
LUPANETA KIT 11.25-5.....	88	<i>matzim la tab 240mg/24</i>	42
LUPANETA KIT 3.75-5	88	<i>matzim la tab 300mg/24</i>	42
LUPR DEP-PED INJ 11.25MG	26	<i>matzim la tab 360mg/24</i>	42
LUPR DEP-PED INJ 15MG	26	<i>matzim la tab 420mg/24</i>	43
LUPR DEP-PED INJ 3M 30MG	26	MAXIDEX SUS 0.1% OP	111
LUPR DEP-PED INJ 7.5MG	26	<i>meclizine hcl tab 12.5 mg</i>	91
LUPRON DEPOT INJ 11.25MG	26	<i>meclizine hcl tab 25 mg</i>	91
LUPRON DEPOT INJ 22.5MG	26	<i>meclofenamate sodium cap 100 mg</i>	2
LUPRON DEPOT INJ 3.75MG	26		
LUPRON DEPOT INJ 30MG.....	26		

<i>meclofenamate sodium cap 50 mg</i>	2	<i>meropenem iv for soln 500 mg</i>	10
MEDROL TAB 2MG	85	<i>mesalamine enema 4 gm</i>	93
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	79	<i>mesalamine rectal enema 4 gm &</i> <i>cleanser wipe kit</i>	93
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	79	<i>mesna inj 100 mg/ml</i>	30
<i>medroxyprogesterone acetate tab 10 mg</i>	88	MESNEX TAB 400MG	30
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	88	MESTINON SYP 60MG/5ML.....	67
<i>medroxyprogesterone acetate tab 5 mg</i>	88	<i>metaproterenol sulfate syrup 10 mg/5ml</i>	115
<i>mefenamic acid cap 250 mg</i>	2	<i>metaproterenol sulfate tab 10 mg</i>	115
<i>mefloquine hcl tab 250 mg</i>	12	<i>metaproterenol sulfate tab 20 mg</i>	115
<i>megestrol acetate susp 40 mg/ml</i>	26	<i>metaxalone tab 400 mg</i>	70
<i>megestrol acetate susp 625 mg/5ml</i> ...	26	<i>metaxalone tab 800 mg</i>	70
<i>megestrol acetate tab 20 mg</i>	26	<i>metformin hcl tab 1000 mg</i>	72
<i>megestrol acetate tab 40 mg</i>	26	<i>metformin hcl tab 500 mg</i>	72
MEKINIST TAB 0.5MG	28	<i>metformin hcl tab 850 mg</i>	72
MEKINIST TAB 2MG	28	<i>metformin hcl tab er 24hr 500 mg</i>	72
<i>meloxicam susp 7.5 mg/5ml</i>	2	<i>metformin hcl tab er 24hr 750 mg</i>	72
<i>meloxicam tab 15 mg</i>	2	<i>metformin hcl tab er 24hr osmotic 1000</i> <i>mg</i>	72
<i>meloxicam tab 7.5 mg</i>	2	<i>metformin hcl tab er 24hr osmotic 500</i> <i>mg</i>	72
<i>melphalan hcl for inj 50 mg (base equiv)</i>	22	<i>methadone con 10mg/ml</i>	5
<i>melphalan tab 2 mg</i>	22	<i>methadone hcl inj 10 mg/ml</i>	5
<i>memantine hcl cap er 24hr 14 mg</i>	52	<i>methadone hcl soln 10 mg/5ml</i>	5
<i>memantine hcl cap er 24hr 21 mg</i>	52	<i>methadone hcl soln 5 mg/5ml</i>	5
<i>memantine hcl cap er 24hr 28 mg</i>	52	<i>methadone hcl tab 10 mg</i>	5
<i>memantine hcl cap er 24hr 7 mg</i>	52	<i>methadone hcl tab 5 mg</i>	5
<i>memantine hcl oral solution 2 mg/ml</i> ..	52	<i>methadone hcl tab for oral susp 40 mg</i> .	5
<i>memantine hcl tab 10 mg</i>	53	<i>methadose tab 40mg</i>	5
<i>memantine hcl tab 5 mg</i>	52	<i>methamphetamine hcl tab 5 mg</i>	64
<i>memantine hcl tab 5 mg (28) & 10 mg</i> <i>(21) titration pak</i>	53	<i>methazolamide tab 25 mg</i>	45
MENACTRA INJ	104	<i>methazolamide tab 50 mg</i>	45
MENEST TAB 0.3MG	83	<i>methenamine hippurate tab 1 gm</i>	10
MENEST TAB 0.625MG	83	<i>methimazole tab 10 mg</i>	89
MENEST TAB 1.25MG	83	<i>methimazole tab 5 mg</i>	89
MENEST TAB 2.5MG	83	<i>methocarbamol tab 500 mg</i>	70
MENHIBRIX INJ	104	<i>methocarbamol tab 750 mg</i>	70
MENOMUNE INJ A/C/Y/W	104	<i>methotrexate sodium for inj 1 gm</i>	24
MENTAX CRE 1%	121	<i>methotrexate sodium inj 250 mg/10ml</i> <i>(25 mg/ml)</i>	24
MENVEO INJ.....	104	<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	24
<i>meprobamate tab 200 mg</i>	48	<i>methotrexate sodium inj pf 1000</i> <i>mg/40ml (25 mg/ml)</i>	24
<i>meprobamate tab 400 mg</i>	48	<i>methotrexate sodium inj pf 100 mg/4ml</i> <i>(25 mg/ml)</i>	24
<i>mercaptopurine tab 50 mg</i>	24	<i>methotrexate sodium inj pf 200 mg/8ml</i>	24
<i>meropenem iv for soln 1 gm</i>	10		

(25 mg/ml).....	24	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg.....</i>	65
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....</i>	24	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg.....</i>	65
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....</i>	24	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg.....</i>	65
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	102	<i>methylprednisolone acetate inj susp 40 mg/ml.....</i>	85
<i>methoxsalen rapid cap 10 mg.....</i>	122	<i>methylprednisolone acetate inj susp 80 mg/ml.....</i>	85
<i>methscopolamine bromide tab 2.5 mg.....</i>	91	<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	85
<i>methscopolamine bromide tab 5 mg.....</i>	91	<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	85
<i>methyclothiazide tab 5 mg.....</i>	45	<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	85
<i>methylidopa tab 250 mg</i>	45	<i>methylprednisolone tab 16 mg</i>	85
<i>methylidopa tab 500 mg</i>	45	<i>methylprednisolone tab 32 mg</i>	85
<i>methylidopate hcl inj 250 mg/5ml</i>	45	<i>methylprednisolone tab 4 mg</i>	85
<i>methylphenidate hcl cap er 10 mg (cd).....</i>	64	<i>methylprednisolone tab 8 mg</i>	85
<i>methylphenidate hcl cap er 20 mg (cd).....</i>	64	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	85
<i>methylphenidate hcl cap er 24hr 20 mg (la).....</i>	64	<i>methyltestosterone cap 10 mg</i>	71
<i>methylphenidate hcl cap er 24hr 30 mg (la).....</i>	64	<i>metipranolol ophth soln 0.3%.....</i>	112
<i>methylphenidate hcl cap er 24hr 40 mg (la).....</i>	64	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	91
<i>methylphenidate hcl cap er 24hr 60 mg (la).....</i>	64	<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	91
<i>methylphenidate hcl cap er 30 mg (cd).....</i>	64	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	91
<i>methylphenidate hcl cap er 40 mg (cd).....</i>	64	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	91
<i>methylphenidate hcl cap er 50 mg (cd).....</i>	64	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	91
<i>methylphenidate hcl cap er 60 mg (cd).....</i>	64	<i>metolazone tab 10 mg</i>	45
<i>methylphenidate hcl chew tab 10 mg</i>	64	<i>metolazone tab 2.5 mg</i>	45
<i>methylphenidate hcl chew tab 2.5 mg</i>	64	<i>metolazone tab 5 mg</i>	45
<i>methylphenidate hcl chew tab 5 mg</i>	64	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	39
<i>methylphenidate hcl soln 10 mg/5ml.....</i>	64	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	39
<i>methylphenidate hcl soln 5 mg/5ml.....</i>	64	<i>metoprolol & hydrochlorothiazide tab 50-25 mg.....</i>	39
<i>methylphenidate hcl tab 10 mg</i>	64	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	40
<i>methylphenidate hcl tab 20 mg</i>	64	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	40
<i>methylphenidate hcl tab 5 mg</i>	64	<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>methylphenidate hcl tab er 10 mg.....</i>	64		
<i>methylphenidate hcl tab er 20 mg.....</i>	64		
<i>methylphenidate hcl tab er 24hr 18 mg</i>	64		
<i>methylphenidate hcl tab er 24hr 27 mg</i>	64		
<i>methylphenidate hcl tab er 24hr 36 mg</i>	64		
<i>methylphenidate hcl tab er 24hr 54 mg</i>	64		
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg.....</i>	64		

(tartrate equiv)	40	MIRCERA INJ 50MCG.....	99
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	40	MIRCERA INJ 75MCG.....	99
metoprolol tartrate iv soln 5 mg/5ml ...	40	MIRCERA SOL 150/0.3	99
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml).....	40	MIRCERA SOL 30/0.3ML	99
metoprolol tartrate tab 100 mg	40	MIRENA IUD SYSTEM	79
metoprolol tartrate tab 25 mg	40	mirtazapine orally disintegrating tab 15 mg	56
metoprolol tartrate tab 50 mg	40	mirtazapine orally disintegrating tab 30 mg	56
metronidazole cap 375 mg.....	10	mirtazapine orally disintegrating tab 45 mg	56
metronidazole cream 0.75%.....	125	mirtazapine tab 15 mg	56
metronidazole gel 0.75%	125	mirtazapine tab 30 mg	56
metronidazole gel 1%.....	125	mirtazapine tab 45 mg	56
metronidazole in nacl 0.79% iv soln 500 mg/100ml	10	mirtazapine tab 7.5 mg	56
metronidazole lotion 0.75%	125	MIRVASO GEL 0.33%	125
metronidazole tab 250 mg	10	MISC LANCETS	106
metronidazole tab 500 mg	10	misoprostol tab 100 mcg	94
metronidazole vaginal gel 0.75%	97	misoprostol tab 200 mcg	94
mexiletine hcl cap 150 mg	36	mitomycin for iv soln 20 mg.....	23
mexiletine hcl cap 200 mg	36	mitomycin for iv soln 40 mg.....	23
mexiletine hcl cap 250 mg	36	mitomycin for iv soln 5 mg	23
MIACALCIN INJ 200/ML.....	87	mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	30
mibelas 24 chw fe.....	79	mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	30
miconazole 3 sup 200mg	97	mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	30
midodrine hcl tab 10 mg.....	46	modafinil tab 100 mg	70
midodrine hcl tab 2.5 mg.....	45	modafinil tab 200 mg	70
midodrine hcl tab 5 mg	46	MODERIBA PAK 1200/DAY	15
miglitol tab 100 mg.....	72	MODERIBA PAK 800/DAY.....	15
miglitol tab 25 mg	72	MODERIBA TAB 1000/DAY	15
miglitol tab 50 mg	72	moderiba tab 200mg.....	15
miglustat cap 100 mg	80	MODERIBA TAB 600/DAY.....	15
mimvey lo tab 0.5-0.1.....	83	moexipril-hydrochlorothiazide tab 15- 12.5 mg	32
mimvey tab 1-0.5mg	83	moexipril-hydrochlorothiazide tab 15-25 mg	32
minitran dis 0.1mg/hr	46	moexipril-hydrochlorothiazide tab 7.5- 12.5 mg	32
minitran dis 0.2mg/hr	46	moexipril hcl tab 15 mg.....	33
minitran dis 0.4mg/hr	46	moexipril hcl tab 7.5 mg.....	33
minitran dis 0.6mg/hr	46	mometasone furoate cream 0.1%	124
minocycline hcl cap 100 mg	22	mometasone furoate oint 0.1%	124
minocycline hcl cap 50 mg	22	mometasone furoate solution 0.1% (lotion).....	124
minocycline hcl cap 75 mg	22	mono-lynyah tab 0.25-35	79
minocycline hcl tab 100 mg.....	22		
minocycline hcl tab 50 mg	22		
minocycline hcl tab 75 mg	22		
minoxidil tab 10 mg	46		
minoxidil tab 2.5 mg	46		
MIRCERA INJ 100MCG.....	99		
MIRCERA INJ 200MCG.....	99		

<i>mononessa tab</i>	79	<i>morphine sulfate tab er 100 mg</i>	6
<i>montelukast sodium chew tab 4 mg</i>		<i>morphine sulfate tab er 15 mg</i>	6
<i>(base equiv)</i>	116	<i>morphine sulfate tab er 200 mg</i>	6
<i>montelukast sodium chew tab 5 mg</i>		<i>morphine sulfate tab er 30 mg</i>	6
<i>(base equiv)</i>	116	<i>morphine sulfate tab er 60 mg</i>	6
<i>montelukast sodium oral granules packet</i>		MORPHINE SUL INJ 150/30ML.....	5
<i>4 mg (base equiv)</i>	116	MORPHINE SUL INJ 2MG/ML	5
<i>montelukast sodium tab 10 mg (base</i>		MORPHINE SUL INJ 4MG/ML	5
<i>equiv)</i>	116	MORPHINE SUL INJ 5MG/ML	5
MONUROL PAK GRANULES.....	8	MORPHINE SUL SUP 30MG	5
<i>morgidox cap 1x100mg</i>	22	MOTOFEN TAB 1-0.025.....	94
<i>morphine sulfate beads cap er 24hr 120</i>		MOVANTIK TAB 12.5MG	94
<i>mg</i>	5	MOVANTIK TAB 25MG	94
<i>morphine sulfate beads cap er 24hr 30</i>		MOVIPREP SOL.....	94
<i>mg</i>	5	MOXEZA SOL 0.5%	110
<i>morphine sulfate beads cap er 24hr 45</i>		<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>mg</i>	5	<i>sodium chloride 0.8% inj</i>	19
<i>morphine sulfate beads cap er 24hr 60</i>		<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>mg</i>	5	<i>equiv)</i>	110
<i>morphine sulfate beads cap er 24hr 75</i>		<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	
<i>mg</i>	5	.....	19
<i>morphine sulfate beads cap er 24hr 90</i>		MULTAQ TAB 400MG	36
<i>mg</i>	5	<i>multi-vit/fe dro /fl 0.25</i>	109
<i>morphine sulfate cap er 24hr 100 mg</i>	5	<i>multi-vit/fl dro /fe 0.25</i>	109
<i>morphine sulfate cap er 24hr 10 mg</i>	5	<i>multi-vit/fl dro 0.25mg</i>	109
<i>morphine sulfate cap er 24hr 20 mg</i>	5	<i>multi-vit/fl dro 0.5mg/ml</i>	109
<i>morphine sulfate cap er 24hr 30 mg</i>	5	<i>multivit/fl chw 0.25mg</i>	109
<i>morphine sulfate cap er 24hr 50 mg</i>	5	<i>multivit/fl chw 0.5mg</i>	109
<i>morphine sulfate cap er 24hr 60 mg</i>	5	<i>multivit/fl chw 1mg</i>	109
<i>morphine sulfate cap er 24hr 80 mg</i>	5	<i>mupirocin oint 2%</i>	121
<i>morphine sulfate inj 10 mg/ml</i>	5	<i>mvc-fluoride chw 1mg</i>	109
<i>morphine sulfate inj 8 mg/ml</i>	5	MYALEPT INJ 11.3MG	80
<i>morphine sulfate inj pf 0.5 mg/ml</i>	5	<i>mycophenolate mofetil cap 250 mg</i> ...	103
<i>morphine sulfate inj pf 1 mg/ml</i>	5	<i>mycophenolate mofetil for oral susp 200</i>	
<i>morphine sulfate iv soln 1 mg/ml</i>	5	<i>mg/ml</i>	103
<i>morphine sulfate iv soln pf 10 mg/ml</i>	5	<i>mycophenolate mofetil hcl for iv soln 500</i>	
<i>morphine sulfate iv soln pf 15 mg/ml</i>	5	<i>mg (base equiv)</i>	103
<i>morphine sulfate iv soln pf 4 mg/ml</i>	5	<i>mycophenolate mofetil tab 500 mg</i> ...	103
<i>morphine sulfate iv soln pf 8 mg/ml</i>	5	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>morphine sulfate oral soln 100 mg/5ml</i>		<i>(mycophenolic acid equiv)</i>	103
<i>(20 mg/ml)</i>	5	<i>mycophenolate sodium tab dr 360 mg</i>	
<i>morphine sulfate oral soln 10 mg/5ml</i> ...	5	<i>(mycophenolic acid equiv)</i>	103
<i>morphine sulfate oral soln 20 mg/5ml</i> ...	5	<i>myorisan cap 10mg</i>	120
<i>morphine sulfate suppos 10 mg</i>	6	<i>myorisan cap 20mg</i>	120
<i>morphine sulfate suppos 20 mg</i>	6	<i>myorisan cap 40mg</i>	120
<i>morphine sulfate suppos 5 mg</i>	5	MYRBETRIQ TAB 25MG	96
<i>morphine sulfate tab 15 mg</i>	6	MYRBETRIQ TAB 50MG	96
<i>morphine sulfate tab 30 mg</i>	6	<i>myzilra tab</i>	79

N	
<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	39
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	39
<i>nadolol tab 20 mg</i>	40
<i>nadolol tab 40 mg</i>	40
<i>nadolol tab 80 mg</i>	40
<i>nafcillin sodium for inj 1 gm</i>	21
<i>nafcillin sodium for inj 2 gm</i>	21
<i>nafcillin sodium for iv soln 10 gm</i>	21
<i>nafcillin sodium for iv soln 1 gm</i>	21
<i>nafcillin sodium for iv soln 2 gm</i>	21
<i>nafrinse chw 1mg f</i>	107
<i>naftifine hcl cream 1%</i>	121
<i>naftifine hcl cream 2%</i>	121
<i>nalbuphine hcl inj 10 mg/ml</i>	6
<i>nalbuphine hcl inj 20 mg/ml</i>	6
<i>naloxone hcl inj 0.4 mg/ml</i>	71
<i>naloxone hcl inj 4 mg/10ml</i>	71
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	71
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	71
<i>naltrexone hcl tab 50 mg</i>	71
NAMENDA XR CAP TITRATIO	53
<i>naphazoline hcl ophth soln 0.1%</i>	112
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>	66
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	66
NARCAN SPR	71
NATACYN SUS 5% OP	110
NATAZIA TAB	79
<i>nateglinide tab 120 mg</i>	74
<i>nateglinide tab 60 mg</i>	74
NEBUPENT INH 300MG	10
<i>necon tab 0.5/35</i>	79
<i>necon tab 1/35</i>	79
<i>necon tab 1/50-28</i>	79
NECON TAB 10/11-28	79
<i>nefazodone hcl tab 100 mg</i>	56
<i>nefazodone hcl tab 150 mg</i>	56
<i>nefazodone hcl tab 200 mg</i>	56
<i>nefazodone hcl tab 250 mg</i>	56
<i>nefazodone hcl tab 50 mg</i>	56
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	110
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	110
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	110
<i>neomycin-polymyxin-hc ophth susp</i>	110
<i>neomycin-polymyxin-hc otic soln 1%</i>	126
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	126
<i>neomycin sulfate tab 500 mg</i>	8
NEULASTA INJ 6MG/0.6M	99
NEULASTA KIT 6MG/0.6M	99
NEUPRO DIS 1MG/24HR	58
NEUPRO DIS 2MG/24HR	59
NEUPRO DIS 3MG/24HR	59
NEUPRO DIS 4MG/24HR	59
NEUPRO DIS 6MG/24HR	59
NEUPRO DIS 8MG/24HR	59
NEVANAC SUS 0.1%	111
<i>nevirapine susp 50 mg/5ml</i>	13
<i>nevirapine tab 200 mg</i>	13
<i>nevirapine tab er 24hr 100 mg</i>	13
<i>nevirapine tab er 24hr 400 mg</i>	13
NEXAVAR TAB 200MG	28
NEXPLANON IMP 68MG	79
NEXTERONE INJ	36
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	39
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	39
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	39
<i>nicardipine hcl cap 20 mg</i>	43
<i>nicardipine hcl cap 30 mg</i>	43
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	43
<i>nicorelief gum 4mg mint</i>	71
<i>nicotine polacrilex gum 2 mg</i>	71
<i>nicotine polacrilex gum 4 mg</i>	71
<i>nicotine polacrilex lozenge 2 mg</i>	71
<i>nicotine pol loz 4mg mint</i>	71

<i>nicotine td patch 24hr 14 mg/24hr</i>	71	<i>nitroglycerin sl tab 0.4 mg</i>	46
<i>nicotine td patch 24hr 21 mg/24hr</i>	71	<i>nitroglycerin sl tab 0.6 mg</i>	46
<i>nicotine td patch 24hr 7 mg/24hr</i>	71	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	46
NICOTROL INH.....	71	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	46
NICOTROL NS SPR 10MG/ML.....	71	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	46
<i>nifedical xl tab 30mg</i>	43	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	46
<i>nifedical xl tab 60mg</i>	43	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>nifedipine tab er 24hr 30 mg</i>	43	<i>mcg/spray)</i>	46
<i>nifedipine tab er 24hr 60 mg</i>	43	<i>nizatidine cap 150 mg</i>	93
<i>nifedipine tab er 24hr 90 mg</i>	43	<i>nizatidine cap 300 mg</i>	93
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>nizatidine oral soln 15 mg/ml</i>	93
<i>mg</i>	43	<i>nora-be tab 0.35mg</i>	79
<i>nifedipine tab er 24hr osmotic release 60</i>		NORDIPEN 5 MIS DEVICE	106
<i>mg</i>	43	NORDIPEN DEL MIS SYSTEM	106
<i>nifedipine tab er 24hr osmotic release 90</i>		NORDITROPIN INJ 10/1.5ML	87
<i>mg</i>	43	NORDITROPIN INJ 15/1.5ML	87
<i>nikki tab 3-0.02mg</i>	79	NORDITROPIN INJ 30/3ML.....	87
<i>nilutamide tab 150 mg</i>	26	NORDITROPIN INJ 5/1.5ML.....	86
<i>nimodipine cap 30 mg</i>	43	<i>norethindrone & ethinyl estradiol-fe chew</i>	
NIPENT INJ 10MG	24	<i>tab 0.8 mg-25 mcg</i>	79
<i>nisoldipine tab er 24hr 17 mg</i>	43	<i>norethindrone ace-ethinyl estradiol-fe</i>	
<i>nisoldipine tab er 24hr 20 mg</i>	43	<i>tab 1 mg-20 mcg (24)</i>	79
<i>nisoldipine tab er 24hr 25.5 mg</i>	43	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nisoldipine tab er 24hr 30 mg</i>	43	<i>tab 0.5 mg-2.5 mcg</i>	83
<i>nisoldipine tab er 24hr 34 mg</i>	43	<i>norethindrone acetate tab 5 mg</i>	88
<i>nisoldipine tab er 24hr 40 mg</i>	43	<i>norethindrone tab 0.35 mg</i>	79
<i>nisoldipine tab er 24hr 8.5 mg</i>	43	<i>norgestimate-eth estrad tab 0.18-</i>	
NITRO-BID OIN 2%	46	<i>25/0.215-25/0.25-25 mg-mcg</i>	79
NITRO-DUR DIS 0.3MG/HR	46	<i>norgestimate-eth estrad tab 0.18-</i>	
NITRO-DUR DIS 0.8MG/HR	46	<i>35/0.215-35/0.25-35 mg-mcg</i>	79
<i>nitrofurantoin macrocrystalline cap 100</i>		<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>mg</i>	10	<i>mg-35 mcg</i>	79
<i>nitrofurantoin macrocrystalline cap 25</i>		NORPACE CAP 100MG CR	36
<i>mg</i>	10	NORPACE CAP 150MG CR	36
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>nortrel tab 0.5/35</i>	79
<i>mg</i>	10	<i>nortrel tab 1/35</i>	79
<i>nitrofurantoin monohydrate</i>		<i>nortrel tab 7/7/7</i>	79
<i>macrocrystalline cap 100 mg</i>	10	<i>nortriptyline hcl cap 10 mg</i>	56
<i>nitrofurantoin susp 25 mg/5ml</i>	10	<i>nortriptyline hcl cap 25 mg</i>	56
<i>nitroglycerin cap er 9 mg</i>	46	<i>nortriptyline hcl cap 50 mg</i>	56
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>		<i>nortriptyline hcl cap 75 mg</i>	56
.....	46	<i>nortriptyline hcl soln 10 mg/5ml</i>	56
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>		NORTUSS-EX LIQ 200-20/5.....	116
.....	46	NORVIR CAP 100MG	13
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>		NORVIR POW 100MG	13
.....	46	NORVIR SOL 80MG/ML.....	13
NITROGLYCER INJ 5MG/ML	46	NOVOLIN INJ 70/30	74
<i>nitroglycerin sl tab 0.3 mg</i>	46	NOVOLIN INJ FLEXPEN	74

NOVOLIN N INJ U-100.....	74	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	87
NOVOLIN R INJ U-100	74	ODEFSEY TAB	14
NOVOLOG INJ 100/ML.....	74	<i>ofloxacin ophth soln 0.3%</i>	110
NOVOLOG INJ FLEXPEN	74	<i>ofloxacin otic soln 0.3%</i>	126
NOVOLOG INJ PENFILL.....	74	<i>ofloxacin tab 300 mg</i>	19
NOVOLOG MIX INJ 70/30.....	74	<i>ofloxacin tab 400 mg</i>	19
NOVOLOG MIX INJ FLEXPEN.....	74	<i>ogestrel tab</i>	79
NOXAFIL SUS 40MG/ML.....	11	<i>olanzapine for im inj 10 mg</i>	61
NOXAFIL TAB 100MG	11	<i>olanzapine orally disintegrating tab 10 mg</i>	61
NUCYNTA ER TAB 100MG	6	<i>olanzapine orally disintegrating tab 15 mg</i>	61
NUCYNTA ER TAB 150MG	6	<i>olanzapine orally disintegrating tab 20 mg</i>	61
NUCYNTA ER TAB 200MG	6	<i>olanzapine orally disintegrating tab 5 mg</i>	61
NUCYNTA ER TAB 250MG	6	<i>olanzapine tab 10 mg</i>	61
NUCYNTA ER TAB 50MG	6	<i>olanzapine tab 15 mg</i>	61
NUCYNTA TAB 100MG	6	<i>olanzapine tab 2.5 mg</i>	61
NUCYNTA TAB 50MG.....	6	<i>olanzapine tab 20 mg</i>	61
NUCYNTA TAB 75MG.....	6	<i>olanzapine tab 5 mg</i>	61
NUDEXTA CAP 20-10MG	67	<i>olanzapine tab 7.5 mg</i>	61
<i>nulev tab 0.125mg</i>	91	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> ..	34
NUPLAZID TAB 17MG	61	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	35
NUTROPIN AQ INJ 10MG/2ML.....	87	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> ..	35
NUTROPIN AQ INJ 20MG/2ML.....	87	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> ..	34
NUTROPIN AQ INJ NUSPIN 5.....	87	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	34
NUTROPIN INJ 10MG.....	87	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	34
NUVARING MIS	79	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	34
<i>nyamyc pow 100000</i>	121	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	34
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	121	<i>olmesartan medoxomil tab 20 mg</i>	35
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	121	<i>olmesartan medoxomil tab 40 mg</i>	35
<i>nystatin cream 100000 unit/gm</i>	121	<i>olmesartan medoxomil tab 5 mg</i>	35
<i>nystatin oint 100000 unit/gm</i>	121	<i>olopatadine hcl nasal soln 0.6%</i>	115
<i>nystatin oral powder</i>	11	<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	111
<i>nystatin susp 100000 unit/ml</i>	125	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	111
<i>nystatin tab 500000 unit</i>	12		
<i>nystatin topical powder 100000 unit/gm</i>	121		
<i>nystop pow 100000</i>	121		
O			
<i>ocella tab 3-0.03mg</i>	79		
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	87		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	87		
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	87		
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	87		

<i>omega-3-acid ethyl esters cap 1 gm</i>	39	ORFADIN CAP 5MG	80
<i>omeprazole cap delayed release 10 mg</i>	95	ORFADIN SUS 4MG/ML.....	80
<i>omeprazole cap delayed release 20 mg</i>	95	ORKAMBI GRA 100-125	117
<i>omeprazole cap delayed release 40 mg</i>	95	ORKAMBI GRA 150-188	117
OMNARIS SPR	117	ORKAMBI TAB 100-125.....	117
OMNIFLEX DPR.....	105	ORKAMBI TAB 200-125.....	117
OMNITROPE INJ 10/1.5ML	87	<i>orphenadrine citrate inj 30 mg/ml</i>	70
OMNITROPE INJ 5/1.5ML	87	<i>orphenadrine citrate tab er 12hr 100 mg</i>	70
OMNITROPE INJ 5.8MG	87	.....	70
ONCASPAR INJ 750/ML.....	30	<i>orsythia tab</i>	79
<i>ondansetron hcl inj 40 mg/20ml (2</i>		<i>oscimin sr tab 0.375mg</i>	91
<i>mg/ml)</i>	91	<i>oscimin sub 0.125mg</i>	91
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	91	<i>oscimin tab 0.125mg</i>	91
.....	91	<i>oseltamivir phosphate cap 30 mg (base</i>	15
<i>ondansetron hcl oral soln 4 mg/5ml</i> ...	91	<i>equiv)</i>	15
<i>ondansetron hcl tab 24 mg</i>	91	<i>oseltamivir phosphate cap 45 mg (base</i>	15
<i>ondansetron hcl tab 4 mg</i>	91	<i>equiv)</i>	15
<i>ondansetron hcl tab 8 mg</i>	91	<i>oseltamivir phosphate cap 75 mg (base</i>	15
<i>ondansetron orally disintegrating tab 4</i>	91	<i>equiv)</i>	15
<i>mg</i>	91	<i>oseltamivir phosphate for susp 6 mg/ml</i>	15
<i>ondansetron orally disintegrating tab 8</i>	92	<i>(base equiv)</i>	15
<i>mg</i>	92	OSMOPREP TAB 1.5GM.....	94
ONETOUCH BLOOD GLUCOSE TEST KITS	106	OSPHERA TAB 60MG.....	87
.....	106	OTEZLA TAB 10/20/30.....	102
ONETOUCH BLOOD GLUCOSE TEST		OTEZLA TAB 30MG.....	102
STRIPS.....	106	OVIDREL INJ.....	84
ONFI SUS 2.5MG/ML.....	51	<i>oxacillin sodium for inj 10 gm (base</i>	21
ONFI TAB 10MG	51	<i>equivalent)</i>	21
ONFI TAB 20MG	51	<i>oxacillin sodium for inj 1 gm (base</i>	21
ONGLYZA TAB 2.5MG	73	<i>equivalent)</i>	21
ONGLYZA TAB 5MG.....	73	<i>oxacillin sodium for inj 2 gm (base</i>	21
OPSUMIT TAB 10MG	47	<i>equivalent)</i>	21
ORAL GLUCOSE REPLACEMENT.....	86	<i>oxaliplatin for iv inj 100 mg</i>	30
<i>oralone dent pst 0.1%</i>	126	<i>oxaliplatin for iv inj 50 mg</i>	30
ORAVIG TAB 50MG	126	<i>oxaliplatin iv soln 100 mg/20ml</i>	30
ORENCIA CLCK INJ 125MG/ML.....	101	<i>oxaliplatin iv soln 50 mg/10ml</i>	30
ORENCIA INJ 125MG/ML.....	101	<i>oxandrolone tab 10 mg</i>	72
ORENCIA INJ 250MG	101	<i>oxandrolone tab 2.5 mg</i>	71
ORENCIA INJ 50/0.4	101	<i>oxaprozin tab 600 mg</i>	2
ORENCIA INJ 87.5/0.7.....	101	<i>oxazepam cap 10 mg</i>	48
ORENITRAM TAB 0.125MG	47	<i>oxazepam cap 15 mg</i>	48
ORENITRAM TAB 0.25MG.....	47	<i>oxazepam cap 30 mg</i>	48
ORENITRAM TAB 1MG	47	<i>oxcarbazepine susp 300 mg/5ml (60</i>	51
ORENITRAM TAB 2.5MG	47	<i>mg/ml)</i>	51
ORENITRAM TAB 5MG	47	<i>oxcarbazepine tab 150 mg</i>	51
ORFADIN CAP 10MG	80	<i>oxcarbazepine tab 300 mg</i>	51
ORFADIN CAP 20MG	80	<i>oxcarbazepine tab 600 mg</i>	51
ORFADIN CAP 2MG	80	<i>oxiconazole nitrate cream 1%</i>	121

OXISTAT LOT 1%.....	121	oxymorphone hcl tab er 12hr 5 mg	7
oxybutynin chloride syrup 5 mg/5ml ...	96	oxymorphone hcl tab er 12hr 7.5 mg	7
oxybutynin chloride tab 5 mg	96	OZEMPIC INJ 2/1.5ML	73
oxybutynin chloride tab er 24hr 10 mg	96	P	
oxybutynin chloride tab er 24hr 15 mg	96	pacerone tab 100mg	36
oxybutynin chloride tab er 24hr 5 mg ..	96	pacerone tab 200mg	36
oxycodone-aspirin tab 4.8355-325 mg ..	6	paclitaxel iv conc 100 mg/16.7ml (6	
oxycodone-ibuprofen tab 5-400 mg	7	mg/ml)	25
oxycodone hcl cap 5 mg	6	paclitaxel iv conc 150 mg/25ml (6	
oxycodone hcl conc 100 mg/5ml (20		mg/ml)	25
mg/ml)	6	paclitaxel iv conc 300 mg/50ml (6	
oxycodone hcl soln 5 mg/5ml	6	mg/ml)	25
oxycodone hcl tab 10 mg	6	paclitaxel iv conc 30 mg/5ml (6 mg/ml)	
oxycodone hcl tab 15 mg	6	.....	25
oxycodone hcl tab 20 mg	6	paliperidone tab er 24hr 1.5 mg	61
oxycodone hcl tab 30 mg	6	paliperidone tab er 24hr 3 mg	61
oxycodone hcl tab 5 mg	6	paliperidone tab er 24hr 6 mg	61
oxycodone hcl tab er 12hr deter 10 mg .	6	paliperidone tab er 24hr 9 mg	61
oxycodone hcl tab er 12hr deter 15 mg .	6	pamidronate disodium for inj 30 mg	76
oxycodone hcl tab er 12hr deter 20 mg .	6	pamidronate disodium for inj 90 mg	76
oxycodone hcl tab er 12hr deter 30 mg .	6	pamidronate disodium iv soln 3 mg/ml	76
oxycodone hcl tab er 12hr deter 40 mg .	6	pamidronate disodium iv soln 9 mg/ml	76
oxycodone hcl tab er 12hr deter 60 mg .	6	pantoprazole sodium ec tab 20 mg (base	
oxycodone hcl tab er 12hr deter 80 mg .	6	equiv)	95
oxycodone w/ acetaminophen soln 5-325		pantoprazole sodium ec tab 40 mg (base	
mg/5ml.....	6	equiv)	95
oxycodone w/ acetaminophen tab 10-325		PARAGARD IUD T380A	79
mg	6	paricalcitol cap 1 mcg	109
oxycodone w/ acetaminophen tab 2.5-		paricalcitol cap 2 mcg	109
325 mg	6	paricalcitol cap 4 mcg	109
oxycodone w/ acetaminophen tab 5-325		paricalcitol iv soln 2 mcg/ml	109
mg	6	paricalcitol iv soln 5 mcg/ml	109
oxycodone w/ acetaminophen tab 7.5-		paromomycin sulfate cap 250 mg	8
325 mg	6	paroxetine hcl tab 10 mg	56
OXYCONTIN TAB 10MG CR	7	paroxetine hcl tab 20 mg	56
OXYCONTIN TAB 15MG CR	7	paroxetine hcl tab 30 mg	56
OXYCONTIN TAB 20MG CR	7	paroxetine hcl tab 40 mg	57
OXYCONTIN TAB 30MG CR	7	paroxetine hcl tab er 24hr 12.5 mg	57
OXYCONTIN TAB 40MG CR	7	paroxetine hcl tab er 24hr 25 mg	57
OXYCONTIN TAB 60MG CR	7	paroxetine hcl tab er 24hr 37.5 mg	57
OXYCONTIN TAB 80MG CR	7	PASER GRA 4GM.....	14
oxymorphone hcl tab 10 mg	7	PAZEO DRO 0.7%	111
oxymorphone hcl tab 5 mg	7	PCE TAB 333MG EC.....	19
oxymorphone hcl tab er 12hr 10 mg	7	PCE TAB 500MG EC.....	19
oxymorphone hcl tab er 12hr 15 mg	7	pedia d-vite dro 400unit	109
oxymorphone hcl tab er 12hr 20 mg	7	PEDIADERM HC KIT.....	124
oxymorphone hcl tab er 12hr 30 mg	7	PEDIADERM TA KIT	124
oxymorphone hcl tab er 12hr 40 mg	7	PEDIARIX INJ 0.5ML.....	105

PEDIATRIC RESPIRATORY MASK	106	<i>phenobarbital tab 60 mg</i>	51
PEDVAX HIB INJ	105	<i>phenobarbital tab 64.8 mg.....</i>	51
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>phenobarbital tab 97.2 mg.....</i>	51
<i>for soln 236 gm.....</i>	94	<i>phenoxybenzamine hcl cap 10 mg</i>	46
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>phenylephrine hcl ophth soln 10%</i>	112
<i>for soln 240 gm.....</i>	94	<i>phenylephrine hcl ophth soln 2.5% ...</i>	112
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>phenytoin chew tab 50 mg.....</i>	51
<i>420 gm</i>	94	<i>phenytoin sodium extended cap 100 mg</i>	
PEGANONE TAB 250MG	51	<i>.....</i>	51
PEGASYS INJ	15	<i>phenytoin sodium extended cap 200 mg</i>	
PEGASYS INJ 180MCG/M	15	<i>.....</i>	51
PEGASYS INJ PROCLICK	16	<i>phenytoin sodium extended cap 300 mg</i>	
<i>penicillin g potassium for inj 20000000</i>		<i>.....</i>	51
<i>unit</i>	21	<i>phenytoin sodium inj 50 mg/ml</i>	51
<i>penicillin g potassium for inj 5000000</i>		<i>phenytoin susp 125 mg/5ml.....</i>	51
<i>unit</i>	21	PHOSLYRA SOL	88
<i>penicillin g sodium for inj 5000000 unit</i>		PHOSPHOLINE SOL 0.125%OP	112
<i>.....</i>	21	PHOTOFRIN INJ 75MG.....	30
<i>penicillin v potassium for soln 125</i>		<i>physiolyte sol</i>	113
<i>mg/5ml.....</i>	21	<i>physiosol sol irrigat</i>	113
<i>penicillin v potassium for soln 250</i>		<i>phytonadione tab 5 mg.....</i>	109
<i>mg/5ml.....</i>	21	PICATO GEL 0.015%	120
<i>penicillin v potassium tab 250 mg</i>	21	PICATO GEL 0.05%	120
<i>penicillin v potassium tab 500 mg</i>	21	<i>pilocarpine hcl ophth soln 1%.....</i>	112
PENTACEL INJ	105	<i>pilocarpine hcl tab 5 mg.....</i>	126
PENTAM 300 INJ 300MG	10	<i>pilocarpine hcl tab 7.5 mg</i>	126
<i>pentoxifylline tab er 400 mg</i>	99	<i>pimozide tab 1 mg.....</i>	67
PERFOROMIST NEB 20MCG	115	<i>pimozide tab 2 mg.....</i>	67
<i>perindopril erbumine tab 2 mg</i>	33	<i>pindolol tab 10 mg.....</i>	40
<i>perindopril erbumine tab 4 mg</i>	33	<i>pindolol tab 5 mg</i>	40
<i>perindopril erbumine tab 8 mg</i>	33	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>periogard sol 0.12%.....</i>	126	<i>.....</i>	74
<i>permethrin cream 5%</i>	125	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
<i>perphenazine tab 16 mg</i>	61	<i>.....</i>	74
<i>perphenazine tab 2 mg.....</i>	61	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>perphenazine tab 4 mg.....</i>	61	<i>500 mg</i>	74
<i>perphenazine tab 8 mg.....</i>	61	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>pfizerpen inj 20mu.....</i>	21	<i>850 mg</i>	74
<i>phenadoz sup 25mg.....</i>	92	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>phenazopyridine hcl tab 100 mg</i>	96	<i>.....</i>	74
<i>phenazopyridine tab 95mg.....</i>	96	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>phenelzine sulfate tab 15 mg</i>	57	<i>.....</i>	74
<i>phenobarbital elixir 20 mg/5ml.....</i>	51	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>phenobarbital tab 100 mg.....</i>	51	<i>.....</i>	74
<i>phenobarbital tab 15 mg</i>	51	<i>piperacillin sod-tazobactam na for inj</i>	
<i>phenobarbital tab 16.2 mg.....</i>	51	<i>3.375 gm (3-0.375 gm)</i>	21
<i>phenobarbital tab 30 mg</i>	51	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital tab 32.4 mg.....</i>	51	<i>2.25 gm (2-0.25 gm)</i>	21

<i>piperacillin sod-tazobactam sod for inj</i>		<i>mg)</i>	96
<i>4.5 gm (4-0.5 gm)</i>	21	<i>potassium citrate tab er 15 meq (1620</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		<i>mg)</i>	96
<i>40.5 gm (36-4.5 gm)</i>	21	<i>potassium citrate tab er 5 meq (540 mg)</i>	
<i>pirmella tab 1/35</i>	79	.....	96
<i>pirmella tab 7/7/7</i>	79	PRADAXA CAP 110MG	98
<i>piroxicam cap 10 mg</i>	2	PRADAXA CAP 150MG	98
<i>piroxicam cap 20 mg</i>	2	PRADAXA CAP 75MG	98
PLEGRIDY INJ	68	PRALUENT INJ 150MG/ML.....	39
PLEGRIDY INJ PEN.....	68	PRALUENT INJ 75MG/ML.....	39
PLEGRIDY INJ STARTER.....	68	<i>pramipexole dihydrochloride tab 0.125</i>	
PLEGRIDY PEN INJ STARTER	68	<i>mg</i>	59
PLENVU SOL	94	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
PNEUMOVAX 23 INJ 25/0.5	105	.....	59
<i>podofilox soln 0.5%</i>	125	<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>polycin oin op</i>	110	.....	59
<i>polyethylene glycol 3350 oral packet</i> ..	94	<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>polyethylene glycol 3350 oral powder</i> ..	94	.....	59
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>10000 unit/ml-0.1%</i>	110	.....	59
<i>polymyxin b sulfate for inj 500000 unit</i>	10	<i>pramipexole dihydrochloride tab 1 mg</i> ..	59
POMALYST CAP 1MG	102	<i>pramipexole dihydrochloride tab er 24hr</i>	
POMALYST CAP 2MG	102	<i>0.375 mg</i>	59
POMALYST CAP 3MG	102	<i>pramipexole dihydrochloride tab er 24hr</i>	
POMALYST CAP 4MG	102	<i>0.75 mg</i>	59
<i>portia-28 tab</i>	79	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 10 meq</i>	107	<i>1.5 mg</i>	59
<i>potassium chloride cap er 8 meq</i>	107	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 10 meq/100ml</i>	108	<i>2.25 mg</i>	59
<i>potassium chloride inj 10 meq/50ml</i> ..	108	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 20 meq/100ml</i>	108	<i>3.75 mg</i>	59
<i>potassium chloride inj 20 meq/50ml</i> ..	108	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 2 meq/ml</i>	108	<i>3 mg</i>	59
<i>potassium chloride inj 40 meq/100ml</i>	108	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride microencapsulated</i>		<i>4.5 mg</i>	59
<i>crys er tab 10 meq</i>	107	<i>pramox gel 1%</i>	124
<i>potassium chloride microencapsulated</i>		<i>prasugrel hcl tab 10 mg (base equiv)</i>	100
<i>crys er tab 20 meq</i>	107	<i>prasugrel hcl tab 5 mg (base equiv)</i> ..	100
<i>potassium chloride oral soln 10% (20</i>		<i>pravastatin sodium tab 10 mg</i>	38
<i>meq/15ml)</i>	107	<i>pravastatin sodium tab 20 mg</i>	38
<i>potassium chloride oral soln 20% (40</i>		<i>pravastatin sodium tab 40 mg</i>	38
<i>meq/15ml)</i>	107	<i>pravastatin sodium tab 80 mg</i>	38
<i>potassium chloride tab er 10 meq</i>	107	<i>praziquantel tab 600 mg</i>	10
<i>potassium chloride tab er 20 meq (1500</i>		<i>prazosin hcl cap 1 mg</i>	33
<i>mg)</i>	107	<i>prazosin hcl cap 2 mg</i>	33
<i>potassium chloride tab er 8 meq (600</i>		<i>prazosin hcl cap 5 mg</i>	33
<i>mg)</i>	107	PRED MILD SUS 0.12% OP.....	111
<i>potassium citrate tab er 10 meq (1080</i>		<i>prednicarbate cream 0.1%</i>	124

<i>prednicarbate oint 0.1%</i>	124	PREVNAR 13 INJ	105
<i>prednisolone acetate ophth susp 1%</i>	111	PREZCOBIX TAB 800-150	14
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	86	PREZISTA SUS 100MG/ML	13
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	85	PREZISTA TAB 150MG	13
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	85	PREZISTA TAB 600MG	13
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	85	PREZISTA TAB 75MG	13
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	85	PREZISTA TAB 800MG	13
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	86	PRIFTIN TAB 150MG	14
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	86	PRIMAQUINE TAB 26.3MG	12
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	85	<i>primidone tab 250 mg</i>	51
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	86	<i>primidone tab 50 mg</i>	51
PREDNISON CON 5MG/ML	86	PRIMLEV TAB 10-300MG	7
<i>prednisone oral soln 5 mg/5ml</i>	86	PRIMLEV TAB 5-300MG	7
<i>prednisone tab 10 mg</i>	86	PRIMLEV TAB 7.5-300	7
<i>prednisone tab 1 mg</i>	86	PRIMSOL SOL 50MG/5ML	10
<i>prednisone tab 2.5 mg</i>	86	PROAIR HFA AER	115
<i>prednisone tab 20 mg</i>	86	PROAIR RESPI AER	115
<i>prednisone tab 50 mg</i>	86	<i>probenecid tab 500 mg</i>	1
<i>prednisone tab 5 mg</i>	86	<i>procainamide hcl inj 100 mg/ml</i>	36
<i>prednisone tab therapy pack 10 mg (21)</i>	86	<i>prochlorperazine edisylate inj 5 mg/ml</i>	92
<i>prednisone tab therapy pack 10 mg (48)</i>	86	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	92
<i>prednisone tab therapy pack 5 mg (21)</i>	86	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	92
<i>prednisone tab therapy pack 5 mg (48)</i>	86	<i>prochlorperazine suppos 25 mg</i>	92
PRED SOD PHO SOL 1% OP	111	PROCRIT INJ 10000/ML	99
PREMARIN INJ 25MG	83	PROCRIT INJ 2000/ML	99
PREMARIN TAB 0.3MG	83	PROCRIT INJ 20000/ML	99
PREMARIN TAB 0.45MG	84	PROCRIT INJ 3000/ML	99
PREMARIN TAB 0.625MG	84	PROCRIT INJ 4000/ML	99
PREMARIN TAB 0.9MG	84	PROCRIT INJ 40000/ML	99
PREMARIN TAB 1.25MG	84	<i>procto-pak cre 1%</i>	95
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<i>take action tab 1.5mg</i>	80	<i>temozolomide cap 180 mg</i>	23
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	26	<i>temozolomide cap 20 mg</i>	23
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	26	<i>temozolomide cap 250 mg</i>	23
<i>tamsulosin hcl cap 0.4 mg</i>	96	<i>temozolomide cap 5 mg</i>	23
TANZEUM INJ 30MG.....	73	<i>tencon tab 50-325mg</i>	1
TANZEUM INJ 50MG.....	73	TENIPOSIDE INJ 50MG/5ML	31
TARCEVA TAB 100MG.....	29	TENIVAC INJ 5-2LF	105
TARCEVA TAB 150MG.....	29	<i>tenofovir disoproxil fumarate tab 300 mg</i>	13
TARCEVA TAB 25MG	29	<i>terazosin hcl cap 10 mg (base equivalent)</i>	33
TARGRETIN GEL 1%.....	125	<i>terazosin hcl cap 1 mg (base equivalent)</i>	33
TAYTULLA CAP 1MG/20MC	80	<i>terazosin hcl cap 2 mg (base equivalent)</i>	33
<i>tazarotene cream 0.1%</i>	122	<i>terazosin hcl cap 5 mg (base equivalent)</i>	33
<i>tazicef inj 1gm</i>	18	<i>terbinafine hcl tab 250 mg</i>	12
<i>tazicef inj 2gm</i>	18	<i>terbutaline sulfate inj 1 mg/ml</i>	116
<i>tazicef inj 6gm</i>	18	<i>terbutaline sulfate tab 2.5 mg</i>	116
TAZORAC CRE 0.05%.....	122	<i>terbutaline sulfate tab 5 mg</i>	116
TAZORAC GEL 0.05%	122	<i>terconazole vaginal cream 0.4%</i>	97
TAZORAC GEL 0.1%.....	122	<i>terconazole vaginal suppos 80 mg</i>	97
<i>taztia xt cap 120mg/24</i>	43	<i>testosterone cypionate im inj in oil 100 mg/ml</i>	72
<i>taztia xt cap 180mg/24</i>	43	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	72
<i>taztia xt cap 240mg/24</i>	43	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	72
<i>taztia xt cap 300mg/24</i>	43	<i>testosterone td gel 10mg/act (2%)</i>	72
<i>taztia xt cap 360mg/24</i>	43	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	72
TECFIDERA CAP 120MG.....	69	TET/DIP TOX INJ 2-2 LF.....	105
TECFIDERA CAP 240MG.....	69		
TECFIDERA MIS STARTER.....	69		
TECHNIVIE TAB.....	16		
TEKTURNAB TAB 150MG.....	44		
TEKTURNAB TAB 300MG.....	44		
<i>telmisartan-amlodipine tab 40-10 mg</i> ..	35		
<i>telmisartan-amlodipine tab 40-5 mg</i> ...	35		
<i>telmisartan-amlodipine tab 80-10 mg</i> ..	35		
<i>telmisartan-amlodipine tab 80-5 mg</i> ...	35		

<i>tetrabenazine tab 12.5 mg</i>	68	<i>daily</i>)	112
<i>tetrabenazine tab 25 mg</i>	68	<i>timolol maleate tab 10 mg</i>	41
<i>tetracycline hcl cap 250 mg</i>	22	<i>timolol maleate tab 20 mg</i>	41
<i>tetracycline hcl cap 500 mg</i>	22	<i>timolol maleate tab 5 mg</i>	41
TEXACORT SOL 2.5%	124	TIMOPTIC OCU SOL 0.25% OP.....	112
THALOMID CAP 100MG.....	103	TIMOPTIC OCU SOL 0.5% OP	112
THALOMID CAP 150MG.....	103	<i>tinidazole tab 250 mg</i>	8
THALOMID CAP 200MG.....	103	<i>tinidazole tab 500 mg</i>	8
THALOMID CAP 50MG.....	103	<i>tis-u-sol sol</i>	113
THEO-24 CAP 100MG CR.....	118	TIVICAY TAB 10MG	13
THEO-24 CAP 200MG CR.....	118	TIVICAY TAB 25MG	13
THEO-24 CAP 300MG CR.....	118	TIVICAY TAB 50MG	13
THEO-24 CAP 400MG ER.....	118	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	70
<i>theochron tab 100mg cr</i>	118	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	70
<i>theochron tab 200mg cr</i>	118	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	70
<i>theochron tab 300mg cr</i>	118	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	70
<i>theophylline soln 80 mg/15ml</i>	118	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	70
<i>theophylline tab er 12hr 450 mg</i>	118	TOBRADEX OIN 0.3-0.1%	110
<i>theophylline tab er 24hr 400 mg</i>	118	TOBRADEX ST SUS 0.3-0.05	110
<i>theophylline tab er 24hr 600 mg</i>	118	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	110
THERACYS INJ	30	<i>tobramycin nebu soln 300 mg/5ml</i>	9
<i>thioridazine hcl tab 100 mg</i>	62	<i>tobramycin ophth soln 0.3%</i>	110
<i>thioridazine hcl tab 10 mg</i>	62	<i>tobramycin sulfate for inj 1.2 gm</i>	9
<i>thioridazine hcl tab 25 mg</i>	62	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i> <i>mg/ml) (base equiv)</i>	9
<i>thioridazine hcl tab 50 mg</i>	62	<i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i>	9
<i>thiothixene cap 10 mg</i>	62	<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml) (base equiv)</i>	9
<i>thiothixene cap 1 mg</i>	62	<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	9
<i>thiothixene cap 2 mg</i>	62	TOBREX OIN 0.3% OP	110
<i>thiothixene cap 5 mg</i>	62	TODAY SPONGE MIS	96
THYROLAR-1/2 TAB 30MG	90	<i>tolcapone tab 100 mg</i>	59
THYROLAR-1/4 TAB 15MG	90	<i>tolmetin sodium cap 400 mg</i>	2
THYROLAR-1 TAB 60MG	90	<i>tolmetin sodium tab 200 mg</i>	2
THYROLAR-2 TAB 120MG.....	90	<i>tolmetin sodium tab 600 mg</i>	3
THYROLAR-3 TAB 180MG.....	90	<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	96
THYROSAFE TAB 65MG.....	77	<i>tolterodine tartrate cap er 24hr 4 mg</i> ..	96
<i>tiagabine hcl tab 12 mg</i>	51	<i>tolterodine tartrate tab 1 mg</i>	97
<i>tiagabine hcl tab 16 mg</i>	51	<i>tolterodine tartrate tab 2 mg</i>	97
<i>tiagabine hcl tab 2 mg</i>	51	<i>topiramate sprinkle cap 15 mg</i>	51
<i>tiagabine hcl tab 4 mg</i>	51		
TICE BCG INJ.....	30		
<i>tilia fe tab</i>	80		
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	112		
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	112		
<i>timolol maleate ophth soln 0.25%</i>	112		
<i>timolol maleate ophth soln 0.5%</i>	112		
<i>timolol maleate ophth soln 0.5% (once-</i>			

<i>topiramate sprinkle cap 25 mg</i>	51	<i>tretinoin cream 0.025%</i>	120
<i>topiramate tab 100 mg</i>	51	<i>tretinoin cream 0.05%</i>	120
<i>topiramate tab 200 mg</i>	51	<i>tretinoin cream 0.1%</i>	120
<i>topiramate tab 25 mg</i>	51	<i>tretinoin gel 0.01%</i>	120
<i>topiramate tab 50 mg</i>	51	<i>tretinoin gel 0.025%</i>	120
<i>toposar inj 100/5ml</i>	31	<i>tretinoin gel 0.05%</i>	120
<i>toposar inj 20mg/ml</i>	31	<i>tretinoin microsphere gel 0.04%</i>	120
<i>topotecan hcl for inj 4 mg (base equiv)</i>	31	<i>tretinoin microsphere gel 0.1%</i>	120
<i>torseמידe tab 100 mg</i>	45	<i>tri-linyah tab</i>	80
<i>torseמידe tab 10 mg</i>	45	<i>tri-sprintec tab</i>	80
<i>torseמידe tab 20 mg</i>	45	<i>tri-vit/fe dro /fl 0.25</i>	109
<i>torseמידe tab 5 mg</i>	45	<i>tri-vit/fl dro 0.25mg</i>	109
<i>TOVIAZ TAB 4MG</i>	97	<i>tri-vit/fl dro 0.5mg</i>	109
<i>TOVIAZ TAB 8MG</i>	97	<i>triamcinolone acetamide aerosol soln</i> <i>0.147 mg/gm</i>	124
<i>TRACLEER TAB 125MG</i>	47	<i>triamcinolone acetamide cream 0.025%</i>	124
<i>TRACLEER TAB 32MG</i>	47	<i>triamcinolone acetamide cream 0.1%</i>	124
<i>TRACLEER TAB 62.5MG</i>	47	<i>triamcinolone acetamide cream 0.5%</i>	124
<i>TRADJENTA TAB 5MG</i>	73	<i>triamcinolone acetamide dental paste</i> <i>0.1%</i>	126
<i>tramadol hcl tab 50 mg</i>	7	<i>triamcinolone acetamide lotion 0.025%</i>	124
<i>tramadol hcl tab er 24hr 100 mg</i>	7	<i>triamcinolone acetamide lotion 0.1%</i>	124
<i>tramadol hcl tab er 24hr 200 mg</i>	7	<i>triamcinolone acetamide nasal aerosol</i> <i>suspension 55 mcg/act</i>	117
<i>tramadol hcl tab er 24hr 300 mg</i>	7	<i>triamcinolone acetamide oint 0.025%</i>	124
<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	32	<i>triamcinolone acetamide oint 0.1%</i>	124
<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i>	32	<i>triamcinolone acetamide oint 0.5%</i>	124
<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i>	32	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	45
<i>trandolapril-verapamil hcl tab er 4-240</i> <i>mg</i>	32	<i>triamterene & hydrochlorothiazide cap</i> <i>50-25 mg</i>	45
<i>trandolapril tab 1 mg</i>	33	<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	45
<i>trandolapril tab 2 mg</i>	33	<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	45
<i>trandolapril tab 4 mg</i>	33	<i>triderm cre 0.1%</i>	124
<i>tranexamic acid iv soln 1000 mg/10ml</i> <i>(100 mg/ml)</i>	99	<i>trientine hcl cap 250 mg</i>	77
<i>tranexamic acid tab 650 mg</i>	99	<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	62
<i>TRANSDERM-SC DIS 1.5MG</i>	92	<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	62
<i>tranylcypramine sulfate tab 10 mg</i>	57	<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	62
<i>TRAVATAN Z DRO 0.004%</i>	112	<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	62
<i>trazodone hcl tab 100 mg</i>	57	<i>trifluridine ophth soln 1%</i>	110
<i>trazodone hcl tab 150 mg</i>	57		
<i>trazodone hcl tab 300 mg</i>	57		
<i>trazodone hcl tab 50 mg</i>	57		
<i>TRECTOR TAB 250MG</i>	15		
<i>TRESIBA FLEX INJ 100UNIT</i>	74		
<i>TRESIBA FLEX INJ 200UNIT</i>	74		
<i>TRETIN-X CRE 0.075%</i>	120		
<i>tretinoin cap 10 mg</i>	30		

<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	59	UPTRAVI TAB 1000MCG.....	48
<i>trihexyphenidyl hcl tab 2 mg</i>	59	UPTRAVI TAB 1200MCG.....	48
<i>trihexyphenidyl hcl tab 5 mg</i>	59	UPTRAVI TAB 1400MCG.....	48
<i>trimethobenzamide hcl cap 300 mg</i>	92	UPTRAVI TAB 1600MCG.....	48
<i>trimethoprim tab 100 mg</i>	11	UPTRAVI TAB 200/800	47
<i>trimipramine maleate cap 100 mg</i>	57	UPTRAVI TAB 200MCG	47
<i>trimipramine maleate cap 25 mg</i>	57	UPTRAVI TAB 400MCG	47
<i>trimipramine maleate cap 50 mg</i>	57	UPTRAVI TAB 600MCG	47
<i>trinessa tab</i>	80	UPTRAVI TAB 800MCG	48
TRINTELLIX TAB 10MG	57	URINE GLUCOSE MONITORING SUPPLIES	
TRINTELLIX TAB 20MG	57	.....	106
TRINTELLIX TAB 5MG.....	57	URINE TEST STRIPS	106
TRISENOX INJ 12MG/6ML	30	<i>ursodiol cap 300 mg</i>	94
TRIUMEQ TAB	14	<i>ursodiol tab 250 mg</i>	94
<i>trivora-28 tab</i>	80	<i>ursodiol tab 500 mg</i>	94
TROGARZO INJ 150MG/ML.....	13	UVADEX INJ 20MCG/ML.....	30
<i>tropicamide ophth soln 0.5%</i>	112	V	
<i>tropicamide ophth soln 1%</i>	112	<i>valacyclovir hcl tab 1 gm</i>	16
<i>trospium chloride cap er 24hr 60 mg</i> ...97		<i>valacyclovir hcl tab 500 mg</i>	16
<i>trospium chloride tab 20 mg</i>	97	<i>valganciclovir hcl for soln 50 mg/ml</i>	
TRULICITY INJ 0.75/0.5	73	(base equiv)	16
TRULICITY INJ 1.5/0.5	73	<i>valganciclovir hcl tab 450 mg (base</i>	
TRUMENBA INJ	105	<i>equivalent)</i>	16
TRUVADA TAB 100-150	14	<i>valproate sodium inj 100 mg/ml</i>	51
TRUVADA TAB 133-200	14	<i>valproate sodium oral soln 250 mg/5ml</i>	
TRUVADA TAB 167-250	14	(base equiv)	51
TRUVADA TAB 200-300	14	<i>valproic acid cap 250 mg</i>	51
TUDORZA PRES AER 400/ACT.....	113	<i>valsartan-hydrochlorothiazide tab 160-</i>	
<i>tussigon tab 5-1.5mg</i>	116	<i>12.5 mg</i>	35
TUZISTRA XR SUS	116	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
TWINRIX INJ	105	<i>mg</i>	35
TYBOST TAB 150MG.....	13	<i>valsartan-hydrochlorothiazide tab 320-</i>	
TYKERB TAB 250MG.....	29	<i>12.5 mg</i>	35
TYSABRI INJ 300/15ML	69	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
TYVASO START SOL 0.6MG/ML.....	47	<i>mg</i>	35
U		<i>valsartan-hydrochlorothiazide tab 80-</i>	
ULESFIA LOT 5%	125	<i>12.5 mg</i>	35
ULORIC TAB 40MG	1	<i>valsartan tab 160 mg</i>	36
ULORIC TAB 80MG	1	<i>valsartan tab 320 mg</i>	36
<i>unithroid tab 100mcg</i>	90	<i>valsartan tab 40 mg</i>	35
<i>unithroid tab 112mcg</i>	90	<i>valsartan tab 80 mg</i>	35
<i>unithroid tab 125mcg</i>	90	<i>vancomycin hcl cap 125 mg (base</i>	
<i>unithroid tab 200mcg</i>	90	<i>equivalent)</i>	11
<i>unithroid tab 25mcg</i>	90	<i>vancomycin hcl cap 250 mg (base</i>	
<i>unithroid tab 300mcg</i>	90	<i>equivalent)</i>	11
<i>unithroid tab 50mcg</i>	90	<i>vancomycin hcl for iv soln 10 gm (base</i>	
<i>unithroid tab 75mcg</i>	90	<i>equivalent)</i>	11
<i>unithroid tab 88mcg</i>	90	<i>vancomycin hcl for iv soln 1 gm (base</i>	

<i>equivalent)</i>	11	<i>verapamil hcl cap er 24hr 360 mg</i>	43
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	11	<i>verapamil hcl iv soln 2.5 mg/ml</i>	43
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	11	<i>verapamil hcl tab 120 mg</i>	43
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	11	<i>verapamil hcl tab 40 mg</i>	43
<i>vandazole gel 0.75%</i>	97	<i>verapamil hcl tab 80 mg</i>	43
VAQTA INJ 25/0.5ML.....	105	<i>verapamil hcl tab er 120 mg</i>	43
VAQTA INJ 50UNT/ML.....	105	<i>verapamil hcl tab er 180 mg</i>	43
VARIVAX INJ	105	<i>verapamil hcl tab er 240 mg</i>	43
VARUBI INJ	92	VERDESO AER 0.05%.....	124
VARUBI TAB 90MG.....	92	VEREGEN OIN 15%	125
VASCEPA CAP 0.5GM	39	VESICARE TAB 10MG	97
VASCEPA CAP 1GM	39	VESICARE TAB 5MG	97
VCF VAGINAL AER CONTRACP	96	<i>vestura tab 3-0.02mg</i>	80
VCF VAGINAL MIS CONTRACP	96	VEXOL SUS 1% OP	111
<i>velivet pak</i>	80	VIBRAMYCIN SYP 50MG/5ML.....	22
VELPHORO CHW 500MG	88	VICTOZA INJ 18MG/3ML.....	73
VENCLEXTA TAB 100MG	31	VIDEX EC CAP 125MG	13
VENCLEXTA TAB 10MG	31	VIDEX SOL 2GM	13
VENCLEXTA TAB 50MG	31	VIDEX SOL 4GM	13
VENCLEXTA TAB START PK	31	<i>vigabatrin powd pack 500 mg</i>	51
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	57	VIIBRYD KIT STARTER	58
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	57	VIIBRYD TAB 10MG	58
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	57	VIIBRYD TAB 20MG	58
<i>venlafaxine hcl tab 100 mg</i>	57	VIIBRYD TAB 40MG	58
<i>venlafaxine hcl tab 25 mg</i>	57	VIMPAT INJ 200MG/20	52
<i>venlafaxine hcl tab 37.5 mg</i>	57	VIMPAT SOL 10MG/ML.....	52
<i>venlafaxine hcl tab 50 mg</i>	57	VIMPAT TAB 100MG	52
<i>venlafaxine hcl tab 75 mg</i>	57	VIMPAT TAB 150MG	52
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	58	VIMPAT TAB 200MG	52
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	57	VIMPAT TAB 50MG.....	52
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	58	<i>vinblastine sulfate inj 1 mg/ml</i>	25
VENTAVIS SOL 10MCG/ML.....	48	<i>vincasar pfs inj 1mg/ml</i>	25
VENTAVIS SOL 20MCG/ML.....	48	<i>vincristine sulfate iv soln 1 mg/ml</i>	25
<i>verapamil hcl cap er 24hr 100 mg</i>	43	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	25
<i>verapamil hcl cap er 24hr 120 mg</i>	43	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	25
<i>verapamil hcl cap er 24hr 180 mg</i>	43	VIOKACE TAB 10440	95
<i>verapamil hcl cap er 24hr 200 mg</i>	43	VIOKACE TAB 20880	95
<i>verapamil hcl cap er 24hr 240 mg</i>	43	<i>viorele tab</i>	80
<i>verapamil hcl cap er 24hr 300 mg</i>	43	VIRACEPT TAB 250MG.....	13
		VIRACEPT TAB 625MG	14
		VIRAMUNE SUS 50MG/5ML	14
		VIREAD POW 40MG/GM.....	14
		VIREAD TAB 150MG	14
		VIREAD TAB 200MG	14
		VIREAD TAB 250MG	14
		<i>virt-vite tab forte</i>	109

VISTOGARD PAK 10GM	30	XARELTO STAR TAB 15/20MG	98
<i>vit a/c/d/fl dro 0.25mg</i>	109	XARELTO TAB 10MG	98
VITAMIN D2 TAB 400UNIT	109	XARELTO TAB 15MG	98
VITAMIN D3 LIQ 1000UNIT	109	XARELTO TAB 20MG	98
VITAMIN D3 LIQ 1200UNIT	109	XARTEMIS XR TAB 7.5-325.....	7
VITUZ SOL 5-4MG.....	116	XELJANZ TAB 5MG	102
VIVITROL INJ 380MG	71	XIFAXAN TAB 200MG	11
<i>voriconazole for susp 40 mg/ml</i>	12	XIFAXAN TAB 550MG	11
<i>voriconazole tab 200 mg</i>	12	XIGDUO XR TAB 10-1000	75
<i>voriconazole tab 50 mg</i>	12	XIGDUO XR TAB 10-500MG.....	75
VOSEVI TAB.....	16	XIGDUO XR TAB 2.5-1000	75
VOTRIENT TAB 200MG	29	XIGDUO XR TAB 5-1000MG.....	75
VYVANSE CAP 10MG	65	XIGDUO XR TAB 5-500MG	75
VYVANSE CAP 20MG	65	XOLEGEL GEL 2%	121
VYVANSE CAP 30MG	65	XTANDI CAP 40MG.....	26
VYVANSE CAP 40MG	65	<i>xulane dis 150-35</i>	80
VYVANSE CAP 50MG	65	<i>xylon tab 10-200mg</i>	7
VYVANSE CAP 60MG	65	XYREM SOL 500MG/ML.....	70
VYVANSE CAP 70MG	65	Y	
VYVANSE CHW 10MG	65	<i>yuvaferm tab 10mcg</i>	84
VYVANSE CHW 20MG	65	Z	
VYVANSE CHW 30MG	65	<i>zafirlukast tab 10 mg</i>	116
VYVANSE CHW 40MG	65	<i>zafirlukast tab 20 mg</i>	116
VYVANSE CHW 50MG	65	<i>zaleplon cap 10 mg</i>	65
VYVANSE CHW 60MG	65	<i>zaleplon cap 5 mg</i>	65
W		ZANAFLEX CAP 2MG.....	70
<i>warfarin sodium tab 10 mg</i>	98	ZANAFLEX CAP 4MG.....	70
<i>warfarin sodium tab 1 mg</i>	98	ZANAFLEX CAP 6MG.....	70
<i>warfarin sodium tab 2.5 mg</i>	98	ZANAFLEX TAB 4MG.....	70
<i>warfarin sodium tab 2 mg</i>	98	<i>zarah tab 3-0.03mg</i>	80
<i>warfarin sodium tab 3 mg</i>	98	ZARXIO INJ 300/0.5	99
<i>warfarin sodium tab 4 mg</i>	98	ZARXIO INJ 480/0.8	99
<i>warfarin sodium tab 5 mg</i>	98	<i>zazole cre 0.8%</i>	97
<i>warfarin sodium tab 6 mg</i>	98	<i>zazole sup 80mg</i>	97
<i>warfarin sodium tab 7.5 mg</i>	98	ZEJULA CAP 100MG	25
WELCHOL PAK 3.75GM.....	37	ZELBORAF TAB 240MG	29
<i>wera tab 0.5/35</i>	80	<i>zenchent fe chw 0.4mg-35</i>	80
WIDE-SEAL DPR KIT 60	105	<i>zenchent tab</i>	80
WIDE-SEAL DPR KIT 65	105	ZENPEP CAP 10000UNT	95
WIDE-SEAL DPR KIT 70	105	ZENPEP CAP 15000UNT	95
WIDE-SEAL DPR KIT 75	105	ZENPEP CAP 20000UNT	95
WIDE-SEAL DPR KIT 80	105	ZENPEP CAP 25000	95
WIDE-SEAL DPR KIT 85	105	ZENPEP CAP 3000UNIT.....	95
WIDE-SEAL DPR KIT 90	105	ZENPEP CAP 40000	95
WIDE-SEAL DPR KIT 95	105	ZENPEP CAP 5000UNIT.....	95
X		<i>zenzedi tab 15mg</i>	65
XALKORI CAP 200MG	29	<i>zenzedi tab 2.5mg</i>	65
XALKORI CAP 250MG	29	<i>zenzedi tab 20mg</i>	65

<i>zenzedi tab 30mg</i>	65	ZUBSOLV SUB 8.6-2.1	3
<i>zenzedi tab 7.5mg</i>	65	ZUPLENZ MIS 4MG	92
ZEPATIER TAB 50-100MG	16	ZUPLENZ MIS 8MG	92
ZERIT SOL 1MG/ML	14	ZYDELIG TAB 100MG	29
<i>zidovudine cap 100 mg</i>	14	ZYDELIG TAB 150MG	29
<i>zidovudine syrup 10 mg/ml</i>	14	ZYKADIA CAP 150MG	29
<i>zidovudine tab 300 mg</i>	14	ZYTIGA TAB 250MG	26
<i>zileuton tab er 12hr 600 mg</i>	116	ZYTIGA TAB 500MG	26
ZINACEF/H2O INJ 1.5GM PB.....	18		
ZINACEF INJ 750MG	18		
ZIOPTAN DRO 0.0015%.....	112		
<i>ziprasidone hcl cap 20 mg</i>	62		
<i>ziprasidone hcl cap 40 mg</i>	62		
<i>ziprasidone hcl cap 60 mg</i>	62		
<i>ziprasidone hcl cap 80 mg</i>	62		
ZIRGAN GEL 0.15%	110		
ZMAX SUS 2GM.....	19		
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	76		
<i>zoledronic acid iv soln 5 mg/100ml</i>	76		
ZOLINZA CAP 100MG	26		
<i>zolmitriptan orally disintegrating tab 2.5</i> <i>mg</i>	66		
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i>	66		
<i>zolmitriptan tab 2.5 mg</i>	66		
<i>zolmitriptan tab 5 mg</i>	66		
<i>zolpidem tartrate tab 10 mg</i>	65		
<i>zolpidem tartrate tab 5 mg</i>	65		
<i>zolpidem tartrate tab er 12.5 mg</i>	66		
<i>zolpidem tartrate tab er 6.25 mg</i>	65		
ZOMIG SPR 2.5MG.....	67		
ZOMIG SPR 5MG	67		
<i>zonisamide cap 100 mg</i>	52		
<i>zonisamide cap 25 mg</i>	52		
<i>zonisamide cap 50 mg</i>	52		
ZONTIVITY TAB 2.08MG	100		
ZORBTIVE INJ 8.8MG	87		
ZORTRESS TAB 0.25MG.....	103		
ZORTRESS TAB 0.5MG	103		
ZORTRESS TAB 0.75MG.....	103		
ZOSTAVAX INJ	105		
<i>zovia 1/35e tab</i>	80		
ZUBSOLV SUB 0.7-0.18	3		
ZUBSOLV SUB 1.4-0.36	3		
ZUBSOLV SUB 11.4-2.9	3		
ZUBSOLV SUB 2.9-0.71	3		
ZUBSOLV SUB 5.7-1.4	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 የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸዎት፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸዎት። ከአስተርጓሚ ጋር አብዝሞን በመታወቁያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ချေးချကာ ပြုပြင် သင်္ကြန် အသံဖြင့် ဖြစ်ကြက်ပေါ်ရှိ အသံဖြင့် ဖြစ် ဝက်ဝေ ငြိမ်မူဝက်ပုံနှိပ်ကိရိယာဖြင့် ဖော်ပြပါ။

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

HINDI

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

ITALIAN

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

JAPANESE

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

KOREAN

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

PENNSYLVANIA DUTCH

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

RUSSIAN

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

SPANISH

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

UKRAINIAN

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

VIETNAMESE

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

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

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

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

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

CivilRightsCoordinator@CareSource.com

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

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

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

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



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