



## CareSource Just4Me™

Preferred Drug List (PDL) - Ohio

10/01/2015

## INTRODUCTION

We are pleased to provide the 2015 **CareSource Just4Me Preferred Drug List (PDL)**. The PDL is a list of the drugs covered by CareSource Just4Me. This is a list of drugs that we like our health partners to prescribe. The PDL is also called a **Formulary**.

This document is divided into three parts:

1. **The Introduction** – Provides important facts about the CareSource Just4Me 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. To view the list, click [here](#).
3. **The Index** – Lists all of the covered drugs in alphabetical order. To view the Index, click [here](#).

## 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

We help members pay for prescription drugs and some prescription medical supplies. However, members must get their prescriptions from pharmacies that accept Just4Me. We call these network pharmacies.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online [Find a Pharmacy](#) tool.

Just4Me may also cover drugs administered in the member's home, such as medicines given through a home health agency.

### Cost Sharing

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

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

### Tiered Medications

The Just4Me Formulary has five levels or tiers. In general, the higher the cost-sharing tier number, the higher the cost for the drug. The amounts members pay for drugs on Tiers 1-4 are considered copays. These copay amounts count toward members' maximum out-of-pocket costs. The amount members pay for a drug on Tier 5 is considered coinsurance and also counts toward their maximum out-of-pocket costs.

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

### **Prior Authorizations**

CareSource may require health partners 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 care partners may make prior authorization requests by phone or fax. Please call 1-800-488-0134 and follow the prompts, or fax to 1-866-930-0019.

If we receive the request before 5 p.m. on Friday, we will give a decision with 24 hours. It may take longer than 24 hours for requests received on weekends and most holidays.

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

### **Quantity Limits**

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

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

### **Step Therapy**

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

Just4Me 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. To reach Member Services, call 1-800-479-9502 (TTY: 1-800-750-0750 or 711), Monday through Friday, 7 a.m. to 7 p.m. Eastern Standard Time (EST).

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

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

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

### **Specialty Pharmacy**

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

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

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

Members may also access the Caremark.com website to manage prescription refills for their specialty mail order medications and to check coverage. To create an account on the Caremark website, please click [here](#).

### **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 mail order medications and to check coverage. To create an account on the Caremark website, please click [here](#).

### **Other Medical Supplies and Durable Medical Equipment (DME)**

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

### **Medications Administered in the Health Partner Setting**

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

### **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 Just4Me 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.

The medications listed 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 and Quantity Limits); 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.

## 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 <http://www.guideline.gov>.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

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

## DRUG LIST PRODUCT DESCRIPTIONS

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

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

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

*metformin*

*Glucophage*

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

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2015. All rights reserved.

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 client notification.**



## EXCHANGES\_CARESOURCE eff 10/01/2015

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

#### **Amphetamines**

<i>amphetamine cap 5mg er</i>	2	QL (90 caps / 25 days)
<i>amphetamine cap 10mg er</i>	2	QL (90 caps / 25 days)
<i>amphetamine cap 15mg er</i>	2	QL (30 caps / 25 days)
<i>amphetamine cap 20mg er</i>	2	QL (30 caps / 25 days)
<i>amphetamine cap 25mg er</i>	2	QL (30 caps / 25 days)
<i>amphetamine cap 30mg er</i>	2	QL (30 caps / 25 days)
<i>amphetamine tab 5mg</i>	2	QL (90 tabs / 25 days)
<i>amphetamine tab 7.5mg</i>	2	QL (90 tabs / 25 days)
<i>amphetamine tab 10mg</i>	2	QL (90 tabs / 25 days)
<i>amphetamine tab 12.5mg</i>	2	QL (90 tabs / 25 days)
<i>amphetamine tab 15mg</i>	2	QL (60 tabs / 25 days)
<i>amphetamine tab 20mg</i>	2	QL (60 tabs / 25 days)
<i>amphetamine tab 30mg</i>	2	QL (30 tabs / 25 days)
<i>dextroamphet cap 5mg er</i>	2	QL (120 caps / 25 days)
<i>dextroamphet cap 10mg er</i>	2	QL (120 caps / 25 days)
<i>dextroamphet cap 15mg er</i>	2	QL (60 caps / 25 days)
<i>dextroamphet sol 5mg/5ml</i>	2	QL (1,200 mL / 25 days)
<i>dextroamphet tab 5mg</i>	2	QL (120 tabs / 25 days)
<i>dextroamphet tab 10mg</i>	2	QL (120 tabs / 25 days)
<i>methamphetamine tab 5mg</i>	2	QL (150 tabs / 25 days)
VYVANSE CAP 10MG	4	QL (60 caps / 25 days), PA; PA applies for members age 19 and older
VYVANSE CAP 20MG	4	QL (60 caps / 25 days), PA; PA applies for members age 19 and older
VYVANSE CAP 30MG	4	QL (60 caps / 25 days), PA; PA applies for members age 19 and older
VYVANSE CAP 40MG	4	QL (30 caps / 25 days), PA; PA applies for members age 19 and older
VYVANSE CAP 50MG	4	QL (30 caps / 25 days), PA; PA applies for members age 19 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYVANSE CAP 60MG	4	QL (30 caps / 25 days), PA; PA applies for members age 19 and older
VYVANSE CAP 70MG	4	QL (30 caps / 25 days), PA; PA applies for members age 19 and older
<i>zenzedi tab 2.5mg</i>	2	QL (120 tabs / 25 days)
<i>zenzedi tab 7.5mg</i>	2	QL (120 tabs / 25 days)
<i>zenzedi tab 15mg</i>	2	QL (60 tabs / 25 days)
<i>zenzedi tab 20mg</i>	2	QL (60 tabs / 25 days)
<i>zenzedi tab 30mg</i>	2	QL (30 tabs / 25 days)

### **Attention-Deficit/Hyperactivity Disorder (ADHD) Agents**

<i>guanfacine tab 1mg er</i>	2	ST; PA**
<i>guanfacine tab 2mg er</i>	2	ST; PA**
<i>guanfacine tab 3mg er</i>	2	ST; PA**
<i>guanfacine tab 4mg er</i>	2	ST; PA**
STRATTERA CAP 10MG	3	QL (120 caps / 25 days)
STRATTERA CAP 18MG	3	QL (120 caps / 25 days)
STRATTERA CAP 25MG	3	QL (120 caps / 25 days)
STRATTERA CAP 40MG	3	QL (60 caps / 25 days)
STRATTERA CAP 60MG	3	QL (30 caps / 25 days)
STRATTERA CAP 80MG	3	QL (30 caps / 25 days)
STRATTERA CAP 100MG	3	QL (30 caps / 25 days)

### **Stimulants - Misc.**

DAYTRANA DIS 10MG/9HR	4	QL (30 patches / 25 days)
DAYTRANA DIS 15MG/9HR	4	QL (30 patches / 25 days)
DAYTRANA DIS 20MG/9HR	4	QL (30 patches / 25 days)
DAYTRANA DIS 30MG/9HR	4	QL (30 patches / 25 days)
<i>dexmethylph cap 15mg er</i>	2	QL (60 caps / 25 days)
<i>dexmethylph cap 30mg er</i>	2	QL (30 caps / 25 days)
<i>dexmethylph cap 40mg er</i>	2	QL (30 caps / 25 days)
<i>dexmethylph tab 2.5mg</i>	2	QL (120 tabs / 25 days)
<i>dexmethylph tab 5mg</i>	2	QL (120 tabs / 25 days)
<i>dexmethylph tab 10mg</i>	2	QL (60 tabs / 25 days)
<i>dexmethylphe cap 5mg er</i>	2	QL (60 caps / 25 days)
<i>dexmethylphe cap 10mg er</i>	2	QL (60 caps / 25 days)
FOCALIN XR CAP 20MG	4	QL (60 caps / 25 days)
FOCALIN XR CAP 25MG	4	QL (30 caps / 25 days)
FOCALIN XR CAP 35MG	4	QL (30 caps / 25 days)
<i>metadate tab 20mg er</i>	2	QL (90 tabs / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methlphenida chw 2.5mg</i>	2	QL (180 chew tabs / 25 days)
<i>methylphenid cap 10mg</i>	2	QL (60 caps / 25 days)
<i>methylphenid cap 20mg</i>	2	QL (60 caps / 25 days)
<i>methylphenid cap 20mg er</i>	2	QL (60 caps / 25 days)
<i>methylphenid cap 30mg</i>	2	QL (60 caps / 25 days)
<i>methylphenid cap 30mg er</i>	2	QL (60 caps / 25 days)
<i>methylphenid cap 40mg</i>	2	QL (30 caps / 25 days)
<i>methylphenid cap 40mg er</i>	2	QL (30 caps / 25 days)
<i>methylphenid cap 50mg</i>	2	QL (30 caps / 25 days)
<i>methylphenid cap 60mg</i>	2	QL (30 caps / 25 days)
<i>methylphenid chw 5mg</i>	2	QL (180 chew tabs / 25 days)
<i>methylphenid chw 10mg</i>	2	QL (180 chew tabs / 25 days)
<i>methylphenid sol 5mg/5ml</i>	2	QL (1800 mL / 25 days)
<i>methylphenid sol 10mg/5ml</i>	2	QL (900 mL / 25 days)
<i>methylphenid tab 5mg</i>	2	QL (180 tabs / 25 days)
<i>methylphenid tab 10mg</i>	2	QL (180 tabs / 25 days)
<i>methylphenid tab 10mg er</i>	2	QL (90 tabs / 25 days)
<i>methylphenid tab 18mg er</i>	2	QL (60 tabs / 25 days)
<i>methylphenid tab 20mg</i>	2	QL (90 tabs / 25 days)
<i>methylphenid tab 20mg er</i>	2	QL (90 tabs / 25 days)
<i>methylphenid tab 20mg sr</i>	2	QL (90 tabs / 25 days)
<i>methylphenid tab 27mg er</i>	2	QL (60 tabs / 25 days)
<i>methylphenid tab 36mg er</i>	2	QL (60 tabs / 25 days)
<i>methylphenid tab 54mg er</i>	2	QL (30 tabs / 25 days)
<i>modafinil tab 100mg</i>	2	PA
<i>modafinil tab 200mg</i>	2	PA
NUVIGIL TAB 50MG	3	PA
NUVIGIL TAB 150MG	3	PA
NUVIGIL TAB 200MG	3	PA
NUVIGIL TAB 250MG	3	PA
RITALIN LA CAP 10MG	3	QL (60 caps / 25 days)
RITALIN LA CAP 60MG	3	QL (30 caps / 25 days)

## **AMINOGLYCOSIDES**

### ***Aminoglycosides***

<i>amikacin inj 1gm/4ml</i>	2
<i>amikacin inj 500/2ml</i>	2
GENTAM/NAACL INJ 0.9MG/ML	4
GENTAM/NAACL INJ 1.4MG/ML	4
<i>gentam/nacl inj 60mg pb</i>	2
<i>gentam/nacl inj 80mg</i>	2
<i>gentam/nacl inj 80mg pb</i>	2
<i>gentam/nacl inj 100mg</i>	2
<i>gentam/nacl inj 100mg pb</i>	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin inj 10mg/ml</i>	2	
<i>gentamicin inj 40mg/ml</i>	2	
<i>kanamycin inj 333mg/ml</i>	2	
NEO-FRADIN SOL 125/5ML	4	
<i>neomycin tab 500mg</i>	2	
<i>paromomycin cap 250mg</i>	2	
<i>streptomycin inj 1gm</i>	2	
TOBRA/NAACL INJ 80/0.9	4	
<i>tobramycin inj 1.2/30ml</i>	2	
<i>tobramycin inj 1.2gm</i>	2	
<i>tobramycin inj 10mg/ml</i>	2	
<i>tobramycin inj 40mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	
<i>tobramycin neb 300/5ml</i>	2	PA

## **ANALGESICS - ANTI-INFLAMMATORY**

### ***Anti-TNF-alpha - Monoclonal Antibodies***

HUMIRA INJ 10MG/0.2	5	PA
HUMIRA INJ 40MG/0.8	5	PA
HUMIRA KIT 20MG/0.4	5	PA
HUMIRA PEN INJ CROHNS	5	PA
SIMPONI ARIA SOL 50MG/4ML	5	PA, ST
SIMPONI INJ 50/0.5ML	5	PA, ST
SIMPONI INJ 100MG/ML	5	PA, ST

### ***Antirheumatic - Enzyme Inhibitors***

XELJANZ TAB 5MG	5	PA, ST
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### ***Antirheumatic Antimetabolites***

RHEUMATREX TAB 2.5MG	4	
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### ***Interleukin-1 Blockers***

ARCALYST INJ 220MG	5	PA
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### ***Interleukin-1 Receptor Antagonist (IL-1Ra)***

KINERET INJ	5	PA, ST
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### ***Interleukin-6 Receptor Inhibitors***

ACTEMRA INJ 80MG/4ML	5	PA, ST
ACTEMRA INJ 162/0.9	5	PA, ST
ACTEMRA INJ 200/10ML	5	PA, ST
ACTEMRA INJ 400/20ML	5	PA, ST

### ***Nonsteroidal Anti-inflammatory Agents (NSAIDs)***

<i>celecoxib cap 50mg</i>	2	
<i>celecoxib cap 100mg</i>	2	
<i>celecoxib cap 200mg</i>	2	
<i>celecoxib cap 400mg</i>	2	
<i>diclo/misopr tab 50-0.2mg</i>	2	
<i>diclo/misopr tab 75-0.2mg</i>	2	
<i>diclofen pot tab 50mg</i>	2	
<i>diclofenac tab 25mg dr</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **PA\*\*** - PA  
Applies if Step is Not Met    **OTC** - Over the Counter

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac tab 50mg dr</i>	2	
<i>diclofenac tab 75mg dr</i>	2	
<i>diclofenac tab 100mg er</i>	2	
<i>etodolac cap 200mg</i>	2	
<i>etodolac cap 300mg</i>	2	
<i>etodolac er tab 400mg</i>	2	
<i>etodolac er tab 500mg</i>	2	
<i>etodolac er tab 600mg</i>	2	
<i>etodolac tab 400mg</i>	2	
<i>etodolac tab 500mg</i>	2	
<i>fenoprofen tab 600mg</i>	2	
<i>flurbiprofen tab 50mg</i>	2	
<i>flurbiprofen tab 100mg</i>	2	
<i>ibuprofen sus 100/5ml</i>	2	
<i>ibuprofen tab 400mg</i>	2	
<i>ibuprofen tab 600mg</i>	2	
<i>ibuprofen tab 800mg</i>	2	
INDOCIN SUS 25MG/5ML	4	
<i>indomethacin cap 25mg</i>	2	
<i>indomethacin cap 50mg</i>	2	
<i>indomethacin cap 75mg er</i>	2	
<i>ketoprofen cap 50mg</i>	2	
<i>ketoprofen cap 75mg</i>	2	
<i>ketoprofen cap 200mg er</i>	2	
<i>ketorolac inj 15mg/ml</i>	2	
<i>ketorolac inj 30mg/ml</i>	2	
<i>ketorolac inj 60mg/2ml</i>	2	
<i>ketorolac tab 10mg</i>	2	QL (20 tabs / 25 days)
<i>meclofen sod cap 50mg</i>	2	
<i>meclofen sod cap 100mg</i>	2	
<i>mefenam acid cap 250mg</i>	2	
<i>meloxicam sus 7.5/5ml</i>	2	
<i>meloxicam tab 7.5mg</i>	2	
<i>meloxicam tab 15mg</i>	2	
<i>nabumetone tab 500mg</i>	2	
<i>nabumetone tab 750mg</i>	2	
NALFON CAP 400MG	4	ST; PA**
<i>naproxen dr tab 375mg</i>	2	
<i>naproxen dr tab 500mg</i>	2	
<i>naproxen sod tab 275mg</i>	2	
<i>naproxen sod tab 550mg</i>	2	
<i>naproxen sus 125/5ml</i>	2	
<i>naproxen tab 250mg</i>	2	
<i>naproxen tab 375mg</i>	2	
<i>naproxen tab 500mg</i>	2	
<i>oxaprozin tab 600mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piroxicam cap 10mg</i>	2	
<i>piroxicam cap 20mg</i>	2	
<i>sulindac tab 150mg</i>	2	
<i>sulindac tab 200mg</i>	2	
<i>tolmetin sod cap 400mg</i>	2	
<i>tolmetin sod tab 200mg</i>	2	
<i>tolmetin sod tab 600mg</i>	2	

### **Pyrimidine Synthesis Inhibitors**

<i>leflunomide tab 10mg</i>	2	
<i>leflunomide tab 20mg</i>	2	

### **Selective Costimulation Modulators**

ORENCIA INJ 125MG/ML	5	PA, ST
ORENCIA INJ 250MG	5	PA, ST

### **Soluble Tumor Necrosis Factor Receptor Agents**

ENBREL INJ 25/0.5ML	5	PA
ENBREL INJ 25MG	5	PA
ENBREL INJ 50MG/ML	5	PA
ENBREL SRCLK INJ 50MG/ML	5	PA

## **ANALGESICS - NonNarcotic**

### **Analgesics-Sedatives**

<i>but/apap/caf cap</i>	2	QL (48 caps / 25 days)
<i>but/apap/caf tab</i>	2	QL (48 tabs / 25 days)
<i>but/asa/caff cap</i>	2	QL (48 caps / 25 days)
<i>but/asa/caff tab</i>	2	QL (48 tabs / 25 days)

### **Salicylates**

ASPIRIN ADLT TAB 81MG	1	QL (100 tabs / 30 days); OTC; \$0 copay for patients 12 and older
<i>aspirin chw 81mg</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay for patients 12 and older
<i>aspirin low tab 81mg ec</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay for patients 12 and older
<i>aspirin tab 325mg</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay for patients 45 and older
<i>aspirin tab 325mg ec</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay for patients 45 and older
<i>diflunisal tab 500mg</i>	2	

## **ANALGESICS - OPIOID**

### **Opioid Agonists**

ABSTRAL SUB 100MCG	4	QL (120 Units per 25 days), PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABSTRAL SUB 200MCG	4	QL (120 Units per 25 days), PA
ABSTRAL SUB 300MCG	4	QL (120 Units per 25 days), PA
ABSTRAL SUB 400MCG	4	QL (120 Units per 25 days), PA
ABSTRAL SUB 600MCG	4	QL (120 Units per 25 days), PA
ABSTRAL SUB 800MCG	4	QL (120 Units per 25 days), PA
<i>astramorph inj 1mg/2ml</i>	2	
<i>astramorph inj 2mg/2ml</i>	2	
CODEINE SULF SOL 30MG/5ML	3	
<i>codeine sulf tab 15mg</i>	2	QL (42 tabs / 25 days)
<i>codeine sulf tab 30mg</i>	2	QL (42 tabs / 25 days)
<i>codeine sulf tab 60mg</i>	2	QL (42 tabs / 25 days)
DILAUDID-HP INJ 250MG	4	
EMBEDA CAP 20-0.8MG	4	QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	4	QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	4	QL (60 caps / 25 days)
EMBEDA CAP 60-2.4MG	4	QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	4	QL (30 caps / 25 days)
EMBEDA CAP 100-4MG	4	QL (30 caps / 25 days)
<i>fentanyl dis 12mcg/hr</i>	2	QL (10 patches / 25 days)
<i>fentanyl dis 25mcg/hr</i>	2	QL (10 patches / 25 days)
<i>fentanyl dis 50mcg/hr</i>	2	QL (10 patches / 25 days)
<i>fentanyl dis 75mcg/hr</i>	2	QL (10 patches / 25 days)
<i>fentanyl dis 100mcg/h</i>	2	QL (10 patches / 25 days)
<i>fentanyl ot loz 200mcg</i>	2	QL (120 lozenges / 25 days), PA
<i>fentanyl ot loz 400mcg</i>	2	QL (120 lozenges / 25 days), PA
<i>fentanyl ot loz 600mcg</i>	2	QL (120 lozenges / 25 days), PA
<i>fentanyl ot loz 800mcg</i>	2	QL (120 lozenges / 25 days), PA
<i>fentanyl ot loz 1200mcg</i>	2	QL (120 lozenges / 25 days), PA
<i>fentanyl ot loz 1600mcg</i>	2	QL (120 lozenges / 25 days), PA
FENTORA TAB 100MCG	4	QL (120 Units per 25 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FENTORA TAB 200MCG	4	QL (120 Units per 25 days), PA
FENTORA TAB 400MCG	4	QL (120 Units per 25 days), PA
FENTORA TAB 600MCG	4	QL (120 Units per 25 days), PA
FENTORA TAB 800MCG	4	QL (120 Units per 25 days), PA
<i>hydromorphon inj 1mg/ml</i>	2	
<i>hydromorphon inj 2mg/ml</i>	2	
<i>hydromorphon inj 4mg/ml</i>	2	
<i>hydromorphon inj 10mg/ml</i>	2	
<i>hydromorphon liq 1mg/ml</i>	2	QL (600 mL / 25 days)
HYDROMORPHON SUP 3MG	4	QL (120 units / 25 days)
<i>hydromorphon tab 2mg</i>	2	QL (180 tabs / 25 days)
<i>hydromorphon tab 4mg</i>	2	QL (180 tabs / 25 days)
<i>hydromorphon tab 8mg</i>	2	QL (180 tabs / 25 days)
<i>hydromorphon tab 8mg er</i>	2	QL (30 tablets per 25 days)
<i>hydromorphon tab 12mg er</i>	2	QL (30 tablets per 25 days)
<i>hydromorphon tab 16mg er</i>	2	QL (30 tablets per 25 days)
<i>hydromorphon tab 32mg er</i>	2	QL (30 tablets per 25 days)
KADIAN CAP 40MG ER	4	QL (60 caps / 25 days)
KADIAN CAP 70MG CR	4	QL (60 caps / 25 days)
KADIAN CAP 130MG CR	4	QL (30 caps / 25 days)
KADIAN CAP 150MG CR	4	QL (30 caps / 25 days)
KADIAN CAP 200MG ER	4	QL (30 caps / 25 days)
LAZANDA SPR 100MCG	4	QL (8 bottles per 25 days), PA
LAZANDA SPR 400MCG	4	QL (8 bottles per 25 days), PA
<i>levorphanol tab 2mg</i>	2	QL (120 tabs / 25 days)
<i>meperidine inj 10mg/ml</i>	2	
<i>meperidine inj 25mg/ml</i>	2	
<i>meperidine inj 50mg/ml</i>	2	
<i>meperidine inj 100mg/ml</i>	2	
<i>meperidine sol 50mg/5ml</i>	2	QL (90 mL / 25 days)
<i>meperidine tab 50mg</i>	2	QL (18 tabs / 25 days)
<i>meperidine tab 100mg</i>	2	QL (18 tabs / 25 days)
<i>methadone con 10mg/ml</i>	2	QL (30mL / 25 days)
METHADONE INJ 10MG/ML	4	
<i>methadone sol 5mg/5ml</i>	2	QL (600 mL / 25 days)
<i>methadone sol 10mg/5ml</i>	2	QL (300 mL / 25 days)
<i>methadone tab 5mg</i>	2	QL (120 tabs / 25 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone tab 10mg</i>	2	QL (60 tabs / 25 days)
<i>methadone tab 40mg</i>	2	QL (9 tabs / 25 days)
<i>methadose tab 40mg</i>	2	QL (9 tabs / 25 days)
<i>morphine sul cap 10mg er</i>	2	QL (60 caps / 25 days)
<i>morphine sul cap 20mg er</i>	2	QL (60 caps / 25 days)
<i>morphine sul cap 30mg er</i>	2	QL (60 caps / 25 days)
<i>morphine sul cap 45mg er</i>	2	QL (60 caps / 25 days)
<i>morphine sul cap 50mg er</i>	2	QL (60 caps / 25 days)
<i>morphine sul cap 60mg er</i>	2	QL (60 caps / 25 days)
<i>morphine sul cap 75mg er</i>	2	QL (30 caps / 25 days)
<i>morphine sul cap 80mg er</i>	2	QL (60 caps / 25 days)
<i>morphine sul cap 90mg er</i>	2	QL (30 caps / 25 days)
<i>morphine sul cap 100mg er</i>	2	QL (60 caps / 25 days)
<i>morphine sul cap 120mg er</i>	2	QL (30 caps / 25 days)
<i>morphine sul inj 1mg/ml</i>	2	
MORPHINE SUL INJ 2MG/ML	4	
MORPHINE SUL INJ 4MG/ML	4	
MORPHINE SUL INJ 5MG/ML	4	
<i>morphine sul inj 8mg/ml 8mg/ml</i>	2	
MORPHINE SUL INJ 8MG/ML 8mg/ml	4	
<i>morphine sul inj 10mg/ml</i>	2	
<i>morphine sul inj 15mg/ml</i>	2	
<i>morphine sul inj 25mg/ml</i>	2	
<i>morphine sul inj 50mg/ml</i>	2	
MORPHINE SUL INJ 150/30ML	4	
<i>morphine sul sol 10mg/5ml</i>	2	QL (900 mL / 25 days)
<i>morphine sul sol 20mg/5ml</i>	2	QL (900 mL / 25 days)
<i>morphine sul sol 100/5ml</i>	2	QL (180 mL / 25 days)
<i>morphine sul sup 5mg</i>	2	QL (180 supp / 25 days)
<i>morphine sul sup 10mg</i>	2	QL (180 supp / 25 days)
<i>morphine sul sup 20mg</i>	2	QL (180 supp / 25 days)
MORPHINE SUL SUP 30MG	3	QL (180 supp / 25 days)
<i>morphine sul tab 15mg</i>	2	QL (180 tabs / 25 days)
<i>morphine sul tab 15mg er</i>	2	QL (120 tabs / 25 days)
<i>morphine sul tab 30mg</i>	2	QL (180 tabs / 25 days)
<i>morphine sul tab 30mg er</i>	2	QL (120 tabs / 25 days)
<i>morphine sul tab 60mg er</i>	2	QL (120 tabs / 25 days)
<i>morphine sul tab 100mg er</i>	2	QL (60 tabs / 25 days)
<i>morphine sul tab 200mg er</i>	2	QL (60 tabs / 25 days)
NUCYNTA ER TAB 50MG	4	QL (120 tabs / 25 days)
NUCYNTA ER TAB 100MG	4	QL (120 tabs / 25 days)
NUCYNTA ER TAB 150MG	4	QL (60 tabs / 25 days)
NUCYNTA ER TAB 200MG	4	QL (60 tabs / 25 days)
NUCYNTA ER TAB 250MG	4	QL (60 tabs / 25 days)
NUCYNTA TAB 50MG	4	QL (360 tabs / 25 days)
NUCYNTA TAB 75MG	4	QL (240 tabs / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUCYNTA TAB 100MG	4	QL (180 tabs / 25 days)
OPANA ER TAB 5MG	4	QL (120 tabs / 25 days)
OPANA ER TAB 7.5MG	4	QL (120 tabs / 25 days)
OPANA ER TAB 10MG	4	QL (120 tabs / 25 days)
OPANA ER TAB 15MG	4	QL (120 tabs / 25 days)
OPANA ER TAB 20MG	4	QL (120 tabs / 25 days)
OPANA ER TAB 30MG	4	QL (60 tabs / 25 days)
OPANA ER TAB 40MG	4	QL (60 tabs / 25 days)
OXECTA TAB 5MG	4	QL (180 tabs / 25 days)
OXECTA TAB 7.5MG	4	QL (180 tabs / 25 days)
<i>oxycodone cap 5mg</i>	2	QL (180 caps / 25 days)
<i>oxycodone con 20mg/ml</i>	2	QL (180 mL / 25 days)
<i>oxycodone sol 5mg/5ml</i>	2	QL (900 mL / 25 days)
<i>oxycodone tab 5mg</i>	2	QL (180 tabs / 25 days)
<i>oxycodone tab 10mg</i>	2	QL (180 tabs / 25 days)
<i>oxycodone tab 10mg er</i>	2	QL (120 tabs / 25 days)
<i>oxycodone tab 15mg</i>	2	QL (180 tabs / 25 days)
<i>oxycodone tab 20mg</i>	2	QL (180 tabs / 25 days)
<i>oxycodone tab 20mg er</i>	2	QL (120 tabs / 25 days)
<i>oxycodone tab 30mg</i>	2	QL (180 tabs / 25 days)
<i>oxycodone tab 40mg er</i>	2	QL (120 tabs / 25 days)
<i>oxycodone tab 80mg er</i>	2	QL (60 tabs / 25 days)
OXYCONTIN TAB 10MG CR	3	QL (120 tabs / 25 days)
OXYCONTIN TAB 15MG CR	3	QL (120 tabs / 25 days)
OXYCONTIN TAB 20MG CR	3	QL (120 tabs / 25 days)
OXYCONTIN TAB 30MG CR	3	QL (120 tabs / 25 days)
OXYCONTIN TAB 40MG CR	3	QL (120 tabs / 25 days)
OXYCONTIN TAB 60MG CR	3	QL (60 tabs / 25 days)
OXYCONTIN TAB 80MG CR	3	QL (60 tabs / 25 days)
<i>oxymorphone tab 5mg er</i>	2	QL (120 tabs / 25 days)
<i>oxymorphone tab 7.5mg er</i>	2	QL (120 tabs / 25 days)
<i>oxymorphone tab 10mg er</i>	2	QL (120 tabs / 25 days)
<i>oxymorphone tab 15mg er</i>	2	QL (120 tabs / 25 days)
<i>oxymorphone tab 20mg er</i>	2	QL (120 tabs / 25 days)
<i>oxymorphone tab 30mg er</i>	2	QL (120 tabs / 25 days)
<i>oxymorphone tab 40mg er</i>	2	QL (120 tabs / 25 days)
<i>oxymorphone tab hcl 5mg</i>	2	QL (180 tabs / 25 days)
<i>oxymorphone tab hcl 10mg</i>	2	QL (180 tabs / 25 days)
SUBSYS SPR 100MCG	4	QL (120 Units per 25 days), PA
SUBSYS SPR 200MCG	4	QL (120 Units per 25 days), PA
SUBSYS SPR 400MCG	4	QL (120 Units per 25 days), PA
SUBSYS SPR 600MCG	4	QL (120 Units per 25 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUBSYS SPR 800MCG	4	QL (120 Units per 25 days), PA
SUBSYS SPR 1200MCG	4	QL (120 Units per 25 days), PA
SUBSYS SPR 1600MCG	4	QL (120 Units per 25 days), PA
<i>tramadol hcl tab 50mg</i>	2	QL (240 tabs / 25 days)
<i>tramadol hcl tab 100mg er</i>	2	QL (30 tabs / 25 days)
<i>tramadol hcl tab 200mg er</i>	2	QL (30 tabs / 25 days)
<i>tramadol hcl tab 300mg er</i>	2	QL (30 tabs / 25 days)

### **Opioid Combinations**

<i>apap/codeine sol 120-12/5</i>	2	QL (5000 mL / 25 days)
<i>apap/codeine tab 300-15mg</i>	2	QL (400 tabs / 25 days)
<i>apap/codeine tab 300-30mg</i>	2	QL (400 tabs / 25 days)
<i>apap/codeine tab 300-60mg</i>	2	QL (400 tabs / 25 days)
CAPITAL/COD SUS 120-12/5	4	QL (5000 mL / 25 days)
<i>endocet tab 5-325mg</i>	2	QL (375 tabs / 25 days)
<i>endocet tab 7.5-325</i>	2	QL (375 tabs / 25 days)
<i>endocet tab 10-325mg</i>	2	QL (375 tabs / 25 days)
<i>hydroco/apap sol 7.5-325</i>	2	QL (5540 mL / 25 days)
HYDROCO/APAP SOL 10-325MG	2	QL (5540 mL / 25 days)
<i>hydroco/apap tab 2.5-325</i>	2	QL (375 tabs / 25 days)
<i>hydroco/apap tab 5-300mg</i>	2	QL (400 tabs / 25 days)
<i>hydroco/apap tab 5-325mg</i>	2	QL (375 tabs / 25 days)
<i>hydroco/apap tab 7.5-300</i>	2	QL (400 tabs / 25 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (375 tabs / 25 days)
<i>hydroco/apap tab 10-300mg</i>	2	QL (400 tabs / 25 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (375 tabs / 25 days)
<i>oxycod/apap tab 2.5-325</i>	2	QL (375 tabs / 25 days)
<i>oxycod/apap tab 5-325mg</i>	2	QL (375 tabs / 25 days)
<i>oxycod/apap tab 7.5-325</i>	2	QL (375 tabs / 25 days)
<i>oxycod/apap tab 10-325mg</i>	2	QL (375 tabs / 25 days)
<i>oxycod/asa tab</i>	2	QL (375 tabs / 25 days)
<i>oxycod/ibu tab 5-400mg</i>	2	QL (28 tabs / 25 days)
PRIMLEV TAB 5-300MG	4	QL (400 tabs / 25 days)
PRIMLEV TAB 7.5-300	4	QL (400 tabs / 25 days)
PRIMLEV TAB 10-300MG	4	QL (400 tabs / 25 days)
ROXICET SOL 5-325/5	4	QL (1850 mL / 25 days)
<i>roxicet tab 5-325mg</i>	2	QL (375 tabs / 25 days)
<i>vicodin es tab 7.5-300</i>	2	QL (400 tabs / 25 days)
<i>vicodin hp tab 10-300mg</i>	2	QL (400 tabs / 25 days)
<i>vicodin tab 5-300mg</i>	2	QL (400 tabs / 25 days)

### **Opioid Partial Agonists**

<i>bupren/nalox sub 2-0.5mg</i>	2	QL (120 tablets per 25 days), PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupren/nalox sub 8-2mg</i>	2	QL (120 tablets per 25 days), PA
<i>buprenorphin inj 0.3mg/ml</i>	2	
<i>buprenorphin sub 2mg</i>	2	QL (120 tablets per 25 days), PA
<i>buprenorphin sub 8mg</i>	2	QL (120 tablets per 25 days), PA
<i>butorphanol inj 1mg/ml</i>	2	
<i>butorphanol inj 2mg/ml</i>	2	
<i>butorphanol sol 10mg/ml</i>	2	QL (2 bottles / 25 days)
BUTRANS DIS 5MCG/HR	4	QL (8 patches/25 days), PA
BUTRANS DIS 7.5/HR	4	QL (8 patches/25 days), PA
BUTRANS DIS 10MCG/HR	4	QL (8 patches/25 days), PA
BUTRANS DIS 15MCG/HR	4	QL (4 patches/25 days), PA
BUTRANS DIS 20MCG/HR	4	QL (4 patches/25 days), PA
<i>nalbuphine inj 10mg/ml</i>	2	
<i>nalbuphine inj 20mg/ml</i>	2	
SUBOXONE MIS 2-0.5MG	3	QL (120 units per 25 days), PA
SUBOXONE MIS 4-1MG	3	QL (120 units per 25 days), PA
SUBOXONE MIS 8-2MG	3	QL (120 units per 25 days), PA
SUBOXONE MIS 12-3MG	3	QL (60 films per 25 days), PA
TALWIN INJ 30MG/ML	4	

## **ANDROGENS-ANABOLIC**

### **Anabolic Steroids**

ANADROL-50 TAB 50MG	4	PA
<i>oxandrolone tab 2.5mg</i>	2	PA
<i>oxandrolone tab 10mg</i>	2	PA

### **Androgens**

ANDRODERM DIS 2MG/24HR	3	PA
ANDRODERM DIS 4MG/24HR	3	PA
<i>andriod cap 10mg</i>	2	PA
AXIRON SOL 30MG/ACT	3	PA
<i>danazol cap 50mg</i>	2	
<i>danazol cap 100mg</i>	2	
<i>danazol cap 200mg</i>	2	
<i>testost cyp inj 100mg/ml</i>	2	PA
<i>testost cyp inj 200mg/ml</i>	2	PA
<i>testost enan inj 200mg/ml</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<b>ANORECTAL AGENTS</b>		
<b><i>Intrarectal Steroids</i></b>		
<i>colocort ene 100mg</i>	2	
<b><i>Rectal Steroids</i></b>		
<i>procto-pak cre 1%</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
<b><i>Vasodilating Agents</i></b>		
RECTIV OIN 0.4%	4	
<b>ANTHELMINTICS</b>		
<b><i>Anthelmintics</i></b>		
ALBENZA TAB 200MG	3	
BILTRICIDE TAB 600MG	4	
<i>ivermectin tab 3mg</i>	2	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b><i>Anti-infective Agents - Misc.</i></b>		
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	2	
CAYSTON INH 75MG	5	PA
FLAGYL ER TAB 750MG	4	
<i>metron/nacl inj 500mg</i>	2	
<i>metronidazol cap 375mg</i>	2	
<i>metronidazol tab 250mg</i>	2	
<i>metronidazol tab 500mg</i>	2	
NEBUPENT INH 300MG	4	
PENTAM 300 INJ 300MG	4	
PRIMSOL SOL 50MG/5ML	3	
<i>tinidazole tab 250mg</i>	2	
<i>tinidazole tab 500mg</i>	2	
<i>trimethoprim tab 100mg</i>	2	
<i>vancomycin cap 125mg</i>	2	ST; PA**
<i>vancomycin cap 250mg</i>	2	ST; PA**
<i>vancomycin inj 5gm</i>	2	
<i>vancomycin inj 10gm</i>	2	
<i>vancomycin inj 500mg</i>	2	
<i>vancomycin inj 1000mg</i>	2	
VIBATIV INJ 250MG	4	
VIBATIV INJ 750MG	4	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	3	PA
<b><i>Anti-infective Misc. - Combinations</i></b>		
<i>e.s.p. sus 200-600</i>	2	
<i>smz-tmp inj 400-80/5</i>	2	

PA - Prior Authorization  
Applies if Step is Not Met

QL - Quantity Limits  
OTC - Over the Counter

ST - Step Therapy

PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>smz-tmp sus 200-40/5</i>	2	
<i>smz-tmp tab 400-80mg</i>	2	
<i>smz/tmp ds tab 800-160</i>	2	
<b>Antiprotozoal Agents</b>		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone sus 750/5ml</i>	2	
<b>Carbapenems</b>		
DORIBAX INJ 250MG	4	
DORIBAX INJ 500MG	4	
<i>imipenem/cil inj 250mg</i>	2	
<i>imipenem/cil inj 500mg</i>	2	
INVANZ INJ 1GM	4	
<i>meropenem inj 1gm</i>	2	
<i>meropenem inj 500mg</i>	2	
<b>Chloramphenicols</b>		
<i>chloramphen inj 1gm</i>	2	
<b>Cyclic Lipopeptides</b>		
CUBICIN SOL 500MG	4	
<b>Glycylcyclines</b>		
TYGACIL INJ 50MG	4	
<b>Ketolides</b>		
KETEK TAB 300MG	4	
KETEK TAB 400MG	4	
<b>Leprostotics</b>		
<i>dapsone tab 25mg</i>	2	
<i>dapsone tab 100mg</i>	2	
<b>Lincosamides</b>		
<i>clindamycin cap 75mg</i>	2	
<i>clindamycin cap 150mg</i>	2	
<i>clindamycin cap 300mg</i>	2	
<i>clindamycin inj 150mg/ml</i>	2	
<i>clindamycin inj 300/2ml</i>	2	
<i>clindamycin inj 600/4ml</i>	2	
<i>clindamycin inj 600mg</i>	2	
<i>clindamycin inj 900/6ml</i>	2	
<i>clindamycin inj 900mg</i>	2	
<i>clindamycin inj 9000/60</i>	2	
<i>clindamycin sol 75mg/5ml</i>	2	
LINCOCIN INJ 300MG/ML	4	
<b>Oxazolidinones</b>		
<i>linezolid inj 2mg/ml</i>	2	
SIVEXTRO INJ 200MG	4	PA
ZYVOX SUS 100MG/5M	3	
ZYVOX TAB 600MG	3	

PA - Prior Authorization  
Applies if Step is Not Met

QL - Quantity Limits  
OTC - Over the Counter

ST - Step Therapy

PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Polymyxins</b>		
<i>polymyxin b inj 500000</i>	2	
<b>ANTIANGINAL AGENTS</b>		
<b>Antianginals-Other</b>		
RANEXA TAB 500MG	3	ST; PA**
RANEXA TAB 1000MG	3	ST; PA**
<b>Nitrates</b>		
DILATRATE SR CAP 40MG	4	
<i>isoditrate tab 40mg er</i>	2	
ISORDIL TAB 40MG	3	
<i>isosorb din sub 2.5mg</i>	2	
<i>isosorb din tab 5mg</i>	2	
<i>isosorb din tab 10mg</i>	2	
<i>isosorb din tab 20mg</i>	2	
<i>isosorb din tab 30mg</i>	2	
<i>isosorb din tab 40mg er</i>	2	
<i>isosorb mono tab 10mg</i>	2	
<i>isosorb mono tab 20mg</i>	2	
<i>isosorb mono tab 30mg er</i>	2	
<i>isosorb mono tab 60mg er</i>	2	
<i>isosorb mono tab 120mg er</i>	2	
<i>minitran dis 0.1mg/hr</i>	2	
<i>minitran dis 0.2mg/hr</i>	2	
<i>minitran dis 0.4mg/hr</i>	2	
<i>minitran dis 0.6mg/hr</i>	2	
NITRO-BID OIN 2%	4	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitrogly/d5w inj</i>	2	
<i>nitrogly/d5w inj 50mg</i>	2	
<i>nitrogly/d5w inj 100mg</i>	2	
<i>nitroglycer aer 400mcg</i>	2	
<i>nitroglycer cap 2.5mg er</i>	2	
<i>nitroglycer cap 6.5mg er</i>	2	
<i>nitroglycer cap 9mg er</i>	2	
<i>nitroglycer dis 0.1mg/hr</i>	2	
<i>nitroglycer dis 0.2mg/hr</i>	2	
<i>nitroglycer dis 0.4mg/hr</i>	2	
<i>nitroglycer dis 0.6mg/hr</i>	2	
NITROGLYCER INJ 5MG/ML	4	
<i>nitroglycrn spr lingual</i>	2	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

### ANTIANXIETY AGENTS

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    PA\*\* - PA  
 Applies if Step is Not Met    OTC - Over the Counter

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone tab 5mg</i>	2	
<i>bupirone tab 7.5mg</i>	2	
<i>bupirone tab 10mg</i>	2	
<i>bupirone tab 15mg</i>	2	
<i>bupirone tab 30mg</i>	2	
<i>hydroxyz hcl inj 25mg/ml</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyz hcl inj 50mg/ml</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyz hcl syp 10mg/5ml</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyz hcl tab 10mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyz hcl tab 25mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyz hcl tab 50mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyz pam cap 25mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyz pam cap 50mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyz pam cap 100mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>meprobamate tab 200mg</i>	2	
<i>meprobamate tab 400mg</i>	2	
<b>Benzodiazepines</b>		
ALPRAZOLAM CON 1 MG/ML	3	QL (120 mL / 25 days)
<i>alprazolam tab 0.5mg</i>	2	QL (90 tabs / 25 days)
<i>alprazolam tab 0.5mg od</i>	2	QL (90 tabs / 25 days)

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Applies if Step is Not Met

**QL** - Quantity Limits  
**OTC** - Over the Counter

**ST** - Step Therapy

**PA\*\*** - PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam tab 0.25 odt</i>	2	QL (90 tabs / 25 days)
<i>alprazolam tab 0.25mg</i>	2	QL (90 tabs / 25 days)
<i>alprazolam tab 1mg</i>	2	QL (90 tabs / 25 days)
<i>alprazolam tab 1mg odt</i>	2	QL (90 tabs / 25 days)
<i>alprazolam tab 2mg</i>	2	QL (60 tabs / 25 days)
<i>alprazolam tab 2mg odt</i>	2	QL (60 tabs / 25 days)
<i>cloraz dipot tab 3.75mg</i>	2	QL (120 tabs / 25 days)
<i>cloraz dipot tab 7.5mg</i>	2	QL (120 tabs / 25 days)
<i>cloraz dipot tab 15mg</i>	2	QL (120 tabs / 25 days)
DIAZEPAM CON 5MG/ML	2	QL (240 mL / 25 days)
<i>diazepam sol 1mg/ml</i>	2	QL (1200 mL / 25 days)
<i>diazepam tab 2mg</i>	2	QL (120 tabs / 25 days)
<i>diazepam tab 5mg</i>	2	QL (120 tabs / 25 days)
<i>diazepam tab 10mg</i>	2	QL (120 tabs / 25 days)
<i>lorazepam con 2mg/ml</i>	2	QL (150 mL / 25 days)
<i>lorazepam tab 0.5mg</i>	2	QL (150 tabs / 25 days)
<i>lorazepam tab 1mg</i>	2	QL (150 tabs / 25 days)
<i>lorazepam tab 2mg</i>	2	QL (150 tabs / 25 days)
<i>oxazepam cap 10mg</i>	2	QL (120 caps / 25 days)
<i>oxazepam cap 15mg</i>	2	QL (120 caps / 25 days)
<i>oxazepam cap 30mg</i>	2	QL (120 caps / 25 days)

## **ANTIARRHYTHMICS**

### **Antiarrhythmics Type I-A**

<i>disopyramide cap 100mg</i>	2	
<i>disopyramide cap 150mg</i>	2	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>procainamide inj 100mg/ml</i>	2	
PROCAINAMIDE INJ 500MG/ML	4	
<i>quinidine gl tab 324mg cr</i>	2	
<i>quinidine su tab 300mg er</i>	2	

### **Antiarrhythmics Type I-B**

<i>lidocain/d5w inj 4mg/ml</i>	2	
<i>lidocain/d5w inj 8mg/ml</i>	2	
<i>lidocaine inj 10mg/ml</i>	2	
<i>lidocaine inj 20mg/ml</i>	2	
<i>mexiletine cap 150mg</i>	2	
<i>mexiletine cap 200mg</i>	2	
<i>mexiletine cap 250mg</i>	2	

### **Antiarrhythmics Type I-C**

<i>flecainide tab 50mg</i>	2	
<i>flecainide tab 100mg</i>	2	
<i>flecainide tab 150mg</i>	2	
<i>propafenone cap 225mg er</i>	2	
<i>propafenone cap 325mg er</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propafenone cap 425mg sr</i>	2	
<i>propafenone tab 150mg</i>	2	
<i>propafenone tab 225mg</i>	2	
<i>propafenone tab 300mg</i>	2	

### **Antiarrhythmics Type III**

<i>amiodarone inj 50mg/ml</i>	2	
<i>amiodarone tab 200mg</i>	2	
<i>amiodarone tab 400mg</i>	2	
MULTAQ TAB 400MG	4	PA
NEXTERONE INJ	4	
<i>pacerone tab 100mg</i>	2	
<i>pacerone tab 200mg</i>	2	
TIKOSYN CAP 125MCG	5	PA
TIKOSYN CAP 250MCG	5	PA
TIKOSYN CAP 500MCG	5	PA

## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

### **Anti-Inflammatory Agents**

<i>cromolyn sod neb 20mg/2ml</i>	2	QL (2 boxes / 25 days)
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### **Bronchodilators - Anticholinergics**

ATROVENT HFA AER 17MCG	3	QL (2 inhalers / 25 days)
<i>ipratropium sol 0.02%inh</i>	2	QL (5 boxes / 25 days)
SPIRIVA CAP HANDIHLR	3	QL (30 caps / 25 days)
SPIRIVA SPR RESPIMAT	3	QL (1 inhaler / 25 days)

### **Leukotriene Modulators**

<i>montelukast chw 4mg</i>	2	
<i>montelukast chw 5mg</i>	2	
<i>montelukast gra 4mg</i>	2	
<i>montelukast tab 10mg</i>	2	
<i>zafirlukast tab 10mg</i>	2	
<i>zafirlukast tab 20mg</i>	2	
ZYFLO CR TAB 600MG	4	

### **Selective Phosphodiesterase 4 (PDE4) Inhibitors**

DALIRESP TAB 500MCG	4	PA
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### **Steroid Inhalants**

ALVESCO AER 80MCG	4	QL (3 inhalers / 25 days), ST
ALVESCO AER 160MCG	4	QL (2 inhalers / 25 days), ST
ASMANEX 30 AER 110MCG	3	QL (2 inhalers / 25 days)
ASMANEX 60 AER 220MCG	3	QL (2 inhalers per 25 days)
ASMANEX 120 AER 220MCG	3	QL (1 inhaler per 25 days)
ASMANEX HFA AER 100 MCG	3	QL (1 inhaler per 25 days)

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**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASMANEX HFA AER 200 MCG	3	QL (1 inhaler per 25 days)
<i>budesonide sus 0.5mg/2</i>	2	QL (2 boxes / 25 days)
<i>budesonide sus 0.25mg/2</i>	2	QL (3 boxes / 25 days)
FLOVENT DISK AER 50MCG	4	QL (3 inhalers / 25 days), ST
FLOVENT DISK AER 100MCG	4	QL (4 inhalers / 25 days), ST
FLOVENT DISK AER 250MCG	4	QL (4 inhalers / 25 days), ST
FLOVENT HFA AER 44MCG	4	QL (2 inhalers / 25 days), ST
FLOVENT HFA AER 110MCG	4	QL (2 inhalers / 25 days), ST
FLOVENT HFA AER 220MCG	4	QL (2 inhalers / 25 days), ST
PULMICORT INH 90MCG	4	QL (3 inhalers / 25 days), ST
PULMICORT INH 180MCG	4	QL (2 inhalers / 25 days), ST
PULMICORT SUS 1MG/2ML	4	QL (1 box / 25 days), ST
QVAR AER 40MCG	3	QL (2 inhalers / 25 days)
QVAR AER 80MCG	3	QL (2 inhalers / 25 days)

### **Sympathomimetics**

ADVAIR DISKU AER 100/50	3	QL (1 inhaler / 25 days), ST; PA**; Covered for ages 4-11
<i>albuterol neb 0.5% .5%</i>	2	QL (3 boxes / 25 days)
<i>albuterol neb 0.5% .5%</i>	2	QL (4 boxes / 25 days)
<i>albuterol neb 0.63mg/3</i>	2	QL (5 boxes / 25 days)
<i>albuterol neb 0.083%</i>	2	QL (5 boxes / 25 days)
<i>albuterol neb 1.25mg/3</i>	2	QL (5 boxes / 25 days)
<i>albuterol syp 2mg/5ml</i>	2	
<i>albuterol tab 2mg</i>	2	
<i>albuterol tab 4mg</i>	2	
<i>albuterol tab 4mg er</i>	2	
<i>albuterol tab 8mg er</i>	2	
ARCAPTA CAP 75MCG	4	QL (30 caps / 25 days)
BREO ELLIPTA INH 100-25	4	QL (1 Package / 25 days), PA
BROVANA NEB 15MCG	4	QL (2 boxes / 25 days)
COMBIVENT AER RESPIMAT	3	QL (2 inhalers / 25 days)
DULERA AER 100-5MCG	3	QL (1 inhaler / 25 days), ST; PA**
DULERA AER 200-5MCG	3	QL (1 inhaler / 25 days), ST; PA**

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine inj 0.1mg/ml</i>	2	
<i>epinephrine inj 1mg/ml</i>	2	
FORADIL CAP AEROLIZE	3	QL (60 caps / 25 days)
<i>ipratropium/ sol albuter</i>	2	QL (6 boxes / 25 days)
<i>levalbuterol neb 0.31mg</i>	2	QL (4 boxes / 25 days)
<i>levalbuterol neb 0.63mg</i>	2	QL (4 boxes / 25 days)
<i>levalbuterol neb 1.25/0.5</i>	2	QL (3 boxes / 25 days)
<i>levalbuterol neb 1.25mg</i>	2	QL (4 boxes / 25 days)
<i>metaproteren syp 10mg/5ml</i>	2	
<i>metaproteren tab 10mg</i>	2	
<i>metaproteren tab 20mg</i>	2	
PERFOROMIST NEB 20MCG	3	QL (2 boxes / 25 days)
PROAIR HFA AER	3	QL (2 inhalers / 25 days)
SEREVENT DIS AER 50MCG	4	QL (1 inhaler / 25 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 25 days), ST; PA**
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 25 days), ST; PA**
<i>terbutaline inj 1mg/ml</i>	2	
<i>terbutaline tab 2.5mg</i>	2	
<i>terbutaline tab 5mg</i>	2	
XOPENEX HFA AER	4	QL (2 inhalers per 25 days), ST; PA**

### **Xanthines**

<i>aminophyllin inj 25mg/ml</i>	2	
ELIXOPHYLLIN ELX 80/15ML	4	
LUFYLLIN TAB 200MG	4	
LUFYLLIN TAB 400MG	4	
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
THEO-24 CAP 300MG CR	4	
THEO-24 CAP 400MG ER	4	
<i>theochron tab 100mg cr</i>	2	
<i>theochron tab 200mg cr</i>	2	
<i>theochron tab 300mg cr</i>	2	
<i>theophylline sol 80/15ml</i>	2	
<i>theophylline tab 400mg er</i>	2	
<i>theophylline tab 450mg er</i>	2	
<i>theophylline tab 600mg er</i>	2	

### **ANTICOAGULANTS**

#### **Coumarin Anticoagulants**

COUMADIN INJ 5 MG	4	
<i>jantoven tab 1mg</i>	2	
<i>jantoven tab 2.5mg</i>	2	
<i>jantoven tab 2mg</i>	2	
<i>jantoven tab 3mg</i>	2	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>jantoven tab 4mg</i>	2	
<i>jantoven tab 5mg</i>	2	
<i>jantoven tab 6mg</i>	2	
<i>jantoven tab 7.5mg</i>	2	
<i>jantoven tab 10mg</i>	2	
<i>warfarin tab 1mg</i>	2	
<i>warfarin tab 2.5mg</i>	2	
<i>warfarin tab 2mg</i>	2	
<i>warfarin tab 3mg</i>	2	
<i>warfarin tab 4mg</i>	2	
<i>warfarin tab 5mg</i>	2	
<i>warfarin tab 6mg</i>	2	
<i>warfarin tab 7.5mg</i>	2	
<i>warfarin tab 10mg</i>	2	

**Direct Factor Xa Inhibitors**

ELIQUIS TAB 2.5MG	4	
ELIQUIS TAB 5MG	4	
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	

**Heparins And Heparinoid-Like Agents**

<i>enoxaparin inj 30/0.3ml</i>	2	
<i>enoxaparin inj 40/0.4ml</i>	2	
<i>enoxaparin inj 60/0.6ml</i>	2	
<i>enoxaparin inj 80/0.8ml</i>	2	
<i>enoxaparin inj 100mg/ml</i>	2	
<i>enoxaparin inj 120/0.8</i>	2	
<i>enoxaparin inj 150mg/ml</i>	2	
<i>enoxaparin inj 300/3ml</i>	2	
<i>fondaparinux sol 2.5/0.5</i>	2	
<i>fondaparinux sol 5.0/0.4</i>	2	
<i>fondaparinux sol 7.5/0.6</i>	2	
<i>fondaparinux sol 10/0.8</i>	2	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 25000/ML	4	
FRAGMIN INJ 95000UNT	4	
<i>heparin sod inj 1000/ml</i>	2	
<i>heparin sod inj 5000/0.5</i>	2	
<i>heparin sod inj 5000/ml</i>	2	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin sod inj 10000/ml</i>	2	
<i>heparin sod inj 20000/ml</i>	2	

### **Thrombin Inhibitors**

<i>argatroban inj 100mg/ml</i>	2	
ARGATROBAN INJ 125/125	4	
ARGATROBAN INJ 250/250	4	
PRADAXA CAP 75MG	3	
PRADAXA CAP 150MG	3	

## **ANTICONVULSANTS**

### **Anticonvulsants - Benzodiazepines**

<i>clonazepam tab 0.5mg</i>	2	
<i>clonazepam tab 1mg</i>	2	
<i>clonazepam tab 2mg</i>	2	
ONFI SUS 2.5MG/ML	4	PA
ONFI TAB 5MG	4	PA
ONFI TAB 10MG	4	PA
ONFI TAB 20MG	4	PA

### **Anticonvulsants - Misc.**

BANZEL SUS 40MG/ML	4	PA
BANZEL TAB 200MG	4	PA
BANZEL TAB 400MG	4	PA
<i>carbamazepin cap 100mg er</i>	2	
<i>carbamazepin cap 200mg er</i>	2	
<i>carbamazepin cap 300mg er</i>	2	
<i>carbamazepin chw 100mg</i>	2	
<i>carbamazepin sus 100/5ml</i>	2	
<i>carbamazepin tab 200mg</i>	2	
<i>carbamazepin tab 200mg er</i>	2	
<i>carbamazepin tab 400mg er</i>	2	
<i>epitol tab 200mg</i>	2	
<i>gabapentin cap 100mg</i>	2	
<i>gabapentin cap 300mg</i>	2	
<i>gabapentin cap 400mg</i>	2	
<i>gabapentin sol 250/5ml</i>	2	
<i>gabapentin tab 600mg</i>	2	
<i>gabapentin tab 800mg</i>	2	
LAMICTAL CHW 2MG	3	
LAMICTAL KIT START 35	4	
LAMICTAL KIT START 49	4	
LAMICTAL KIT START 98	4	
LAMICTAL ODT KIT	4	
LAMICTAL XR KIT	4	
<i>lamotrigine chw 5mg</i>	2	
<i>lamotrigine chw 25mg</i>	2	
<i>lamotrigine tab 25mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 25mg er</i>	2	
<i>lamotrigine tab 25mg odt</i>	2	
<i>lamotrigine tab 50mg er</i>	2	
<i>lamotrigine tab 50mg odt</i>	2	
<i>lamotrigine tab 100mg</i>	2	
<i>lamotrigine tab 100mg er</i>	2	
<i>lamotrigine tab 150mg</i>	2	
<i>lamotrigine tab 200mg</i>	2	
<i>lamotrigine tab 200mg er</i>	2	
<i>lamotrigine tab 250mg er</i>	2	
<i>lamotrigine tab 300mg er</i>	2	
LEVETIRACETA INJ 5MG/ML	4	
LEVETIRACETA INJ 10MG/ML	4	
LEVETIRACETA INJ 15MG/ML	4	
<i>levetiraceta sol 100mg/ml</i>	2	
<i>levetiraceta tab 250mg</i>	2	
<i>levetiraceta tab 500mg</i>	2	
<i>levetiraceta tab 500mg er</i>	2	
<i>levetiraceta tab 750mg</i>	2	
<i>levetiraceta tab 750mg er</i>	2	
<i>levetiraceta tab 1000mg</i>	2	
<i>levetiracetm inj 500/5ml</i>	2	
LYRICA CAP 25MG	4	ST; PA**
LYRICA CAP 50MG	4	ST; PA**
LYRICA CAP 75MG	4	ST; PA**
LYRICA CAP 100MG	4	ST; PA**
LYRICA CAP 150MG	4	ST; PA**
LYRICA CAP 200MG	4	ST; PA**
LYRICA CAP 225MG	4	ST; PA**
LYRICA CAP 300MG	4	ST; PA**
LYRICA SOL 20MG/ML	4	ST; PA**
<i>oxcarbazepin sus 300mg/5m</i>	2	
<i>oxcarbazepin tab 150mg</i>	2	
<i>oxcarbazepin tab 300mg</i>	2	
<i>oxcarbazepin tab 600mg</i>	2	
POTIGA TAB 50MG	4	PA
POTIGA TAB 200MG	4	PA
POTIGA TAB 300MG	4	PA
POTIGA TAB 400MG	4	PA
<i>primidone tab 50mg</i>	2	
<i>primidone tab 250mg</i>	2	
TEGRETOL-XR TAB 100MG	3	
<i>topiragen tab 25mg</i>	2	
<i>topiragen tab 50mg</i>	2	
<i>topiragen tab 100mg</i>	2	
<i>topiragen tab 200mg</i>	2	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topiramate cap 15mg</i>	2	
<i>topiramate cap 25mg</i>	2	
<i>topiramate tab 25mg</i>	2	
<i>topiramate tab 50mg</i>	2	
<i>topiramate tab 100mg</i>	2	
<i>topiramate tab 200mg</i>	2	
VIMPAT INJ 200MG/20	4	PA
VIMPAT SOL 10MG/ML	4	PA
VIMPAT TAB 50MG	4	PA
VIMPAT TAB 100MG	4	PA
VIMPAT TAB 150MG	4	PA
VIMPAT TAB 200MG	4	PA
<i>zonisamide cap 25mg</i>	2	
<i>zonisamide cap 50mg</i>	2	
<i>zonisamide cap 100mg</i>	2	
<b>Carbamates</b>		
<i>felbamate sus 600/5ml</i>	2	
<i>felbamate tab 400mg</i>	2	
<i>felbamate tab 600mg</i>	2	
<b>GABA Modulators</b>		
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
SABRIL POW 500MG	5	PA
SABRIL TAB 500MG	5	PA
<i>tiagabine tab 2mg</i>	2	
<i>tiagabine tab 4mg</i>	2	
<b>Hydantoins</b>		
DILANTIN CAP 30MG	4	
<i>fosphenytoin inj 100/2ml</i>	2	
<i>fosphenytoin inj 500/10ml</i>	2	
PEGANONE TAB 250MG	4	
<i>phenytoin chw 50mg</i>	2	
<i>phenytoin ex cap 100mg</i>	2	
<i>phenytoin ex cap 200mg</i>	2	
<i>phenytoin ex cap 300mg</i>	2	
<i>phenytoin inj 50mg/ml</i>	2	
<i>phenytoin sus 125/5ml</i>	2	
<b>Succinimides</b>		
CELONTIN CAP 300MG	4	
<i>ethosuximide cap 250mg</i>	2	
<i>ethosuximide sol 250/5ml</i>	2	
<b>Valproic Acid</b>		
<i>divalproex cap 125mg</i>	2	
<i>divalproex tab 125mg dr</i>	2	
<i>divalproex tab 250mg dr</i>	2	

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OTC - Over the Counter

ST - Step Therapy

PA\*\* - PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex tab 250mg er</i>	2	
<i>divalproex tab 500mg dr</i>	2	
<i>divalproex tab 500mg er</i>	2	
STAVZOR CAP 125MG	4	
STAVZOR CAP 250MG	4	
STAVZOR CAP 500MG	4	
<i>valproate inj 100mg/ml</i>	2	
<i>valproic acid cap 250mg</i>	2	
<i>valproic acid syp 250/5ml</i>	2	

## **ANTIDEPRESSANTS**

### **Alpha-2 Receptor Antagonists (Tetracyclics)**

<i>mirtazapine tab 7.5mg</i>	2	
<i>mirtazapine tab 15mg</i>	2	
<i>mirtazapine tab 30mg</i>	2	
<i>mirtazapine tab 45mg</i>	2	
<i>mirtazapine tab 45mg odt</i>	2	
<i>mirtazapine tab odt 15mg</i>	2	
<i>mirtazapine tab odt 30mg</i>	2	

### **Antidepressants - Misc.**

ALENZIN TAB 174MG	4	
ALENZIN TAB 348MG	4	
ALENZIN TAB 522MG	4	
<i>bupropion tab 75mg</i>	2	
<i>bupropion tab 100mg</i>	2	
<i>bupropion tab 100mg sr</i>	2	
<i>bupropion tab 150mg sr</i>	2	
<i>bupropion tab 200mg sr</i>	2	
<i>bupropion hcl tab 150mg xl</i>	2	
<i>bupropion hcl tab 300mg xl</i>	2	
<i>maprotiline tab 25mg</i>	2	
<i>maprotiline tab 50mg</i>	2	
<i>maprotiline tab 75mg</i>	2	

### **Modified Cyclics**

<i>nefazodone tab 50mg</i>	2	
<i>nefazodone tab 100mg</i>	2	
<i>nefazodone tab 150mg</i>	2	
<i>nefazodone tab 200mg</i>	2	
<i>nefazodone tab 250mg</i>	2	
<i>trazodone tab 50mg</i>	2	
<i>trazodone tab 100mg</i>	2	
<i>trazodone tab 150mg</i>	2	
<i>trazodone tab 300mg</i>	2	
VIIBRYD KIT	4	ST; PA**
VIIBRYD TAB 10MG	4	ST; PA**
VIIBRYD TAB 20MG	4	ST; PA**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIIBRYD TAB 40MG	4	ST; PA**
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM DIS 6MG/24HR	4	
EMSAM DIS 9MG/24HR	4	
EMSAM DIS 12MG/24H	4	
MARPLAN TAB 10MG	4	
<i>phenelzine tab 15mg</i>	2	
<i>tranylcyprom tab 10mg</i>	2	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram sol 10mg/5ml</i>	2	
<i>citalopram tab 10mg</i>	2	
<i>citalopram tab 20mg</i>	2	
<i>citalopram tab 40mg</i>	2	
<i>escitalopram sol 5mg/5ml</i>	2	
<i>escitalopram tab 5mg</i>	2	
<i>escitalopram tab 10mg</i>	2	
<i>escitalopram tab 20mg</i>	2	
<i>fluoxetine cap 10mg</i>	2	
<i>fluoxetine cap 20mg</i>	2	
<i>fluoxetine cap 40mg</i>	2	
<i>fluoxetine cap 90mg dr</i>	2	
<i>fluoxetine sol 20mg/5ml</i>	2	
<i>fluoxetine tab 10mg</i>	2	
<i>fluoxetine tab 20mg</i>	2	
FLUOXETINE TAB 60MG	4	
<i>fluvoxamine cap 100mg er</i>	2	
<i>fluvoxamine cap 150mg er</i>	2	
<i>fluvoxamine tab 25mg</i>	2	
<i>fluvoxamine tab 50mg</i>	2	
<i>fluvoxamine tab 100mg</i>	2	
<i>paroxetin er tab 12.5mg</i>	2	
<i>paroxetin er tab 37.5mg</i>	2	
<i>paroxetine tab 10mg</i>	2	
<i>paroxetine tab 20mg</i>	2	
<i>paroxetine tab 25mg er</i>	2	
<i>paroxetine tab 30mg</i>	2	
<i>paroxetine tab 40mg</i>	2	
PAXIL SUS 10MG/5ML	3	
PEXEVA TAB 10MG	4	ST; PA**
PEXEVA TAB 20MG	4	ST; PA**
PEXEVA TAB 30MG	4	ST; PA**
PEXEVA TAB 40MG	4	ST; PA**
<i>sertraline con 20mg/ml</i>	2	
<i>sertraline tab 25mg</i>	2	
<i>sertraline tab 50mg</i>	2	
<i>sertraline tab 100mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
<i>duloxetine cap 20mg</i>	2	
<i>duloxetine cap 30mg</i>	2	
<i>duloxetine cap 60mg</i>	2	
PRISTIQ TAB 25MG	4	ST; PA**
PRISTIQ TAB 50MG	4	ST; PA**
PRISTIQ TAB 100MG	4	ST; PA**
<i>venlafaxine cap 37.5 er</i>	2	
<i>venlafaxine cap 75mg er</i>	2	
<i>venlafaxine cap 150mg er</i>	2	
<i>venlafaxine tab 25mg</i>	2	
<i>venlafaxine tab 37.5 er</i>	2	
<i>venlafaxine tab 37.5mg</i>	2	
<i>venlafaxine tab 50mg</i>	2	
<i>venlafaxine tab 75mg</i>	2	
<i>venlafaxine tab 75mg er</i>	2	
<i>venlafaxine tab 100mg</i>	2	
<i>venlafaxine tab 150mg er</i>	2	
<i>venlafaxine tab 225mg er</i>	2	
<b>Tricyclic Agents</b>		
<i>amitriptylin tab 10mg</i>	2	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptylin tab 25mg</i>	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptylin tab 50mg</i>	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptylin tab 75mg</i>	2	Members 65 and older subject to PA
<i>amitriptylin tab 100mg</i>	2	Members 65 and older subject to PA
<i>amitriptylin tab 150mg</i>	2	Members 65 and older subject to PA
<i>amoxapine tab 25mg</i>	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 50mg</i>	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 100mg</i>	2	QL (90 tabs / 25 days); QL applies to members age 65 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxapine tab 150mg</i>	2	QL (60 tabs / 25 days); QL applies to members age 65 and older regardles of QL
<i>clomipramine cap 25mg</i>	2	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine cap 50mg</i>	2	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine cap 75mg</i>	2	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>desipramine tab 10mg</i>	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine tab 25mg</i>	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine tab 50mg</i>	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine tab 75mg</i>	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine tab 100mg</i>	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine tab 150mg</i>	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 10mg</i>	2	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25mg</i>	2	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50mg</i>	2	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75mg</i>	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100mg</i>	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150mg</i>	2	QL (30 caps / 25 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl con 10mg/ml</i>	2	QL (450 mL / 25 days); QL applies to members age 65 and older
<i>imipram hcl tab 10mg</i>	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipram hcl tab 25mg</i>	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipram hcl tab 50mg</i>	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipram pam cap 75mg</i>	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipram pam cap 100mg</i>	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipram pam cap 125mg</i>	2	Members 65 and older subject to PA
<i>imipram pam cap 150mg</i>	2	Members 65 and older subject to PA
<i>nortriptylin cap 10mg</i>	2	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>nortriptylin cap 25mg</i>	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptylin cap 50mg</i>	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptylin cap 75mg</i>	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptylin sol 10mg/5ml</i>	2	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>protriptylin tab 5mg</i>	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptylin tab 10mg</i>	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
SURMONTIL CAP 25MG	4	QL (60 caps / 25 days); QL applies to members age 65 and older
SURMONTIL CAP 50MG	4	QL (60 caps / 25 days); QL applies to members age 65 and older

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SURMONTIL CAP 100MG	4	QL (30 caps / 25 days); QL applies to members age 65 and older

## **ANTIDIABETICS**

### **Alpha-Glucosidase Inhibitors**

<i>acarbose tab 25mg</i>	2	
<i>acarbose tab 50mg</i>	2	
<i>acarbose tab 100mg</i>	2	
GLYSET TAB 25MG	4	
GLYSET TAB 50MG	4	
GLYSET TAB 100MG	4	

### **Antidiabetic - Amylin Analogs**

SYMLINPEN 60 INJ 1000MCG	4	PA
SYMLINPEN 120 INJ 1000MCG	4	PA

### **Antidiabetic Combinations**

<i>glip/metform tab 2.5-250m</i>	2	
<i>glip/metform tab 2.5-500m</i>	2	
<i>glip/metform tab 5-500mg</i>	2	
<i>glyb/metform tab 1.25-250</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>glyb/metform tab 2.5-500</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>glyb/metform tab 5-500mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
JANUMET TAB 50-500MG	3	
JANUMET TAB 50-1000	3	
JANUMET XR TAB 50-500MG	3	
JANUMET XR TAB 50-1000	3	
JANUMET XR TAB 100-1000	3	
JENTADUETO TAB 2.5-500	3	
JENTADUETO TAB 2.5-850	3	
JENTADUETO TAB 2.5-1000	3	
<i>pioglit/glim tab 30-2mg</i>	2	
<i>pioglit/glim tab 30-4mg</i>	2	
<i>pioglita/met tab 15-500mg</i>	2	
<i>pioglita/met tab 15-850mg</i>	2	
<b>Biguanides</b>		
<i>metformin er tab 1000mg</i>	2	
<i>metformin tab 500mg</i>	2	
<i>metformin tab 500mg er</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
metformin tab 750mg er	2	
metformin tab 850mg	2	
metformin tab 1000mg	2	
<b>Diabetic Other</b>		
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUVIA TAB 25MG	3	
JANUVIA TAB 50MG	3	
JANUVIA TAB 100MG	3	
ONGLYZA TAB 2.5MG	4	PA
ONGLYZA TAB 5MG	4	PA
TRADJENTA TAB 5MG	4	PA
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TAB 0.8MG	4	
<b>Incretin Mimetic Agents (GLP Receptor Agonists)</b>		
BYDUREON INJ	3	
BYETTA INJ 5MCG	4	QL (1 prefilled pen (60 doses) / 25 days), PA
BYETTA INJ 10MCG	4	QL (1 prefilled pen (60 doses) / 25 days), PA
VICTOZA INJ 18MG/3ML	4	PA
<b>Insulin</b>		
APIDRA INJ SOLOSTAR	3	
APIDRA INJ U-100	3	
HUMALOG INJ 100/ML	4	
HUMALOG KWIK INJ 100/ML	4	
HUMALOG MIX INJ 50/50	4	
HUMALOG MIX INJ 50/50KWP	4	
HUMALOG MIX INJ 75/25KWP	4	
HUMALOG MIX SUS 75/25	4	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N INJ U-100	4	OTC
HUMULIN N INJ U-100KWP	4	OTC
HUMULIN R INJ U-100	4	OTC
HUMULIN R INJ U-500	3	
LANTUS INJ 100/ML	3	
LANTUS INJ SOLOSTAR	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUC	3	
NOVOLIN INJ 70/30	3	OTC
NOVOLIN N INJ U-100	3	OTC
NOVOLIN R INJ U-100	3	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ MIX FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	

### ***Insulin Sensitizing Agents***

AVANDIA TAB 2MG	4	
AVANDIA TAB 4MG	4	
AVANDIA TAB 8MG	4	
<i>pioglitazone tab 15mg</i>	2	
<i>pioglitazone tab 30mg</i>	2	
<i>pioglitazone tab 45mg</i>	2	

### ***Meglitinide Analogues***

<i>nateglinide tab 60mg</i>	2	
<i>nateglinide tab 120mg</i>	2	
<i>repaglinide tab 0.5mg</i>	2	
<i>repaglinide tab 1mg</i>	2	
<i>repaglinide tab 2mg</i>	2	

### ***Sulfonylureas***

<i>chlorpropam tab 100mg</i>	2	
<i>chlorpropam tab 250mg</i>	2	
<i>glimepiride tab 1mg</i>	2	
<i>glimepiride tab 2mg</i>	2	
<i>glimepiride tab 4mg</i>	2	
<i>glipizide er tab 2.5mg</i>	2	
<i>glipizide er tab 5mg</i>	2	
<i>glipizide er tab 10mg</i>	2	
<i>glipizide tab 5mg</i>	2	
<i>glipizide tab 10mg</i>	2	
<i>glyburid mcr tab 1.5mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>glyburid mcr tab 3mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>glyburid mcr tab 6mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide tab 1.25mg</i>	2	PA; High Risk Medications require PA for members age 65 and older



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide tab 2.5mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide tab 5mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>tolazamide tab 250mg</i>	2	
<i>tolazamide tab 500mg</i>	2	
<i>tolbutamide tab 500mg</i>	2	

## **ANTIDIARRHEALS**

### **Antiperistaltic Agents**

<i>anti-diarrhe tab 2mg</i>	2	
<i>diphen/atrop liq 2.5/5</i>	2	
<i>diphen/atrop tab 2.5mg</i>	2	
<i>loperamide cap 2mg</i>	2	
MOTOFEN TAB	4	

## **ANTIDOTES**

### **Antidotes - Chelating Agents**

CHEMET CAP 100MG	4	
EXJADE TAB 125MG	5	PA
EXJADE TAB 250MG	5	PA
EXJADE TAB 500MG	5	PA
FERRIPROX TAB 500MG	5	PA

### **Opioid Antagonists**

<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone tab 50mg</i>	2	
VIVITROL INJ 380MG	5	PA

## **ANTIEMETICS**

### **5-HT3 Receptor Antagonists**

ALOXI INJ 0.25MG/5	4	QL (5 mL / 15 days)
ANZEMET TAB 50MG	4	QL (3 tabs / 15 days)
ANZEMET TAB 100MG	4	QL (3 tabs / 15 days)
<i>granisetron inj 0.1mg/ml</i>	2	QL (1 mL / 15 days)
<i>granisetron inj 1mg/ml</i>	2	QL (1 mL / 15 days)
<i>granisetron inj 4mg/4ml</i>	2	QL (1 mL / 15 days)
<i>granisetron tab 1mg</i>	2	QL (6 tabs / 15 days)
GRANISOL SOL 2MG/10ML	4	QL (30 mL / 15 days)
<i>ondansetron inj 4mg/2ml</i>	2	QL (10 ml / 15 days)
<i>ondansetron inj 40/20ml</i>	2	QL (10 ml / 15 days)
<i>ondansetron sol 4mg/5ml</i>	2	QL (2 bottles / 15 days)
<i>ondansetron tab 4mg</i>	2	QL (12 tabs / 15 days)
<i>ondansetron tab 4mg odt</i>	2	QL (12 tabs / 15 days)
<i>ondansetron tab 8mg</i>	2	QL (12 tabs / 15 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron tab 8mg odt</i>	2	QL (12 tabs / 15 days)
<i>ondansetron tab 24mg</i>	2	QL (1 tab / 15 days)
SANCUSO DIS 3.1MG	4	QL (1 patch / 15 days)
ZUPLENZ MIS 4MG	4	QL (12 films / 15 days)
ZUPLENZ MIS 8MG	4	QL (12 films / 15 days)

### **Antiemetics - Anticholinergic**

ANTIVERT TAB 50MG	3	
<i>dimenhydrin tab 50mg</i>	2	
<i>meclizine tab 12.5mg</i>	2	
<i>meclizine tab 25mg</i>	2	
TRANSDERM-SC DIS 1MG	4	
<i>trimethobenz cap 300mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>trimethobenz inj 100mg/ml</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>univert tab 32mg</i>	2	

### **Antiemetics - Miscellaneous**

CESAMET CAP 1MG	4	QL (18 caps / 25 days)
<i>dronabinol cap 2.5mg</i>	2	QL (60 caps / 25 days)
<i>dronabinol cap 5mg</i>	2	QL (60 caps / 25 days)
<i>dronabinol cap 10mg</i>	2	QL (60 caps / 25 days)

### **Substance P/Neurokinin 1 (NK1) Receptor Antagonists**

EMEND CAP 40MG	4	QL (3 caps / 180 days)
EMEND CAP 80MG	4	QL (2 caps / 15 days)
EMEND CAP 125MG	4	QL (1 cap / 15 days)
EMEND PAK 80 & 125	4	QL (1 pack / 15 days)

## **ANTIFUNGALS**

### **Antifungal - Glucan Synthesis Inhibitors (Echinocandins)**

CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
ERAXIS INJ 50MG	4	
ERAXIS INJ 100MG	4	
MYCAMINE INJ 50MG	4	
MYCAMINE INJ 100MG	4	

### **Antifungals**

ABELCET INJ 5MG/ML	4	
AMBISOME INJ 50MG	4	
AMPHOTEC INJ 50MG	4	
AMPHOTEC INJ 100MG	4	
<i>amphotericin inj 50mg</i>	2	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>griseofulvin sus 125/5ml</i>	2	
<i>griseofulvin tab micr 500</i>	2	
<i>griseofulvin tab ultr 125</i>	2	
<i>griseofulvin tab ultr 250</i>	2	
LAMISIL GRA 125MG	4	PA
LAMISIL GRA 187.5MG	4	PA
<i>nystatin pow</i>	2	
<i>nystatin tab 500000</i>	2	
<i>terbinafine tab 250mg</i>	2	PA

### **Imidazole-Related Antifungals**

<i>fluconazole sus 10mg/ml</i>	2	
<i>fluconazole sus 40mg/ml</i>	2	
<i>fluconazole tab 50mg</i>	2	
<i>fluconazole tab 100mg</i>	2	
<i>fluconazole tab 150mg</i>	2	
<i>fluconazole tab 200mg</i>	2	
<i>fluconazole/ inj dex 200</i>	2	
<i>fluconazole/ inj dex 400</i>	2	
FLUCONAZOLE/ INJ NAACL 100	4	
<i>fluconazole/ inj nacl 200</i>	2	
<i>fluconazole/ inj nacl 400</i>	2	
<i>itraconazole cap 100mg</i>	2	PA
NOXAFIL SUS 40MG/ML	3	
NOXAFIL TAB 100MG	3	
SPORANOX SOL 10MG/ML	3	PA
<i>voriconazole sus 40mg/ml</i>	2	PA
<i>voriconazole tab 50mg</i>	2	PA
<i>voriconazole tab 200mg</i>	2	PA

### **ANTI-HISTAMINES**

#### **Antihistamines - Alkylamines**

<i>brompheniram chw 12mg</i>	2	
<i>dexchlorphen syp 2mg/5ml</i>	2	

#### **Antihistamines - Ethanolamines**

<i>arbinoxa sol 4mg/5ml</i>	2	
<i>carbinoxamin sol 4mg/5ml</i>	2	
<i>carbinoxamin tab 4mg</i>	2	
<i>clemastine syp 0.5/5ml</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>clemastine tab 2.68mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>diphenhydram cap 25mg</i>	2	
<i>diphenhydram cap 50mg</i>	2	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydram elx 12.5/5ml</i>	2	
<i>diphenhydram inj 50mg/ml</i>	2	
<b>Antihistamines - Non-Sedating</b>		
CLARINEX SYP 0.5MG/ML	4	
<i>desloratadin tab 2.5 odt</i>	2	
<i>desloratadin tab 5mg</i>	2	
<i>desloratadin tab 5mg odt</i>	2	
<i>levocetirizi sol 2.5/5ml</i>	2	
<i>levocetirizi tab 5mg</i>	2	
<b>Antihistamines - Phenothiazines</b>		
<i>phenadoz sup 25mg</i>	2	
<i>promethazine inj 25mg/ml</i>	2	
<i>promethazine inj 50mg/ml</i>	2	
<i>promethazine sup 12.5mg</i>	2	
<i>promethazine sup 25mg</i>	2	
<i>promethazine syp 6.25/5ml</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>promethazine tab 12.5mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>promethazine tab 25mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>promethazine tab 50mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>promethegan sup 12.5mg</i>	2	
<i>promethegan sup 25mg</i>	2	
<i>promethegan sup 50mg</i>	2	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptad syp 2mg/5ml</i>	2	
<i>cyproheptad tab 4mg</i>	2	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>Antihyperlipidemics - Combinations</b>		
VYTORIN TAB 10-10MG	4	ST; PA**
VYTORIN TAB 10-20MG	4	ST; PA**
VYTORIN TAB 10-40MG	4	ST; PA**
VYTORIN TAB 10-80MG	4	ST; PA**
<b>Antihyperlipidemics - Misc.</b>		
<i>omega-3-acid cap 1gm</i>	2	PA
<b>Bile Acid Sequestrants</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cholestyram pow 4gm</i>	2	
<i>cholestyram pow 4gm lite</i>	2	
<i>colestipol gra 5gm</i>	2	
<i>colestipol tab 1gm</i>	2	
<i>prevalite pow 4gm</i>	2	
WELCHOL PAK 3.75GM	4	
WELCHOL TAB 625MG	4	

### **Fibric Acid Derivatives**

<i>fenofibrate cap 43mg</i>	2	
<i>fenofibrate cap 50mg</i>	2	
<i>fenofibrate cap 67mg</i>	2	
<i>fenofibrate cap 130mg</i>	2	
<i>fenofibrate cap 134mg</i>	2	
<i>fenofibrate cap 150mg</i>	2	
<i>fenofibrate cap 200mg</i>	2	
<i>fenofibrate tab 48mg</i>	2	
<i>fenofibrate tab 54mg</i>	2	
<i>fenofibrate tab 145mg</i>	2	
<i>fenofibrate tab 160mg</i>	2	
<i>fenofibric cap 45mg dr</i>	2	
<i>fenofibric cap 135mg dr</i>	2	
<i>fenofibric tab 35mg</i>	2	
<i>fenofibric tab 105mg</i>	2	
<i>gemfibrozil tab 600mg</i>	2	

### **HMG CoA Reductase Inhibitors**

<i>atorvastatin tab 10mg</i>	2	
<i>atorvastatin tab 20mg</i>	2	
<i>atorvastatin tab 40mg</i>	2	
<i>atorvastatin tab 80mg</i>	2	
CRESTOR TAB 5MG	4	ST; PA**
CRESTOR TAB 10MG	4	ST; PA**
CRESTOR TAB 20MG	4	ST; PA**
CRESTOR TAB 40MG	4	PA**
<i>fluvastatin cap 20mg</i>	2	
<i>fluvastatin cap 40mg</i>	2	
LIVALO TAB 1MG	4	ST; PA**
LIVALO TAB 2MG	4	ST; PA**
LIVALO TAB 4MG	4	ST; PA**
<i>lovastatin tab 10mg</i>	2	
<i>lovastatin tab 20mg</i>	2	
<i>lovastatin tab 40mg</i>	2	
<i>pravastatin tab 10mg</i>	2	
<i>pravastatin tab 20mg</i>	2	
<i>pravastatin tab 40mg</i>	2	
<i>pravastatin tab 80mg</i>	2	
<i>simvastatin tab 5mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>simvastatin tab 10mg</i>	2	
<i>simvastatin tab 20mg</i>	2	
<i>simvastatin tab 40mg</i>	2	
<i>simvastatin tab 80mg</i>	2	ST

### **Intestinal Cholesterol Absorption Inhibitors**

ZETIA TAB 10MG	4	ST; PA**
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### **Nicotinic Acid Derivatives**

<i>niacin er tab 500mg</i>	2	
<i>niacin er tab 750mg</i>	2	
<i>niacin er tab 1000mg</i>	2	

## **ANTIHYPERTENSIVES**

### **ACE Inhibitors**

<i>benazepril tab 5mg</i>	2	
<i>benazepril tab 10mg</i>	2	
<i>benazepril tab 20mg</i>	2	
<i>benazepril tab 40mg</i>	2	
<i>captopril tab 12.5mg</i>	2	
<i>captopril tab 25mg</i>	2	
<i>captopril tab 50mg</i>	2	
<i>captopril tab 100mg</i>	2	
<i>enalapril tab 2.5mg</i>	2	
<i>enalapril tab 5mg</i>	2	
<i>enalapril tab 10mg</i>	2	
<i>enalapril tab 20mg</i>	2	
<i>fosinopril tab 10mg</i>	2	
<i>fosinopril tab 20mg</i>	2	
<i>fosinopril tab 40mg</i>	2	
<i>lisinopril tab 2.5mg</i>	2	
<i>lisinopril tab 5mg</i>	2	
<i>lisinopril tab 10mg</i>	2	
<i>lisinopril tab 20mg</i>	2	
<i>lisinopril tab 30mg</i>	2	
<i>lisinopril tab 40mg</i>	2	
<i>moexipril tab 7.5mg</i>	2	
<i>moexipril tab 15mg</i>	2	
<i>perindopril tab 2mg</i>	2	
<i>perindopril tab 4mg</i>	2	
<i>perindopril tab 8mg</i>	2	
<i>quinapril tab 5mg</i>	2	
<i>quinapril tab 10mg</i>	2	
<i>quinapril tab 20mg</i>	2	
<i>quinapril tab 40mg</i>	2	
<i>ramipril cap 1.25mg</i>	2	
<i>ramipril cap 2.5mg</i>	2	
<i>ramipril cap 5mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ramipril cap 10mg</i>	2	
<i>trandolapril tab 1mg</i>	2	
<i>trandolapril tab 2mg</i>	2	
<i>trandolapril tab 4mg</i>	2	
<b>Agents for Pheochromocytoma</b>		
DIBENZYLIN CAP 10MG	4	
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR TAB 5MG	4	ST; PA**
BENICAR TAB 20MG	4	ST; PA**
BENICAR TAB 40MG	4	ST; PA**
<i>candesartan tab 4mg</i>	2	
<i>candesartan tab 8mg</i>	2	
<i>candesartan tab 16mg</i>	2	
<i>candesartan tab 32mg</i>	2	
EDARBI TAB 40MG	4	ST; PA**
EDARBI TAB 80MG	4	ST; PA**
<i>eprosart mes tab 600mg</i>	2	
<i>irbesartan tab 75mg</i>	2	
<i>irbesartan tab 150mg</i>	2	
<i>irbesartan tab 300mg</i>	2	
<i>losartan pot tab 25mg</i>	2	
<i>losartan pot tab 50mg</i>	2	
<i>losartan pot tab 100mg</i>	2	
<i>telmisartan tab 20mg</i>	2	
<i>telmisartan tab 40mg</i>	2	
<i>telmisartan tab 80mg</i>	2	
<i>valsartan tab 40mg</i>	2	
<i>valsartan tab 80mg</i>	2	
<i>valsartan tab 160mg</i>	2	
<i>valsartan tab 320mg</i>	2	
<b>Antiadrenergic Antihypertensives</b>		
<i>clonidine dis 0.1/24hr</i>	2	
<i>clonidine dis 0.2/24hr</i>	2	
<i>clonidine dis 0.3/24hr</i>	2	
<i>clonidine tab 0.1mg</i>	2	
<i>clonidine tab 0.2mg</i>	2	
<i>clonidine tab 0.3mg</i>	2	
<i>doxazosin tab 1mg</i>	2	
<i>doxazosin tab 2mg</i>	2	
<i>doxazosin tab 4mg</i>	2	
<i>doxazosin tab 8mg</i>	2	
<i>guanfacine tab 1mg</i>	2	
<i>guanfacine tab 2mg</i>	2	
<i>methyldopa tab 250mg</i>	2	
<i>methyldopa tab 500mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methyldopate inj 250/5ml</i>	2	
<i>prazosin hcl cap 1mg</i>	2	
<i>prazosin hcl cap 2mg</i>	2	
<i>prazosin hcl cap 5mg</i>	2	
<i>terazosin cap 1mg</i>	2	
<i>terazosin cap 2mg</i>	2	
<i>terazosin cap 5mg</i>	2	
<i>terazosin cap 10mg</i>	2	

### **Antihypertensive Combinations**

<i>amlod/benazp cap 2.5-10mg</i>	2	
<i>amlod/benazp cap 5-10mg</i>	2	
<i>amlod/benazp cap 5-20mg</i>	2	
<i>amlod/benazp cap 5-40mg</i>	2	
<i>amlod/benazp cap 10-20mg</i>	2	
<i>amlod/benazp cap 10-40mg</i>	2	
<i>amlod/valsar tab 5-160mg</i>	2	
<i>amlod/valsar tab 5-320mg</i>	2	
<i>amlod/valsar tab 10-160mg</i>	2	
<i>amlod/valsar tab 10-320mg</i>	2	
<i>amlod/valsar tab /hctz</i>	2	
<i>atenol/chlor tab 50-25mg</i>	2	
<i>atenol/chlor tab 100-25mg</i>	2	
<i>benazep/hctz tab 5-6.25</i>	2	
<i>benazep/hctz tab 10-12.5</i>	2	
<i>benazep/hctz tab 20-12.5</i>	2	
<i>benazep/hctz tab 20-25mg</i>	2	
<i>bisoprl/hctz tab 2.5/6.25</i>	2	
<i>bisoprl/hctz tab 5-6.25mg</i>	2	
<i>bisoprl/hctz tab 10/6.25</i>	2	
<i>candes/hctz tab 16-12.5</i>	2	
<i>candes/hctz tab 32-12.5</i>	2	
<i>candes/hctz tab 32-25mg</i>	2	
<i>captopr/hctz tab 25-15mg</i>	2	
<i>captopr/hctz tab 25-25mg</i>	2	
<i>captopr/hctz tab 50-15mg</i>	2	
<i>captopr/hctz tab 50-25mg</i>	2	
<i>enalapr/hctz tab 5-12.5mg</i>	2	
<i>enalapr/hctz tab 10-25mg</i>	2	
<i>fosinop/hctz tab 10/12.5</i>	2	
<i>fosinop/hctz tab 20/12.5</i>	2	
<i>irbesar/hctz tab 150-12.5</i>	2	
<i>irbesar/hctz tab 300-12.5</i>	2	
<i>lisinop/hctz tab 10-12.5</i>	2	
<i>lisinop/hctz tab 20-12.5</i>	2	
<i>lisinop/hctz tab 20-25mg</i>	2	
<i>losartan/hct tab 50-12.5</i>	2	

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<i>losartan/hct tab 100-12.5</i>	2	
<i>losartan/hct tab 100-25</i>	2	
<i>metoprl/hctz tab 50-25mg</i>	2	
<i>metoprl/hctz tab 100-25mg</i>	2	
<i>metoprl/hctz tab 100-50mg</i>	2	
<i>moexipr/hctz tab 7.5-12.5</i>	2	
<i>moexipr/hctz tab 15-12.5</i>	2	
<i>moexipr/hctz tab 15-25mg</i>	2	
<i>nadolol/bend tab 40-5mg</i>	2	
<i>nadolol/bend tab 80-5mg</i>	2	
<i>propran/hctz tab 40/25</i>	2	
<i>propran/hctz tab 80/25</i>	2	
<i>qnapril/hctz tab 10-12.5</i>	2	
<i>qnapril/hctz tab 20-12.5</i>	2	
<i>qnapril/hctz tab 20-25mg</i>	2	
<i>telmis/amlod tab 40-5mg</i>	2	
<i>telmis/amlod tab 40-10mg</i>	2	
<i>telmis/amlod tab 80-5mg</i>	2	
<i>telmis/amlod tab 80-10mg</i>	2	
<i>telmisa/hctz tab 40-12.5</i>	2	
<i>telmisa/hctz tab 80-12.5</i>	2	
<i>telmisa/hctz tab 80-25mg</i>	2	
<i>trando/verap tab 1-240 er</i>	2	
<i>trando/verap tab 2-180 er</i>	2	
<i>trando/verap tab 2-240 er</i>	2	
<i>trando/verap tab 4-240 er</i>	2	
<i>valsart/hctz tab 80-12.5</i>	2	
<i>valsart/hctz tab 160-12.5</i>	2	
<i>valsart/hctz tab 160-25mg</i>	2	
<i>valsart/hctz tab 320-12.5</i>	2	
<i>valsart/hctz tab 320-25mg</i>	2	
<b>Direct Renin Inhibitors</b>		
TEKTURNA TAB 150MG	4	ST; PA**
TEKTURNA TAB 300MG	4	ST; PA**
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>		
<i>eplerenone tab 25mg</i>	2	
<i>eplerenone tab 50mg</i>	2	
<b>Vasodilators</b>		
<i>hydralazine inj 20mg/ml</i>	2	
<i>hydralazine tab 10mg</i>	2	
<i>hydralazine tab 25mg</i>	2	
<i>hydralazine tab 50mg</i>	2	
<i>hydralazine tab 100mg</i>	2	
<i>minoxidil tab 2.5mg</i>	2	
<i>minoxidil tab 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMALARIALS</b>		
<b>Antimalarial Combinations</b>		
<i>atovaq/progu tab 62.5-25</i>	2	
<i>atovaq/progu tab 250-100</i>	2	
COARTEM TAB 20-120MG	4	
<b>Antimalarials</b>		
<i>chloroquine tab 250mg</i>	2	
<i>chloroquine tab 500mg</i>	2	
DARAPRIM TAB 25MG	4	
<i>hydroxychlor tab 200mg</i>	2	
<i>mefloquine tab 250mg</i>	2	
PRIMAQUINE TAB 26.3MG	4	
<i>quinine sulf cap 324mg</i>	2	
<i>quinine sulf tab 260mg</i>	2	
<b>ANTIMYASTHENIC AGENTS</b>		
<b>Antimyasthenic Agents</b>		
GUANIDINE TAB 125MG	4	
MESTINON SYP 60MG/5ML	3	
MESTINON TAB TIMESPAN	4	
<i>pyridostigm tab 60mg</i>	2	
REGONOL INJ 5MG/ML	4	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAP	3	
RIFATER TAB	3	
<b>Antimycobacterial Agents</b>		
CAPASTAT SUL INJ 1GM	3	
<i>cycloserine cap 250mg</i>	2	
<i>ethambutol tab 100mg</i>	2	
<i>ethambutol tab 400mg</i>	2	
<i>isoniazid inj 100mg/ml</i>	2	
<i>isoniazid syp 50mg/5ml</i>	2	
<i>isoniazid tab 100mg</i>	2	
<i>isoniazid tab 300mg</i>	2	
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500mg</i>	2	
<i>rifabutin cap 150mg</i>	2	
<i>rifampin cap 150mg</i>	2	
<i>rifampin cap 300mg</i>	2	
<i>rifampin inj 600 mg</i>	2	
TRECTOR TAB 250MG	3	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>Alkylating Agents</b>		
ALKERAN TAB 2MG	3	

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BICNU INJ 100MG	3	
BUSULFEX INJ 6MG/ML	3	
<i>carboplatin inj 50mg/5ml</i>	2	
<i>carboplatin inj 150/15ml</i>	2	
<i>carboplatin inj 150mg</i>	2	
<i>carboplatin inj 450/45ml</i>	2	
<i>carboplatin inj 600/60ml</i>	2	
<i>cisplatin inj 50/50ml</i>	2	
<i>cisplatin inj 100mg</i>	2	
<i>cisplatin inj 200mg</i>	2	
CYCLOPHOSPH CAP 25MG	3	
CYCLOPHOSPH INJ 1GM	2	
CYCLOPHOSPH INJ 2GM	2	
CYCLOPHOSPH INJ 500MG	2	
<i>cyclophosph tab 25mg</i>	2	
<i>cyclophosph tab 50mg</i>	2	
ELOXATIN INJ 200MG	3	
GLIADEL WAF 7.7MG	3	
HEXALEN CAP 50MG	3	
<i>ifosfamide inj 1gm</i>	2	
<i>ifosfamide inj 1gm/20ml</i>	2	
<i>ifosfamide inj 3gm/60ml</i>	2	
LEUKERAN TAB 2MG	3	
<i>lomustine cap 10mg</i>	2	
<i>lomustine cap 40mg</i>	2	
<i>lomustine cap 100mg</i>	2	
<i>melphalan inj 50mg</i>	2	
MYLERAN TAB 2MG	3	
<i>oxaliplatin inj 50mg</i>	2	
<i>oxaliplatin inj 100mg</i>	2	
TEMODAR INJ 100MG	5	PA
<i>temozolomide cap 5mg</i>	2	PA
<i>temozolomide cap 20mg</i>	2	PA
<i>temozolomide cap 100mg</i>	2	PA
<i>temozolomide cap 140mg</i>	2	PA
<i>temozolomide cap 180mg</i>	2	PA
<i>temozolomide cap 250mg</i>	2	PA
ZANOSAR INJ 1GM	3	
<b>Antimetabolites</b>		
<i>adrucil inj 500/10ml</i>	2	
ALIMTA INJ 100MG	3	
ALIMTA INJ 500MG	3	
ARRANON INJ 5MG/ML	3	
<i>azacitidine inj 100mg</i>	2	PA
<i>capecitabine tab 150mg</i>	2	PA
<i>capecitabine tab 500mg</i>	2	PA

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<i>cladribine inj 1mg/ml</i>	2	
CLOLAR INJ 1MG/ML	3	
<i>cytarabine inj 1gm</i>	2	
<i>cytarabine inj 20mg/ml</i>	2	
<i>cytarabine inj 100mg</i>	2	
<i>cytarabine inj 100mg/ml</i>	2	
<i>cytarabine inj 500mg</i>	2	
<i>decitabine inj 50mg</i>	2	PA
DEPOCYT INJ 50MG/5ML	3	
<i>floxuridine inj 0.5gm</i>	2	
<i>fludarabine inj 50mg</i>	2	
<i>fludarabine inj 50mg/2ml</i>	2	
<i>fluorouracil inj 1gm/20ml</i>	2	
<i>fluorouracil inj 2.5g/50m</i>	2	
<i>fluorouracil inj 5gm/100m</i>	2	
<i>fluorouracil inj 500/10ml</i>	2	
<i>gemcitabine inj 1gm SOLR</i>	2	
<i>gemcitabine inj 2gm SOLR</i>	2	
<i>gemcitabine inj 200mg SOLR</i>	2	
<i>mercaptopur tab 50mg</i>	2	
<i>methotrexate inj 1gm</i>	2	
<i>methotrexate inj 25mg/ml</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>methotrexate tab 2.5mg</i>	2	
TABLOID TAB 40MG	3	
TREXALL TAB 5MG	4	
TREXALL TAB 7.5MG	4	
TREXALL TAB 10MG	4	
TREXALL TAB 15MG	4	
<b><i>Antineoplastic - Angiogenesis Inhibitors</i></b>		
ZALTRAP INJ 100/4ML	5	PA
ZALTRAP INJ 200/8ML	5	PA
<b><i>Antineoplastic - Antibodies</i></b>		
ARZERRA CON 100/5ML	5	PA
ARZERRA CON 1000/50	5	PA
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
GAZYVA INJ 25MG/ML	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
KEYTRUDA SOL 50MG	5	PA
RITUXAN INJ 100MG	5	PA
YERVOY INJ 50MG	5	PA
YERVOY INJ 200MG	5	PA
<b><i>Antineoplastic - Hedgehog Pathway Inhibitors</i></b>		
ERIVEDGE CAP 150MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>Antineoplastic - Hormonal and Related Agents</i></b>		
<i>anastrozole tab 1mg</i>	2	
<i>bicalutamide tab 50mg</i>	2	
DEPO-PROVERA INJ 400/ML	4	
ELIGARD INJ 7.5MG	5	PA
ELIGARD INJ 22.5MG	5	PA
ELIGARD INJ 30MG	5	PA
ELIGARD INJ 45MG	5	PA
EMCYT CAP 140MG	3	
<i>exemestane tab 25mg</i>	2	
FARESTON TAB 60MG	3	
FASLODEX INJ 250MG	3	
FIRMAGON INJ 80MG	5	PA
FIRMAGON INJ 120MG	5	PA
<i>flutamide cap 125mg</i>	2	
<i>letrozole tab 2.5mg</i>	2	
<i>leuprolide inj 1mg/0.2</i>	2	PA
LUPRON DEPOT INJ 3.75MG	5	PA
LUPRON DEPOT INJ 7.5MG	5	PA
LUPRON DEPOT INJ 11.25MG	5	PA
LUPRON DEPOT INJ 22.5MG	5	PA
LUPRON DEPOT INJ 30MG	5	PA
LUPRON DEPOT INJ 45MG	5	PA
LYSODREN TAB 500MG	3	
<i>megestrol ac sus 40mg/ml</i>	2	
<i>megestrol ac tab 20mg</i>	2	
<i>megestrol ac tab 40mg</i>	2	
NILANDRON TAB 150MG	3	
<i>tamoxifen tab 10mg</i>	2	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen tab 20mg</i>	2	\$0 copay for women > 35 years for the primary prevention of breast cancer
TRELSTAR INJ 11.25MG	5	PA
TRELSTAR MIX INJ 3.75MG	5	PA
TRELSTAR MIX INJ 22.5MG	5	PA
XTANDI CAP 40MG	5	PA
ZYTIGA TAB 250MG	5	PA
<b><i>Antineoplastic Antibiotics</i></b>		
<i>adriamycin inj 10mg</i>	2	
ADRIAMYCIN INJ 20MG	3	
<i>bleomycin inj 15unit</i>	2	
<i>bleomycin inj 30unit</i>	2	

**PA** - Prior Authorization  
Applies if Step is Not Met

**QL** - Quantity Limits  
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**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dactinomycin inj 0.5mg</i>	2	
<i>daunorubicin inj 5mg/ml</i>	2	
<i>daunorubicin inj 20mg</i>	2	
DAUNOXOME INJ 2MG/ML	3	
<i>doxorubicin inj 2mg/ml</i>	2	
<i>doxorubicin inj 10mg</i>	2	
<i>doxorubicin inj 50mg</i>	2	
<i>epirubicin inj 50/25ml</i>	2	
EPIRUBICIN INJ 50MG	3	
<i>epirubicin inj 200mg</i>	2	
<i>idarubicin inj 5mg/5ml</i>	2	
<i>idarubicin inj 10/10ml</i>	2	
<i>idarubicin inj 20/20ml</i>	2	
<i>lipodox 50 inj 2mg/ml</i>	2	
<i>lipodox inj 2mg/ml</i>	2	
<i>mitomycin inj 5mg</i>	2	
<i>mitomycin inj 20mg</i>	2	
<i>mitomycin inj 40mg</i>	2	
<i>mitoxantron inj 2mg/ml</i>	2	PA

### **Antineoplastic Combinations**

<i>ifosfamide kit mesna</i>	2	
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### **Antineoplastic Enzyme Inhibitors**

AFINITOR DIS TAB 2MG	5	PA
AFINITOR DIS TAB 3MG	5	PA
AFINITOR DIS TAB 5MG	5	PA
AFINITOR TAB 2.5MG	5	PA
AFINITOR TAB 5MG	5	PA
AFINITOR TAB 7.5MG	5	PA
AFINITOR TAB 10MG	5	PA
BOSULIF TAB 100MG	5	PA
BOSULIF TAB 500MG	5	PA
CAPRELSA TAB 100MG	5	PA
CAPRELSA TAB 300MG	5	PA
COMETRIQ KIT 60MG	5	PA
COMETRIQ KIT 100MG	5	PA
COMETRIQ KIT 140MG	5	PA
GLEEVEC TAB 100MG	5	PA
GLEEVEC TAB 400MG	5	PA
IBRANCE CAP 75MG	5	PA
IBRANCE CAP 100MG	5	PA
IBRANCE CAP 125MG	5	PA
ICLUSIG TAB 15MG	5	PA
ICLUSIG TAB 45MG	5	PA
IMBRUVICA CAP 140MG	5	PA
INLYTA TAB 1MG	5	PA
INLYTA TAB 5MG	5	PA

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JAKAFI TAB 5MG	5	PA
JAKAFI TAB 10MG	5	PA
JAKAFI TAB 15MG	5	PA
JAKAFI TAB 20MG	5	PA
JAKAFI TAB 25MG	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
LENVIMA CAP 10MG	5	PA
LENVIMA CAP 14MG	5	PA
LENVIMA CAP 20MG	5	PA
LENVIMA CAP 24MG	5	PA
LYNPARZA CAP 50MG	5	PA
MEKINIST TAB 0.5MG	5	PA
MEKINIST TAB 2MG	5	PA
NEXAVAR TAB 200MG	5	PA
SPRYCEL TAB 20MG	5	PA
SPRYCEL TAB 50MG	5	PA
SPRYCEL TAB 70MG	5	PA
SPRYCEL TAB 80MG	5	PA
SPRYCEL TAB 100MG	5	PA
SPRYCEL TAB 140MG	5	PA
STIVARGA TAB 40MG	5	PA
SUTENT CAP 12.5MG	5	PA
SUTENT CAP 25MG	5	PA
SUTENT CAP 37.5MG	5	PA
SUTENT CAP 50MG	5	PA
TAFINLAR CAP 50MG	5	PA
TAFINLAR CAP 75MG	5	PA
TARCEVA TAB 25MG	5	PA
TARCEVA TAB 100MG	5	PA
TARCEVA TAB 150MG	5	PA
TASIGNA CAP 150MG	5	PA
TASIGNA CAP 200MG	5	PA
TORISEL SOL 25MG/ML	5	PA
TYKERB TAB 250MG	5	PA
VOTRIENT TAB 200MG	5	PA
XALKORI CAP 200MG	5	PA
XALKORI CAP 250MG	5	PA
ZELBORAF TAB 240MG	5	PA
ZOLINZA CAP 100MG	5	PA
ZYDELIG TAB 100MG	5	PA
ZYDELIG TAB 150MG	5	PA
ZYKADIA CAP 150MG	5	PA

### ***Antineoplastic Enzymes***

ONCASPAR INJ 750/ML	5	PA
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### ***Antineoplastic Radiopharmaceuticals***

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    PA\*\* - PA  
Applies if Step is Not Met    OTC - Over the Counter

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QUADRAMET INJ	3	
<b>Antineoplastics - Immunomodulators</b>		
POMALYST CAP 1MG	5	PA
POMALYST CAP 2MG	5	PA
POMALYST CAP 3MG	5	PA
POMALYST CAP 4MG	5	PA
<b>Antineoplastics Misc.</b>		
ACTIMMUNE INJ 2MU/0.5	5	PA
ALFERON N INJ 5MU/ML	5	PA
<i>dacarbazine inj 100mg</i>	2	
<i>dacarbazine inj 200mg</i>	2	
<i>hydroxyurea cap 500mg</i>	2	
INTRON-A INJ 10MU	5	PA
INTRON-A INJ 18MU	5	PA
INTRON-A INJ 25MU	5	PA
INTRON-A INJ 50MU	5	PA
MATULANE CAP 50MG	3	
NIPENT INJ 10MG	3	
PHOTOFRIN INJ 75MG	3	
SYNRIBO INJ 3.5MG	5	PA
TARGETIN CAP 75MG	5	PA
THERACYS INJ	3	
TICE BCG INJ	3	
<i>tretinoin cap 10mg</i>	2	
TRISENOX SOL 10MG/10M	3	
UVADEX INJ 20MCG/ML	3	
<b>Chemotherapy Adjuncts</b>		
KEPIVANCE INJ 6.25MG	3	
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>amifostine inj 500mg</i>	2	
<i>dexrazoxane inj 250mg</i>	2	
<i>dexrazoxane inj 500mg</i>	2	
<i>leucovor ca inj 50mg</i>	2	
<i>leucovor ca inj 100mg</i>	2	
<i>leucovor ca inj 200mg</i>	2	
<i>leucovor ca inj 350mg</i>	2	
<i>leucovor ca tab 5mg</i>	2	
<i>leucovor ca tab 10mg</i>	2	
<i>leucovor ca tab 15mg</i>	2	
<i>leucovor ca tab 25mg</i>	2	
LEUCOVORIN INJ CALCIUM	3	
<i>mesna inj 1gm</i>	2	
MESNEX TAB 400MG	3	
<b>Mitotic Inhibitors</b>		
ABRAXANE INJ 100MG	3	

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PA\*\* - PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOCEFREZ INJ 20MG	3	
DOCEFREZ INJ 80MG	3	
DOCETAXEL INJ 20/0.5ML	3	
DOCETAXEL INJ 20MG/2ML	3	
<i>docetaxel inj 20mg/ml</i>	2	
DOCETAXEL INJ 80MG/2ML	3	
<i>docetaxel inj 80mg/4ml</i>	2	
DOCETAXEL INJ 80MG/8ML	3	
DOCETAXEL INJ 140/7ML	3	
DOCETAXEL INJ 160/8ML	3	
DOCETAXEL INJ 160/16ML	3	
DOCETAXEL INJ 200MG/20	3	
ETOPOPHOS INJ 100MG	3	
<i>etoposide cap 50mg</i>	2	
<i>etoposide inj 20mg/ml</i>	2	
<i>paclitaxel inj 30mg/5ml</i>	2	
<i>paclitaxel inj 100mg</i>	2	
<i>paclitaxel inj 150/25ml</i>	2	
<i>paclitaxel inj 300/50ml</i>	2	
TENIPOSIDE INJ 50MG/5ML	3	
<i>toposar inj 20mg/ml</i>	2	
<i>toposar inj 100/5ml</i>	2	
<i>vinblastine inj 1mg/ml</i>	2	
VINBLASTINE INJ 10MG	3	
<i>vincasar pfs inj 1mg/ml</i>	2	
<i>vincristine inj 1mg/ml</i>	2	
<i>vinorelbine inj 10mg/ml</i>	2	
<i>vinorelbine inj 50mg/5ml</i>	2	
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR INJ 300/15ML	3	
HYCAMTIN CAP 0.25MG	5	PA
HYCAMTIN CAP 1MG	5	PA
<i>irinotecan inj 40mg/2ml</i>	2	
<i>irinotecan inj 100/5ml</i>	2	
<i>irinotecan inj 500mg/25</i>	2	
<i>topotecan inj 4mg</i>	2	
TOPOTECAN INJ 4MG/4ML	3	
<b>ANTIPARKINSON AGENTS</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa tab 25mg</i>	2	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine inj 1mg/ml</i>	2	
<i>benztropine tab 0.5mg</i>	2	
<i>benztropine tab 1mg</i>	2	
<i>benztropine tab 2mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trihexyphen elx 0.4mg/ml</i>	2	
<i>trihexyphen tab 2mg</i>	2	
<i>trihexyphen tab 5mg</i>	2	
<b>Antiparkinson COMT Inhibitors</b>		
<i>entacapone tab 200mg</i>	2	
<i>tolcapone tab 100mg</i>	2	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine cap 100mg</i>	2	
<i>amantadine syp 50mg/5ml</i>	2	
<i>amantadine tab 100mg</i>	2	
APOKYN INJ 10MG/ML	5	PA
<i>bromocriptin cap 5mg</i>	2	
<i>bromocriptin tab 2.5mg</i>	2	
<i>carb/levo100 tab /entacap</i>	2	
<i>carb/levo125 tab /entacap</i>	2	
<i>carb/levo150 tab /entacap</i>	2	
<i>carb/levo200 tab /entacap</i>	2	
<i>carb/levo 50 tab /entacap</i>	2	
<i>carb/levo 75 tab /entacap</i>	2	
<i>carb/levo er tab 25-100mg</i>	2	
<i>carb/levo er tab 50-200mg</i>	2	
<i>carb/levo tab 10-100mg</i>	2	
<i>carb/levo tab 25-100mg</i>	2	
<i>carb/levo tab 25-250mg</i>	2	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75 er</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 0.375mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1.5mg er</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	

**Antiparkinson Monoamine Oxidase Inhibitors**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>selegiline cap 5mg</i>	2	
<i>selegiline tab 5mg</i>	2	
ZELAPAR TAB 1.25MG	4	

## **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

### **Antimanic Agents**

<i>lithium carb cap 150mg</i>	2	
<i>lithium carb cap 300mg</i>	2	
<i>lithium carb cap 600mg</i>	2	
<i>lithium carb tab 300mg</i>	2	
<i>lithium carb tab 300mg er</i>	2	
<i>lithium carb tab 450mg er</i>	2	
LITHIUM SOL 8MEQ/5ML	4	

### **Antipsychotics - Misc.**

GEODON INJ 20MG	4	
LATUDA TAB 20MG	3	ST; PA**
LATUDA TAB 40MG	3	ST; PA**
LATUDA TAB 60MG	3	ST; PA**
LATUDA TAB 80MG	3	ST; PA**
LATUDA TAB 120MG	3	ST; PA**
<i>ziprasidone cap 20mg</i>	2	
<i>ziprasidone cap 40mg</i>	2	
<i>ziprasidone cap 60mg</i>	2	
<i>ziprasidone cap 80mg</i>	2	

### **Benzisoxazoles**

FANAPT PAK	4	ST; PA**
FANAPT TAB 1MG	4	ST; PA**
FANAPT TAB 2MG	4	ST; PA**
FANAPT TAB 4MG	4	ST; PA**
FANAPT TAB 6MG	4	ST; PA**
FANAPT TAB 8MG	4	ST; PA**
FANAPT TAB 10MG	4	ST; PA**
FANAPT TAB 12MG	4	ST; PA**
INVEGA SUST INJ 39/0.25	4	
INVEGA SUST INJ 78/0.5ML	4	
INVEGA SUST INJ 117/0.75	4	
INVEGA SUST INJ 156MG/ML	4	
INVEGA SUST INJ 234/1.5	4	
INVEGA TAB 1.5MG	4	ST; PA**
INVEGA TAB 3MG	4	ST; PA**
INVEGA TAB 6MG	4	ST; PA**
INVEGA TAB 9MG	4	ST; PA**
RISPERDAL INJ 12.5MG	3	PA
RISPERDAL INJ 25MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL INJ 37.5MG	3	PA
RISPERDAL INJ 50MG	3	PA
<i>risperidone sol 1mg/ml</i>	2	
<i>risperidone tab 0.5mg</i>	2	
<i>risperidone tab 0.5mg od</i>	2	
<i>risperidone tab 0.25 odt</i>	2	
<i>risperidone tab 0.25mg</i>	2	
<i>risperidone tab 1mg</i>	2	
<i>risperidone tab 1mg odt</i>	2	
<i>risperidone tab 2mg</i>	2	
<i>risperidone tab 2mg odt</i>	2	
<i>risperidone tab 3mg</i>	2	
<i>risperidone tab 3mg odt</i>	2	
<i>risperidone tab 4mg</i>	2	
<i>risperidone tab 4mg odt</i>	2	

### **Butyrophenones**

<i>haloper dec inj 50mg/ml</i>	2	
<i>haloper dec inj 100mg/ml</i>	2	
<i>haloper lac inj 5mg/ml</i>	2	
<i>haloperidol con 2mg/ml</i>	2	
<i>haloperidol tab 0.5mg</i>	2	
<i>haloperidol tab 1mg</i>	2	
<i>haloperidol tab 2mg</i>	2	
<i>haloperidol tab 5mg</i>	2	
<i>haloperidol tab 10mg</i>	2	
<i>haloperidol tab 20mg</i>	2	

### **Dibenzapines**

<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
<i>clozapine tab 100mg</i>	2	
<i>clozapine tab 200mg</i>	2	
<i>loxapine cap 5mg</i>	2	
<i>loxapine cap 10mg</i>	2	
<i>loxapine cap 25mg</i>	2	
<i>loxapine cap 50mg</i>	2	
<i>olanzapine inj 10mg</i>	2	
<i>olanzapine tab 2.5mg</i>	2	
<i>olanzapine tab 5mg</i>	2	
<i>olanzapine tab 5mg odt</i>	2	
<i>olanzapine tab 7.5mg</i>	2	
<i>olanzapine tab 10mg</i>	2	
<i>olanzapine tab 10mg odt</i>	2	
<i>olanzapine tab 15mg</i>	2	
<i>olanzapine tab 15mg odt</i>	2	
<i>olanzapine tab 20mg</i>	2	
<i>olanzapine tab 20mg odt</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine tab 25mg</i>	2	
<i>quetiapine tab 50mg</i>	2	
<i>quetiapine tab 100mg</i>	2	
<i>quetiapine tab 200mg</i>	2	
<i>quetiapine tab 300mg</i>	2	
<i>quetiapine tab 400mg</i>	2	
SAPHRIS SUB 2.5MG	4	ST; PA**
SAPHRIS SUB 5MG	4	ST; PA**
SAPHRIS SUB 10MG	4	ST; PA**
SEROQUEL XR TAB 50MG	3	ST; PA**
SEROQUEL XR TAB 150MG	3	ST; PA**
SEROQUEL XR TAB 200MG	3	ST; PA**
SEROQUEL XR TAB 300MG	3	ST; PA**
SEROQUEL XR TAB 400MG	3	ST; PA**

### **Phenothiazines**

CHLORPROMAZ INJ 25MG/ML	4	
<i>chlorpromaz tab 10mg</i>	2	
<i>chlorpromaz tab 25mg</i>	2	
<i>chlorpromaz tab 50mg</i>	2	
<i>chlorpromaz tab 100mg</i>	2	
<i>chlorpromaz tab 200mg</i>	2	
<i>compro sup 25mg</i>	2	
<i>fluphenaz de inj 25mg/ml</i>	2	
<i>fluphenazine con 5mg/ml</i>	2	
<i>fluphenazine elx 2.5/5ml</i>	2	
<i>fluphenazine inj 2.5mg/ml</i>	2	
<i>fluphenazine tab 1mg</i>	2	
<i>fluphenazine tab 2.5mg</i>	2	
<i>fluphenazine tab 5mg</i>	2	
<i>fluphenazine tab 10mg</i>	2	
<i>perphenazine tab 2mg</i>	2	
<i>perphenazine tab 4mg</i>	2	
<i>perphenazine tab 8mg</i>	2	
<i>perphenazine tab 16mg</i>	2	
<i>prochlorper inj 10mg/2ml</i>	2	
<i>prochlorper sup 25mg</i>	2	
<i>prochlorper tab 5mg</i>	2	
<i>prochlorper tab 10mg</i>	2	
<i>thioridazine tab 10mg</i>	2	
<i>thioridazine tab 25mg</i>	2	
<i>thioridazine tab 50mg</i>	2	
<i>thioridazine tab 100mg</i>	2	
<i>trifluoperaz tab 1mg</i>	2	
<i>trifluoperaz tab 2mg</i>	2	
<i>trifluoperaz tab 5mg</i>	2	
<i>trifluoperaz tab 10mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Quinolinone Derivatives</b>		
ABILIFY DISC TAB 10MG	3	ST; PA**
ABILIFY DISC TAB 15MG	3	ST; PA**
ABILIFY INJ 9.75MG	3	ST; PA**
ABILIFY SOL 1MG/ML	3	ST; PA**
<i>aripiprazole tab 2mg</i>	2	
<i>aripiprazole tab 5mg</i>	2	
<i>aripiprazole tab 10mg</i>	2	
<i>aripiprazole tab 15mg</i>	2	
<i>aripiprazole tab 20mg</i>	2	
<i>aripiprazole tab 30mg</i>	2	
<b>Thioxanthenes</b>		
<i>thiothixene cap 1mg</i>	2	
<i>thiothixene cap 2mg</i>	2	
<i>thiothixene cap 5mg</i>	2	
<i>thiothixene cap 10mg</i>	2	
<b>ANTISEPTICS DISINFECTANTS</b>		
<b>Chlorine Antiseptics</b>		
PHISOHEX LIQ 3%	4	
<b>ANTIVIRALS</b>		
<b>Antiretrovirals</b>		
<i>abacav/lamiv tab /zidovud</i>	2	
<i>abacavir tab 300mg</i>	2	
APTIVUS CAP 250MG	3	
APTIVUS SOL	3	
ATRIPLA TAB	3	
COMPLERA TAB	3	
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	
<i>didanosine cap 125mg</i>	2	
<i>didanosine cap 200mg</i>	2	
<i>didanosine cap 250mg</i>	2	
<i>didanosine cap 400mg</i>	2	
EDURANT TAB 25MG	3	
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
EPIVIR SOL 10MG/ML	3	
EPZICOM TAB 600-300	3	
EVOTAZ TAB 300-150	3	
FUZEON INJ 90MG	5	PA
INTELENCE TAB 25MG	3	
INTELENCE TAB 100MG	3	
INTELENCE TAB 200MG	3	
INVIRASE CAP 200MG	3	
INVIRASE TAB 500MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	3	
ISENTRESS POW 100MG	3	
ISENTRESS TAB 400MG	3	
KALETRA SOL	3	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	3	
<i>lamivud/zido tab 150-300</i>	2	
<i>lamivudine tab 150mg</i>	2	
<i>lamivudine tab 300mg</i>	2	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	3	
<i>nevirapine sus 50mg/5ml</i>	2	
<i>nevirapine tab 200mg</i>	2	
<i>nevirapine tab 400mg er</i>	2	
NORVIR CAP 100MG	3	
NORVIR SOL 80MG/ML	3	
NORVIR TAB 100MG	3	
PREZCOBIX TAB 800-150	3	
PREZISTA SUS 100MG/ML	3	
PREZISTA TAB 75MG	3	
PREZISTA TAB 150MG	3	
PREZISTA TAB 400MG	3	
PREZISTA TAB 600MG	3	
PREZISTA TAB 800MG	3	
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
RETROVIR INJ 10MG/ML	3	
REYATAZ CAP 100MG	3	
REYATAZ CAP 150MG	3	
REYATAZ CAP 200MG	3	
REYATAZ CAP 300MG	3	
REYATAZ POW 50MG	3	
SELZENTRY TAB 150MG	3	
SELZENTRY TAB 300MG	3	
<i>stavudine cap 15mg</i>	2	
<i>stavudine cap 20mg</i>	2	
<i>stavudine cap 30mg</i>	2	
<i>stavudine cap 40mg</i>	2	
<i>stavudine sol 1mg/ml</i>	2	
STRIBILD TAB	3	
SUSTIVA CAP 50MG	3	
SUSTIVA CAP 200MG	3	
SUSTIVA TAB 600MG	3	
TIVICAY TAB 50MG	3	
TRIUMEQ TAB	3	

**PA** - Prior Authorization  
Applies if Step is Not Met

**QL** - Quantity Limits  
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**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUVADA TAB 200-300	3	
TYBOST TAB 150MG	3	
VIDEX SOL 2GM	3	
VIDEX SOL 4GM	3	
VIRACEPT TAB 250MG	3	
VIRACEPT TAB 625MG	3	
VIRAMUNE XR TAB 100MG	3	
VIREAD POW 40MG/GM	3	
VIREAD TAB 150MG	3	
VIREAD TAB 200MG	3	
VIREAD TAB 250MG	3	
VIREAD TAB 300MG	3	
VITEKTA TAB 85MG	3	
VITEKTA TAB 150MG	3	
ZIAGEN SOL 20MG/ML	3	
<i>zidovudine cap 100mg</i>	2	
<i>zidovudine syp 50mg/5ml</i>	2	
<i>zidovudine tab 300mg</i>	2	
<b>CMV Agents</b>		
<i>cidofovir inj 75mg/ml</i>	2	
<i>foscarnet inj 24mg/ml</i>	2	
VALCYTE SOL 50MG/ML	4	
<i>valganciclov tab 450mg</i>	2	
<b>Hepatitis Agents</b>		
<i>adefov dipiv tab 10mg</i>	2	PA
BARACLUDE SOL .05MG/ML	3	
<i>entecavir tab 0.5mg</i>	2	
<i>entecavir tab 1mg</i>	2	
EPIVIR HBV SOL 5MG/ML	3	
HARVONI TAB 90-400MG	5	PA
INFERGEN INJ 9MCG	5	PA
INFERGEN INJ 15MCG	5	PA
<i>lamivudine tab 100mg</i>	2	
PEG-INTRON KIT 50MCG	5	PA
PEG-INTRON KIT 50MCG RP	5	PA
PEG-INTRON KIT 80MCG	5	PA
PEG-INTRON KIT 80MCG RP	5	PA
PEG-INTRON KIT 120 RP	5	PA
PEG-INTRON KIT 120MCG	5	PA
PEG-INTRON KIT 150 RP	5	PA
PEG-INTRON KIT 150MCG	5	PA
PEGASYS INJ	5	PA
PEGASYS INJ 180MCG/M	5	PA
PEGASYS INJ PROCLICK	5	PA
PEGASYS KIT	5	PA
REBETOL SOL 40MG/ML	5	PA

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**PA\*\*** - PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ribasphere cap 200mg</i>	2	PA
<i>ribasphere tab 200mg</i>	2	PA
<i>ribasphere tab 400mg</i>	2	PA
<i>ribasphere tab 600mg</i>	2	PA
<i>ribavirin cap 200mg</i>	2	PA
<i>ribavirin tab 200mg</i>	2	PA
SOVALDI TAB 400MG	5	PA
TYZEKA TAB 600MG	5	PA

### **Herpes Agents**

<i>acyclovir cap 200mg</i>	2	
<i>acyclovir na inj 500mg</i>	2	
<i>acyclovir na inj 1000mg</i>	2	
<i>acyclovir sus 200/5ml</i>	2	
<i>acyclovir tab 400mg</i>	2	
<i>acyclovir tab 800mg</i>	2	
<i>famciclovir tab 125mg</i>	2	
<i>famciclovir tab 250mg</i>	2	
<i>famciclovir tab 500mg</i>	2	
<i>valacyclovir tab 1gm</i>	2	
<i>valacyclovir tab 500mg</i>	2	

### **Influenza Agents**

RELENZA MIS DISKHALE	3	QL (2 inhalers / 90 days)
<i>rimantadine tab 100mg</i>	2	
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL / 90 days)

### **Respiratory Syncytial Virus (RSV) Agents**

VIRAZOLE INH 6GM	4	
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## **ASSORTED CLASSES**

### **Chelating Agents**

DEPEN TITRA TAB 250MG	4	
SYPRINE CAP 250MG	4	

### **Immunomodulators**

REVLIMID CAP 2.5MG	5	PA
REVLIMID CAP 5MG	5	PA
REVLIMID CAP 10MG	5	PA
REVLIMID CAP 15MG	5	PA
REVLIMID CAP 20MG	5	PA
REVLIMID CAP 25MG	5	PA
THALOMID CAP 50MG	5	PA
THALOMID CAP 100MG	5	PA
THALOMID CAP 150MG	5	PA
THALOMID CAP 200MG	5	PA

### **Immunosuppressive Agents**

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    PA\*\* - PA  
 Applies if Step is Not Met    OTC - Over the Counter

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATGAM INJ 250MG	4	
AZASAN TAB 75 MG	4	
AZASAN TAB 100MG	4	
<i>azathioprine tab 50mg</i>	2	
CELLCEPT IV INJ 500MG	4	
<i>cyclosporine cap 25mg</i>	2	
<i>cyclosporine cap 25mg mod</i>	2	
<i>cyclosporine cap 50mg mod</i>	2	
<i>cyclosporine cap 100mg</i>	2	
<i>cyclosporine cap 100mg md</i>	2	
<i>cyclosporine inj 50mg/ml</i>	2	
<i>cyclosporine sol modified</i>	2	
<i>engraf cap 25mg</i>	2	
<i>engraf cap 100mg</i>	2	
<i>engraf sol 100mg/ml</i>	2	
<i>mycophenolat cap 250mg</i>	2	
<i>mycophenolat sus 200mg/ml</i>	2	
<i>mycophenolat tab 500mg</i>	2	
<i>mycophenolic tab 180mg dr</i>	2	
<i>mycophenolic tab 360mg dr</i>	2	
NULOJIX INJ 250MG	4	
PROGRAF INJ 5MG/ML	4	
RAPAMUNE SOL 1MG/ML	3	
SANDIMMUNE SOL 100MG/ML	4	
SIMULECT INJ 10MG	4	
SIMULECT INJ 20MG	4	
<i>sirolimus tab 0.5mg</i>	2	
<i>sirolimus tab 1mg</i>	2	
<i>sirolimus tab 2mg</i>	2	
<i>tacrolimus cap 0.5mg</i>	2	
<i>tacrolimus cap 1mg</i>	2	
<i>tacrolimus cap 5mg</i>	2	
THYMOGLOBULN INJ 25MG	4	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
<b><i>Irrigation Solutions</i></b>		
<i>physiolyte sol</i>	2	
<i>physiosol sol irrigat</i>	2	
<i>tis-u-sol sol</i>	2	
<b><i>Potassium Removing Resins</i></b>		
<i>kionex sus 15gm/60</i>	2	
<i>sod poly sul sus 15gm/60</i>	2	
<i>sod poly sul sus 30/120ml</i>	2	
<b><i>Systemic Lupus Erythematosus Agents</i></b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BENLYSTA INJ 120MG	5	PA
BENLYSTA INJ 400MG	5	PA

## **BETA BLOCKERS**

### **Alpha-Beta Blockers**

<i>carvedilol tab 3.125mg</i>	2	
<i>carvedilol tab 6.25mg</i>	2	
<i>carvedilol tab 12.5mg</i>	2	
<i>carvedilol tab 25mg</i>	2	
COREG CR CAP 10MG	4	
COREG CR CAP 20MG	4	
COREG CR CAP 40MG	4	
COREG CR CAP 80MG	4	
<i>labetalol inj 5mg/ml</i>	2	
<i>labetalol tab 100mg</i>	2	
<i>labetalol tab 200mg</i>	2	
<i>labetalol tab 300mg</i>	2	

### **Beta Blockers Cardio-Selective**

<i>acebutolol cap 200mg</i>	2	
<i>acebutolol cap 400mg</i>	2	
<i>atenolol tab 25mg</i>	2	
<i>atenolol tab 50mg</i>	2	
<i>atenolol tab 100mg</i>	2	
<i>betaxolol tab 10mg</i>	2	
<i>betaxolol tab 20mg</i>	2	
<i>bisoprol fum tab 5mg</i>	2	
<i>bisoprol fum tab 10mg</i>	2	
BYSTOLIC TAB 2.5MG	4	
BYSTOLIC TAB 5MG	4	
BYSTOLIC TAB 10MG	4	
BYSTOLIC TAB 20MG	4	
<i>metoprol tar tab 25mg</i>	2	
<i>metoprol tar tab 50mg</i>	2	
<i>metoprol tar tab 100mg</i>	2	
<i>metoprolol inj 5mg/5ml</i>	2	
<i>metoprolol tab 25mg er</i>	2	
<i>metoprolol tab 50mg er</i>	2	
<i>metoprolol tab 100mg er</i>	2	
<i>metoprolol tab 200mg er</i>	2	

### **Beta Blockers Non-Selective**

LEVATOL TAB 20MG	4	
<i>nadolol tab 20mg</i>	2	
<i>nadolol tab 40mg</i>	2	
<i>nadolol tab 80mg</i>	2	
<i>pindolol tab 5mg</i>	2	
<i>pindolol tab 10mg</i>	2	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol cap 60mg er</i>	2	
<i>propranolol cap 80mg er</i>	2	
<i>propranolol cap 120mg er</i>	2	
<i>propranolol cap 160mg er</i>	2	
<i>propranolol inj 1mg/ml</i>	2	
<i>propranolol sol 20mg/5ml</i>	2	
<i>propranolol sol 40mg/5ml</i>	2	
<i>propranolol tab 10mg</i>	2	
<i>propranolol tab 20mg</i>	2	
<i>propranolol tab 40mg</i>	2	
<i>propranolol tab 60mg</i>	2	
<i>propranolol tab 80mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	
<i>sorine tab 240mg</i>	2	
<i>sotalol af tab 80mg</i>	2	
<i>sotalol af tab 120mg</i>	2	
<i>sotalol af tab 160mg</i>	2	
SOTALOL HCL INJ 150/10ML	4	
<i>sotalol hcl tab 80mg</i>	2	
<i>sotalol hcl tab 120mg</i>	2	
<i>sotalol hcl tab 160mg</i>	2	
<i>sotalol hcl tab 240mg</i>	2	
<i>timolol mal tab 5mg</i>	2	
<i>timolol mal tab 10mg</i>	2	
<i>timolol mal tab 20mg</i>	2	

## **BIOLOGICALS MISC**

### ***Biologicals Misc***

ADAGEN INJ 250/ML	5	PA
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## **CALCIUM CHANNEL BLOCKERS**

### ***Calcium Channel Blockers***

<i>afeditab tab 30mg cr</i>	2	
<i>afeditab tab 60mg cr</i>	2	
<i>amlodipine tab 2.5mg</i>	2	
<i>amlodipine tab 5mg</i>	2	
<i>amlodipine tab 10mg</i>	2	
CARDENE IV INJ 40/200ML	4	
CARDENE IV SOL 20/200ML	4	
CARDIZEM LA TAB 120MG	3	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>diltiazem cap 60mg er</i>	2	

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**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem cap 90mg er</i>	2	
<i>diltiazem cap 120mg er</i>	2	
<i>diltiazem cap 120mg/24</i>	2	
<i>diltiazem cap 180mg er</i>	2	
<i>diltiazem cap 180mg/24</i>	2	
<i>diltiazem cap 240mg er</i>	2	
<i>diltiazem cap 240mg/24</i>	2	
<i>diltiazem cap 300mg er</i>	2	
<i>diltiazem cap 300mg/24</i>	2	
<i>diltiazem cap 360mg er</i>	2	
<i>diltiazem cap 360mg/24</i>	2	
<i>diltiazem cap 420mg/24</i>	2	
<i>diltiazem inj 25mg/5ml</i>	2	
<i>diltiazem inj 50/10ml</i>	2	
DILTIAZEM INJ 100MG	4	
<i>diltiazem inj 125/25ml</i>	2	
<i>diltiazem tab 30mg</i>	2	
<i>diltiazem tab 60mg</i>	2	
<i>diltiazem tab 90mg</i>	2	
<i>diltiazem tab 120mg</i>	2	
<i>felodipine tab 2.5mg er</i>	2	
<i>felodipine tab 5mg er</i>	2	
<i>felodipine tab 10mg er</i>	2	
<i>isradipine cap 2.5mg</i>	2	
<i>isradipine cap 5mg</i>	2	
<i>matzim la tab 180mg/24</i>	2	
<i>matzim la tab 240mg/24</i>	2	
<i>matzim la tab 300mg/24</i>	2	
<i>matzim la tab 360mg/24</i>	2	
<i>matzim la tab 420mg/24</i>	2	
<i>nicardipine cap 20mg</i>	2	
<i>nicardipine cap 30mg</i>	2	
<i>nicardipine inj 25/10ml</i>	2	
<i>nifedical xl tab 30mg</i>	2	
<i>nifedical xl tab 60mg</i>	2	
<i>nifedipine tab 30mg er</i>	2	
<i>nifedipine tab 60mg er</i>	2	
<i>nifedipine tab 90mg er</i>	2	
<i>nimodipine cap 30mg</i>	2	
<i>nisoldipine tab 8.5mg er</i>	2	
<i>nisoldipine tab 17mg er</i>	2	
<i>nisoldipine tab 20mg</i>	2	
<i>nisoldipine tab 25.5mg</i>	2	
<i>nisoldipine tab 30mg</i>	2	
<i>nisoldipine tab 34mg er</i>	2	
<i>nisoldipine tab 40mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
taztia xt cap 120mg/24	2	
taztia xt cap 180mg/24	2	
taztia xt cap 240mg/24	2	
taztia xt cap 300mg/24	2	
taztia xt cap 360mg/24	2	
verapamil cap 100mg er	2	
verapamil cap 120mg er	2	
verapamil cap 180mg er	2	
verapamil cap 200mg er	2	
verapamil cap 240mg er	2	
verapamil cap 300mg er	2	
verapamil cap 360mg sr	2	
verapamil inj 2.5mg/ml	2	
verapamil tab 40mg	2	
verapamil tab 80mg	2	
verapamil tab 120mg	2	
verapamil tab 120mg er	2	
verapamil tab 180mg er	2	
verapamil tab 240mg er	2	

## **CARDIOTONICS**

### **Cardiac Glycosides**

digox tab 0.25mg	2	
digox tab 0.125mg	2	
digoxin inj 0.25mg/1	2	
digoxin sol 50mcg/ml	2	
digoxin tab 0.25mg	2	
digoxin tab 0.125mg	2	
LANOXIN PED INJ 0.1MG/ML	4	
LANOXIN TAB 0.0625MG	3	
LANOXIN TAB 0.1875MG	3	

## **CARDIOVASCULAR AGENTS - MISC.**

### **Cardiovascular Agents Misc. - Combinations**

amlod/atorva tab 2.5-10mg	2	
amlod/atorva tab 2.5-20mg	2	
amlod/atorva tab 2.5-40mg	2	
amlod/atorva tab 5-10mg	2	
amlod/atorva tab 5-20mg	2	
amlod/atorva tab 5-40mg	2	
amlod/atorva tab 5-80mg	2	
amlod/atorva tab 10-10mg	2	
amlod/atorva tab 10-20mg	2	
amlod/atorva tab 10-40mg	2	
amlod/atorva tab 10-80mg	2	

### **Prostaglandin Vasodilators**

epoprostenol inj 0.5mg	2	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epoprostenol inj 1.5mg</i>	2	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
TYVASO START SOL 0.6MG/ML	5	PA
VENTAVIS SOL 10MCG/ML	5	PA
VENTAVIS SOL 20MCG/ML	5	PA

### ***Pulmonary Hypertension - Endothelin Receptor Antagonists***

LETAIRIS TAB 5MG	5	PA
LETAIRIS TAB 10MG	5	PA
TRACLEER TAB 62.5MG	5	PA
TRACLEER TAB 125MG	5	PA

### ***Pulmonary Hypertension - Phosphodiesterase Inhibitors***

ADCIRCA TAB 20MG	5	PA, ST
REVATIO INJ	5	PA
<i>sildenafil tab 20mg</i>	2	PA

## **CEPHALOSPORINS**

### ***Cephalosporins - 1st Generation***

<i>cefadroxil cap 500mg</i>	2	
<i>cefadroxil sus 250/5ml</i>	2	
<i>cefadroxil sus 500/5ml</i>	2	
<i>cefadroxil tab 1gm</i>	2	
CEFAZOL/DEX SOL 1GM	4	
CEFAZOL/DEX SOL 2GM	4	
<i>cefazolin inj 1gm</i>	2	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin inj 10gm</i>	2	
<i>cefazolin inj 20gm</i>	2	
<i>cefazolin inj 500mg</i>	2	
<i>cephalexin cap 250mg</i>	2	
<i>cephalexin cap 500mg</i>	2	
<i>cephalexin cap 750mg</i>	2	
<i>cephalexin sus 125/5ml</i>	2	
<i>cephalexin sus 250/5ml</i>	2	
<i>cephalexin tab 250mg</i>	2	
<i>cephalexin tab 500mg</i>	2	

### ***Cephalosporins - 2nd Generation***

<i>cefaclor cap 250mg</i>	2	
<i>cefaclor cap 500mg</i>	2	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor sus 125/5ml</i>	2	
<i>cefaclor sus 250/5ml</i>	2	
<i>cefaclor sus 375/5ml</i>	2	
CEFOTET/DEX INJ 1-3.58%	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEFOTET/DEX INJ 2-2.08%	4	
CEFOTETAN INJ 1GM/10ML	4	
CEFOTETAN INJ 2GM/20ML	4	
CEFOTETAN INJ 10G	4	
CEFOXITIN INJ 1GM	4	
<i>cefoxitin inj 1gm 1gm</i>	2	
CEFOXITIN INJ 2GM	4	
<i>cefoxitin inj 2gm 2gm</i>	2	
<i>cefoxitin inj 10gm</i>	2	
<i>cefprozil sus 125/5ml</i>	2	
<i>cefprozil sus 250/5ml</i>	2	
<i>cefprozil tab 250mg</i>	2	
<i>cefprozil tab 500mg</i>	2	
CEFTIN SUS 250/5ML	3	
CEFUROX/DEXT INJ 1.5GM	4	
CEFUROX/DEXT INJ 750MG	4	
<i>cefuroxime inj 1.5gm</i>	2	
<i>cefuroxime inj 7.5gm 7.5gm</i>	2	
CEFUROXIME INJ 7.5GM 7.5gm	4	
CEFUROXIME INJ 75GM	4	
CEFUROXIME INJ 225GM	4	
<i>cefuroxime inj 750mg</i>	2	
<i>cefuroxime sus 125/5ml</i>	2	
<i>cefuroxime tab 250mg</i>	2	
<i>cefuroxime tab 500mg</i>	2	
MEFOXIN INJ 1GM/50ML	4	
MEFOXIN INJ 2GM/50ML	4	
ZINACEF INJ 750MG	4	
ZINACEF/H2O INJ 1.5GM PB	4	
<b>Cephalosporins - 3rd Generation</b>		
CEDAX SUS 90MG/5ML	4	
<i>cefdinir cap 300mg</i>	2	
<i>cefdinir sus 125/5ml</i>	2	
<i>cefdinir sus 250/5ml</i>	2	
<i>cefditoren tab 200mg</i>	2	
<i>cefditoren tab 400mg</i>	2	
<i>cefixime sus 100/5ml</i>	2	
<i>cefixime sus 200/5ml</i>	2	
<i>cefotaxime inj 1gm</i>	2	
<i>cefotaxime inj 2gm</i>	2	
<i>cefotaxime inj 10gm</i>	2	
<i>cefotaxime inj 500mg</i>	2	
<i>cefpodo prox sus 50mg/5ml</i>	2	
<i>cefpodo prox sus 100/5ml</i>	2	
<i>cefpodoxime tab 100mg</i>	2	
<i>cefpodoxime tab 200mg</i>	2	

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PA\*\* - PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftazidime inj 2gm</i>	2	
CEFTAZIDIME INJ 100GM	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftibuten cap 400mg</i>	2	
<i>ceftibuten sus 180/5ml</i>	2	
<i>ceftriaxone inj 1gm</i>	2	
<i>ceftriaxone inj 2gm</i>	2	
<i>ceftriaxone inj 10gm</i>	2	
<i>ceftriaxone inj 250mg</i>	2	
<i>ceftriaxone inj 500mg</i>	2	
CLAFORAN INJ 1GM	4	
CLAFORAN INJ 2GM	4	
FORTAZ INJ 1GM SOLN	4	
FORTAZ INJ 2GM SOLN	4	
FORTAZ INJ 500MG	4	
SUPRAX CAP 400MG	3	
SUPRAX CHW 100MG	3	
SUPRAX CHW 200MG	3	
SUPRAX SUS 500/5ML	3	
SUPRAX TAB 400MG	3	
<i>tazicef inj 1gm</i>	2	
<i>tazicef inj 2gm</i>	2	
<i>tazicef inj 6gm</i>	2	
<b><i>Cephalosporins - 4th Generation</i></b>		
CEFEPIME INJ 1GM SOLN	4	
CEFEPIME INJ 1GM SOLR	4	
<i>cefepime inj 1gm SOLR 1gm</i>	2	
CEFEPIME INJ 2GM SOLN	4	
CEFEPIME INJ 2GM SOLR	4	
<i>cefepime inj 2gm SOLR 2gm</i>	2	
MAXIPIME INJ 1GM	4	
MAXIPIME INJ 2GM	4	
<b><i>Cephalosporins - 5th Generation</i></b>		
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	4	
<b>CONTRACEPTIVES</b>		
<b><i>Combination Contraceptives - Oral</i></b>		
<i>altavera tab</i>	1	
<i>alyacen tab 1/35</i>	1	
<i>alyacen tab 7/7/7</i>	1	
<i>amethia tab</i>	1	
<i>amethyst tab 90-20mcg</i>	1	
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	

PA - Prior Authorization  
Applies if Step is Not Met

QL - Quantity Limits  
OTC - Over the Counter

ST - Step Therapy

PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aviane tab</i>	1	
<i>azurette tab 28 day</i>	1	
BEYAZ TAB	1	
<i>caziant pak</i>	1	
<i>cesia pak</i>	1	
<i>chateal tab 0.15/30</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>dasetta tab 1/35</i>	1	
<i>dasetta tab 7/7/7</i>	1	
<i>drospir/ethi tab 3-0.03mg</i>	1	
<i>elimest tab</i>	1	
<i>emoquette tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>falmina tab</i>	1	
<i>gianvi tab 3-0.02mg</i>	1	
<i>gildess fe tab 1.5/30</i>	1	
<i>gildess fe tab 1/20</i>	1	
<i>gildess tab 1.5/30</i>	1	
<i>gildess tab 1/20</i>	1	
<i>introvale tab</i>	1	
<i>jolessa tab</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<i>junel fe tab 1/20</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>kurvelo tab 0.15/30</i>	1	
<i>leena tab</i>	1	
<i>lessina tab</i>	1	
<i>levonest tab</i>	1	
<i>levonor/ethi tab estradio</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
LO LOESTRIN TAB	1	
LO MINASTRIN PAK FE	1	
<i>lomedial 24 tab fe</i>	1	
<i>loryna tab 3-0.02mg</i>	1	
<i>low-ogestrel tab</i>	1	
<i>lutra tab</i>	1	
<i>marlissa tab 0.15/30</i>	1	
MINASTRIN 24 CHW FE	1	
<i>mono-linyah tab 0.25-35</i>	1	
<i>mononessa tab</i>	1	
<i>myzilra tab</i>	1	

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**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATAZIA TAB	1	
<i>necon tab 0.5/35</i>	1	
<i>necon tab 1/35</i>	1	
<i>necon tab 1/50-28</i>	1	
<i>necon tab 7/7/7</i>	1	
NECON TAB 10/11-28	1	
<i>noreth/ethin chw fe</i>	1	
<i>norgest/ethi tab 0.25/35</i>	1	
<i>norgest/ethi tab estradio</i>	1	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
<i>ocella tab 3-0.03mg</i>	1	
<i>ogestrel tab</i>	1	
<i>orsythia tab</i>	1	
ORTHO TRI- TAB CYCLN LO	1	
<i>portia-28 tab</i>	1	
<i>previfem tab</i>	1	
QUARTETTE TAB	1	
<i>quasense tab</i>	1	
<i>reclipsen tab</i>	1	
SAFYRAL TAB	1	
<i>solia tab</i>	1	
<i>sprintec 28 tab 28 day</i>	1	
<i>sronyx tab</i>	1	
<i>syeda tab 3-0.03mg</i>	1	
<i>tilia fe tab</i>	1	
<i>tri-linyah tab</i>	1	
<i>tri-previfem tab</i>	1	
<i>tri-sprintec tab</i>	1	
<i>trinessa tab</i>	1	
<i>trivora-28 tab</i>	1	
<i>velivet pak</i>	1	
<i>vestura tab 3-0.02mg</i>	1	
<i>viorele tab</i>	1	
<i>wera tab 0.5/35</i>	1	
<i>zarah tab 3-0.03mg</i>	1	
<i>zenchent fe chw 0.4mg-35</i>	1	
<i>zenchent tab</i>	1	
<i>zovia 1/35e tab</i>	1	
<i>zovia 1/50e tab</i>	1	

**Combination Contraceptives - Transdermal**

<i>xulane dis 150-35</i>	1	
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**Combination Contraceptives - Vaginal**

NUVARING MIS	1	QL (13 / 300 days)
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**Copper Contraceptives - IUD**

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    PA\*\* - PA  
 Applies if Step is Not Met    OTC - Over the Counter

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PARAGARD IUD T380A	1	QL (1 unit / 300 days)

### **Emergency Contraceptives**

ELLA TAB 30MG	1	
<i>levonorgestr tab 0.75mg</i>	1	
<i>levonorgestr tab 1.5mg</i>	1	

### **Progestin Contraceptives - IUD**

LILETTA IUD 52MG	1	QL (1 / 300 days)
MIRENA IUD SYSTEM	1	QL (1 / 300 days)
SKYLA IUD 13.5MG	1	QL (1 / 300 days)

### **Progestin Contraceptives - Implants**

IMPLANON IMP 68MG	1	QL (1 / 300 days)
NEXPLANON IMP 68MG	1	QL (1 / 300 days)

### **Progestin Contraceptives - Injectable**

DEPO-SQ PROV INJ 104	1	QL (1 inj / 75 days)
<i>medroxypr ac inj 150mg/ml</i>	1	QL (1 inj / 75 days)

### **Progestin Contraceptives - Oral**

<i>camila tab 0.35mg</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>heather tab 0.35mg</i>	1	
<i>jolivette tab 0.35mg</i>	1	
<i>nora-be tab 0.35mg</i>	1	
<i>norethindron tab 0.35mg</i>	1	

## **CORTICOSTEROIDS**

### **Glucocorticosteroids**

<i>a-hydrocort inj 100mg</i>	2	
<i>a-methapred inj 40mg</i>	2	
<i>a-methapred inj 125mg</i>	2	
<i>budesonide cap 3mg/24hr</i>	2	
<i>cortisone ac tab 25mg</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	
<i>dexameth pho inj 4mg/ml</i>	2	
<i>dexameth pho inj 10mg/ml</i>	2	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethason elx 0.5/5ml</i>	2	
<i>dexamethason sol 0.5/5ml</i>	2	
<i>dexamethason tab 0.5mg</i>	2	
<i>dexamethason tab 0.75mg</i>	2	
<i>dexamethason tab 1.5mg</i>	2	
<i>dexamethason tab 1mg</i>	2	
<i>dexamethason tab 2mg</i>	2	
<i>dexamethason tab 4mg</i>	2	
<i>dexamethason tab 6mg</i>	2	
DEXPAK PAK 6 DAY	4	
DEXPAK PAK 10 DAY	4	
DEXPAK PAK 13 DAY	4	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocort tab 5mg</i>	2	
<i>hydrocort tab 10mg</i>	2	
<i>hydrocort tab 20mg</i>	2	
MEDROL TAB 2MG	3	
<i>methylpr ss inj 40mg</i>	2	
<i>methylpr ss inj 125mg</i>	2	
<i>methylpr ss inj 500mg</i>	2	
<i>methylpr ss inj 1000mg</i>	2	
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	2	
<i>methylpred tab 8mg</i>	2	
<i>methylpred tab 16mg</i>	2	
<i>methylpred tab 32mg</i>	2	
MILLIPRED DP PAK 5MG	4	
MILLIPRED SOL 10MG/5ML	4	
MILLIPRED TAB 5MG	4	
<i>pred sod pho sol 5mg/5ml</i>	2	
<i>prednisolone sol 15mg/5ml</i>	2	
<i>prednisolone sol 25mg/5ml</i>	2	
<i>prednisolone tab 10mg odt</i>	2	
<i>prednisolone tab 15mg odt</i>	2	
<i>prednisolone tab 30mg odt</i>	2	
PREDNISON CON 5MG/ML	3	
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	
<i>prednisone tab 1mg</i>	2	
<i>prednisone tab 2.5mg</i>	2	
<i>prednisone tab 5mg</i>	2	
<i>prednisone tab 10mg</i>	2	
<i>prednisone tab 20mg</i>	2	
<i>prednisone tab 50mg</i>	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	
VERIPRED 20 SOL 20MG/5ML	4	

**Mineralocorticoids**

<i>fludrocort tab 0.1mg</i>	2
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**COUGH/COLD/ALLERGY**

**Antitussives**

<i>benzonatate cap 100mg</i>	2
<i>benzonatate cap 200mg</i>	2
<i>hydrocod/hom syp 5-1.5/5</i>	2
<i>hydrocodone/ tab homatrop</i>	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromet syp 5-1.5/5</i>	2	
<i>tussigon tab 5mg</i>	2	
<b>Cough/Cold/Allergy Combinations</b>		
ALLFEN CDX LIQ	3	
NORTUSS-EX LIQ 200-20/5	3	
PHENYLHIST LIQ DH	4	
<i>prometh vc syp plain</i>	2	
<i>prometh vc/ syp codeine</i>	2	
<i>prometh/cod syp 6.25-10</i>	2	
<i>promethazine syp dm</i>	2	
<i>tgq 50pse/3 syp brm/30dm</i>	2	
TRICODE AR LIQ	4	
<b>Misc. Respiratory Inhalants</b>		
<i>sod chloride neb 0.9%</i>	2	
<i>sodium chlor neb 3%</i>	2	
<i>sodium chlor neb 7%</i>	2	
<i>sodium chlor neb 10%</i>	2	
<b>Mucolytics</b>		
<i>acetylcyst sol 10%</i>	2	
<i>acetylcyst sol 20%</i>	2	
<b>DERMATOLOGICALS</b>		
<b>Acne Products</b>		
ACANYA GEL 1.2-2.5%	4	ST; PA**
<i>adapalene cre 0.1%</i>	2	PA; PA applies for members age 25 and older
<i>adapalene gel 0.1%</i>	2	PA; PA applies for members age 25 and older
<i>adapalene gel 0.3%</i>	2	PA; PA applies for members age 25 and older
AKNE-MYCIN OIN 2%	4	ST; PA**
<i>amnesteem cap 10mg</i>	2	PA
<i>amnesteem cap 20mg</i>	2	PA
<i>amnesteem cap 40mg</i>	2	PA
ATRALIN GEL 0.05%	4	PA; PA applies for members age 35 and older
<i>avar-e emoll cre 10-5%</i>	2	
<i>avar-e green cre 10-5%</i>	2	
<i>avita cre 0.025%</i>	2	PA; PA applies for members age 35 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>avita gel 0.025%</i>	2	PA; PA applies for members age 35 and older
AZELEX CRE 20%	4	ST; PA**
BENZAMYCIN GEL PAK	3	
<i>benzashave cre 10%</i>	2	
<i>benzepro aer 5.3%</i>	2	
<i>benzepro sc aer 9.8%</i>	2	
BENZIQU GEL 5.25%	3	
BENZIQU LS GEL 2.75%	3	
<i>benziq wash liq 5.25%</i>	2	
<i>benzoyl per aer 5.3%</i>	2	
<i>benzoyl per liq 10% wash</i>	2	
<i>benzoyl per lot 4%</i>	2	
<i>benzoyl per lot 8%</i>	2	
<i>benzoyl per lot 9%</i>	2	
<i>benzoyl pero aer 9.8%</i>	2	
<i>benzoyl pero kit acne pck</i>	2	
<i>bp wash liq 2.5%</i>	2	
<i>bp wash liq 7%</i>	2	
BPO CLOTHS MIS 3%	3	
BPO CLOTHS MIS 6%	2	
BPO CLOTHS MIS 9%	3	
BPO GEL 4%	3	
BPO GEL 8%	3	
<i>claravis cap 10mg</i>	2	PA
<i>claravis cap 20mg</i>	2	PA
<i>claravis cap 30mg</i>	2	PA
<i>claravis cap 40mg</i>	2	PA
<i>clearplex x gel 10%</i>	2	
CLINAC BPO GEL 7%	3	
<i>clindamax gel 1%</i>	2	
<i>clindamax lot 10mg/ml</i>	2	
<i>clindamy/ben gel 1-5%</i>	2	
<i>clindamy/ben gel 1.2-5%</i>	2	
<i>clindamycin aer 1%</i>	2	
<i>clindamycin gel 1%</i>	2	
<i>clindamycin lot 1%</i>	2	
<i>clindamycin pad 1%</i>	2	
<i>clindamycin sol 1%</i>	2	
DIFFERIN LOT 0.1%	4	PA; PA applies for members age 25 and older
EPIDUO GEL 0.1-2.5%	4	
<i>ery pad 2%</i>	2	
<i>erythromycin gel 2%</i>	2	

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PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin gel /benzoyl</i>	2	
<i>erythromycin pad 2%</i>	2	
<i>erythromycin sol 2%</i>	2	
<i>lavoclen-4 kit acne wsh</i>	2	
LAVOCLEN-4 LIQ CREM WSH	3	
<i>lavoclen-8 kit acne wsh</i>	2	
LAVOCLEN-8 LIQ CREM WSH	3	
<i>myorisan cap 10mg</i>	2	PA
<i>myorisan cap 20mg</i>	2	PA
<i>myorisan cap 40mg</i>	2	PA
<i>oscion clnsr lot 6%</i>	2	
<i>oscion clnsr lot 9%</i>	2	
<i>pr benzoyl liq 7% wash</i>	2	
<i>sod sul/sulf cre 10-5%</i>	2	
<i>sod sul/sulf lot 10-5%</i>	2	
<i>sod sul/sulf pad 10-4%</i>	2	
<i>sod sul/sulf pad 10-5%</i>	2	
<i>sulfacetamid sus 10%</i>	2	
TRETIN-X CRE 0.075%	4	PA; PA applies for members age 35 and older
TRETIN-X CRE 0.0375%	4	PA; PA applies for members age 35 and older
<i>tretinoin cre 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cre 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cre 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.04%pmp</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	2	PA; PA applies for members age 35 and older
VELTIN GEL	4	PA; PA applies for members age 35 and older

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**PA\*\*** - PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIANA GEL	4	PA; PA applies for members age 35 and older
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OIN 15%	4	
<b>Anti-inflammatory Agents - Topical</b>		
VOLTAREN GEL 1%	4	ST; PA**
<b>Antibiotics - Topical</b>		
ALTABAX OIN 1%	4	
CORTISPORIN CRE 0.5%	4	
CORTISPORIN OIN 1%	4	
<i>gentamicin cre 0.1%</i>	2	
<i>gentamicin oin 0.1%</i>	2	
<i>mupirocin oin 2%</i>	2	
<b>Antifungals - Topical</b>		
<i>ciclopirox cre 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox kit 8%</i>	2	
<i>ciclopirox sha 1%</i>	2	
<i>ciclopirox sol 8%</i>	2	
<i>ciclopirox sus 0.77%</i>	2	
<i>clotrim/beta cre diprop</i>	2	
<i>clotrim/beta lot diprop</i>	2	
<i>clotrimazole cre 1%</i>	2	
CLOTRIMAZOLE CRY	4	
<i>clotrimazole sol 1%</i>	2	
<i>econazole cre 1%</i>	2	
ERTACZO CRE 2%	4	
EXELDERM CRE 1%	4	
EXELDERM SOL 1%	4	
<i>ketoconazole cre 2%</i>	2	
<i>ketoconazole sha 2%</i>	2	
<i>ketodan aer 2%</i>	2	
MENTAX CRE 1%	4	
NAFTIN CRE 1%	4	
NAFTIN CRE 2%	4	
NAFTIN GEL 1%	4	
NAFTIN GEL 2%	4	
<i>nyamyc pow 100000</i>	2	
<i>nystat/triam cre</i>	2	
<i>nystat/triam oin</i>	2	
<i>nystatin cre 100000</i>	2	
<i>nystatin oin 100000</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop pow 100000</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXISTAT CRE 1%	4	
OXISTAT LOT 1%	4	
XOLEGEL GEL 2%	4	
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>		
FLUOROPLEX CRE 1%	4	
<i>fluorouracil cre 0.5%</i>	2	
<i>fluorouracil cre 5%</i>	2	
<i>fluorouracil dro 2%</i>	2	
<i>fluorouracil dro 5%</i>	2	
PANRETIN GEL 0.1%	4	
PICATO GEL 0.05%	4	
PICATO GEL 0.015%	4	
TARGRETIN GEL 1%	5	PA
<b>Antipruritics - Topical</b>		
<i>prudoxin cre 5%</i>	2	
<b>Antipsoriatics</b>		
<i>acitretin cap 10mg</i>	2	
<i>acitretin cap 17.5mg</i>	2	
<i>acitretin cap 25mg</i>	2	
<i>calcipotrien cre 0.005%</i>	2	
<i>calcipotrien oin 0.005%</i>	2	
<i>calcipotrien sol 0.005%</i>	2	
<i>calcitrene oin 0.005%</i>	2	
<i>calcitriol oin 3mcg/gm</i>	2	
<i>methoxsalen cap 10mg</i>	2	
8-MOP CAP 10MG	4	
STELARA INJ 45MG/0.5	5	PA, ST
STELARA INJ 90MG/ML	5	PA, ST
TAZORAC CRE 0.1%	3	PA
TAZORAC CRE 0.05%	3	PA
TAZORAC GEL 0.1%	3	PA
TAZORAC GEL 0.05%	3	PA
<b>Antiseborrheic Products</b>		
<i>selenium sul lot 2.5%</i>	2	
<b>Antivirals - Topical</b>		
<i>acyclovir oin 5%</i>	2	
DENAVIR CRE 1%	4	
<b>Burn Products</b>		
<i>mafenide ace pak 5%</i>	2	
<i>silver sulfa cre 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLON CRE 85MG/GM	4	
<b>Corticosteroids - Topical</b>		
<i>ala cort cre 1%</i>	2	
<i>alclometason cre 0.05%</i>	2	

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PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alclometason oin 0.05%</i>	2	
<i>alphatrex gel 0.05%</i>	2	
<i>amcinonide cre 0.1%</i>	2	
<i>amcinonide lot 0.1%</i>	2	
AMCINONIDE OIN 0.1%	3	
<i>apexicon oin 0.05%</i>	2	
<i>aug betamet cre 0.05%</i>	2	
<i>aug betamet lot 0.05%</i>	2	
<i>aug betamet oin 0.05%</i>	2	
<i>betameth dip cre 0.05%</i>	2	
<i>betameth dip lot 0.05%</i>	2	
<i>betameth dip oin 0.05%</i>	2	
<i>betameth val aer 0.12%</i>	2	
<i>betameth val cre 0.1%</i>	2	
<i>betameth val lot 0.1%</i>	2	
<i>betameth val oin 0.1%</i>	2	
<i>calcipotrien oin betameth</i>	2	
CAPEX SHA 0.01%	4	
<i>clobetasol aer 0.05%</i>	2	
<i>clobetasol cre 0.05%</i>	2	
<i>clobetasol gel 0.05%</i>	2	
<i>clobetasol lot 0.05%</i>	2	
<i>clobetasol oin 0.05%</i>	2	
<i>clobetasol sha 0.05%</i>	2	
<i>clobetasol sol 0.05%</i>	2	
<i>clobetasol spr 0.05%</i>	2	
<i>clocortolone cre piv 0.1%</i>	2	
CORDRAN 24X3 TAP 4MCG/CM	4	
CORDRAN CRE 0.05%	4	
CORDRAN LOT 0.05%	4	
DESONATE GEL 0.05%	4	
<i>desonide cre 0.05%</i>	2	
<i>desonide lot 0.05%</i>	2	
<i>desonide oin 0.05%</i>	2	
DESOWEN OINT KIT 0.05%	4	
<i>desoximetas cre 0.05%</i>	2	
<i>desoximetas cre 0.25%</i>	2	
<i>desoximetas gel 0.05%</i>	2	
<i>desoximetas oin 0.05%</i>	2	
<i>desoximetas oin 0.25%</i>	2	
<i>diflorasone cre 0.05%</i>	2	
<i>diflorasone oin 0.05%</i>	2	
<i>fluocin acet cre 0.01%</i>	2	
<i>fluocin acet cre 0.025%</i>	2	
<i>fluocin acet oil 0.01% sc</i>	2	
<i>fluocin acet oil body</i>	2	

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**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocin acet oin 0.025%</i>	2	
<i>fluocin acet sol 0.01%</i>	2	
<i>fluocinonide cre 0.1%</i>	2	
<i>fluocinonide cre 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oin 0.05%</i>	2	
<i>fluocinonide sol 0.05%</i>	2	
<i>fluticasone cre 0.05%</i>	2	
<i>fluticasone lot 0.05%</i>	2	
<i>fluticasone oin 0.005%</i>	2	
<i>halobetasol cre 0.05%</i>	2	
<i>halobetasol oin 0.05%</i>	2	
HALOG CRE 0.1%	4	
HALOG OIN 0.1%	4	
<i>hc butyrate cre 0.1%</i>	2	
<i>hc butyrate oin 0.1%</i>	2	
<i>hc butyrate sol 0.1%</i>	2	
<i>hc valerate cre 0.2%</i>	2	
<i>hc valerate oin 0.2%</i>	2	
<i>hydrocort cre 1%</i>	2	
<i>hydrocort cre 2.5%</i>	2	
<i>hydrocort lot 2.5%</i>	2	
<i>hydrocort oin 1%</i>	2	
<i>hydrocort oin 2.5%</i>	2	
<i>hydrocort/ab oin 1%</i>	2	
<i>lokara lot 0.05%</i>	2	
<i>mometasone cre 0.1%</i>	2	
<i>mometasone oin 0.1%</i>	2	
<i>mometasone sol 0.1%</i>	2	
PEDIADERM HC KIT	4	
PEDIADERM TA KIT	4	
<i>prednicarbat cre 0.1%</i>	2	
<i>prednicarbat oin 0.1%</i>	2	
<i>scalacort lot 2%</i>	2	
TACLONEX SUS	4	
TEXACORT SOL 2.5%	4	
<i>triamcinolon aer spray</i>	2	
<i>triamcinolon cre 0.1%</i>	2	
<i>triamcinolon cre 0.5%</i>	2	
<i>triamcinolon cre 0.025%</i>	2	
<i>triamcinolon lot 0.1%</i>	2	
<i>triamcinolon lot 0.025%</i>	2	
<i>triamcinolon oin 0.1%</i>	2	
<i>triamcinolon oin 0.5%</i>	2	
<i>triamcinolon oin 0.025%</i>	2	
TRIANEX OIN 0.05%	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triderm cre 0.1%</i>	2	
VERDESO AER 0.05%	4	
<b>Emollients</b>		
<i>ammonium lac cre 12%</i>	2	
<i>ammonium lac lot 12%</i>	2	
<i>laclotion lot 12%</i>	2	
<i>lactic acid lot 10%</i>	2	
<b>Enzymes - Topical</b>		
SANTYL OIN 250/GM	4	
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod cre 5%</i>	2	
ZYCLARA CRE 3.75%	4	
ZYCLARA PUMP CRE 2.5%	4	
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CRE 1%	3	ST; PA**
<i>tacrolimus oin 0.1%</i>	2	ST; PA**
<i>tacrolimus oin 0.03%</i>	2	ST; PA**
<b>Keratolytic/Antimitotic Agents</b>		
CONDYLOX GEL 0.5%	4	
<i>podofilox sol 0.5%</i>	2	
<b>Local Anesthetics - Topical</b>		
<i>lido/prilocn cre 2.5-2.5%</i>	2	
<i>lido/prilocn kit 2.5-2.5%</i>	2	
<i>lidocaine cre 3%</i>	2	
<i>lidocaine gel 2% jelly</i>	2	
<i>lidocaine lot 3%</i>	2	
<i>lidocaine oin 5%</i>	2	
<i>lidocaine pad 5%</i>	2	
<i>lidocaine sol 4% 4%</i>	2	
<i>pramox gel 1%</i>	2	
SYNERA DIS 70-70MG	4	
<b>Rosacea Agents</b>		
FINACEA GEL 15%	4	
<i>metronidazol cre 0.75%</i>	2	
<i>metronidazol gel 0.75%</i>	2	
<i>metronidazol gel 1%</i>	2	
<i>metronidazol lot 0.75%</i>	2	
<i>rosadan cre 0.75%</i>	2	
<b>Scabicides Pediculicides</b>		
<i>acticin cre 5%</i>	2	
EURAX CRE 10%	4	
EURAX LOT 10%	4	
<i>lindane lot 1%</i>	2	
<i>lindane sha 1%</i>	2	
<i>malathion lot 0.5%</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>permethrin cre 5%</i>	2	
SKLICE LOT 0.5%	4	
<i>spinosad sus 0.9%</i>	2	
ULESFIA LOT 5%	4	

### **Wound Care Products**

REGRANEX GEL 0.01%	4	
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## **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

### **Dietary Management Products**

<i>folbic tab</i>	2	
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## **DIGESTIVE AIDS**

### **Digestive Enzymes**

CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>pancrelipase cap 5000unit</i>	2	
SUCRAID SOL 8500/ML	4	
ULTRESA CAP 13800UNT	3	
ULTRESA CAP 20700UNT	3	
ULTRESA CAP 23000UNT	3	
VIOKACE TAB	3	
VIOKACE TAB 20880	3	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	

## **DIURETICS**

### **Carbonic Anhydrase Inhibitors**

<i>acetazolamid cap 500mg er</i>	2	
<i>acetazolamid inj 500mg</i>	2	
<i>acetazolamid tab 125mg</i>	2	
<i>acetazolamid tab 250mg</i>	2	
<i>methazolamid tab 25mg</i>	2	
<i>methazolamid tab 50mg</i>	2	

### **Diuretic Combinations**

ALDACTAZIDE TAB 50/50	3	
<i>amilor/hctz tab 5-50</i>	2	
<i>spirono/hctz tab 25/25</i>	2	
<i>triamt/hctz cap 37.5-25</i>	2	
<i>triamt/hctz cap 50-25mg</i>	2	
<i>triamt/hctz tab 37.5-25</i>	2	
<i>triamt/hctz tab 75-50mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Loop Diuretics</b>		
<i>bumetanide inj 0.25/ml</i>	2	
<i>bumetanide tab 0.5mg</i>	2	
<i>bumetanide tab 1mg</i>	2	
<i>bumetanide tab 2mg</i>	2	
EDECIN TAB 25MG	4	
<i>furosemide inj 10mg/ml</i>	2	
FUROSEMIDE SOL 8MG/ML	3	
<i>furosemide sol 10mg/ml</i>	2	
<i>furosemide tab 20mg</i>	2	
<i>furosemide tab 40mg</i>	2	
<i>furosemide tab 80mg</i>	2	
SOD EDECIN INJ 50MG	4	
TORSEMIDE INJ 20MG/2ML	4	
TORSEMIDE INJ 50MG/5ML	4	
<i>torsemide tab 5mg</i>	2	
<i>torsemide tab 10mg</i>	2	
<i>torsemide tab 20mg</i>	2	
<i>torsemide tab 100mg</i>	2	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride tab 5mg</i>	2	
DYRENIUM CAP 50MG	4	
DYRENIUM CAP 100MG	4	
<i>spironolact tab 25mg</i>	2	
<i>spironolact tab 50mg</i>	2	
<i>spironolact tab 100mg</i>	2	
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorothiaz inj 500mg</i>	2	
<i>chlorothiaz tab 250mg</i>	2	
<i>chlorothiaz tab 500mg</i>	2	
<i>chlorthalid tab 25mg</i>	2	
<i>chlorthalid tab 50mg</i>	2	
<i>chlorthalid tab 100mg</i>	2	
DIURIL SUS 250/5ML	4	
<i>hydrochlorot cap 12.5mg</i>	2	
<i>hydrochlorot tab 12.5mg</i>	2	
<i>hydrochlorot tab 25mg</i>	2	
<i>hydrochlorot tab 50mg</i>	2	
<i>indapamide tab 1.25mg</i>	2	
<i>indapamide tab 2.5mg</i>	2	
<i>methyclothia tab 5mg</i>	2	
<i>metolazone tab 2.5mg</i>	2	
<i>metolazone tab 5mg</i>	2	
<i>metolazone tab 10mg</i>	2	

**ENDOCRINE AND METABOLIC AGENTS - MISC.**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Bone Density Regulators</b>		
ACTONEL TAB 5MG	4	ST; PA**
ACTONEL TAB 30MG	4	ST; PA**
ACTONEL TAB 35MG	4	ST; PA**
<i>alendronate sol 70/75ml</i>	2	
<i>alendronate tab 5mg</i>	2	
<i>alendronate tab 10mg</i>	2	
<i>alendronate tab 35mg</i>	2	
<i>alendronate tab 40mg</i>	2	
<i>alendronate tab 70mg</i>	2	
<i>calcitonin spr 200/act</i>	2	
<i>etidron disd tab 200mg</i>	2	
<i>etidron disd tab 400mg</i>	2	
FORTEO SOL 600/2.4	5	PA
FOSAMAX + D TAB 70-2800	4	ST; PA**
FOSAMAX + D TAB 70-5600	4	ST; PA**
<i>ibandronate inj 3mg/3ml</i>	2	
<i>ibandronate tab 150mg</i>	2	
MIACALCIN INJ 200/ML	4	
PAMIDRONATE INJ 6MG/ML	4	
<i>pamidronate inj 30/10ml</i>	2	
<i>pamidronate inj 30mg</i>	2	
<i>pamidronate inj 90/10ml</i>	2	
<i>pamidronate inj 90mg</i>	2	
PROLIA SOL 60MG/ML	5	PA
<i>risedron sod tab 35mg dr</i>	2	
<i>risedronate tab 150mg</i>	2	
XGEVA INJ	5	PA
<i>zoledronic inj 4mg/5ml</i>	2	PA
<i>zoledronic inj 5/100ml</i>	2	PA
ZOMETA INJ 4MG/100	5	PA
<b>Fertility Regulators</b>		
<i>chor gonadot inj 10000unt</i>	2	PA
<i>novarel inj 10000unt</i>	2	PA
<i>pregnyl inj 10000unt</i>	2	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT INJ 10MG	5	PA
SOMAVERT INJ 15MG	5	PA
SOMAVERT INJ 20MG	5	PA
SOMAVERT INJ 25MG	5	PA
SOMAVERT INJ 30MG	5	PA
<b>Growth Hormones</b>		
GENOTROPIN INJ 0.2MG	5	PA, ST
GENOTROPIN INJ 0.4MG	5	PA, ST
GENOTROPIN INJ 0.6MG	5	PA, ST



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	5	PA
HUMATROPE INJ 6MG	5	PA
HUMATROPE INJ 12MG	5	PA
HUMATROPE INJ 24MG	5	PA
NORDITROPIN INJ 5/1.5ML	5	PA
NORDITROPIN INJ 10/1.5ML	5	PA
NORDITROPIN INJ 15/1.5ML	5	PA
NORDITROPIN INJ 30/3ML	5	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	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
ZORBTIVE INJ 8.8MG	5	PA

### **Hormone Receptor Modulators**

<i>raloxifene tab 60mg</i>	2	\$0 copay for women > 35 years for the primary prevention of breast cancer
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### **Insulin-Like Growth Factors (Somatomedins)**

INCRELEX INJ 40MG/4ML	5	PA
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### **LHRH/GnRH Agonist Analog Pituitary Suppressants**

LUPR DEP-PED INJ 7.5MG	5	PA
LUPR DEP-PED INJ 11.25MG	5	PA
LUPR DEP-PED INJ 15MG	5	PA
LUPR DEP-PED INJ 30MG	5	PA
SYNAREL SOL 2MG/ML	3	

### **Metabolic Modifiers**

ALDURAZYME INJ 2.9MG/5M	5	PA
BUPHENYL TAB 500MG	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol cap 0.5mcg</i>	2	
<i>calcitriol cap 0.25mcg</i>	2	
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol sol 1mcg/ml</i>	2	
CARBAGLU TAB 200MG	5	PA
CYSTADANE POW	5	
<i>doxercalcif cap 0.5mcg</i>	2	
<i>doxercalcif cap 1mcg</i>	2	
<i>doxercalcif cap 2.5mcg</i>	2	
<i>doxercalcif inj 4mcg/2ml</i>	2	
ELAPRASE INJ 6MG/3ML	5	PA
FABRAZYME INJ 5MG	5	PA
FABRAZYME INJ 35MG	5	PA
KUVAN POW 100MG	5	PA
KUVAN TAB 100MG	5	PA
MYOZYME INJ 50MG	5	PA
NAGLAZYME INJ 1MG/ML	5	PA
ORFADIN CAP 2MG	5	PA
ORFADIN CAP 5MG	5	PA
ORFADIN CAP 10MG	5	PA
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
PARICALCITOL INJ 2MCG/ML	2	
<i>phenylbutyra pow sodium</i>	2	
SENSIPAR TAB 30MG	5	PA
SENSIPAR TAB 60MG	5	PA
SENSIPAR TAB 90MG	5	PA
ZEMPLAR INJ 5MCG/ML	4	
<b>Posterior Pituitary Hormones</b>		
<i>desmopressin inj 4mcg/ml</i>	2	
<i>desmopressin sol 0.01%</i>	2	
<i>desmopressin spr 0.01%</i>	2	
<i>desmopressin tab 0.1mg</i>	2	
<i>desmopressin tab 0.2mg</i>	2	
<b>Prolactin Inhibitors</b>		
<i>cabergoline tab 0.5mg</i>	2	
<b>Somatostatic Agents</b>		
<i>octreotide inj 50mcg/ml</i>	2	PA
<i>octreotide inj 100mcg</i>	2	PA
<i>octreotide inj 200mcg</i>	2	PA
<i>octreotide inj 500mcg</i>	2	PA
<i>octreotide inj 1000mcg</i>	2	PA
SANDOSTATIN KIT LAR 10MG	5	PA
SANDOSTATIN KIT LAR 20MG	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SANDOSTATIN KIT LAR 30MG	5	PA
SOMATULINE INJ 60/0.2ML	5	PA
SOMATULINE INJ 90/0.3ML	5	PA
SOMATULINE INJ 120/.5ML	5	PA

### ***Vasopressin Receptor Antagonists***

SAMSCA TAB 15MG	5	PA
SAMSCA TAB 30MG	5	PA

## **ESTROGENS**

### ***Estrogen Combinations***

CLIMARA PRO DIS WEEKLY	3	
<i>estra/noreth tab 0.5-0.1</i>	2	
<i>estra/noreth tab 1-0.5mg</i>	2	
FEMHRT TAB 0.5-2.5	3	
<i>jinteli tab 1mg-5mcg</i>	2	
<i>mimvey tab 1-0.5mg</i>	2	

### ***Estrogens***

ALORA DIS 0.1MG	4	PA; High Risk Medications require PA for members age 65 and older
ALORA DIS 0.05MG	4	PA; High Risk Medications require PA for members age 65 and older
ALORA DIS 0.025MG	4	PA; High Risk Medications require PA for members age 65 and older
ALORA DIS 0.075MG	4	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.3MG	4	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.9MG	4	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.45MG	4	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.625MG	4	PA; High Risk Medications require PA for members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CENESTIN TAB 1.25MG	4	PA; High Risk Medications require PA for members age 65 and older
DEPO-ESTRADI INJ 5MG/ML	4	
DIVIGEL GEL 0.5MG	4	
DIVIGEL GEL 0.25MG	4	
DIVIGEL GEL 1MG/GM	4	
ELESTRIN GEL 0.06%	4	
ENJUVIA TAB 0.3MG	4	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.9MG	4	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.45MG	4	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.625MG	4	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 1.25MG	4	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol inj 10mg/ml</i>	2	
<i>estradiol inj 20mg/ml</i>	2	
<i>estradiol inj 200mg/5</i>	2	
<i>estradiol dis 0.1mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol dis 0.05mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol dis 0.06mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol dis 0.025mg</i>	2	PA; High Risk Medications require PA for members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol dis 0.075mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol dis 0.0375mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol tab 0.5mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol tab 1mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol tab 2mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
ESTROGEL GEL	4	
<i>estropipate tab 0.75mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate tab 1.5mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate tab 3mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
EVAMIST SPR 1.53MG	4	
MENEST TAB 0.3MG	4	PA; High Risk Medications require PA for members age 65 and older
MENEST TAB 0.625MG	4	PA; High Risk Medications require PA for members age 65 and older
MENEST TAB 1.25MG	4	PA; High Risk Medications require PA for members age 65 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENEST TAB 2.5MG	4	PA; High Risk Medications require PA for members age 65 and older
MENOSTAR DIS 14MCG	4	PA; High Risk Medications require PA for members age 65 and older
<i>ortho-est tab 0.625</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>ortho-est tab 1.25</i>	2	PA; High Risk Medications require PA for members age 65 and older
PREMARIN INJ 25MG	4	
PREMARIN TAB 0.3MG	4	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.9MG	4	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.45MG	4	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.625MG	4	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 1.25MG	4	PA; High Risk Medications require PA for members age 65 and older

## **FLUOROQUINOLONES**

### ***Fluoroquinolones***

AVELOX INJ	4	
<i>ciprofloxacin inj 200mg</i>	2	
<i>ciprofloxacin inj 400mg</i>	2	
<i>ciprofloxacin sus 250mg/5</i>	2	
<i>ciprofloxacin sus 500mg/5</i>	2	
<i>ciprofloxacin tab 100mg</i>	2	
<i>ciprofloxacin tab 250mg</i>	2	
<i>ciprofloxacin tab 500mg</i>	2	
<i>ciprofloxacin tab 500mg er</i>	2	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin tab 750mg</i>	2	
<i>ciprofloxacin tab 1000mg</i>	2	
FACTIVE TAB 320MG	4	
<i>levoflox/d5w inj 250/50ml</i>	2	
<i>levoflox/d5w inj 500/100m</i>	2	
<i>levoflox/d5w inj 750/150</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin sol 25mg/ml</i>	2	
<i>levofloxacin tab 250mg</i>	2	
<i>levofloxacin tab 500mg</i>	2	
<i>levofloxacin tab 750mg</i>	2	
<i>moxifloxacin tab 400mg</i>	2	
NOROXIN TAB 400MG	4	
<i>ofloxacin tab 400mg</i>	2	

### **GASTROINTESTINAL AGENTS - MISC.**

#### **Gallstone Solubilizing Agents**

<i>ursodiol cap 300mg</i>	2	
<i>ursodiol tab 250mg</i>	2	
<i>ursodiol tab 500mg</i>	2	

#### **Gastrointestinal Antiallergy Agents**

<i>cromolyn sod con 100/5ml</i>	2	
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#### **Gastrointestinal Chloride Channel Activators**

AMITIZA CAP 8MCG	3	PA
AMITIZA CAP 24MCG	3	PA

#### **Gastrointestinal Stimulants**

<i>metoclopram inj 5mg/ml</i>	2	
<i>metoclopram sol 5mg/5ml</i>	2	
<i>metoclopram tab 5mg</i>	2	
<i>metoclopram tab 5mg odt</i>	2	
<i>metoclopram tab 10mg</i>	2	

#### **Inflammatory Bowel Agents**

APRISO CAP 0.375GM	3	
<i>balsalazide cap 750mg</i>	2	
CANASA SUP 1000MG	3	
CIMZIA KIT	5	PA, ST
CIMZIA KIT STARTER	5	PA, ST
CIMZIA PREFL KIT 200MG/ML	5	PA, ST
DIPENTUM CAP 250MG	4	
<i>mesalamine ene 4gm</i>	2	
<i>mesalamine kit 4gm</i>	2	
REMICADE INJ 100MG	5	PA, ST
<i>sulfasalazin tab 500mg</i>	2	
<i>sulfasalazin tab 500mg dr</i>	2	
<i>sulfazine tab 500mg</i>	2	

#### **Intestinal Acidifiers**

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    PA\*\* - PA  
 Applies if Step is Not Met    OTC - Over the Counter

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enulose sol 10gm/15</i>	2	
<i>generlac sol 10gm/15</i>	2	

### ***Irritable Bowel Syndrome (IBS) Agents***

LOTRONEX TAB 0.5MG	4	PA
LOTRONEX TAB 1MG	4	PA

### ***Peripheral Opioid Receptor Antagonists***

RELISTOR INJ 8/0.4ML	4	PA
RELISTOR INJ 12/0.6ML	4	PA
RELISTOR KIT 12/0.6ML	4	

### ***Phosphate Binder Agents***

<i>calc acetate cap 667mg</i>	2	
<i>calc acetate tab 667mg</i>	2	
FOSRENOL CHW 500MG	4	
FOSRENOL CHW 750MG	4	
FOSRENOL CHW 1000MG	4	
FOSRENOL POW 750MG	4	
FOSRENOL POW 1000MG	4	
PHOSLYRA SOL	4	
REVELA PAK 0.8GM	3	
REVELA PAK 2.4GM	3	
REVELA TAB 800MG	3	

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### ***Alkalinizers***

<i>pot citrate tab 540mg er</i>	2	
<i>pot citrate tab 1080mg</i>	2	
<i>pot citrate tab 1620mg</i>	2	

### ***Cystinosis Agents***

CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA

### ***Genitourinary Irrigants***

<i>sodium chlor sol 0.9% irr</i>	2	
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### ***Interstitial Cystitis Agents***

ELMIRON CAP 100MG	4	
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### ***Prostatic Hypertrophy Agents***

<i>alfuzosin tab 10mg</i>	2	
AVODART CAP 0.5MG	4	ST; PA**
CARDURA XL TAB 4MG	4	ST; PA**
CARDURA XL TAB 8MG	4	ST; PA**
CIALIS TAB 2.5MG	4	QL (30 tabs / 25 days), PA
CIALIS TAB 5MG	4	QL (30 tabs / 25 days), PA
<i>finasteride tab 5mg</i>	2	
JALYN CAP	4	ST; PA**
RAPAFLO CAP 4MG	4	ST; PA**



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RAPAFLO CAP 8MG	4	ST; PA**
<i>tamsulosin cap 0.4mg</i>	2	
<b>Urinary Analgesics</b>		
<i>phenazopyrid tab 100mg</i>	2	
<i>phenazopyrid tab 200mg</i>	2	
<b>GOUT AGENTS</b>		
<b>Gout Agent Combinations</b>		
<i>proben/colch tab 500-0.5</i>	2	
<b>Gout Agents</b>		
<i>allopurinol inj 500mg</i>	2	
<i>allopurinol tab 100mg</i>	2	
<i>allopurinol tab 300mg</i>	2	
<i>colchicine tab 0.6mg</i>	2	
ULORIC TAB 40MG	4	ST; PA**
ULORIC TAB 80MG	4	ST; PA**
<b>Uricosurics</b>		
<i>probenecid tab 500mg</i>	2	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR INJ 30MG/3ML	5	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylli tab 400mg er</i>	2	
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX CAP 25-200MG	3	
<i>anagrelide cap 0.5mg</i>	2	
<i>anagrelide cap 1mg</i>	2	
BRILINTA TAB 90MG	3	
<i>cilostazol tab 50mg</i>	2	
<i>cilostazol tab 100mg</i>	2	
<i>clopidogrel tab 75mg</i>	2	
<i>clopidogrel tab 300mg</i>	2	
<i>dipyridamole tab 25mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>dipyridamole tab 50mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>dipyridamole tab 75mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	

PA - Prior Authorization  
Applies if Step is Not Met

QL - Quantity Limits  
OTC - Over the Counter

ST - Step Therapy

PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ticlopidine tab 250mg</i>	2	
ZONTIVITY TAB 2.08MG	3	

## **HEMATOPOIETIC AGENTS**

### **Agents for Gaucher Disease**

CEREZYME INJ 200UNIT	5	PA
CEREZYME INJ 400UNIT	5	PA
ELELYSO INJ 200UNIT	5	PA
VPRIV INJ 400UNIT	5	PA
ZAVESCA CAP 100MG	5	PA

### **Agents for Sickle Cell Anemia**

DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	

### **Cobalamins**

<i>cyanocobalam inj 1000mcg</i>	2	
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### **Folic Acid/Folates**

<i>folic acid tab 1mg</i>	2	
<i>folic acid tab 400mcg</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
<i>folic acid tab 800mcg</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under

### **Hematopoietic Growth Factors**

ARANESP INJ 10MCG	5	PA
ARANESP INJ 25MCG	5	PA
ARANESP INJ 40MCG	5	PA
ARANESP INJ 60MCG	5	PA
ARANESP INJ 100MCG	5	PA
ARANESP INJ 150MCG	5	PA
ARANESP INJ 200MCG	5	PA
ARANESP INJ 300MCG	5	PA
ARANESP INJ 500MCG	5	PA
LEUKINE INJ 250MCG	5	PA
LEUKINE INJ 500 MCG	5	PA
NEULASTA INJ 6MG/0.6M	5	PA
NEUPOGEN INJ 300/0.5	5	PA
NEUPOGEN INJ 300MCG	5	PA
NEUPOGEN INJ 480/0.8	5	PA
NEUPOGEN INJ 480MCG	5	PA
OMONTYS INJ 10MG/ML	5	PA
OMONTYS INJ 20MG/2ML	5	PA
PROCRIT INJ 2000/ML	5	PA
PROCRIT INJ 3000/ML	5	PA

**PA** - Prior Authorization  
Applies if Step is Not Met

**QL** - Quantity Limits  
**OTC** - Over the Counter

**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCRIT INJ 4000/ML	5	PA
PROCRIT INJ 10000/ML	5	PA
PROCRIT INJ 20000/ML	5	PA
PROCRIT INJ 40000/ML	5	PA
PROMACTA TAB 12.5MG	5	PA
PROMACTA TAB 25MG	5	PA
PROMACTA TAB 50MG	5	PA
PROMACTA TAB 75MG	5	PA

### **Iron**

FER-IN-SOL DRO 15MG/ML	1	OTC; \$0 for ages 6-12 months
FERROUS SUL LIQ 220/5ML	1	OTC; \$0 for ages 6-12 months
<i>ferrous sulf dro 15mg/ml</i>	1	OTC; \$0 for ages 6-12 months
<i>ferrous sulf elx 220/5ml</i>	1	OTC; \$0 for ages 6-12 months
FERROUS SULF SYP 300/5ML	1	OTC; \$0 for ages 6-12 months
ICAR PEDS SUS GRAPE	1	OTC; \$0 for ages 6-12 months
MYKIDZ IRON SUS 15/1.5ML	1	OTC; \$0 for ages 6-12 months
<i>wee care sus 15/1.25</i>	1	OTC; \$0 for ages 6-12 months

### **Stem Cell Mobilizers**

MOZOBIL INJ	5	PA
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### **HEMOSTATICS**

#### **Hemostatics - Systemic**

<i>tranex acid inj 100mg/ml</i>	2	
<i>tranex acid tab 650mg</i>	2	

### **HYPNOTICS**

#### **Barbiturate Hypnotics**

<i>phenobarb elx 20mg/5ml</i>	2	
<i>phenobarb tab 15mg</i>	2	
<i>phenobarb tab 16.2mg</i>	2	
<i>phenobarb tab 30mg</i>	2	
<i>phenobarb tab 32.4mg</i>	2	
<i>phenobarb tab 60mg</i>	2	
<i>phenobarb tab 64.8mg</i>	2	
<i>phenobarb tab 97.2mg</i>	2	
<i>phenobarb tab 100mg</i>	2	

#### **Non-Barbiturate Hypnotics**

<i>eszopiclone tab 1mg</i>	2	QL (15 tablets/25 days)
<i>eszopiclone tab 2mg</i>	2	QL (15 tablets/25 days)
<i>eszopiclone tab 3mg</i>	2	QL (15 tablets/25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temazepam cap 7.5mg</i>	2	QL (15 caps / 25 days)
<i>temazepam cap 15mg</i>	2	QL (15 caps / 25 days)
<i>temazepam cap 22.5mg</i>	2	QL (15 caps / 25 days)
<i>temazepam cap 30mg</i>	2	QL (15 caps / 25 days)
<i>zaleplon cap 5mg</i>	2	QL (15 caps / 25 days)
<i>zaleplon cap 10mg</i>	2	QL (15 caps / 25 days)
<i>zolpidem er tab 6.25mg</i>	2	QL (15 tabs / 25 days)
<i>zolpidem er tab 12.5mg</i>	2	QL (15 tabs / 25 days)
<i>zolpidem tab 5mg</i>	2	QL (15 tabs / 25 days)
<i>zolpidem tab 10mg</i>	2	QL (15 tabs / 25 days)

### **Selective Melatonin Receptor Agonists**

ROZEREM TAB 8MG	4	QL (15 tabs / 25 days), ST; PA**
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## **LAXATIVES**

### **Laxative Combinations**

COLYTE/FLAVR SOL PACKS	3	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
GOLYTELY SOL	3	
MOVIPREP SOL	3	\$0 copay for members age 50 through 74
<i>peg 3350 sol electrol</i>	2	
<i>peg-3350 sol electrol</i>	2	
<i>peg-3350/kcl sol /sodium</i>	2	
PREPOPIK PAK	1	PA; \$0 copay for members age 50 through 74
SUPREP BOWEL SOL PREP	4	\$0 copay for members age 50 through 74

### **Laxatives - Miscellaneous**

KRISTALOSE PAK 10GM	4	
KRISTALOSE PAK 20GM	4	
<i>lactulose sol 10gm/15</i>	2	
<i>polyeth glyc pow 3350 nf</i>	2	

### **Saline Laxatives**

OSMOPREP TAB 1.5GM	4	
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## **LOCAL ANESTHETICS-Parenteral**

### **Local Anesthetics - Amides**

LIDO/DEXTROS INJ 5-7.5%	4	
<i>lidocaine inj 0.5%</i>	2	
<i>lidocaine inj 1%</i>	2	
<i>lidocaine inj 1.5%</i>	2	
<i>lidocaine inj 2%</i>	2	
<i>lidocaine inj 4%</i>	2	

**PA** - Prior Authorization  
Applies if Step is Not Met

**QL** - Quantity Limits  
**OTC** - Over the Counter

**ST** - Step Therapy

**PA\*\*** - PA

Drug Name	Drug Tier	Requirements/Limits
<b>MACROLIDES</b>		
<b>Azithromycin</b>		
<i>azithromycin inj 500mg</i>	2	
<i>azithromycin pow 1gm pak</i>	2	
<i>azithromycin sus 100/5ml</i>	2	
<i>azithromycin sus 200/5ml</i>	2	
<i>azithromycin tab 250mg</i>	2	
<i>azithromycin tab 500mg</i>	2	
<i>azithromycin tab 600mg</i>	2	
ZMAX SUS 2GM	4	
<b>Clarithromycin</b>		
<i>clarithromyc sus 125/5ml</i>	2	
<i>clarithromyc sus 250/5ml</i>	2	
<i>clarithromyc tab 250mg</i>	2	
<i>clarithromyc tab 500mg</i>	2	
<i>clarithromyc tab 500mg er</i>	2	
<b>Erythromycins</b>		
<i>e.e.s. 400 tab 400mg</i>	2	
E.E.S. GRAN SUS 200/5ML	3	
ERY-TAB TAB 250MG EC	3	
ERY-TAB TAB 333MG EC	3	
ERY-TAB TAB 500MG EC	3	
ERYPED SUS 200/5ML	3	
ERYPED SUS 400/5ML	3	
ERYTHROCIN INJ 500MG	4	
ERYTHROCIN INJ 1000MG	4	
<i>erythrocin tab 250mg</i>	2	
<i>erythrom eth tab 400mg</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin tab 250mg bs</i>	2	
<i>erythromycin tab 500mg bs</i>	2	
PCE TAB 333MG EC	4	
PCE TAB 500MG EC	4	
<b>Fidaxomicin</b>		
DIFICID TAB 200MG	3	PA

## MEDICAL DEVICES

### Contraceptives

CONDOMS - FEMALE	1	QL (24 per 25 days)
CONDOMS - MALE	1	QL (24 per 25 days)
CONDOMS LATEX LUBRICATED	1	QL (24 per 25 days)
CONDOMS LATEX NON-LUBRICATED	1	QL (24 per 25 days)
CONDOMS NON-LATEX NON-LUBRICATED	1	QL (24 per 25 days)
FC2 FEMALE MIS CONDOM	1	OTC
FEMCAP MIS 22MM	1	QL (1 / 300 days)
FEMCAP MIS 26MM	1	QL (1 / 300 days)

PA - Prior Authorization  
Applies if Step is Not Met

QL - Quantity Limits  
OTC - Over the Counter

ST - Step Therapy

PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FEMCAP MIS 30MM	1	QL (1 / 300 days)
OMNIFLEX DPR	1	QL (1 / 300 days)
ORTHO COIL DPR KIT 50	1	QL (1 / 300 days)
ORTHO COIL DPR KIT 100	1	QL (1 / 300 days)
ORTHO COIL DPR KIT 105	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 55	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 60	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 65	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 70	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 75	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 80	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 85	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 90	1	QL (1 / 300 days)
ORTHO FLAT DPR KIT 95	1	QL (1 / 300 days)
ORTHO FLEX DPR 65MM	1	QL (1 / 300 days)
ORTHO FLEX DPR 70MM	1	QL (1 / 300 days)
ORTHO FLEX DPR 75MM	1	QL (1 / 300 days)
ORTHO FLEX DPR 80MM	1	QL (1 / 300 days)
PRENTIF MIS 22MM	1	QL (1 / 300 days)
PRENTIF MIS 25MM	1	QL (1 / 300 days)
PRENTIF MIS 28MM	1	QL (1 / 300 days)
PRENTIF MIS 31MM	1	QL (1 / 300 days)
PRENTIF MIS FITTING	1	QL (1 / 300 days)
TODAY SPONGE MIS	1	OTC
WIDE-SEAL DPR KIT 60	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95	1	QL (1 / 300 days)

### **Diabetic Supplies**

ACCU-CHEK KIT COMPACT	3	OTC
ACCU-CHEK MIS AVIVA	3	OTC
ACCU-CHEK MIS MLTICLIX	3	OTC
ACCU-CHEK SOL COMFORT	3	OTC
ACCU-CHEK TES ACTIVE	3	OTC
ACCU-CHEK TES COMPACT	3	OTC
BD SWAB REG PAD SNGL USE	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
ONETOUCH KIT ULTRA 2	3	OTC
ONETOUCH KIT VERIO	3	OTC
ONETOUCH TES ULTRA BL	3	OTC
ONETOUCH US MIS LANCETS	3	OTC

### **Respiratory Therapy Supplies**

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **PA\*\*** - PA  
Applies if Step is Not Met    **OTC** - Over the Counter

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AEROCHAMBER MIS PLUS	3	
PANDA MASK MIS PEDIATRI	3	
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	1	QL (2 per 365 days)

## **MIGRAINE PRODUCTS**

### ***Migraine Combinations***

CAFERGOT TAB 1-100MG	3	
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### ***Migraine Products***

<i>dihydroergot inj 1mg/ml</i>	2	QL (8 kits / 25 days)
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<i>dihydroergot spr 4mg/ml</i>	2	QL (8 kits / 25 days)
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ERGOMAR SUB 2MG	4	
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### ***Serotonin Agonists***

AXERT TAB 6.25MG	4	QL (12 tabs / 25 days), ST; PA**
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AXERT TAB 12.5MG	4	QL (12 tabs / 25 days), ST; PA**
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FROVA TAB 2.5MG	4	QL (18 tabs / 25 days), ST; PA**
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<i>naratriptan tab 1mg</i>	2	QL (12 tabs / 25 days)
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<i>naratriptan tab 2.5mg</i>	2	QL (12 tabs / 25 days)
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RELPAK TAB 20MG	4	QL (12 tabs / 25 days), ST; PA**
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RELPAK TAB 40MG	4	QL (12 tabs / 25 days), ST; PA**
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<i>rizatriptan tab 5mg</i>	2	QL (18 tabs / 25 days)
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<i>rizatriptan tab 5mg odt</i>	2	QL (18 tabs / 25 days)
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<i>rizatriptan tab 10mg</i>	2	QL (18 tabs / 25 days)
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<i>rizatriptan tab 10mg odt</i>	2	QL (18 tabs / 25 days)
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<i>sumatriptan inj 4mg/0.5</i> SOAJ	2	QL (6 kits / 25 days)
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<i>sumatriptan inj 4mg/0.5</i> SOCT; SOLN	2	QL (12 units / 25 days)
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<i>sumatriptan inj 6mg/0.5</i> SOAJ; SOLN	2	QL (6 kits / 25 days)
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<i>sumatriptan inj 6mg/0.5</i> SOCT; SOSY	2	QL (12 units / 25 days)
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<i>sumatriptan spr 5mg/act</i>	2	QL (24 sprays / 25 days)
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<i>sumatriptan spr 20mg/act</i>	2	QL (12 sprays / 25 days)
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<i>sumatriptan tab 25mg</i>	2	QL (12 tabs / 25 days)
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<i>sumatriptan tab 50mg</i>	2	QL (12 tabs / 25 days)
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<i>sumatriptan tab 100mg</i>	2	QL (12 tabs / 25 days)
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<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 25 days)
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<i>zolmitriptan tab 2.5mg</i>	2	QL (12 tabs / 25 days)
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<i>zolmitriptan tab 5mg</i>	2	QL (12 tabs / 25 days)
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ZOMIG NASAL SPR 5MG	4	QL (12 sprays / 25 days)
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ZOMIG SPR 2.5MG	4	QL (12 sprays / 25 days)
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## **MINERALS ELECTROLYTES**

### ***Chloride***

AMMONIUM CHL INJ 5MEQ/ML	4	
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### ***Electrolyte Mixtures***

**PA** - Prior Authorization  
Applies if Step is Not Met

**QL** - Quantity Limits  
**OTC** - Over the Counter

**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISOLYTE-S INJ	4	
<i>kcl in nacl inj</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15-0.9</i>	2	
NORMOSOL -R INJ	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	

### **Fluoride**

<i>fluor-a-day dro 0.125mg</i>	1	\$0 applies for ages 5 and under
FLUORABON DRO	1	\$0 applies for ages 5 and under
<i>fluoride chw 0.25mg f</i>	1	\$0 applies for ages 5 and under
<i>fluoride chw 1mg f</i>	2	
<i>fluoritab chw 0.5mg f</i>	1	\$0 applies for ages 5 and under
<i>fluoritab chw 0.25mg f</i>	1	\$0 applies for ages 5 and under
<i>fluoritab chw 2.2mg</i>	2	
<i>flura-drops dro 0.25mg f</i>	1	\$0 applies for ages 5 and under
<i>flura-drops dro 0.125mg</i>	1	\$0 applies for ages 5 and under
<i>ludent chw 0.5mg f</i>	1	\$0 applies for ages 5 and under
<i>ludent chw 0.25mg f</i>	1	\$0 applies for ages 5 and under
<i>ludent chw 1mg f</i>	2	
LURIDE CHW 0.5MG F	1	\$0 applies for ages 5 and under
LURIDE CHW 0.25MG F	1	\$0 applies for ages 5 and under
LURIDE DRO 0.5MG/ML	1	\$0 applies for ages 5 and under
<i>nafrinse chw 1mg f</i>	2	
<i>sod fluoride chw 0.5mg f</i>	1	\$0 applies for ages 5 and under
<i>sod fluoride chw 0.25mg f</i>	1	\$0 applies for ages 5 and under
<i>sod fluoride chw 1mg f</i>	2	
<i>sod fluoride dro 0.5mg/ml</i>	1	\$0 applies for ages 5 and under
<i>sod fluoride tab 0.5mg f</i>	1	\$0 applies for ages 5 and under
<i>sod fluoride tab 1mg f</i>	2	

### **Magnesium**

**PA** - Prior Authorization  
Applies if Step is Not Met

**QL** - Quantity Limits  
**OTC** - Over the Counter

**ST** - Step Therapy

**PA\*\*** - PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAGNESIUM SU INJ 2/50ML	4	
<i>magnesium su inj 50%</i>	2	
MAGNESIUM SU INJ 80MG/ML	4	
MG SO4/D5W INJ 10MG/ML	4	
MG SO4/D5W INJ 20MG/ML	4	

### **Potassium**

<i>klor-con 8 tab 8meq er</i>	2	
<i>klor-con 10 tab 10meq er</i>	2	
KLOR-CON M15 TAB 15MEQ ER	3	
<i>klor-con m20 tab 20meq er</i>	2	
<i>pot chloride cap 8meq er</i>	2	
<i>pot chloride cap 10meq er</i>	2	
<i>pot chloride inj 2meq/ml</i>	2	
<i>pot chloride inj 10meq</i>	2	
<i>pot chloride inj 20meq</i>	2	
<i>pot chloride inj 40meq</i>	2	
<i>pot chloride liq 20% sf</i>	2	
<i>pot chloride sol 10% sf</i>	2	
<i>pot chloride tab 8meq er</i>	2	
<i>pot chloride tab 10meq er</i>	2	
POT CHLORIDE TAB 20MEQ ER	2	
<i>pot cl micro tab 10meq er</i>	2	
<i>pot cl micro tab 20meq er</i>	2	

### **Sodium**

<i>saline flush inj 0.9%</i>	2	
<i>sod chloride inj 0.9%</i>	2	
<i>sod chloride inj 0.45%</i>	2	
<i>sod chloride inj 2.5/ml</i>	2	
<i>sod chloride inj 3%</i>	2	
<i>sod chloride inj 4meq/ml</i>	2	
<i>sod chloride inj 5%</i>	2	
<i>sod chloride inj 23.4%</i>	2	

## **MOUTH/THROAT/DENTAL AGENTS**

### **Anesthetics Topical Oral**

<i>lidocaine sol 2% visc</i>	2	
<i>lidocaine sol 4% 4%</i>	2	

### **Anti-infectives - Throat**

<i>clotrimazole tro 10mg</i>	2	
<i>nystatin sus 100000</i>	2	
ORAVIG TAB 50MG	4	

### **Antiseptics - Mouth/Throat**

<i>chlorhex glu sol 0.12%</i>	2	
<i>periogard sol 0.12%</i>	2	

### **Steroids - Mouth/Throat**

<i>oralone pst 0.1%</i>	2	
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ST - Step Therapy

PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolon pst 0.1%</i>	2	
<b>Throat Products - Misc.</b>		
<i>cevimeline cap 30mg</i>	2	
<i>pilocarpine tab 5mg</i>	2	
<i>pilocarpine tab 7.5mg</i>	2	
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		
<i>acd/fluoride dro 0.25mg</i>	2	
<i>multi-vit/fl dro 0.5mg/ml</i>	2	
<i>multi-vit/fl dro 0.25mg</i>	2	
<i>multivit/fl chw 0.5mg</i>	2	
<i>multivit/fl chw 0.25mg</i>	2	
<i>multivit/fl chw 1mg</i>	2	
<i>mvc-fluoride chw 0.5mg</i>	2	
<i>mvc-fluoride chw 1mg</i>	2	
<i>tri-vit/fl dro 0.5mg</i>	2	
<i>tri-vit/fl dro 0.25mg</i>	2	
<i>tri-vit/fluo dro 0.25mg</i>	2	
<i>tri-vita/fl dro 0.25mg</i>	2	
<b>Ped Multi Vitamins w/Fl FE</b>		
<i>MULTI-VIT/FE DRO /FL 0.25</i>	2	
<i>MULTI-VIT/FL DRO /FE 0.25</i>	2	
<i>tri-vit/fe dro /fl 0.25</i>	2	
<b>Prenatal Vitamins</b>		
<i>CITRANATAL CAP HARMONY</i>	3	
<i>CITRANATAL MIS 90 DHA</i>	3	
<i>CITRANATAL MIS B-CALM</i>	3	
<i>CITRANATAL PAK ASSURE</i>	3	
<i>CITRANATAL PAK DHA</i>	3	
<i>CITRANATAL TAB RX</i>	3	
<i>prenatabs rx tab</i>	2	
<i>TARON-BC MIS</i>	3	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen tab 10mg</i>	2	
<i>baclofen tab 20mg</i>	2	
<i>carisoprodol tab 250mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>carisoprodol tab 350mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>chlorzoxazon tab 500mg</i>	2	

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**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclobenzapr tab 5mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>cyclobenzapr tab 7.5mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>cyclobenzapr tab 10mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>metaxalone tab 400mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>metaxalone tab 800mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>methocarbam tab 500mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>methocarbam tab 750mg</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>orphenadrine inj 30mg/ml</i>	2	
<i>orphenadrine tab 100mg er</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>tizanidine cap 2mg</i>	2	
<i>tizanidine cap 4mg</i>	2	
<i>tizanidine cap 6mg</i>	2	
<i>tizanidine tab 2mg</i>	2	
<i>tizanidine tab 4mg</i>	2	
<b>Direct Muscle Relaxants</b>		
<i>dantrolene cap 25mg</i>	2	
<i>dantrolene cap 50mg</i>	2	
<i>dantrolene cap 100mg</i>	2	
<b>Muscle Relaxant Combinations</b>		
<i>orph/asa/caf tab</i>	2	PA; High Risk Medications require PA for members age 65 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>orphen cpd tab ds</i>	2	PA; High Risk Medications require PA for members age 65 and older

## **NASAL AGENTS - SYSTEMIC AND TOPICAL**

### **Nasal Anti-infectives**

BACTROBAN OIN NASAL 2%	4	
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### **Nasal Antiallergy**

<i>azelastine spr 0.1%</i>	2	QL (2 bottles / 25 days)
<i>azelastine spr 0.15%</i>	2	QL (2 bottles / 25 days)
<i>olopatadine spr 0.6%</i>	2	QL (1 container / 25 days)

### **Nasal Anticholinergics**

<i>ipratropium spr 0.03%</i>	2	
<i>ipratropium spr 0.06%</i>	2	

### **Nasal Steroids**

<i>budesonide sus 32mcg</i>	2	QL (2 containers / 25 days)
<i>flunisolide spr 0.025%</i>	2	QL (3 containers / 25 days)
<i>fluticasone spr 50mcg</i>	2	QL (1 container / 25 days)
NASONEX SPR 50MCG/AC	4	QL (2 inhalers / 25 days), ST; PA**
<i>triamcinolon aer 55mcg/ac</i>	2	QL (1 container / 25 days)

### **Sympathomimetic Decongestants**

TYZINE PED DRO 0.05%	4	
TYZINE SOL 0.1%	4	

## **NEUROMUSCULAR AGENTS**

### **ALS Agents**

<i>riluzole tab 50mg</i>	2	
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### **Neuromuscular Blocking Agent - Neurotoxins**

BOTOX INJ 100UNIT	5	PA
BOTOX INJ 200UNIT	5	PA
XEOMIN INJ 50 UNIT	5	PA
XEOMIN INJ 100UNIT	5	PA

## **OPHTHALMIC AGENTS**

### **Artificial Tears and Lubricants**

LACRISERT MIS 5MG OP	4	
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### **Beta-blockers - Ophthalmic**

<i>betaxolol sol 0.5% op</i>	2	
BETIMOL SOL 0.5%	4	
BETIMOL SOL 0.25%	4	
BETOPTIC-S SUS 0.25% OP	3	

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PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carteolol sol 1% op</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzol/timol sol 2-0.5%op</i>	2	
ISTALOL SOL 0.5% OP	4	
<i>levobunolol sol 0.5% op</i>	2	
<i>levobunolol sol 0.25% op</i>	2	
<i>metipranolol sol 0.3% oph</i>	2	
<i>timolol gel sol 0.5% op</i>	2	
<i>timolol gel sol 0.25% op</i>	2	
<i>timolol mal sol 0.5% op</i>	2	
<i>timolol mal sol 0.25% op</i>	2	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
<b>Cycloplegic Mydriatics</b>		
<i>atropine sul sol 1% op</i>	2	
<i>homatropaire sol 5% op</i>	2	
<i>homatropine sol 5% op</i>	2	
ISO HOMATROP SOL 2% OP	4	
<i>tropicamide sol 0.5% op</i>	2	
<i>tropicamide sol 1% op</i>	2	
<b>Miotics</b>		
PHOSPHOLINE SOL 0.125%OP	4	
PILOPINE HS GEL 4% OP	4	
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOL 0.1%	4	
<i>apraclonidin sol 0.5% op</i>	2	
<i>brimonidine sol 0.2% op</i>	2	
<i>brimonidine sol 0.15%</i>	2	
IOPIDINE SOL 1% OP	4	
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOL 1%	4	
<i>bacit/polymy oin op</i>	2	
<i>bacitracin oin op</i>	2	
BESIVANCE SUS 0.6%	4	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacn sol 0.3% op</i>	2	
<i>erythromycin oin op</i>	2	
<i>gatifloxacin sol 0.5%</i>	2	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin oin 0.3% op</i>	2	
<i>gentamicin sol 0.3% op</i>	2	
<i>ilotycin oin op</i>	2	
<i>levofloxacin sol 0.5%</i>	2	
MOXEZA SOL 0.5%	4	
NATACYN SUS 5% OP	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neo/poly/gra sol op</i>	2	
<i>ofloxacin dro 0.3% op</i>	2	
<i>polycin oin op</i>	2	
<i>romycin oin op</i>	2	
<i>sod sulfacet sol 10% op</i>	2	
<i>tobramycin sol 0.3% op</i>	2	
TOBEX OIN 0.3% OP	3	
<i>trifluridine sol 1% op</i>	2	
<i>trimethoprim sol polymyxn</i>	2	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	4	
<b>Ophthalmic Decongestants</b>		
<i>naphazoline sol 0.1% op</i>	2	
<i>phenylephrin sol 2.5% op</i>	2	
<i>phenylephrin sol 10% op</i>	2	
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMU 0.05%	4	
<b>Ophthalmic Local Anesthetics</b>		
<i>parcaine sol 0.5% op</i>	2	
<i>proparacaine sol 0.5% op</i>	2	
<b>Ophthalmic Steroids</b>		
ALREX SUS 0.2%	4	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>dexameth pho sol 0.1% op</i>	2	
DUREZOL EMU 0.05%	4	
FLAREX SUS 0.1% OP	4	
<i>fluoromethol sus 0.1% op</i>	2	
FML FORTE SUS 0.25% OP	4	
FML OIN 0.1% OP	4	
LOTEMAX GEL 0.5%	4	
LOTEMAX OIN 0.5%	4	
LOTEMAX SUS 0.5%	4	
MAXIDEX SUS 0.1% OP	4	
<i>neo/poly/bac oin /hc 1%op</i>	2	
<i>neo/poly/dex oin 0.1% op</i>	2	
<i>neo/poly/dex sus 0.1% op</i>	2	
<i>neo/poly/hc sus op</i>	2	
<i>poly-dex oin 0.1% op</i>	2	
PRED MILD SUS 0.12% OP	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone sus 1% op</i>	2	
<i>sulf/pred na sol op</i>	2	
<i>tobra/dexame sus 0.3-0.1%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VEXOL SUS 1% OP	4	
<b>Ophthalmics - Misc.</b>		
ALOCRI SOL 2%	4	
ALOMIDE SOL 0.1% OP	4	
<i>azelastine dro 0.05%</i>	2	
AZOPT SUS 1% OP	4	
BEPREVE DRO 1.5%	4	
<i>bromfenac sol 0.09% op</i>	2	
<i>cromolyn sod sol 4% op</i>	2	
<i>diclofenac sol 0.1% op</i>	2	
<i>dorzolamide sol 2% op</i>	2	
EMADINE SOL 0.05% OP	4	
<i>epinastine dro 0.05%</i>	2	
<i>flurbiprofen sol 0.03% op</i>	2	
<i>ketorolac sol 0.4%</i>	2	
<i>ketorolac sol 0.5%</i>	2	
<i>ketotif fum dro 0.025%op</i>	2	
LASTACFT SOL 0.25%	4	
NEVANAC SUS 0.1%	4	
PATADAY SOL 0.2%	4	
PATANOL SOL 0.1% OP	4	
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost sol 0.03%</i>	2	
<i>latanoprost sol 0.005%</i>	2	
LUMIGAN SOL 0.01%	4	ST; PA**
TRAVATAN Z DRO 0.004%	4	ST; PA**
ZIOPTAN DRO 0.0015%	4	ST; PA**
<b>OTIC AGENTS</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>ace acd/alum sol 2% otic</i>	2	
<i>acetic acid sol 2% otic</i>	2	
<b>Otic Anti-infectives</b>		
<i>ofloxacin dro 0.3%otic</i>	2	
<b>Otic Combinations</b>		
CIPRO HC SUS OTIC	4	
CIPRODEX SUS 0.3-0.1%	3	
CORTISPORIN SUS -TC OTIC	4	
<i>neo/poly/hc sol 1% otic</i>	2	
<i>neo/poly/hc sus 1% otic</i>	2	
<b>Otic Steroids</b>		
<i>fluocin acet oil 0.01%</i>	2	
<i>hc/acet acid sol otic</i>	2	
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>Immune Serums</b>		
BIVIGAM INJ 10%	5	PA

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PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARIMUNE NF INJ 3GM	5	PA
CARIMUNE NF INJ 6GM	5	PA
CARIMUNE NF INJ 12GM	5	PA
FLEBOGAMMA INJ 10/200ML	5	PA
FLEBOGAMMA INJ 20/400ML	5	PA
FLEBOGAMMA INJ DIF 5%	5	PA
FLEBOGAMMA INJ DIF 10%	5	PA
GAMASTAN S/D INJ	5	PA
GAMMAGARD INJ 2.5GM/25	5	PA
GAMMAGARD INJ 5GM/50ML	5	PA
GAMMAGARD INJ 10GM/100	5	PA
GAMMAGARD INJ 20GM/200	5	PA
GAMMAGARD INJ 30GM/300	5	PA
GAMMAGARD SD INJ 2.5GM HU	5	PA
GAMMAGARD SD INJ 5GM HU	5	PA
GAMMAGARD SD INJ 10GM HU	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMMAKED INJ 2.5GM/25	5	PA
GAMMAKED INJ 5GM/50ML	5	PA
GAMMAKED INJ 10GM/100	5	PA
GAMMAKED INJ 20GM/200	5	PA
GAMMAPLEX INJ 2.5GM	5	PA
GAMMAPLEX INJ 5GM	5	PA
GAMMAPLEX INJ 10GM	5	PA
GAMMAPLEX INJ 20GM	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
GAMUNEX-C INJ 2.5GM/25	5	PA
GAMUNEX-C INJ 5GM/50ML	5	PA
GAMUNEX-C INJ 10GM/100	5	PA
GAMUNEX-C INJ 20GM/200	5	PA
GAMUNEX-C INJ 40/400ML	5	PA
HIZENTRA INJ 1GM/5ML	5	PA
HIZENTRA INJ 2GM/10ML	5	PA
HIZENTRA INJ 4GM/20ML	5	PA
HIZENTRA INJ 10/50ML	5	PA
OCTAGAM INJ 1GM	5	PA
OCTAGAM INJ 2.5GM	5	PA
OCTAGAM INJ 2GM/20ML	5	PA
OCTAGAM INJ 5GM	5	PA
OCTAGAM INJ 5GM/50ML	5	PA
OCTAGAM INJ 10/100ML	5	PA
OCTAGAM INJ 10GM	5	PA
OCTAGAM INJ 20/200ML	5	PA
OCTAGAM INJ 25GM	5	PA
PRIVIGEN INJ 5 GRAMS	5	PA
PRIVIGEN INJ 10GRAMS	5	PA

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Applies if Step is Not Met    **OTC** - Over the Counter



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRIVIGEN INJ 20GRAMS	5	PA
PRIVIGEN INJ 40GRAMS	5	PA

## **PENICILLINS**

### **Aminopenicillins**

<i>amoxicillin cap 250mg</i>	2
<i>amoxicillin cap 500mg</i>	2
<i>amoxicillin chw 125mg</i>	2
<i>amoxicillin chw 250mg</i>	2
<i>amoxicillin sus 125/5ml</i>	2
<i>amoxicillin sus 200/5ml</i>	2
<i>amoxicillin sus 250/5ml</i>	2
<i>amoxicillin sus 400/5ml</i>	2
<i>amoxicillin tab 500mg</i>	2
<i>amoxicillin tab 875mg</i>	2
<i>ampicillin cap 250mg</i>	2
<i>ampicillin cap 500mg</i>	2
<i>ampicillin inj 1gm</i>	2
<i>ampicillin inj 2gm</i>	2
<i>ampicillin inj 10gm</i>	2
<i>ampicillin inj 125mg</i>	2
<i>ampicillin inj 250mg</i>	2
<i>ampicillin inj 500mg</i>	2
<i>ampicillin sus 125/5ml</i>	2
<i>ampicillin sus 250/5ml</i>	2

### **Natural Penicillins**

BICILLIN L-A INJ 600000	4
BICILLIN L-A INJ 1200000	4
BICILLIN L-A INJ 2400000	4
PEN G PROC INJ 600000	4
<i>pen g sod inj 5000000</i>	2
PENICILL GK/ INJ DEX 1MU	4
PENICILL GK/ INJ DEX 2MU	4
PENICILL GK/ INJ DEX 3MU	4
<i>penicillin gk inj 5mu</i>	2
<i>penicillin gk inj 20mu</i>	2
<i>penicillin vk sol 125/5ml</i>	2
<i>penicillin vk sol 250/5ml</i>	2
<i>penicillin vk tab 250mg</i>	2
<i>penicillin vk tab 500mg</i>	2
<i>pfizerpen-g inj 20mu</i>	2

### **Penicillin Combinations**

<i>amox-pot cla tab er</i>	2
<i>amox/k clav chw 200mg</i>	2
<i>amox/k clav chw 400mg</i>	2
<i>amox/k clav sus 200/5ml</i>	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amox/k clav sus 250/5ml</i>	2	
<i>amox/k clav sus 400/5ml</i>	2	
<i>amox/k clav sus 600/5ml</i>	2	
<i>amox/k clav tab 250mg</i>	2	
<i>amox/k clav tab 500mg</i>	2	
<i>amox/k clav tab 875mg</i>	2	
<i>amp-sulbacta inj 1.5gm</i>	2	
<i>amp-sulbacta inj 2-1gm</i>	2	
<i>amp-sulbacta inj 3gm</i>	2	
<i>amp-sulbacta inj 10-5gm</i>	2	
<i>amp-sulbacta inj 15gm</i>	2	
AUGMENTIN SUS 125/5ML	3	
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
<i>piper/tazoba inj 2-0.25gm</i>	2	
<i>piper/tazoba inj 3-0.375g</i>	2	
<i>piper/tazoba inj 4-0.5gm</i>	2	
<i>piper/tazoba inj 36-4.5gm</i>	2	
TIMENTIN INJ 3.1GM	4	
TIMENTIN INJ 31GM	4	
ZOSYN SOL 2-0.25GM	4	
ZOSYN SOL 3-0.375G	4	
ZOSYN SOL 4-0.50GM	4	

### **Penicillinase-Resistant Penicillins**

BACTOCILL INJ DEX 1GM	4	
BACTOCILL INJ DEX 2GM	4	
<i>dicloxacill cap 250mg</i>	2	
<i>dicloxacill cap 500mg</i>	2	
<i>nafcillin inj 1gm</i>	2	
<i>nafcillin inj 2gm</i>	2	
<i>nafcillin inj 10gm</i>	2	
NALLPEN/DEX INJ 1GM/50ML	4	
NALLPEN/DEX INJ 2GM/100	4	
<i>oxacillin inj 1gm</i>	2	
<i>oxacillin inj 2gm</i>	2	
<i>oxacillin inj 10gm</i>	2	

### **PROGESTINS**

#### **Progestins**

<i>medroxypr ac tab 2.5mg</i>	2	
<i>medroxypr ac tab 5mg</i>	2	
<i>medroxypr ac tab 10mg</i>	2	
MEGACE ES SUS 625/5ML	4	
<i>norethin ace tab 5mg</i>	2	
<i>progesterone cap 100mg</i>	2	
<i>progesterone cap 200mg</i>	2	

**PA** - Prior Authorization  
Applies if Step is Not Met

**QL** - Quantity Limits  
**OTC** - Over the Counter

**ST** - Step Therapy

**PA\*\*** - PA

**Drug Name Drug Tier Requirements/Limits**  
**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

**Agents for Chemical Dependency**

<i>acampro cal tab 333mg</i>	2	PA
<i>disulfiram tab 250mg</i>	2	
<i>disulfiram tab 500mg</i>	2	

**Anti-Cataplectic Agents**

XYREM SOL 500MG/ML	3	PA
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**Antidementia Agents**

<i>donepezil tab 5mg</i>	2	
<i>donepezil tab 5mg odt</i>	2	
<i>donepezil tab 10mg</i>	2	
<i>donepezil tab 10mg odt</i>	2	
<i>donepezil tab hcl 23mg</i>	2	
EXELON DIS 4.6MG/24	4	PA
EXELON DIS 9.5MG/24	4	PA
EXELON DIS 13.3/24	4	PA
EXELON SOL 2MG/ML	3	PA
<i>galantamine cap 8mg er</i>	2	
<i>galantamine cap 16mg er</i>	2	
<i>galantamine cap 24mg er</i>	2	
<i>galantamine sol 4mg/ml</i>	2	
<i>galantamine tab 4mg</i>	2	
<i>galantamine tab 8mg</i>	2	
<i>galantamine tab 12mg</i>	2	
NAMENDA SOL 10MG/5ML	3	PA; PA applies for members age 30 and younger
NAMENDA TAB 5-10MG	4	PA; PA applies for members age 30 and younger
NAMENDA TAB 5MG	3	PA; PA applies for members age 30 and younger
NAMENDA TAB 10MG	3	PA; PA applies for members age 30 and younger
NAMENDA XR CAP 7MG	3	PA; PA applies for members age 30 and younger
NAMENDA XR CAP 14MG	3	PA; PA applies for members age 30 and younger
NAMENDA XR CAP 21MG	3	PA; PA applies for members age 30 and younger

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAMENDA XR CAP 28MG	3	PA; PA applies for members age 30 and younger
NAMENDA XR CAP TITRATIO	3	PA; PA applies for members age 30 and younger
<i>rivastigmine cap 1.5mg</i>	2	PA
<i>rivastigmine cap 3mg</i>	2	PA
<i>rivastigmine cap 4.5mg</i>	2	PA
<i>rivastigmine cap 6mg</i>	2	PA
<b><i>Fibromyalgia Agents</i></b>		
SAVELLA MIS TITR PAK	4	
SAVELLA TAB 12.5MG	4	
SAVELLA TAB 25MG	4	
SAVELLA TAB 50MG	4	
SAVELLA TAB 100MG	4	
<b><i>Movement Disorder Drug Therapy</i></b>		
XENAZINE TAB 12.5MG	5	PA
XENAZINE TAB 25MG	5	PA
<b><i>Multiple Sclerosis Agents</i></b>		
AMPYRA TAB 10MG	5	PA
AUBAGIO TAB 7MG	5	PA, ST
AUBAGIO TAB 14MG	5	PA, ST
AVONEX KIT 30MCG	5	PA
AVONEX PEN KIT 30MCG	5	PA
AVONEX PREFL KIT 30MCG	5	PA
BETASERON INJ 0.3MG	5	PA
COPAXONE INJ 20MG/ML	5	PA
COPAXONE INJ 40MG/ML	5	PA
EXTAVIA INJ 0.3MG	5	PA
GILENYA CAP 0.5MG	5	PA
REBIF INJ 22/0.5	5	PA, ST
REBIF INJ 44/0.5	5	PA, ST
REBIF TITRTN SOL PACK	5	PA, ST
TECFIDERA CAP 120MG	5	PA
TECFIDERA CAP 240MG	5	PA
TECFIDERA MIS STARTER	5	PA
TYSABRI INJ 300/15ML	5	PA, ST
<b><i>Postherpetic Neuralgia (PHN) Agents</i></b>		
GRALISE STAR MIS 300/600	4	ST; PA**
GRALISE TAB 300MG	4	ST; PA**
GRALISE TAB 600MG	4	ST; PA**
<b><i>Pseudobulbar Affect (PBA) Agents</i></b>		
NUEDEXTA CAP 20-10MG	4	
<b><i>Psychotherapeutic and Neurological Agents - Misc.</i></b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ergoloid mes tab 1mg oral</i>	2	
ORAP TAB 1MG	4	
ORAP TAB 2MG	4	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TAB 300MG	4	ST; PA**
HORIZANT TAB 600MG	4	ST; PA**
<b>Smoking Deterrents</b>		
<i>buproban tab 150mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>bupropion tab 150mg</i>	1	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	1	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	1	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	1	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	1	\$0 limited to 2 treatment cycles/year
<i>nicotine dis 7mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine dis 14mg/24h</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine dis 21mg/24h</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine gum 4mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine loz 2mg mint</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol gum 2mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol loz 4mg mint</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td dis 7mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td dis 14mg/24h</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td dis 21mg/24h</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	1	QL (max 168 days per year); OTC; \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days per year); OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 7mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sm nicotine dis 14mg/24h</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 21mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>thrive gum 4mg mint</i>	1	OTC; \$0 limited to 2 treatment cycles/year

## **RESPIRATORY AGENTS - MISC.**

### ***Alpha-Proteinase Inhibitor (Human)***

ARALAST NP INJ 400MG	5	PA
ARALAST NP INJ 500MG	5	PA
ARALAST NP INJ 800MG	5	PA
GLASSIA INJ	5	PA
PROLASTIN-C INJ 1000MG	5	PA
ZEMAIRA INJ 1000MG	5	PA

### ***Cystic Fibrosis Agents***

KALYDECO PAK 50MG	5	PA
KALYDECO PAK 75MG	5	PA
KALYDECO TAB 150MG	5	PA

## **SULFONAMIDES**

### ***Sulfonamides***

SULFADIAZINE TAB 500MG	4	
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## **TETRACYCLINES**

### ***Tetracyclines***

<i>avidoxy tab 100mg</i>	2	
<i>demecloycl tab 150mg</i>	2	
<i>demecloycl tab 300mg</i>	2	
<i>doxy 100 inj 100mg</i>	2	
<i>doxycyc mono cap 50mg</i>	2	
<i>doxycyc mono cap 100mg</i>	2	
<i>doxycyc mono tab 50mg</i>	2	
<i>doxycyc mono tab 75mg</i>	2	
<i>doxycyc mono tab 150mg</i>	2	
<i>doxycycl hyc cap 50mg</i>	2	
<i>doxycycl hyc cap 100mg</i>	2	
<i>doxycycl hyc inj 100mg</i>	2	
<i>doxycycl hyc tab 75mg dr</i>	2	
<i>doxycycl hyc tab 100mg</i>	2	
<i>doxycycl hyc tab 100mg dr</i>	2	
<i>doxycycl hyc tab 150mg dr</i>	2	
<i>doxycycline cap 75mg</i>	2	
<i>doxycycline cap 150mg</i>	2	
<i>doxycycline sus 25mg/5ml</i>	2	
<i>doxycycline tab 20mg</i>	2	
<i>minocycline cap 50mg</i>	2	
<i>minocycline cap 75mg</i>	2	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minocycline cap 100mg</i>	2	
<i>minocycline tab 45mg er</i>	2	
<i>minocycline tab 50mg</i>	2	
<i>minocycline tab 75mg</i>	2	
<i>minocycline tab 90mg er</i>	2	
<i>minocycline tab 100mg</i>	2	
<i>minocycline tab 135mg er</i>	2	
<i>morgidox cap 1x100mg</i>	2	
<i>tetracycline cap 250mg</i>	2	
<i>tetracycline cap 500mg</i>	2	
VIBRAMYCIN SYP 50MG/5ML	4	

## **THYROID AGENTS**

### **Antithyroid Agents**

<i>methimazole tab 5mg</i>	2	
<i>methimazole tab 10mg</i>	2	
<i>propylthiour tab 50mg</i>	2	

### **Thyroid Hormones**

<i>levothyroxin tab 25mcg</i>	2	
<i>levothyroxin tab 50mcg</i>	2	
<i>levothyroxin tab 75mcg</i>	2	
<i>levothyroxin tab 88mcg</i>	2	
<i>levothyroxin tab 100mcg</i>	2	
<i>levothyroxin tab 112mcg</i>	2	
<i>levothyroxin tab 125mcg</i>	2	
<i>levothyroxin tab 137mcg</i>	2	
<i>levothyroxin tab 150mcg</i>	2	
<i>levothyroxin tab 175mcg</i>	2	
<i>levothyroxin tab 200mcg</i>	2	
<i>levothyroxin tab 300mcg</i>	2	
<i>levoxyl tab 25mcg</i>	2	
<i>levoxyl tab 50mcg</i>	2	
<i>levoxyl tab 75mcg</i>	2	
<i>levoxyl tab 88mcg</i>	2	
<i>levoxyl tab 100mcg</i>	2	
<i>levoxyl tab 112mcg</i>	2	
<i>levoxyl tab 125mcg</i>	2	
<i>levoxyl tab 137mcg</i>	2	
<i>levoxyl tab 150mcg</i>	2	
<i>levoxyl tab 175mcg</i>	2	
<i>levoxyl tab 200mcg</i>	2	
<i>liothyronine inj 10mcg/ml</i>	2	
<i>liothyronine tab 5mcg</i>	2	
<i>liothyronine tab 25mcg</i>	2	
<i>liothyronine tab 50mcg</i>	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
THYROLAR-1 TAB 60MG	4	
THYROLAR-1/2 TAB 30MG	4	
THYROLAR-1/4 TAB 15MG	4	
THYROLAR-2 TAB 120MG	4	
THYROLAR-3 TAB 180MG	4	
<i>unithroid tab 25mcg</i>	2	
<i>unithroid tab 50mcg</i>	2	
<i>unithroid tab 75mcg</i>	2	
<i>unithroid tab 88mcg</i>	2	
<i>unithroid tab 100mcg</i>	2	
<i>unithroid tab 112mcg</i>	2	
<i>unithroid tab 125mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	

## **TOXOIDS**

### ***Toxoid Combinations***

ADACEL INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	\$0 copay for members age 18 and younger
DIP/TET PED INJ 25-5LFU	1	\$0 copay for members age 18 and younger
INFANRIX INJ	1	\$0 copay for members age 18 and younger
KINRIX INJ	1	\$0 copay for members age 18 and younger
PEDIARIX INJ 0.5ML	1	\$0 copay for members age 18 and younger
PENTACEL INJ	1	\$0 copay for members age 18 and younger
TENIVAC INJ 5-2LF	1	
TET/DIP TOX INJ 2-2 LF	1	
TRIPEDIA SUS P/F	1	\$0 copay for members age 18 and younger

## **ULCER DRUGS**

### ***Antispasmodics***

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**ST** - Step Therapy

**PA\*\*** - PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATROPEN INJ 0.5MG	4	
ATROPEN INJ 0.25MG	4	
ATROPEN INJ 1MG	4	
ATROPEN INJ 2MG	4	
<i>atropine sul inj 0.1mg/ml</i>	2	
<i>atropine sul inj 0.4/0.5</i>	2	
<i>atropine sul inj 0.4mg/ml</i>	2	
<i>atropine sul inj 0.05mg/1</i>	2	
<i>atropine sul inj 1mg/ml</i>	2	
BENTYL INJ 10MG/ML	4	
CANTIL TAB 25MG	4	
<i>chlord/clidi cap 5-2.5mg</i>	2	
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine cap 10mg</i>	2	
<i>dicyclomine sol 10mg/5ml</i>	2	
<i>dicyclomine tab 20mg</i>	2	
<i>ed-spaz tab 0.125mg</i>	2	
<i>glycopyrrol inj 0.2mg/ml</i>	2	
<i>glycopyrrol inj 0.4/2ml</i>	2	
<i>glycopyrrol inj 1mg/5ml</i>	2	
<i>glycopyrrol inj 4mg/20ml</i>	2	
<i>glycopyrrol tab 1mg</i>	2	
<i>glycopyrrol tab 2mg</i>	2	
<i>hyomax-sl sub 0.125mg</i>	2	
<i>hyoscyamine sub 0.125mg</i>	2	
<i>hyoscyamine tab 0.125mg</i>	2	
<i>hyoscyamine tab 0.375 er</i>	2	
<i>methscopolam tab 2.5mg</i>	2	
<i>methscopolam tab 5mg</i>	2	
<i>nulev tab 0.125mg</i>	2	
<i>oscimin sr tab 0.375mg</i>	2	
<i>oscimin sub 0.125mg</i>	2	
<i>oscimin tab 0.125mg</i>	2	
<i>symax fastab tab 0.125mg</i>	2	
<i>symax-sl sub 0.125mg</i>	2	
<b>H-2 Antagonists</b>		
<i>cimetidine sol 300/5ml</i>	2	
<i>cimetidine tab 200mg</i>	2	
<i>cimetidine tab 300mg</i>	2	
<i>cimetidine tab 400mg</i>	2	
<i>cimetidine tab 800mg</i>	2	
<i>famotidine inj 10mg/ml</i>	2	
<i>famotidine inj 20mg/2ml</i>	2	
<i>famotidine inj 20mg/50m</i>	2	
<i>famotidine inj 40mg/4ml</i>	2	
<i>famotidine inj 200/20ml</i>	2	

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**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famotidine sus 40mg/5ml</i>	2	
<i>famotidine tab 20mg</i>	2	
<i>famotidine tab 40mg</i>	2	
<i>nizatidine cap 150mg</i>	2	
<i>nizatidine cap 300mg</i>	2	
<i>nizatidine sol 15mg/ml</i>	2	
<i>ranitidine cap 150mg</i>	2	
<i>ranitidine cap 300mg</i>	2	
<i>ranitidine inj 25mg/ml</i>	2	
<i>ranitidine inj 50mg/2ml</i>	2	
<i>ranitidine inj 150/6ml</i>	2	
<i>ranitidine syp 75mg/5ml</i>	2	
<i>ranitidine tab 150mg</i>	2	
<i>ranitidine tab 300mg</i>	2	
ZANTAC INJ 50/50ML	4	
ZANTAC TAB 25MG EF	4	

**Misc. Anti-Ulcer**

CARAFATE SUS 1GM/10ML	4	
<i>sucralfate tab 1gm</i>	2	

**Proton Pump Inhibitors**

DEXILANT CAP 30MG DR	4	QL (90 caps / 365 days), ST; PA**
DEXILANT CAP 60MG DR	4	QL (90 caps / 365 days), ST; PA**
<i>esomepra mag cap 20mg dr</i>	2	QL (90 caps / 365 days)
<i>esomepra mag cap 40mg dr</i>	2	QL (90 caps / 365 days)
<i>esomeprazole inj 20mg</i>	2	
<i>esomeprazole inj 40mg</i>	2	
<i>lansoprazole cap 15mg dr</i>	2	QL (90 caps / 365 days)
<i>lansoprazole cap 30mg dr</i>	2	QL (90 caps / 365 days)
NEXIUM CAP 20MG	4	QL (90 caps / 365 days), ST; PA**
NEXIUM CAP 40MG	4	QL (90 caps / 365 days), ST; PA**
NEXIUM GRA 2.5MG DR	4	QL (90 packets / 365 days), ST; PA**
NEXIUM GRA 5MG DR	4	QL (90 packets / 365 days), ST; PA**
NEXIUM GRA 10MG DR	4	QL (90 packets / 365 days), ST; PA**
NEXIUM GRA 20MG DR	4	QL (90 packets / 365 days), ST; PA**
NEXIUM GRA 40MG DR	4	QL (90 packets / 365 days), ST; PA**
<i>omeprazole cap 10mg</i>	2	QL (90 caps / 365 days)
<i>omeprazole cap 20mg</i>	2	QL (90 caps / 365 days)
<i>omeprazole cap 40mg</i>	2	QL (90 caps / 365 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **PA\*\*** - PA  
Applies if Step is Not Met    **OTC** - Over the Counter

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pantoprazole tab 20mg</i>	2	QL (90 tabs / 365 days)
<i>pantoprazole tab 40mg</i>	2	QL (90 tabs / 365 days)
<i>rabeprazole tab 20mg</i>	2	QL (90 tabs / 365 days)

### **Ulcer Drugs - Prostaglandins**

<i>misoprostol tab 100mcg</i>	2	
<i>misoprostol tab 200mcg</i>	2	

### **Ulcer Therapy Combinations**

<i>omepra/bicar cap 20-1100</i>	2	QL (90 caps / 365 days)
<i>omepra/bicar cap 40-1100</i>	2	QL (90 caps / 365 days)

## **URINARY ANTI-INFECTIVES**

### **Urinary Anti-infectives**

MACRODANTIN CAP 25MG	3	PA; High Risk Medications require PA for members age 65 and older; PA applies to greater than cumulative 90 days of therapy per year
<i>methenam hip tab 1gm</i>	2	
MONUROL PAK GRANULES	4	
<i>nitrofur mac cap 50mg</i>	2	PA; High Risk Medications require PA for members age 65 and older; PA applies to greater than cumulative 90 days of therapy per year
<i>nitrofur mac cap 100mg</i>	2	PA; High Risk Medications require PA for members age 65 and older; PA applies to greater than cumulative 90 days of therapy per year
<i>nitrofurantn cap 100mg</i>	2	PA; High Risk Medications require PA for members age 65 and older; PA applies to greater than cumulative 90 days of therapy per year
<i>nitrofurantn sus 25mg/5ml</i>	2	PA; High Risk Medications require PA for members age 65 and older; PA applies to greater than cumulative 90 days of therapy per year

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**PA\*\*** - PA

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANTISPASMODICS</b>		
<b>Beta-3 Adrenergic Agonists</b>		
MYRBETRIQ TAB 25MG	4	ST; PA**
MYRBETRIQ TAB 50MG	4	ST; PA**
<b>Urinary Antispasmodics</b>		
<i>bethanechol tab 5mg</i>	2	
<i>bethanechol tab 10mg</i>	2	
<i>bethanechol tab 25mg</i>	2	
<i>bethanechol tab 50mg</i>	2	
ENABLEX TAB 7.5MG	4	ST; PA**
ENABLEX TAB 15MG	4	ST; PA**
<i>flavoxate tab 100mg</i>	2	
GELNIQUE GEL 3%	4	ST; PA**
GELNIQUE GEL 10%	4	ST; PA**
<i>oxybutynin syp 5mg/5ml</i>	2	
<i>oxybutynin tab 5mg</i>	2	
<i>oxybutynin tab 5mg er</i>	2	
<i>oxybutynin tab 10mg er</i>	2	
<i>oxybutynin tab 15mg er</i>	2	
OXYTROL DIS 3.9MG/24	4	ST; PA**
<i>tolterodine cap 2mg er</i>	2	
<i>tolterodine cap 4mg er</i>	2	
<i>tolterodine tab 1mg</i>	2	
<i>tolterodine tab 2mg</i>	2	
TOVIAZ TAB 4MG	4	ST; PA**
TOVIAZ TAB 8MG	4	ST; PA**
<i>trospium chl cap 60mg er</i>	2	
<i>trospium cl tab 20mg</i>	2	
VESICARE TAB 5MG	4	ST; PA**
VESICARE TAB 10MG	4	ST; PA**

## VACCINES

### Bacterial Vaccines

ACTHIB INJ	1	\$0 copay for members age 18 and younger
BEXSERO INJ	1	
HIBERIX SOL 10MCG	1	\$0 copay for members age 18 and younger
MENACTRA INJ	1	
MENHIBRIX INJ	1	
MENOMUNE INJ A/C/Y/W	1	
MENVEO INJ	1	
PEDVAX HIB INJ	1	\$0 copay for members age 18 and younger
PNEUMOVAX 23 INJ 25/0.5	1	
PREVNAR 13 INJ	1	
TRUMENBA INJ	1	

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ST - Step Therapy

PA\*\* - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Mixed Vaccine Combinations</b>		
COMVAX INJ	1	\$0 copay for members age 18 and younger
<b>Viral Vaccines</b>		
AFLURIA INJ 2014-15	1	
AFLURIA INJ PF 14-15	1	
CERVARIX INJ	1	
ENGERIX-B INJ 10/0.5ML	1	
ENGERIX-B INJ 20MCG/ML	1	
FLUARIX PF INJ 2014-15	1	
FLUBLOK SOL 2014-15	1	
FLUCELVAX INJ 2014-15	1	
FLULAVAL INJ 2014-15	1	
FLULAVAL QUA INJ 2014-15 SUSP	1	
FLUMIST QUAD SUS 2014-15	1	
FLUVIRIN INJ 2014-15	1	
FLUVIRIN PF INJ 2014-15	1	
FLUZONE HD INJ PF 14-15	1	
FLUZONE INJ INTRADRM	1	
FLUZONE INJ PF 14-15	1	
FLUZONE QUAD INJ 14-15	1	
GARDASIL 9 INJ SUSP	1	
GARDASIL INJ	1	
HAVRIX INJ 720UNIT	1	
HAVRIX INJ 1440UNIT	1	
INFLUENZA A SPR 09 H1N1	1	
IPOL INJ INACTIVE	1	\$0 copay for members age 18 and younger
M-M-R II INJ LIVE	1	
PROQUAD INJ	1	
RECOMBIVA HB INJ 5MCG/0.5	1	
RECOMBIVA HB INJ 10MCG/ML	1	
RECOMBIVA-HB INJ 40MCG/ML	1	
ROTARIX SUS	1	\$0 copay for members age 18 and younger
ROTATEQ SOL	1	\$0 copay for members age 18 and younger
TWINRIX INJ	1	
VAQTA INJ 25/0.5ML	1	
VAQTA INJ 50UNT/ML	1	
VARIVAX INJ	1	
ZOSTAVAX INJ	1	\$0 copay for members age 19 and older

## **VAGINAL PRODUCTS**

### **Spermicides**

CONCEPTROL GEL 4%	1	OTC
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**PA** - Prior Authorization  
Applies if Step is Not Met

**QL** - Quantity Limits  
**OTC** - Over the Counter

**ST** - Step Therapy

**PA\*\*** - PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENCARE SUP 100MG	1	OTC
GYNOL II GEL 3%	1	OTC
SHUR-SEAL GEL 2%	1	OTC
VCF VAGINAL AER CONTRACP	1	OTC
VCF VAGINAL MIS CONTRACP	1	OTC

### **Vaginal Anti-infectives**

CLEOCIN SUP 100MG	3	
<i>clindamycin cre 2% vag</i>	2	
GYNAZOLE-1 CRE 2%	4	
<i>metronidazol gel 0.75%vag</i>	2	
<i>miconazole 3 kit combo pk</i>	2	
<i>miconazole 3 sup 200mg</i>	2	
<i>terconazole cre 0.4%</i>	2	
<i>terconazole sup 80mg</i>	2	
<i>vandazole gel 0.75%</i>	2	
<i>zazole cre 0.4%</i>	2	
<i>zazole cre 0.8%</i>	2	
<i>zazole sup 80mg</i>	2	

### **Vaginal Estrogens**

ESTRACE VAG CRE 0.1MG/GM	3	
ESTRING MIS 2MG	4	
FEMRING MIS 0.1MG/24	4	
FEMRING MIS 0.05/24H	4	
PREMARIN VAG CRE 0.625MG	4	
VAGIFEM TAB 10MCG	4	

### **Vaginal Progestins**

CRINONE GEL 4% VAG	3	
CRINONE GEL 8% VAG	3	

## **VASOPRESSORS**

### **Anaphylaxis Therapy Agents**

<i>epinephrine inj 0.3mg</i>	2	
<i>epinephrine inj 0.15mg</i>	2	
EPIPEN 2-PAK INJ 0.3MG	3	
EPIPEN-JR INJ 2-PAK	3	

### **Vasopressors**

<i>midodrine tab 2.5mg</i>	2	
<i>midodrine tab 5mg</i>	2	
<i>midodrine tab 10mg</i>	2	

## **VITAMINS**

### **Oil Soluble Vitamins**

<i>bio-d-mulsio liq 400unit</i>	1	OTC; \$0 applies for ages 65 and older
<i>child vit d chw 400unit</i>	1	OTC; \$0 applies for ages 65 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
D-VI-SOL LIQ 400UNIT	1	OTC; \$0 applies for ages 65 and older
MEPHYTON TAB 5MG	3	
<i>pedia d-vite dro 400unit</i>	1	OTC; \$0 applies for ages 65 and older
<i>sm vitamin d tab 400unit</i>	1	OTC; \$0 applies for ages 65 and older
VITAMIN D2 TAB 400UNIT	1	OTC; \$0 applies for ages 65 and older
VITAMIN D3 CAP 400UNIT	1	OTC; \$0 applies for ages 65 and older
VITAMIN D3 LIQ 1000UNIT	1	OTC; \$0 applies for ages 65 and older
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<i>benzepra sc aer 9.8%</i> .....	71
BENZIQL GEL 5.25% .....	71

BENZIQL LS GEL 2.75% .....	71
<i>benziql wash liq 5.25%</i> .....	71
<i>benzonatate cap 100mg</i> .....	70
<i>benzonatate cap 200mg</i> .....	70
<i>benzoyl per aer 5.3%</i> .....	71
<i>benzoyl per liq 10% wash</i> .....	71
<i>benzoyl per lot 4%</i> .....	71
<i>benzoyl per lot 8%</i> .....	71
<i>benzoyl per lot 9%</i> .....	71
<i>benzoyl pero aer 9.8%</i> .....	71
<i>benzoyl pero kit acne pck</i> .....	71
<i>benztropine inj 1mg/ml</i> .....	50
<i>benztropine tab 0.5mg</i> .....	50
<i>benztropine tab 1mg</i> .....	50
<i>benztropine tab 2mg</i> .....	50
BEPREVE DRO 1.5% .....	103
BESIVANCE SUS 0.6%.....	102
<i>betameth dip cre 0.05%</i> .....	75
<i>betameth dip lot 0.05%</i> .....	75
<i>betameth dip oin 0.05%</i> .....	75
<i>betameth val aer 0.12%</i> .....	75
<i>betameth val cre 0.1%</i> .....	75
<i>betameth val lot 0.1%</i> .....	75
<i>betameth val oin 0.1%</i> .....	75
BETASERON INJ 0.3MG .....	108
<i>betaxolol sol 0.5% op</i> .....	101
<i>betaxolol tab 10mg</i> .....	59
<i>betaxolol tab 20mg</i> .....	59
<i>bethanechol tab 10mg</i> .....	116
<i>bethanechol tab 25mg</i> .....	116
<i>bethanechol tab 50mg</i> .....	116
<i>bethanechol tab 5mg</i> .....	116
BETIMOL SOL 0.25% .....	101
BETIMOL SOL 0.5%.....	101
BETOPTIC-S SUS 0.25% OP .....	101
BEXSERO INJ.....	117
BEYAZ TAB.....	66
<i>bicalutamide tab 50mg</i> .....	45
BICILLIN C-R INJ 1200000 .....	106
BICILLIN C-R INJ 900/300.....	106
BICILLIN L-A INJ 1200000 .....	105
BICILLIN L-A INJ 2400000 .....	105
BICILLIN L-A INJ 600000 .....	105
BICNU INJ 100MG .....	43
BILTRICIDE TAB 600MG.....	13
<i>bimatoprost sol 0.03%</i> .....	103
<i>bio-d-mulsio liq 400unit</i> .....	119
BIO-STATIN CAP 1000000.....	35

BIO-STATIN CAP 500000 .....	35	<i>bupropion tab 100mg sr</i> .....	25
<i>bisoprl/hctz tab 10/6.25</i> .....	40	<i>bupropion tab 150mg</i> .....	109
<i>bisoprl/hctz tab 2.5/6.25</i> .....	40	<i>bupropion tab 150mg sr</i> .....	25
<i>bisoprl/hctz tab 5-6.25mg</i> .....	40	<i>bupropion tab 200mg sr</i> .....	25
<i>bisoprol fum tab 10mg</i> .....	59	<i>bupropion tab 75mg</i> .....	25
<i>bisoprol fum tab 5mg</i> .....	59	<i>bupropn hcl tab 150mg xl</i> .....	25
BIVIGAM INJ 10%.....	104	<i>bupropn hcl tab 300mg xl</i> .....	25
<i>bleomycin inj 15unit</i> .....	46	<i>buspirone tab 10mg</i> .....	16
<i>bleomycin inj 30unit</i> .....	46	<i>buspirone tab 15mg</i> .....	16
BLEPHAMIDE OIN S.O.P.....	102	<i>buspirone tab 30mg</i> .....	16
BLEPHAMIDE SUS OP .....	102	<i>buspirone tab 5mg</i> .....	16
BOOSTRIX INJ.....	112	<i>buspirone tab 7.5mg</i> .....	16
BOSULIF TAB 100MG.....	46	BUSULFEX INJ 6MG/ML .....	43
BOSULIF TAB 500MG.....	46	<i>but/apap/caf cap</i> .....	6
BOTOX INJ 100UNIT.....	101	<i>but/apap/caf tab</i> .....	6
BOTOX INJ 200UNIT.....	101	<i>but/asa/caff cap</i> .....	6
<i>bp wash liq 2.5%</i> .....	71	<i>but/asa/caff tab</i> .....	6
<i>bp wash liq 7%</i> .....	71	<i>butorphanol inj 1mg/ml</i> .....	12
BPO CLOTHS MIS 3% .....	71	<i>butorphanol inj 2mg/ml</i> .....	12
BPO CLOTHS MIS 6% .....	71	<i>butorphanol sol 10mg/ml</i> .....	12
BPO CLOTHS MIS 9% .....	71	BUTRANS DIS 10MCG/HR.....	12
BPO GEL 4% .....	71	BUTRANS DIS 15MCG/HR.....	12
BPO GEL 8% .....	71	BUTRANS DIS 20MCG/HR.....	12
BREO ELLIPTA INH 100-25.....	19	BUTRANS DIS 5MCG/HR .....	12
BRILINTA TAB 90MG .....	89	BUTRANS DIS 7.5/HR .....	12
<i>brimonidine sol 0.15%</i> .....	101	BYDUREON INJ .....	31
<i>brimonidine sol 0.2% op</i> .....	101	BYETTA INJ 10MCG .....	31
<i>bromfenac sol 0.09% op</i> .....	103	BYETTA INJ 5MCG .....	31
<i>bromocriptin cap 5mg</i> .....	50	BYSTOLIC TAB 10MG .....	59
<i>bromocriptin tab 2.5mg</i> .....	50	BYSTOLIC TAB 2.5MG .....	59
<i>brompheniram chw 12mg</i> .....	35	BYSTOLIC TAB 20MG .....	59
BROVANA NEB 15MCG.....	19	BYSTOLIC TAB 5MG.....	59
<i>budesonide cap 3mg/24hr</i> .....	68	<b>C</b>	
<i>budesonide sus 0.25mg/2</i> .....	19	<i>cabergoline tab 0.5mg</i> .....	83
<i>budesonide sus 32mcg</i> .....	100	CAFERGOT TAB 1-100MG .....	95
<i>bumetanide inj 0.25/ml</i> .....	79	<i>calc acetate cap 667mg</i> .....	88
<i>bumetanide tab 0.5mg</i> .....	79	<i>calc acetate tab 667mg</i> .....	88
<i>bumetanide tab 1mg</i> .....	79	<i>calcipotrien cre 0.005%</i> .....	74
<i>bumetanide tab 2mg</i> .....	79	<i>calcipotrien oin 0.005%</i> .....	74
BUPHENYL TAB 500MG .....	82	<i>calcipotrien oin betameth</i> .....	75
<i>bupren/nalox sub 2-0.5mg</i> .....	12	<i>calcipotrien sol 0.005%</i> .....	74
<i>bupren/nalox sub 8-2mg</i> .....	12	<i>calcitonin spr 200/act</i> .....	80
<i>buprenorphin inj 0.3mg/ml</i> .....	12	<i>calcitrene oin 0.005%</i> .....	74
<i>buprenorphin sub 2mg</i> .....	12	<i>calcitriol cap 0.25mcg</i> .....	82
<i>buprenorphin sub 8mg</i> .....	12	<i>calcitriol cap 0.5mcg</i> .....	82
<i>buproban tab 150mg</i> .....	109	<i>calcitriol inj 1mcg/ml</i> .....	82
<i>bupropion tab 100mg</i> .....	25	<i>calcitriol oin 3mcg/gm</i> .....	74
		<i>calcitriol sol 1mcg/ml</i> .....	82

<i>camila tab 0.35mg</i> .....	68	<i>carbamazepin tab 400mg er</i> .....	22
CAMPTOSAR INJ 300/15ML .....	49	<i>carbidopa tab 25mg</i> .....	50
CANASA SUP 1000MG .....	88	<i>carbinoxamin sol 4mg/5ml</i> .....	36
CANCIDAS INJ 50MG.....	34	<i>carbinoxamin tab 4mg</i> .....	36
CANCIDAS INJ 70MG.....	34	<i>carboplatin inj 150/15ml</i> .....	43
<i>candes/hctz tab 16-12.5</i> .....	40	<i>carboplatin inj 150mg</i> .....	43
<i>candes/hctz tab 32-12.5</i> .....	40	<i>carboplatin inj 450/45ml</i> .....	43
<i>candes/hctz tab 32-25mg</i> .....	40	<i>carboplatin inj 50mg/5ml</i> .....	43
<i>candesartan tab 16mg</i> .....	39	<i>carboplatin inj 600/60ml</i> .....	43
<i>candesartan tab 32mg</i> .....	39	CARDENE IV INJ 40/200ML.....	61
<i>candesartan tab 4mg</i> .....	39	CARDENE IV SOL 20/200ML .....	61
<i>candesartan tab 8mg</i> .....	39	CARDIZEM LA TAB 120MG .....	61
CANTIL TAB 25MG .....	113	CARDURA XL TAB 4MG.....	89
CAPASTAT SUL INJ 1GM .....	42	CARDURA XL TAB 8MG.....	89
<i>capecitabine tab 150mg</i> .....	44	CARIMUNE NF INJ 12GM .....	104
<i>capecitabine tab 500mg</i> .....	44	CARIMUNE NF INJ 3GM .....	104
CAPEX SHA 0.01%.....	75	CARIMUNE NF INJ 6GM .....	104
CAPITAL/COD SUS 120-12/5 .....	11	<i>carisoprodol tab 250mg</i> .....	99
CAPRELSA TAB 100MG .....	46	<i>carisoprodol tab 350mg</i> .....	99
CAPRELSA TAB 300MG .....	47	<i>carteolol sol 1% op</i> .....	101
<i>captopr/hctz tab 25-15mg</i> .....	40	<i>cartia xt cap 120/24hr</i> .....	61
<i>captopr/hctz tab 25-25mg</i> .....	41	<i>cartia xt cap 180/24hr</i> .....	61
<i>captopr/hctz tab 50-15mg</i> .....	41	<i>cartia xt cap 240/24hr</i> .....	61
<i>captopr/hctz tab 50-25mg</i> .....	41	<i>cartia xt cap 300/24hr</i> .....	61
<i>captopril tab 100mg</i> .....	38	<i>carvedilol tab 12.5mg</i> .....	59
<i>captopril tab 12.5mg</i> .....	38	<i>carvedilol tab 25mg</i> .....	59
<i>captopril tab 25mg</i> .....	38	<i>carvedilol tab 3.125mg</i> .....	59
<i>captopril tab 50mg</i> .....	38	<i>carvedilol tab 6.25mg</i> .....	59
CARAFATE SUS 1GM/10ML.....	114	CAYSTON INH 75MG.....	13
<i>carb/levo 50 tab /entacap</i> .....	50	<i>caziant pak</i> .....	66
<i>carb/levo 75 tab /entacap</i> .....	50	CEDAX SUS 90MG/5ML .....	64
<i>carb/levo er tab 25-100mg</i> .....	50	<i>cefaclor cap 250mg</i> .....	64
<i>carb/levo er tab 50-200mg</i> .....	50	<i>cefaclor cap 500mg</i> .....	64
<i>carb/levo tab 10-100mg</i> .....	50	CEFACLOR ER TAB 500MG.....	64
<i>carb/levo tab 25-100mg</i> .....	50	<i>cefaclor sus 125/5ml</i> .....	64
<i>carb/levo tab 25-250mg</i> .....	50	<i>cefaclor sus 250/5ml</i> .....	64
<i>carb/levo100 tab /entacap</i> .....	50	<i>cefaclor sus 375/5ml</i> .....	64
<i>carb/levo125 tab /entacap</i> .....	50	<i>cefadroxil cap 500mg</i> .....	63
<i>carb/levo150 tab /entacap</i> .....	50	<i>cefadroxil sus 250/5ml</i> .....	63
<i>carb/levo200 tab /entacap</i> .....	50	<i>cefadroxil sus 500/5ml</i> .....	63
CARBAGLU TAB 200MG.....	82	<i>cefadroxil tab 1gm</i> .....	63
<i>carbamazepin cap 100mg er</i> .....	22	CEFAZOL/DEX SOL 1GM.....	63
<i>carbamazepin cap 200mg er</i> .....	22	CEFAZOL/DEX SOL 2GM.....	63
<i>carbamazepin cap 300mg er</i> .....	22	<i>cefazolin inj 10gm</i> .....	63
<i>carbamazepin chw 100mg</i> .....	22	<i>cefazolin inj 1gm</i> .....	63
<i>carbamazepin sus 100/5ml</i> .....	22	CEFAZOLIN INJ 1GM/50ML .....	63
<i>carbamazepin tab 200mg</i> .....	22	<i>cefazolin inj 20gm</i> .....	63
<i>carbamazepin tab 200mg er</i> .....	22	<i>cefazolin inj 500mg</i> .....	63

<i>cefdinir cap 300mg</i> .....	64	CEFUROXIME INJ 225GM.....	64
<i>cefdinir sus 125/5ml</i> .....	64	<i>cefuroxime inj 7.5gm</i> .....	64
<i>cefdinir sus 250/5ml</i> .....	65	CEFUROXIME INJ 7.5GM .....	64
<i>cefditoren tab 200mg</i> .....	65	<i>cefuroxime inj 750mg</i> .....	64
<i>cefditoren tab 400mg</i> .....	65	CEFUROXIME INJ 75GM .....	64
<i>cefepime inj 1gm</i> .....	65	<i>cefuroxime sus 125/5ml</i> .....	64
CEFEPIME INJ 1GM .....	65	<i>cefuroxime tab 250mg</i> .....	64
<i>cefepime inj 2gm</i> .....	65	<i>cefuroxime tab 500mg</i> .....	64
CEFEPIME INJ 2GM .....	65	<i>celecoxib cap 100mg</i> .....	4
<i>cefixime sus 100/5ml</i> .....	65	<i>celecoxib cap 200mg</i> .....	4
<i>cefixime sus 200/5ml</i> .....	65	<i>celecoxib cap 400mg</i> .....	4
<i>cefotaxime inj 10gm</i> .....	65	<i>celecoxib cap 50mg</i> .....	4
<i>cefotaxime inj 1gm</i> .....	65	CELLCEPT IV INJ 500MG .....	58
<i>cefotaxime inj 2gm</i> .....	65	CELONTIN CAP 300MG.....	25
<i>cefotaxime inj 500mg</i> .....	65	CENESTIN TAB 0.3MG.....	84
CEFOTET/DEX INJ 1-3.58%.....	64	CENESTIN TAB 0.45MG .....	84
CEFOTET/DEX INJ 2-2.08%.....	64	CENESTIN TAB 0.625MG .....	84
CEFOTETAN INJ 10G .....	64	CENESTIN TAB 0.9MG.....	84
CEFOTETAN INJ 1GM/10ML .....	64	CENESTIN TAB 1.25MG .....	84
CEFOTETAN INJ 2GM/20ML .....	64	<i>cephalexin cap 250mg</i> .....	63
<i>cefoxitin inj 10gm</i> .....	64	<i>cephalexin cap 500mg</i> .....	63
<i>cefoxitin inj 1gm</i> .....	64	<i>cephalexin cap 750mg</i> .....	64
CEFOXITIN INJ 1GM .....	64	<i>cephalexin sus 125/5ml</i> .....	64
<i>cefoxitin inj 2gm</i> .....	64	<i>cephalexin sus 250/5ml</i> .....	64
CEFOXITIN INJ 2GM .....	64	<i>cephalexin tab 250mg</i> .....	64
<i>cefpodo prox sus 100/5ml</i> .....	65	<i>cephalexin tab 500mg</i> .....	64
<i>cefpodo prox sus 50mg/5ml</i> .....	65	CEREZYME INJ 200UNIT.....	90
<i>cefpodoxime tab 100mg</i> .....	65	CEREZYME INJ 400UNIT.....	90
<i>cefpodoxime tab 200mg</i> .....	65	CERVARIX INJ.....	117
<i>cefprozil sus 125/5ml</i> .....	64	CESAMET CAP 1MG .....	34
<i>cefprozil sus 250/5ml</i> .....	64	<i>cesia pak</i> .....	66
<i>cefprozil tab 250mg</i> .....	64	<i>cevimeline cap 30mg</i> .....	98
<i>cefprozil tab 500mg</i> .....	64	CHANTIX PAK 0.5& 1MG .....	109
CEFTAZIDIME INJ 100GM.....	65	CHANTIX PAK 1MG .....	109
<i>ceftazidime inj 2gm</i> .....	65	CHANTIX TAB 0.5MG .....	109
CEFTAZIDIME/ SOL D5W 1GM .....	65	CHANTIX TAB 1MG .....	109
CEFTAZIDIME/ SOL D5W 2GM .....	65	<i>chateal tab 0.15/30</i> .....	66
<i>ceftibuten cap 400mg</i> .....	65	CHEMET CAP 100MG.....	33
<i>ceftibuten sus 180/5ml</i> .....	65	<i>child vit d chw 400unit</i> .....	119
CEFTIN SUS 250/5ML .....	64	<i>chloramphen inj 1gm</i> .....	14
<i>ceftriaxone inj 10gm</i> .....	65	<i>chlord/clidi cap 5-2.5mg</i> .....	113
<i>ceftriaxone inj 1gm</i> .....	65	<i>chlorhex glu sol 0.12%</i> .....	98
<i>ceftriaxone inj 250mg</i> .....	65	<i>chloroquine tab 250mg</i> .....	42
<i>ceftriaxone inj 2gm</i> .....	65	<i>chloroquine tab 500mg</i> .....	42
<i>ceftriaxone inj 500mg</i> .....	65	<i>chlorothiaz inj 500mg</i> .....	79
CEFUROX/DEXT INJ 1.5GM.....	64	<i>chlorothiaz tab 250mg</i> .....	79
CEFUROX/DEXT INJ 750MG.....	64	<i>chlorothiaz tab 500mg</i> .....	79
<i>cefuroxime inj 1.5gm</i> .....	64	CHLORPROMAZ INJ 25MG/ML .....	53

<i>chlorpromaz tab 100mg</i> .....	53	<i>cisplatin inj 200mg</i> .....	43
<i>chlorpromaz tab 10mg</i> .....	53	<i>cisplatin inj 50/50ml</i> .....	43
<i>chlorpromaz tab 200mg</i> .....	53	<i>citalopram sol 10mg/5ml</i> .....	26
<i>chlorpromaz tab 25mg</i> .....	53	<i>citalopram tab 10mg</i> .....	26
<i>chlorpromaz tab 50mg</i> .....	53	<i>citalopram tab 20mg</i> .....	26
<i>chlorpropam tab 100mg</i> .....	32	<i>citalopram tab 40mg</i> .....	26
<i>chlorpropam tab 250mg</i> .....	32	CITRANATAL CAP HARMONY .....	98
<i>chlorthalid tab 100mg</i> .....	80	CITRANATAL MIS 90 DHA.....	98
<i>chlorthalid tab 25mg</i> .....	80	CITRANATAL MIS B-CALM .....	98
<i>chlorthalid tab 50mg</i> .....	80	CITRANATAL PAK ASSURE .....	98
<i>chlorzoxazon tab 500mg</i> .....	99	CITRANATAL PAK DHA .....	99
<i>cholestyram pow 4gm</i> .....	37	CITRANATAL TAB RX .....	99
<i>cholestyram pow 4gm lite</i> .....	37	<i>cladribine inj 1mg/ml</i> .....	44
<i>chor gonadot inj 10000unt</i> .....	81	CLAFORAN INJ 1GM.....	65
CIALIS TAB 2.5MG .....	89	CLAFORAN INJ 2GM.....	65
CIALIS TAB 5MG.....	89	<i>claravis cap 10mg</i> .....	71
<i>ciclopirox cre 0.77%</i> .....	73	<i>claravis cap 20mg</i> .....	71
<i>ciclopirox gel 0.77%</i> .....	73	<i>claravis cap 30mg</i> .....	71
<i>ciclopirox kit 8%</i> .....	73	<i>claravis cap 40mg</i> .....	71
<i>ciclopirox sha 1%</i> .....	73	CLARINEX SYP 0.5MG/ML.....	36
<i>ciclopirox sol 8%</i> .....	73	<i>clarithromyc sus 125/5ml</i> .....	93
<i>ciclopirox sus 0.77%</i> .....	73	<i>clarithromyc sus 250/5ml</i> .....	93
<i>cidofovir inj 75mg/ml</i> .....	56	<i>clarithromyc tab 250mg</i> .....	93
<i>cilostazol tab 100mg</i> .....	89	<i>clarithromyc tab 500mg</i> .....	93
<i>cilostazol tab 50mg</i> .....	89	<i>clarithromyc tab 500mg er</i> .....	93
CILOXAN OIN 0.3% OP.....	102	<i>clearplex x gel 10%</i> .....	71
<i>cimetidine sol 300/5ml</i> .....	114	<i>clemastine syp 0.5/5ml</i> .....	36
<i>cimetidine tab 200mg</i> .....	114	<i>clemastine tab 2.68mg</i> .....	36
<i>cimetidine tab 300mg</i> .....	114	CLEOCIN SUP 100MG.....	118
<i>cimetidine tab 400mg</i> .....	114	CLIMARA PRO DIS WEEKLY .....	83
<i>cimetidine tab 800mg</i> .....	114	CLINAC BPO GEL 7% .....	71
CIMZIA KIT .....	88	<i>clindamax gel 1%</i> .....	71
CIMZIA KIT STARTER .....	88	<i>clindamax lot 10mg/ml</i> .....	71
CIMZIA PREFL KIT 200MG/ML.....	88	<i>clindamy/ben gel 1.2-5%</i> .....	72
CIPRO HC SUS OTIC .....	104	<i>clindamy/ben gel 1-5%</i> .....	71
CIPRODEX SUS 0.3-0.1% .....	104	<i>clindamycin aer 1%</i> .....	72
<i>ciprofloxacn inj 200mg</i> .....	87	<i>clindamycin cap 150mg</i> .....	14
<i>ciprofloxacn inj 400mg</i> .....	87	<i>clindamycin cap 300mg</i> .....	14
<i>ciprofloxacn sol 0.3% op</i> .....	102	<i>clindamycin cap 75mg</i> .....	14
<i>ciprofloxacn sus 250mg/5</i> .....	87	<i>clindamycin cre 2% vag</i> .....	118
<i>ciprofloxacn sus 500mg/5</i> .....	87	<i>clindamycin gel 1%</i> .....	72
<i>ciprofloxacn tab 1000mg</i> .....	87	<i>clindamycin inj 150mg/ml</i> .....	14
<i>ciprofloxacn tab 100mg</i> .....	87	<i>clindamycin inj 300/2ml</i> .....	14
<i>ciprofloxacn tab 250mg</i> .....	87	<i>clindamycin inj 600/4ml</i> .....	14
<i>ciprofloxacn tab 500mg</i> .....	87	<i>clindamycin inj 600mg</i> .....	14
<i>ciprofloxacn tab 500mg er</i> .....	87	<i>clindamycin inj 900/6ml</i> .....	14
<i>ciprofloxacn tab 750mg</i> .....	87	<i>clindamycin inj 9000/60</i> .....	14
<i>cisplatin inj 100mg</i> .....	43	<i>clindamycin inj 900mg</i> .....	14



<i>clindamycin lot 1%</i> .....	72	<i>colestipol tab 1gm</i> .....	37
<i>clindamycin pad 1%</i> .....	72	<i>colocort ene 100mg</i> .....	13
<i>clindamycin sol 1%</i> .....	72	COLYTE/FLAVR SOL PACKS.....	92
<i>clindamycin sol 75mg/5ml</i> .....	14	COMBIGAN SOL 0.2/0.5% .....	101
<i>clobetasol aer 0.05%</i> .....	75	COMBIVENT AER RESPIMAT.....	20
<i>clobetasol cre 0.05%</i> .....	75	COMETRIQ KIT 100MG.....	47
<i>clobetasol gel 0.05%</i> .....	75	COMETRIQ KIT 140MG.....	47
<i>clobetasol lot 0.05%</i> .....	75	COMETRIQ KIT 60MG .....	47
<i>clobetasol oin 0.05%</i> .....	75	COMPLERA TAB.....	54
<i>clobetasol sha 0.05%</i> .....	75	<i>compro sup 25mg</i> .....	53
<i>clobetasol sol 0.05%</i> .....	75	COMVAX INJ.....	117
<i>clocortolone cre piv 0.1%</i> .....	75	CONCEPTROL GEL 4% .....	118
CLOLAR INJ 1MG/ML .....	44	CONDOMS - FEMALE.....	94
<i>clomipramine cap 25mg</i> .....	28	CONDOMS - MALE .....	94
<i>clomipramine cap 50mg</i> .....	28	CONDOMS LATEX LUBRICATED .....	94
<i>clomipramine cap 75mg</i> .....	28	CONDOMS LATEX NON-LUBRICATED ..	94
<i>clonazepam tab 0.5mg</i> .....	22	CONDOMS NON-LATEX NON-LUBRICATED	94
<i>clonazepam tab 1mg</i> .....	22	.....	94
<i>clonazepam tab 2mg</i> .....	22	CONDYLOX GEL 0.5% .....	77
<i>clonidine dis 0.1/24hr</i> .....	39	COPAXONE INJ 20MG/ML .....	108
<i>clonidine dis 0.2/24hr</i> .....	40	COPAXONE INJ 40MG/ML .....	108
<i>clonidine dis 0.3/24hr</i> .....	40	CORDRAN 24X3 TAP 4MCG/CM .....	75
<i>clonidine tab 0.1mg</i> .....	40	CORDRAN CRE 0.05%.....	75
<i>clonidine tab 0.2mg</i> .....	40	CORDRAN LOT 0.05%.....	75
<i>clonidine tab 0.3mg</i> .....	40	COREG CR CAP 10MG .....	59
<i>clopidogrel tab 300mg</i> .....	90	COREG CR CAP 20MG .....	59
<i>clopidogrel tab 75mg</i> .....	89	COREG CR CAP 40MG .....	59
<i>cloraz dipot tab 15mg</i> .....	17	COREG CR CAP 80MG .....	59
<i>cloraz dipot tab 3.75mg</i> .....	17	<i>cortisone ac tab 25mg</i> .....	68
<i>cloraz dipot tab 7.5mg</i> .....	17	CORTISPORIN CRE 0.5%.....	73
<i>clotrim/beta cre diprop</i> .....	73	CORTISPORIN OIN 1% .....	73
<i>clotrim/beta lot diprop</i> .....	73	CORTISPORIN SUS -TC OTIC.....	104
<i>clotrimazole cre 1%</i> .....	73	COUMADIN INJ 5 MG .....	21
CLOTRIMAZOLE CRY .....	73	CREON CAP 12000UNT.....	78
<i>clotrimazole sol 1%</i> .....	73	CREON CAP 24000UNT.....	78
<i>clotrimazole tro 10mg</i> .....	98	CREON CAP 3000UNIT .....	78
<i>clozapine tab 100mg</i> .....	52	CREON CAP 36000UNT.....	78
<i>clozapine tab 200mg</i> .....	52	CREON CAP 6000UNIT .....	78
<i>clozapine tab 25mg</i> .....	52	CRESTOR TAB 10MG.....	37
<i>clozapine tab 50mg</i> .....	52	CRESTOR TAB 20MG.....	37
COARTEM TAB 20-120MG .....	42	CRESTOR TAB 40MG.....	37
CODEINE SULF SOL 30MG/5ML.....	7	CRESTOR TAB 5MG .....	37
<i>codeine sulf tab 15mg</i> .....	7	CRINONE GEL 4% VAG .....	119
<i>codeine sulf tab 30mg</i> .....	7	CRINONE GEL 8% VAG .....	119
<i>codeine sulf tab 60mg</i> .....	7	CRIXIVAN CAP 200MG .....	54
<i>colchicine tab 0.6mg</i> .....	89	CRIXIVAN CAP 400MG .....	54
<i>colestipol gra 5gm</i> .....	37	<i>cromolyn sod con 100/5ml</i> .....	87
		<i>cromolyn sod neb 20mg/2ml</i> .....	18

<i>cromolyn sod sol 4% op</i> .....	103	DAPTACEL INJ .....	113
<i>cryselle-28 tab 28 tabs</i> .....	66	DARAPRIM TAB 25MG .....	42
CUBICIN SOL 500MG.....	14	<i>dasetta tab 1/35</i> .....	66
CUVPOSA SOL 1MG/5ML.....	113	<i>dasetta tab 7/7/7</i> .....	66
<i>cyanocobalam inj 1000mcg</i> .....	90	<i>daunorubicin inj 20mg</i> .....	46
<i>cyclafem tab 1/35</i> .....	66	<i>daunorubicin inj 5mg/ml</i> .....	46
<i>cyclafem tab 7/7/7</i> .....	66	DAUNOXOME INJ 2MG/ML .....	46
<i>cyclobenzapr tab 10mg</i> .....	99	DAYTRANA DIS 10MG/9HR .....	2
<i>cyclobenzapr tab 5mg</i> .....	99	DAYTRANA DIS 15MG/9HR .....	2
<i>cyclobenzapr tab 7.5mg</i> .....	99	DAYTRANA DIS 20MG/9HR .....	2
CYCLOPHOSPH CAP 25MG.....	43	DAYTRANA DIS 30MG/9HR .....	2
CYCLOPHOSPH INJ 1GM.....	43	<i>decitabine inj 50mg</i> .....	44
CYCLOPHOSPH INJ 2GM.....	43	<i>demeclocycl tab 150mg</i> .....	110
CYCLOPHOSPH INJ 500MG .....	43	<i>demeclocycl tab 300mg</i> .....	110
<i>cyclophosph tab 25mg</i> .....	43	DENAVIR CRE 1% .....	75
<i>cyclophosph tab 50mg</i> .....	43	DEPEN TITRA TAB 250MG .....	58
<i>cycloserine cap 250mg</i> .....	42	DEPOCYT INJ 50MG/5ML .....	44
CYCLOSET TAB 0.8MG .....	31	DEPO-ESTRADI INJ 5MG/ML .....	84
<i>cyclosporine cap 100mg</i> .....	58	DEPO-MEDROL INJ 20MG/ML.....	68
<i>cyclosporine cap 100mg md</i> .....	58	DEPO-PROVERA INJ 400/ML .....	45
<i>cyclosporine cap 25mg</i> .....	58	DEPO-SQ PROV INJ 104 .....	68
<i>cyclosporine cap 25mg mod</i> .....	58	<i>desipramine tab 100mg</i> .....	28
<i>cyclosporine cap 50mg mod</i> .....	58	<i>desipramine tab 10mg</i> .....	28
<i>cyclosporine inj 50mg/ml</i> .....	58	<i>desipramine tab 150mg</i> .....	28
<i>cyclosporine sol modified</i> .....	58	<i>desipramine tab 25mg</i> .....	28
<i>cyproheptad syp 2mg/5ml</i> .....	37	<i>desipramine tab 50mg</i> .....	28
<i>cyproheptad tab 4mg</i> .....	37	<i>desipramine tab 75mg</i> .....	28
CYSTADANE POW.....	82	<i>desloratadin tab 2.5 odt</i> .....	36
CYSTAGON CAP 150MG .....	88	<i>desloratadin tab 5mg</i> .....	36
CYSTAGON CAP 50MG .....	88	<i>desloratadin tab 5mg odt</i> .....	36
<i>cytarabine inj 100mg</i> .....	44	<i>desmopressin inj 4mcg/ml</i> .....	82
<i>cytarabine inj 100mg/ml</i> .....	44	<i>desmopressin sol 0.01%</i> .....	83
<i>cytarabine inj 1gm</i> .....	44	<i>desmopressin spr 0.01%</i> .....	83
<i>cytarabine inj 20mg/ml</i> .....	44	<i>desmopressin tab 0.1mg</i> .....	83
<i>cytarabine inj 500mg</i> .....	44	<i>desmopressin tab 0.2mg</i> .....	83
<b>D</b>		DESONATE GEL 0.05% .....	75
<i>dacarbazine inj 100mg</i> .....	48	<i>desonide cre 0.05%</i> .....	76
<i>dacarbazine inj 200mg</i> .....	48	<i>desonide lot 0.05%</i> .....	76
<i>dactinomycin inj 0.5mg</i> .....	46	<i>desonide oin 0.05%</i> .....	76
DALIRESP TAB 500MCG .....	18	DESOWEN OINT KIT 0.05%.....	76
<i>danazol cap 100mg</i> .....	12	<i>desoximetas cre 0.05%</i> .....	76
<i>danazol cap 200mg</i> .....	12	<i>desoximetas cre 0.25%</i> .....	76
<i>danazol cap 50mg</i> .....	12	<i>desoximetas gel 0.05%</i> .....	76
<i>dantrolene cap 100mg</i> .....	100	<i>desoximetas oin 0.05%</i> .....	76
<i>dantrolene cap 25mg</i> .....	100	<i>desoximetas oin 0.25%</i> .....	76
<i>dantrolene cap 50mg</i> .....	100	<i>dexameth pho inj 10mg/ml</i> .....	68
<i>dapsone tab 100mg</i> .....	14	<i>dexameth pho inj 4mg/ml</i> .....	68
<i>dapsone tab 25mg</i> .....	14	<i>dexameth pho sol 0.1% op</i> .....	102

DEXAMETHASON CON 1MG/ML.....	69	dicyclomine cap 10mg .....	113
dexamethason elx 0.5/5ml.....	69	dicyclomine sol 10mg/5ml.....	113
dexamethason sol 0.5/5ml.....	69	dicyclomine tab 20mg.....	113
dexamethason tab 0.5mg .....	69	didanosine cap 125mg .....	54
dexamethason tab 0.75mg.....	69	didanosine cap 200mg .....	54
dexamethason tab 1.5mg .....	69	didanosine cap 250mg .....	54
dexamethason tab 1mg .....	69	didanosine cap 400mg .....	55
dexamethason tab 2mg .....	69	DIFFERIN LOT 0.1% .....	72
dexamethason tab 4mg .....	69	DIFICID TAB 200MG .....	94
dexamethason tab 6mg .....	69	diflorasone cre 0.05%.....	76
dexchlorphen syp 2mg/5ml .....	35	diflorasone oin 0.05%.....	76
DEXILANT CAP 30MG DR .....	114	diflunisal tab 500mg .....	6
DEXILANT CAP 60MG DR .....	114	digox tab 0.125mg .....	62
dexmethylph cap 15mg er .....	2	digox tab 0.25mg.....	62
dexmethylph cap 30mg er .....	2	digoxin inj 0.25mg/1 .....	62
dexmethylph cap 40mg er .....	2	digoxin sol 50mcg/ml .....	62
dexmethylph tab 10mg.....	2	digoxin tab 0.125mg .....	62
dexmethylph tab 2.5mg.....	2	digoxin tab 0.25mg .....	62
dexmethylph tab 5mg .....	2	dihydroergot inj 1mg/ml .....	95
dexmethylphe cap 10mg er.....	2	dihydroergot spr 4mg/ml .....	95
dexmethylphe cap 5mg er.....	2	DILANTIN CAP 30MG .....	24
DEPAK PAK 10 DAY .....	69	DILATRATE SR CAP 40MG .....	15
DEPAK PAK 13 DAY .....	69	DILAUDID-HP INJ 250MG .....	7
DEPAK PAK 6 DAY .....	69	diltiazem cap 120mg er.....	61
dexrazoxane inj 250mg .....	48	diltiazem cap 120mg/24.....	61
dexrazoxane inj 500mg .....	49	diltiazem cap 180mg er.....	61
dextroamphet cap 10mg er .....	1	diltiazem cap 180mg/24.....	61
dextroamphet cap 15mg er .....	1	diltiazem cap 240mg er.....	61
dextroamphet cap 5mg er.....	1	diltiazem cap 240mg/24.....	61
dextroamphet sol 5mg/5ml .....	1	diltiazem cap 300mg er.....	61
dextroamphet tab 10mg .....	1	diltiazem cap 300mg/24.....	61
dextroamphet tab 5mg .....	1	diltiazem cap 360mg er.....	61
DIAZEPAM CON 5MG/ML.....	17	diltiazem cap 360mg/24.....	61
diazepam sol 1mg/ml .....	17	diltiazem cap 420mg/24.....	61
diazepam tab 10mg .....	17	diltiazem cap 60mg er .....	61
diazepam tab 2mg .....	17	diltiazem cap 90mg er .....	61
diazepam tab 5mg .....	17	DILTIAZEM INJ 100MG.....	61
DIBENZYLINE CAP 10MG .....	39	diltiazem inj 125/25ml.....	61
diclo/misopr tab 50-0.2mg.....	4	diltiazem inj 25mg/5ml .....	61
diclo/misopr tab 75-0.2mg.....	4	diltiazem inj 50/10ml.....	61
diclofen pot tab 50mg.....	4	diltiazem tab 120mg.....	61
diclofenac sol 0.1% op.....	103	diltiazem tab 30mg.....	61
diclofenac tab 100mg er .....	5	diltiazem tab 60mg.....	61
diclofenac tab 25mg dr .....	4	diltiazem tab 90mg.....	61
diclofenac tab 50mg dr .....	5	dimenhydrin tab 50mg.....	34
diclofenac tab 75mg dr .....	5	DIP/TET PED INJ 25-5LFU .....	113
dicloxacill cap 250mg .....	106	DIPENTUM CAP 250MG .....	88
dicloxacill cap 500mg .....	106	diphen/atrop liq 2.5/5.....	33

<i>diphen/atrop tab 2.5mg</i> .....	33	<i>doxepin hcl cap 10mg</i> .....	28
<i>diphenhydram cap 25mg</i> .....	36	<i>doxepin hcl cap 150mg</i> .....	29
<i>diphenhydram cap 50mg</i> .....	36	<i>doxepin hcl cap 25mg</i> .....	28
<i>diphenhydram elx 12.5/5ml</i> .....	36	<i>doxepin hcl cap 50mg</i> .....	28
<i>diphenhydram inj 50mg/ml</i> .....	36	<i>doxepin hcl cap 75mg</i> .....	29
<i>dipyridamole tab 25mg</i> .....	90	<i>doxepin hcl con 10mg/ml</i> .....	29
<i>dipyridamole tab 50mg</i> .....	90	<i>doxercalcif cap 0.5mcg</i> .....	82
<i>dipyridamole tab 75mg</i> .....	90	<i>doxercalcif cap 1mcg</i> .....	82
<i>disopyramide cap 100mg</i> .....	17	<i>doxercalcif cap 2.5mcg</i> .....	82
<i>disopyramide cap 150mg</i> .....	17	<i>doxercalcif inj 4mcg/2ml</i> .....	82
<i>disulfiram tab 250mg</i> .....	107	<i>doxorubicin inj 10mg</i> .....	46
<i>disulfiram tab 500mg</i> .....	107	<i>doxorubicin inj 2mg/ml</i> .....	46
DIURIL SUS 250/5ML.....	80	<i>doxorubicin inj 50mg</i> .....	46
<i>divalproex cap 125mg</i> .....	25	<i>doxy 100 inj 100mg</i> .....	110
<i>divalproex tab 125mg dr</i> .....	25	<i>doxycyc mono cap 100mg</i> .....	111
<i>divalproex tab 250mg dr</i> .....	25	<i>doxycyc mono cap 50mg</i> .....	111
<i>divalproex tab 250mg er</i> .....	25	<i>doxycyc mono tab 150mg</i> .....	111
<i>divalproex tab 500mg dr</i> .....	25	<i>doxycyc mono tab 50mg</i> .....	111
<i>divalproex tab 500mg er</i> .....	25	<i>doxycyc mono tab 75mg</i> .....	111
DIVIGEL GEL 0.25MG.....	84	<i>doxycycl hyc cap 100mg</i> .....	111
DIVIGEL GEL 0.5MG.....	84	<i>doxycycl hyc cap 50mg</i> .....	111
DIVIGEL GEL 1MG/GM.....	84	<i>doxycycl hyc inj 100mg</i> .....	111
DOCEFREZ INJ 20MG.....	49	<i>doxycycl hyc tab 100mg</i> .....	111
DOCEFREZ INJ 80MG.....	49	<i>doxycycl hyc tab 100mg dr</i> .....	111
DOCETAXEL INJ 140/7ML.....	49	<i>doxycycl hyc tab 150mg dr</i> .....	111
DOCETAXEL INJ 160/16ML.....	49	<i>doxycycl hyc tab 75mg dr</i> .....	111
DOCETAXEL INJ 160/8ML.....	49	<i>doxycycline cap 150mg</i> .....	111
DOCETAXEL INJ 20/0.5ML.....	49	<i>doxycycline cap 75mg</i> .....	111
DOCETAXEL INJ 200MG/20.....	49	<i>doxycycline sus 25mg/5ml</i> .....	111
DOCETAXEL INJ 20MG/2ML.....	49	<i>doxycycline tab 20mg</i> .....	111
<i>docetaxel inj 20mg/ml</i> .....	49	<i>dronabinol cap 10mg</i> .....	34
DOCETAXEL INJ 80MG/2ML.....	49	<i>dronabinol cap 2.5mg</i> .....	34
<i>docetaxel inj 80mg/4ml</i> .....	49	<i>dronabinol cap 5mg</i> .....	34
DOCETAXEL INJ 80MG/8ML.....	49	<i>drosipir/ethi tab 3-0.03mg</i> .....	66
<i>donepezil tab 10mg</i> .....	107	DROXIA CAP 200MG.....	90
<i>donepezil tab 10mg odt</i> .....	107	DROXIA CAP 300MG.....	90
<i>donepezil tab 5mg</i> .....	107	DROXIA CAP 400MG.....	90
<i>donepezil tab 5mg odt</i> .....	107	DULERA AER 100-5MCG.....	20
<i>donepezil tab hcl 23mg</i> .....	107	DULERA AER 200-5MCG.....	20
DORIBAX INJ 250MG.....	14	<i>duloxetine cap 20mg</i> .....	27
DORIBAX INJ 500MG.....	14	<i>duloxetine cap 30mg</i> .....	27
<i>dorzol/timol sol 2-0.5%op</i> .....	101	<i>duloxetine cap 60mg</i> .....	27
<i>dorzolamide sol 2% op</i> .....	103	DUREZOL EMU 0.05%.....	102
<i>doxazosin tab 1mg</i> .....	40	D-VI-SOL LIQ 400UNIT.....	119
<i>doxazosin tab 2mg</i> .....	40	DYRENIUM CAP 100MG.....	79
<i>doxazosin tab 4mg</i> .....	40	DYRENIUM CAP 50MG.....	79
<i>doxazosin tab 8mg</i> .....	40	<b>E</b>	
<i>doxepin hcl cap 100mg</i> .....	29	<i>e.e.s. 400 tab 400mg</i> .....	93

E.E.S. GRAN SUS 200/5ML.....	93	<i>enalapril tab 2.5mg</i> .....	38
<i>e.s.p. sus 200-600</i> .....	14	<i>enalapril tab 20mg</i> .....	38
<i>econazole cre 1%</i> .....	73	<i>enalapril tab 5mg</i> .....	38
EDARBI TAB 40MG.....	39	ENBREL INJ 25/0.5ML.....	6
EDARBI TAB 80MG.....	39	ENBREL INJ 25MG .....	6
EDECIN TAB 25MG.....	79	ENBREL INJ 50MG/ML.....	6
<i>ed-spaz tab 0.125mg</i> .....	113	ENBREL SRCLK INJ 50MG/ML.....	6
EDURANT TAB 25MG .....	55	ENCARE SUP 100MG.....	118
EFFIENT TAB 10MG .....	90	<i>endocet tab 10-325mg</i> .....	11
EFFIENT TAB 5MG.....	90	<i>endocet tab 5-325mg</i> .....	11
ELAPRASE INJ 6MG/3ML .....	82	<i>endocet tab 7.5-325</i> .....	11
ELELYSO INJ 200UNIT .....	90	ENGERIX-B INJ 10/0.5ML.....	117
ELESTRIN GEL 0.06%.....	84	ENGERIX-B INJ 20MCG/ML.....	117
ELIDEL CRE 1%.....	77	ENJUVIA TAB 0.3MG .....	84
ELIGARD INJ 22.5MG .....	45	ENJUVIA TAB 0.45MG .....	84
ELIGARD INJ 30MG .....	45	ENJUVIA TAB 0.625MG .....	84
ELIGARD INJ 45MG .....	45	ENJUVIA TAB 0.9MG .....	84
ELIGARD INJ 7.5MG .....	45	ENJUVIA TAB 1.25MG .....	84
<i>elinest tab</i> .....	66	<i>enoxaparin inj 100mg/ml</i> .....	21
ELIQUIS TAB 2.5MG .....	21	<i>enoxaparin inj 120/0.8</i> .....	21
ELIQUIS TAB 5MG.....	21	<i>enoxaparin inj 150mg/ml</i> .....	21
ELIXOPHYLLIN ELX 80/15ML .....	20	<i>enoxaparin inj 30/0.3ml</i> .....	21
ELLA TAB 30MG.....	68	<i>enoxaparin inj 300/3ml</i> .....	21
ELMIRON CAP 100MG.....	89	<i>enoxaparin inj 40/0.4ml</i> .....	21
ELOXATIN INJ 200MG.....	43	<i>enoxaparin inj 60/0.6ml</i> .....	21
EMADINE SOL 0.05% OP .....	103	<i>enoxaparin inj 80/0.8ml</i> .....	21
EMBEDA CAP 100-4MG .....	7	<i>enpresse-28 tab</i> .....	66
EMBEDA CAP 20-0.8MG .....	7	<i>entacapone tab 200mg</i> .....	50
EMBEDA CAP 30-1.2MG .....	7	<i>entecavir tab 0.5mg</i> .....	56
EMBEDA CAP 50-2MG.....	7	<i>entecavir tab 1mg</i> .....	56
EMBEDA CAP 60-2.4MG .....	7	<i>enulose sol 10gm/15</i> .....	88
EMBEDA CAP 80-3.2MG .....	7	EPIDUO GEL 0.1-2.5%.....	72
EMCYT CAP 140MG .....	45	<i>epinastine dro 0.05%</i> .....	103
EMEND CAP 125MG.....	34	<i>epinephrine inj 0.15mg</i> .....	119
EMEND CAP 40MG.....	34	<i>epinephrine inj 0.1mg/ml</i> .....	20
EMEND CAP 80MG.....	34	<i>epinephrine inj 0.3mg</i> .....	119
EMEND PAK 80 & 125.....	34	<i>epinephrine inj 1mg/ml</i> .....	20
<i>emoquette tab</i> .....	66	EPIPEN 2-PAK INJ 0.3MG .....	119
EMSAM DIS 12MG/24H.....	26	EPIPEN-JR INJ 2-PAK.....	119
EMSAM DIS 6MG/24HR.....	26	<i>epirubicin inj 200mg</i> .....	46
EMSAM DIS 9MG/24HR.....	26	<i>epirubicin inj 50/25ml</i> .....	46
EMTRIVA CAP 200MG .....	55	EPIRUBICIN INJ 50MG .....	46
EMTRIVA SOL 10MG/ML.....	55	<i>epitol tab 200mg</i> .....	22
ENABLEX TAB 15MG .....	116	EPIVIR HBV SOL 5MG/ML .....	56
ENABLEX TAB 7.5MG.....	116	EPIVIR SOL 10MG/ML .....	55
<i>enalapr/hctz tab 10-25mg</i> .....	41	<i>eplerenone tab 25mg</i> .....	42
<i>enalapr/hctz tab 5-12.5mg</i> .....	41	<i>eplerenone tab 50mg</i> .....	42
<i>enalapril tab 10mg</i> .....	38	<i>epoprostenol inj 0.5mg</i> .....	63

<i>epoprostenol inj 1.5mg</i> .....	63	<i>estradiol dis 0.075mg</i> .....	85
<i>eprosart mes tab 600mg</i> .....	39	<i>estradiol dis 0.1mg</i> .....	85
EPZICOM TAB 600-300 .....	55	<i>estradiol tab 0.5mg</i> .....	85
ERAXIS INJ 100MG .....	35	<i>estradiol tab 1mg</i> .....	85
ERAXIS INJ 50MG .....	35	<i>estradiol tab 2mg</i> .....	85
ERBITUX INJ 100MG.....	45	ESTRING MIS 2MG .....	118
ERBITUX INJ 200MG.....	45	ESTROGEL GEL .....	85
<i>ergoloid mes tab 1mg oral</i> .....	109	<i>estropipate tab 0.75mg</i> .....	85
ERGOMAR SUB 2MG .....	95	<i>estropipate tab 1.5mg</i> .....	85
ERIVEDGE CAP 150MG .....	45	<i>estropipate tab 3mg</i> .....	85
<i>errin tab 0.35mg</i> .....	68	<i>eszopiclone tab 1mg</i> .....	92
ERTACZO CRE 2%.....	73	<i>eszopiclone tab 2mg</i> .....	92
<i>ery pad 2%</i> .....	72	<i>eszopiclone tab 3mg</i> .....	92
ERYPED SUS 200/5ML .....	93	<i>ethambutol tab 100mg</i> .....	42
ERYPED SUS 400/5ML .....	93	<i>ethambutol tab 400mg</i> .....	42
ERY-TAB TAB 250MG EC .....	93	<i>ethosuximide cap 250mg</i> .....	25
ERY-TAB TAB 333MG EC .....	93	<i>ethosuximide sol 250/5ml</i> .....	25
ERY-TAB TAB 500MG EC .....	93	<i>etidron disd tab 200mg</i> .....	80
ERYTHROCIN INJ 1000MG.....	93	<i>etidron disd tab 400mg</i> .....	80
ERYTHROCIN INJ 500MG .....	93	<i>etodolac cap 200mg</i> .....	5
<i>erythrocin tab 250mg</i> .....	93	<i>etodolac cap 300mg</i> .....	5
<i>erythrom eth tab 400mg</i> .....	93	<i>etodolac er tab 400mg</i> .....	5
<i>erythromycin cap 250mg ec</i> .....	93	<i>etodolac er tab 500mg</i> .....	5
<i>erythromycin gel /benzoyl</i> .....	72	<i>etodolac er tab 600mg</i> .....	5
<i>erythromycin gel 2%</i> .....	72	<i>etodolac tab 400mg</i> .....	5
<i>erythromycin oin op</i> .....	102	<i>etodolac tab 500mg</i> .....	5
<i>erythromycin pad 2%</i> .....	72	ETOPOPHOS INJ 100MG.....	49
<i>erythromycin sol 2%</i> .....	72	<i>etoposide cap 50mg</i> .....	49
<i>erythromycin tab 250mg bs</i> .....	93	<i>etoposide inj 20mg/ml</i> .....	49
<i>erythromycin tab 500mg bs</i> .....	93	EURAX CRE 10%.....	78
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<i>escitalopram tab 10mg</i> .....	26	EVAMIST SPR 1.53MG.....	86
<i>escitalopram tab 20mg</i> .....	26	EVOTAZ TAB 300-150.....	55
<i>escitalopram tab 5mg</i> .....	26	EXELDERM CRE 1% .....	73
<i>esomepra mag cap 20mg dr</i> .....	114	EXELDERM SOL 1% .....	73
<i>esomepra mag cap 40mg dr</i> .....	114	EXELON DIS 13.3/24 .....	107
<i>esomeprazole inj 20mg</i> .....	114	EXELON DIS 4.6MG/24 .....	107
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<i>estradiol val inj 200mg/5</i> .....	84	EXJADE TAB 500MG.....	33
<i>estradiol val inj 20mg/ml</i> .....	84	EXTAVIA INJ 0.3MG.....	109
<i>estradiol dis 0.025mg</i> .....	85	<b>F</b>	
<i>estradiol dis 0.0375mg</i> .....	85	FABRAZYME INJ 35MG .....	82
<i>estradiol dis 0.05mg</i> .....	85	FABRAZYME INJ 5MG.....	82
<i>estradiol dis 0.06mg</i> .....	85	FACTIVE TAB 320MG .....	87

<i>falmina tab</i> .....	66	<i>fenofibric tab 105mg</i> .....	37
<i>famciclovir tab 125mg</i> .....	57	<i>fenofibric tab 35mg</i> .....	37
<i>famciclovir tab 250mg</i> .....	57	<i>fenoprofen tab 600mg</i> .....	5
<i>famciclovir tab 500mg</i> .....	57	<i>fentanyl dis 100mcg/h</i> .....	7
<i>famotidine inj 10mg/ml</i> .....	114	<i>fentanyl dis 12mcg/hr</i> .....	7
<i>famotidine inj 200/20ml</i> .....	114	<i>fentanyl dis 25mcg/hr</i> .....	7
<i>famotidine inj 20mg/2ml</i> .....	114	<i>fentanyl dis 50mcg/hr</i> .....	7
<i>famotidine inj 20mg/50m</i> .....	114	<i>fentanyl dis 75mcg/hr</i> .....	7
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<i>famotidine sus 40mg/5ml</i> .....	114	<i>fentanyl ot loz 1600mcg</i> .....	7
<i>famotidine tab 20mg</i> .....	114	<i>fentanyl ot loz 200mcg</i> .....	7
<i>famotidine tab 40mg</i> .....	114	<i>fentanyl ot loz 400mcg</i> .....	7
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<i>fenofibrate tab 145mg</i> .....	37	FLOVENT DISK AER 50MCG .....	19
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<i>fluconazole tab 100mg .....</i>	35	<i>fluoxetine cap 90mg dr .....</i>	26
<i>fluconazole tab 150mg .....</i>	35	<i>fluoxetine sol 20mg/5ml .....</i>	26
<i>fluconazole tab 200mg .....</i>	35	<i>fluoxetine tab 10mg .....</i>	26
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<i>fluocin acet sol 0.01% .....</i>	76	<i>fluticasone spr 50mcg.....</i>	100
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<i>gentamicin oin 0.3% op</i> .....	102	<i>granisetron inj 0.1mg/ml</i> .....	34
<i>gentamicin sol 0.3% op</i> .....	102	<i>granisetron inj 1mg/ml</i> .....	34
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<i>glimepiride tab 1mg</i> .....	32	<i>guanfacine tab 3mg er</i> .....	2
<i>glimepiride tab 2mg</i> .....	32	<i>guanfacine tab 4mg er</i> .....	2
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<i>haloperidol tab 1mg</i> .....	52	HUMULIN R INJ U-500 .....	32
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<i>haloperidol tab 2mg</i> .....	52	HYCAMTIN CAP 1MG .....	49
<i>haloperidol tab 5mg</i> .....	52	<i>hydralazine inj 20mg/ml</i> .....	42
HARVONI TAB 90-400MG .....	56	<i>hydralazine tab 100mg</i> .....	42
HAVRIX INJ 1440UNIT .....	117	<i>hydralazine tab 10mg</i> .....	42
HAVRIX INJ 720UNIT.....	117	<i>hydralazine tab 25mg</i> .....	42
<i>hc butyrate cre 0.1%</i> .....	76	<i>hydralazine tab 50mg</i> .....	42
<i>hc butyrate oin 0.1%</i> .....	76	<i>hydrochlorot cap 12.5mg</i> .....	80
<i>hc butyrate sol 0.1%</i> .....	76	<i>hydrochlorot tab 12.5mg</i> .....	80
<i>hc valerate cre 0.2%</i> .....	76	<i>hydrochlorot tab 25mg</i> .....	80
<i>hc valerate oin 0.2%</i> .....	76	<i>hydrochlorot tab 50mg</i> .....	80
<i>hc/acet acid sol otic</i> .....	104	HYDROCO/APAP SOL 10-325MG.....	11
<i>heather tab 0.35mg</i> .....	68	<i>hydroco/apap sol 7.5-325</i> .....	11
<i>heparin sod inj 1000/ml</i> .....	22	<i>hydroco/apap tab 10-300mg</i> .....	11
<i>heparin sod inj 10000/ml</i> .....	22	<i>hydroco/apap tab 10-325mg</i> .....	11
<i>heparin sod inj 20000/ml</i> .....	22	<i>hydroco/apap tab 2.5-325</i> .....	11
<i>heparin sod inj 5000/0.5</i> .....	22	<i>hydroco/apap tab 5-300mg</i> .....	11
<i>heparin sod inj 5000/ml</i> .....	22	<i>hydroco/apap tab 5-325mg</i> .....	11
HEXALEN CAP 50MG.....	43	<i>hydroco/apap tab 7.5-300</i> .....	11
HIBERIX SOL 10MCG.....	117	<i>hydroco/apap tab 7.5-325</i> .....	11
HIZENTRA INJ 10/50ML.....	105	<i>hydrocod/hom syp 5-1.5/5</i> .....	70
HIZENTRA INJ 1GM/5ML .....	105	<i>hydrocodone/ tab homatrop</i> .....	70
HIZENTRA INJ 2GM/10ML .....	105	<i>hydrocort cre 1%</i> .....	76
HIZENTRA INJ 4GM/20ML .....	105	<i>hydrocort cre 2.5%</i> .....	76
<i>homatropaire sol 5% op</i> .....	101	<i>hydrocort lot 2.5%</i> .....	76
<i>homatropine sol 5% op</i> .....	101	<i>hydrocort oin 1%</i> .....	76
HORIZANT TAB 300MG .....	109	<i>hydrocort oin 2.5%</i> .....	76
HORIZANT TAB 600MG .....	109	<i>hydrocort tab 10mg</i> .....	69
HUMALOG INJ 100/ML .....	31	<i>hydrocort tab 20mg</i> .....	69
HUMALOG KWIK INJ 100/ML .....	31	<i>hydrocort tab 5mg</i> .....	69
HUMALOG MIX INJ 50/50 .....	31	<i>hydrocort/ab oin 1%</i> .....	76
HUMALOG MIX INJ 50/50KWP .....	31	<i>hydromet syp 5-1.5/5</i> .....	70
HUMALOG MIX INJ 75/25KWP .....	31	<i>hydromorphon inj 10mg/ml</i> .....	8
HUMALOG MIX SUS 75/25 .....	31	<i>hydromorphon inj 1mg/ml</i> .....	8
HUMATROPE INJ 12MG .....	81	<i>hydromorphon inj 2mg/ml</i> .....	8
HUMATROPE INJ 24MG .....	81	<i>hydromorphon inj 4mg/ml</i> .....	8
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HUMIRA INJ 10MG/0.2 .....	4	<i>hydromorphon tab 12mg er</i> .....	8

<i>hydromorphon tab 16mg er</i> .....	8	<i>imipram pam cap 100mg</i> .....	29
<i>hydromorphon tab 2mg</i> .....	8	<i>imipram pam cap 125mg</i> .....	29
<i>hydromorphon tab 32mg er</i> .....	8	<i>imipram pam cap 150mg</i> .....	29
<i>hydromorphon tab 4mg</i> .....	8	<i>imipram pam cap 75mg</i> .....	29
<i>hydromorphon tab 8mg</i> .....	8	<i>imiquimod cre 5%</i> .....	77
<i>hydromorphon tab 8mg er</i> .....	8	IMPLANON IMP 68MG .....	68
<i>hydroxychlor tab 200mg</i> .....	42	INCRELEX INJ 40MG/4ML .....	82
<i>hydroxyurea cap 500mg</i> .....	48	<i>indapamide tab 1.25mg</i> .....	80
<i>hydroxyz hcl inj 25mg/ml</i> .....	16	<i>indapamide tab 2.5mg</i> .....	80
<i>hydroxyz hcl inj 50mg/ml</i> .....	16	INDOCIN SUS 25MG/5ML .....	5
<i>hydroxyz hcl syp 10mg/5ml</i> .....	16	<i>indomethacin cap 25mg</i> .....	5
<i>hydroxyz hcl tab 10mg</i> .....	16	<i>indomethacin cap 50mg</i> .....	5
<i>hydroxyz hcl tab 25mg</i> .....	16	<i>indomethacin cap 75mg er</i> .....	5
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<b>I</b>		INTELENCE TAB 200MG .....	55
<i>ibandronate inj 3mg/3ml</i> .....	80	INTELENCE TAB 25MG .....	55
<i>ibandronate tab 150mg</i> .....	80	INTRON-A INJ 10MU .....	48
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IBRANCE CAP 125MG .....	47	INTRON-A INJ 25MU .....	48
IBRANCE CAP 75MG .....	47	INTRON-A INJ 50MU .....	48
<i>ibuprofen sus 100/5ml</i> .....	5	<i>introvale tab</i> .....	66
<i>ibuprofen tab 400mg</i> .....	5	INVANZ INJ 1GM.....	14
<i>ibuprofen tab 600mg</i> .....	5	INVEGA SUST INJ 117/0.75.....	52
<i>ibuprofen tab 800mg</i> .....	5	INVEGA SUST INJ 156MG/ML.....	52
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<i>idarubicin inj 10/10ml</i> .....	46	INVEGA TAB 1.5MG .....	52
<i>idarubicin inj 20/20ml</i> .....	46	INVEGA TAB 3MG.....	52
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<i>imipenem/cil inj 500mg</i> .....	14	<i>ipratropium spr 0.06%</i> .....	100
<i>imipram hcl tab 10mg</i> .....	29	<i>ipratropium/ sol albuter</i> .....	20
<i>imipram hcl tab 25mg</i> .....	29	<i>irbesar/hctz tab 150-12.5</i> .....	41
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<i>irbesartan tab 150mg</i> .....	39	<i>jantoven tab 6mg</i> .....	21
<i>irbesartan tab 300mg</i> .....	39	<i>jantoven tab 7.5mg</i> .....	21
<i>irbesartan tab 75mg</i> .....	39	JANUMET TAB 50-1000 .....	30
<i>irinotecan inj 100/5ml</i> .....	50	JANUMET TAB 50-500MG .....	30
<i>irinotecan inj 40mg/2ml</i> .....	50	JANUMET XR TAB 100-1000.....	30
<i>irinotecan inj 500mg/25</i> .....	50	JANUMET XR TAB 50-1000 .....	30
ISENTRESS CHW 100MG.....	55	JANUMET XR TAB 50-500MG.....	30
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<i>isosorb din tab 40mg er</i> .....	15	KADCYLA INJ 160MG .....	47
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<i>isosorb mono tab 10mg</i> .....	15	KADIAN CAP 150MG CR .....	8
<i>isosorb mono tab 120mg er</i> .....	15	KADIAN CAP 200MG ER .....	8
<i>isosorb mono tab 20mg</i> .....	15	KADIAN CAP 40MG ER .....	8
<i>isosorb mono tab 30mg er</i> .....	15	KADIAN CAP 70MG CR .....	8
<i>isosorb mono tab 60mg er</i> .....	15	KALETRA SOL .....	55
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<i>jantoven tab 1mg</i> .....	21	KETEK TAB 400MG .....	14
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<i>jantoven tab 2mg</i> .....	21	<i>ketoconazole sha 2%</i> .....	74
<i>jantoven tab 3mg</i> .....	21	<i>ketodan aer 2%</i> .....	74
<i>jantoven tab 4mg</i> .....	21	<i>ketoprofen cap 200mg er</i> .....	5
<i>jantoven tab 5mg</i> .....	21	<i>ketoprofen cap 50mg</i> .....	5

<i>ketoprofen cap 75mg</i> .....	5	<i>lamotrigine tab 200mg</i> .....	23
<i>ketorolac inj 15mg/ml</i> .....	5	<i>lamotrigine tab 200mg er</i> .....	23
<i>ketorolac inj 30mg/ml</i> .....	5	<i>lamotrigine tab 250mg er</i> .....	23
<i>ketorolac inj 60mg/2ml</i> .....	5	<i>lamotrigine tab 25mg</i> .....	23
<i>ketorolac sol 0.4%</i> .....	103	<i>lamotrigine tab 25mg er</i> .....	23
<i>ketorolac sol 0.5%</i> .....	103	<i>lamotrigine tab 25mg odt</i> .....	23
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KEYTRUDA SOL 50MG .....	45	LANOXIN PED INJ 0.1MG/ML .....	62
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<i>labetalol tab 100mg</i> .....	59	LAVOCLEN-4 LIQ CREM WSH .....	72
<i>labetalol tab 200mg</i> .....	59	<i>lavoclen-8 kit acne wsh</i> .....	72
<i>labetalol tab 300mg</i> .....	59	LAVOCLEN-8 LIQ CREM WSH .....	72
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<i>lactic acid lot 10%</i> .....	77	<i>leena tab</i> .....	66
<i>lactulose sol 10gm/15</i> .....	93	<i>leflunomide tab 10mg</i> .....	6
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<i>lamivudine tab 150mg</i> .....	55	<i>leucovor ca inj 200mg</i> .....	49
<i>lamivudine tab 300mg</i> .....	55	<i>leucovor ca inj 350mg</i> .....	49
<i>lamotrigine chw 25mg</i> .....	23	<i>leucovor ca inj 50mg</i> .....	49
<i>lamotrigine chw 5mg</i> .....	23	<i>leucovor ca tab 10mg</i> .....	49
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LEUKINE INJ 500 MCG .....	91	<i>levothyroxin tab 50mcg</i> .....	111
<i>leuprolide inj 1mg/0.2</i> .....	45	<i>levothyroxin tab 75mcg</i> .....	111
<i>levalbuterol neb 0.31mg</i> .....	20	<i>levothyroxin tab 88mcg</i> .....	111
<i>levalbuterol neb 0.63mg</i> .....	20	<i>levoxyl tab 100mcg</i> .....	112
<i>levalbuterol neb 1.25/0.5</i> .....	20	<i>levoxyl tab 112mcg</i> .....	112
<i>levalbuterol neb 1.25mg</i> .....	20	<i>levoxyl tab 125mcg</i> .....	112
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LEVETIRACETA INJ 5MG/ML .....	23	<i>levoxyl tab 50mcg</i> .....	112
<i>levetiraceta sol 100mg/ml</i> .....	23	<i>levoxyl tab 75mcg</i> .....	112
<i>levetiraceta tab 1000mg</i> .....	23	<i>levoxyl tab 88mcg</i> .....	112
<i>levetiraceta tab 250mg</i> .....	23	LEXIVA SUS 50MG/ML .....	55
<i>levetiraceta tab 500mg</i> .....	23	LEXIVA TAB 700MG .....	55
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<i>levobunolol sol 0.25% op</i> .....	101	<i>lidocain/d5w inj 8mg/ml</i> .....	17
<i>levobunolol sol 0.5% op</i> .....	101	<i>lidocaine cre 3%</i> .....	77
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<i>levoflox/d5w inj 500/100m</i> .....	87	<i>lidocaine inj 1.5%</i> .....	93
<i>levoflox/d5w inj 750/150</i> .....	87	<i>lidocaine inj 10mg/ml</i> .....	17
<i>levofloxacin inj 25mg/ml</i> .....	87	<i>lidocaine inj 2%</i> .....	93
<i>levofloxacin sol 0.5%</i> .....	102	<i>lidocaine inj 20mg/ml</i> .....	17
<i>levofloxacin sol 25mg/ml</i> .....	87	<i>lidocaine inj 4%</i> .....	93
<i>levofloxacin tab 250mg</i> .....	87	<i>lidocaine lot 3%</i> .....	77
<i>levofloxacin tab 500mg</i> .....	87	<i>lidocaine oin 5%</i> .....	77
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<i>levorphanol tab 2mg</i> .....	8	<i>lindane sha 1%</i> .....	78
<i>levothyroxin tab 100mcg</i> .....	111	<i>linezolid inj 2mg/ml</i> .....	14
<i>levothyroxin tab 112mcg</i> .....	111	<i>liothyronine inj 10mcg/ml</i> .....	112
<i>levothyroxin tab 125mcg</i> .....	111	<i>liothyronine tab 25mcg</i> .....	112
<i>levothyroxin tab 137mcg</i> .....	111	<i>liothyronine tab 50mcg</i> .....	112
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<i>levothyroxin tab 175mcg</i> .....	111	<i>lipodox 50 inj 2mg/ml</i> .....	46

<i>lipodox inj 2mg/ml</i> .....	46	<i>loxapine cap 10mg</i> .....	52
<i>lisinop/hctz tab 10-12.5</i> .....	41	<i>loxapine cap 25mg</i> .....	53
<i>lisinop/hctz tab 20-12.5</i> .....	41	<i>loxapine cap 50mg</i> .....	53
<i>lisinop/hctz tab 20-25mg</i> .....	41	<i>loxapine cap 5mg</i> .....	52
<i>lisinopril tab 10mg</i> .....	38	<i>ludent chw 0.25mg f</i> .....	96
<i>lisinopril tab 2.5mg</i> .....	38	<i>ludent chw 0.5mg f</i> .....	96
<i>lisinopril tab 20mg</i> .....	38	<i>ludent chw 1mg f</i> .....	96
<i>lisinopril tab 30mg</i> .....	38	LUFYLLIN TAB 200MG .....	20
<i>lisinopril tab 40mg</i> .....	39	LUFYLLIN TAB 400MG .....	20
<i>lisinopril tab 5mg</i> .....	38	LUMIGAN SOL 0.01% .....	103
<i>lithium carb cap 150mg</i> .....	51	LUPR DEP-PED INJ 11.25MG .....	82
<i>lithium carb cap 300mg</i> .....	51	LUPR DEP-PED INJ 15MG .....	82
<i>lithium carb cap 600mg</i> .....	51	LUPR DEP-PED INJ 30MG .....	82
<i>lithium carb tab 300mg</i> .....	51	LUPR DEP-PED INJ 7.5MG .....	82
<i>lithium carb tab 300mg er</i> .....	51	LUPRON DEPOT INJ 11.25MG.....	45
<i>lithium carb tab 450mg er</i> .....	51	LUPRON DEPOT INJ 22.5MG .....	45
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<i>lomedica 24 tab fe</i> .....	67	<i>lutura tab</i> .....	67
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<i>lomustine cap 10mg</i> .....	43	LYRICA CAP 100MG .....	23
<i>lomustine cap 40mg</i> .....	43	LYRICA CAP 150MG .....	23
<i>loperamide cap 2mg</i> .....	33	LYRICA CAP 200MG .....	23
<i>lorazepam con 2mg/ml</i> .....	17	LYRICA CAP 225MG .....	23
<i>lorazepam tab 0.5mg</i> .....	17	LYRICA CAP 25MG .....	23
<i>lorazepam tab 1mg</i> .....	17	LYRICA CAP 300MG .....	23
<i>lorazepam tab 2mg</i> .....	17	LYRICA CAP 50MG .....	23
<i>loryna tab 3-0.02mg</i> .....	67	LYRICA CAP 75MG .....	23
<i>losartan pot tab 100mg</i> .....	39	LYRICA SOL 20MG/ML.....	23
<i>losartan pot tab 25mg</i> .....	39	LYSODREN TAB 500MG .....	45
<i>losartan pot tab 50mg</i> .....	39	<b>M</b>	
<i>losartan/hct tab 100-12.5</i> .....	41	MACRODANTIN CAP 25MG.....	115
<i>losartan/hct tab 100-25</i> .....	41	<i>mafenide ace pak 5%</i> .....	75
<i>losartan/hct tab 50-12.5</i> .....	41	MAGNESIUM SU INJ 2/50ML .....	97
LOTEMAX GEL 0.5% .....	103	<i>magnesium su inj 50%</i> .....	97
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LOTRONEX TAB 1MG .....	88	<i>maprotiline tab 50mg</i> .....	25
<i>lovastatin tab 10mg</i> .....	38	<i>maprotiline tab 75mg</i> .....	25
<i>lovastatin tab 20mg</i> .....	38	<i>marlissa tab 0.15/30</i> .....	67
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<i>matzim la tab 300mg/24</i> .....	61	<i>meprobamate tab 400mg</i> .....	16
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<i>matzim la tab 420mg/24</i> .....	61	<i>meropenem inj 1gm</i> .....	14
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<i>medroxypr ac inj 150mg/ml</i> .....	68	<i>metaproteren syp 10mg/5ml</i> .....	20
<i>medroxypr ac tab 10mg</i> .....	107	<i>metaproteren tab 10mg</i> .....	20
<i>medroxypr ac tab 2.5mg</i> .....	107	<i>metaproteren tab 20mg</i> .....	20
<i>medroxypr ac tab 5mg</i> .....	107	<i>metaxalone tab 400mg</i> .....	99
<i>mefenam acid cap 250mg</i> .....	5	<i>metaxalone tab 800mg</i> .....	99
<i>mefloquine tab 250mg</i> .....	42	<i>metformin er tab 1000mg</i> .....	31
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<i>megestrol ac tab 20mg</i> .....	45	<i>metformin tab 850mg</i> .....	31
<i>megestrol ac tab 40mg</i> .....	45	<i>methadone con 10mg/ml</i> .....	8
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<i>meloxicam tab 15mg</i> .....	5	<i>methadone tab 10mg</i> .....	9
<i>meloxicam tab 7.5mg</i> .....	5	<i>methadone tab 40mg</i> .....	9
<i>melphalan inj 50mg</i> .....	43	<i>methadone tab 5mg</i> .....	8
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MENVEO INJ.....	117	<i>methocarbam tab 750mg</i> .....	99
<i>meperidine inj 100mg/ml</i> .....	8	<i>methotrexate inj 1gm</i> .....	44
<i>meperidine inj 10mg/ml</i> .....	8	<i>methotrexate inj 25mg/ml</i> .....	44
<i>meperidine inj 25mg/ml</i> .....	8	<i>methotrexate inj 50mg/2ml</i> .....	44
<i>meperidine inj 50mg/ml</i> .....	8	<i>methotrexate tab 2.5mg</i> .....	44
<i>meperidine sol 50mg/5ml</i> .....	8	<i>methoxsalen cap 10mg</i> .....	74
<i>meperidine tab 100mg</i> .....	8	<i>methscopolam tab 2.5mg</i> .....	113
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<i>methyl dopa tab 250mg</i> .....	40	<i>metoprol tar tab 25mg</i> .....	59
<i>methyl dopa tab 500mg</i> .....	40	<i>metoprol tar tab 50mg</i> .....	59
<i>methyl dopate inj 250/5ml</i> .....	40	<i>metoprolol inj 5mg/5ml</i> .....	60
<i>methylphenid cap 10mg</i> .....	3	<i>metoprolol tab 100mg er</i> .....	60
<i>methylphenid cap 20mg</i> .....	3	<i>metoprolol tab 200mg er</i> .....	60
<i>methylphenid cap 20mg er</i> .....	3	<i>metoprolol tab 25mg er</i> .....	60
<i>methylphenid cap 30mg</i> .....	3	<i>metoprolol tab 50mg er</i> .....	60
<i>methylphenid cap 30mg er</i> .....	3	<i>metron/nacl inj 500mg</i> .....	13
<i>methylphenid cap 40mg</i> .....	3	<i>metronidazol cap 375mg</i> .....	13
<i>methylphenid cap 40mg er</i> .....	3	<i>metronidazol cre 0.75%</i> .....	78
<i>methylphenid cap 50mg</i> .....	3	<i>metronidazol gel 0.75%</i> .....	78
<i>methylphenid cap 60mg</i> .....	3	<i>metronidazol gel 0.75%vag</i> .....	118
<i>methylphenid chw 10mg</i> .....	3	<i>metronidazol gel 1%</i> .....	78
<i>methylphenid chw 5mg</i> .....	3	<i>metronidazol lot 0.75%</i> .....	78
<i>methylphenid sol 10mg/5ml</i> .....	3	<i>metronidazol tab 250mg</i> .....	13
<i>methylphenid sol 5mg/5ml</i> .....	3	<i>metronidazol tab 500mg</i> .....	13
<i>methylphenid tab 10mg</i> .....	3	<i>mexiletine cap 150mg</i> .....	17
<i>methylphenid tab 10mg er</i> .....	3	<i>mexiletine cap 200mg</i> .....	17
<i>methylphenid tab 18mg er</i> .....	3	<i>mexiletine cap 250mg</i> .....	17
<i>methylphenid tab 20mg</i> .....	3	<i>MG SO4/D5W INJ 10MG/ML</i> .....	97
<i>methylphenid tab 20mg er</i> .....	3	<i>MG SO4/D5W INJ 20MG/ML</i> .....	97
<i>methylphenid tab 20mg sr</i> .....	3	<i>MIACALCIN INJ 200/ML</i> .....	80
<i>methylphenid tab 27mg er</i> .....	3	<i>miconazole 3 kit combo pk</i> .....	118
<i>methylphenid tab 36mg er</i> .....	3	<i>miconazole 3 sup 200mg</i> .....	118
<i>methylphenid tab 54mg er</i> .....	3	<i>midodrine tab 10mg</i> .....	119
<i>methylphenid tab 5mg</i> .....	3	<i>midodrine tab 2.5mg</i> .....	119
<i>methylpr ss inj 1000mg</i> .....	69	<i>midodrine tab 5mg</i> .....	119
<i>methylpr ss inj 125mg</i> .....	69	<i>MILLIPRED DP PAK 5MG</i> .....	69
<i>methylpr ss inj 40mg</i> .....	69	<i>MILLIPRED SOL 10MG/5ML</i> .....	69
<i>methylpr ss inj 500mg</i> .....	69	<i>MILLIPRED TAB 5MG</i> .....	69
<i>methylpred pak 4mg</i> .....	69	<i>mimvey tab 1-0.5mg</i> .....	83
<i>methylpred tab 16mg</i> .....	69	<i>MINASTRIN 24 CHW FE</i> .....	67
<i>methylpred tab 32mg</i> .....	69	<i>minitran dis 0.1mg/hr</i> .....	15
<i>methylpred tab 4mg</i> .....	69	<i>minitran dis 0.2mg/hr</i> .....	15
<i>methylpred tab 8mg</i> .....	69	<i>minitran dis 0.4mg/hr</i> .....	15
<i>metipranolol sol 0.3% oph</i> .....	101	<i>minitran dis 0.6mg/hr</i> .....	15
<i>metoclopram inj 5mg/ml</i> .....	87	<i>minocycline cap 100mg</i> .....	111
<i>metoclopram sol 5mg/5ml</i> .....	87	<i>minocycline cap 50mg</i> .....	111
<i>metoclopram tab 10mg</i> .....	87	<i>minocycline cap 75mg</i> .....	111
<i>metoclopram tab 5mg</i> .....	87	<i>minocycline tab 100mg</i> .....	111
<i>metoclopram tab 5mg odt</i> .....	87	<i>minocycline tab 135mg er</i> .....	111
<i>metolazone tab 10mg</i> .....	80	<i>minocycline tab 45mg er</i> .....	111
<i>metolazone tab 2.5mg</i> .....	80	<i>minocycline tab 50mg</i> .....	111
<i>metolazone tab 5mg</i> .....	80	<i>minocycline tab 75mg</i> .....	111
<i>metoprl/hctz tab 100-25mg</i> .....	41	<i>minocycline tab 90mg er</i> .....	111
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MIRAPEX ER TAB 3.75MG.....	50	MORPHINE SUL INJ 150/30ML .....	9
MIRAPEX ER TAB 3MG .....	50	<i>morphine sul inj 15mg/ml .....</i>	9
MIRAPEX ER TAB 4.5MG .....	50	<i>morphine sul inj 1mg/ml .....</i>	9
MIRENA IUD SYSTEM .....	68	<i>morphine sul inj 25mg/ml .....</i>	9
<i>mirtazapine tab 15mg .....</i>	25	MORPHINE SUL INJ 2MG/ML .....	9
<i>mirtazapine tab 30mg .....</i>	25	MORPHINE SUL INJ 4MG/ML .....	9
<i>mirtazapine tab 45mg .....</i>	25	<i>morphine sul inj 50mg/ml .....</i>	9
<i>mirtazapine tab 45mg odt.....</i>	25	MORPHINE SUL INJ 5MG/ML .....	9
<i>mirtazapine tab 7.5mg .....</i>	25	<i>morphine sul inj 8mg/ml .....</i>	9
<i>mirtazapine tab odt 15mg.....</i>	25	MORPHINE SUL INJ 8MG/ML .....	9
<i>mirtazapine tab odt 30mg.....</i>	25	<i>morphine sul sol 100/5ml.....</i>	9
<i>misoprostol tab 100mcg .....</i>	115	<i>morphine sul sol 10mg/5ml .....</i>	9
<i>misoprostol tab 200mcg .....</i>	115	<i>morphine sul sol 20mg/5ml .....</i>	9
<i>mitomycin inj 20mg .....</i>	46	<i>morphine sul sup 10mg .....</i>	9
<i>mitomycin inj 40mg .....</i>	46	<i>morphine sul sup 20mg .....</i>	9
<i>mitomycin inj 5mg .....</i>	46	MORPHINE SUL SUP 30MG .....	9
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<i>modafinil tab 200mg .....</i>	3	<i>morphine sul tab 15mg er .....</i>	9
<i>moexipr/hctz tab 15-12.5 .....</i>	41	<i>morphine sul tab 200mg er .....</i>	9
<i>moexipr/hctz tab 15-25mg.....</i>	41	<i>morphine sul tab 30mg .....</i>	9
<i>moexipr/hctz tab 7.5-12.5 .....</i>	41	<i>morphine sul tab 30mg er .....</i>	9
<i>moexipril tab 15mg.....</i>	39	<i>morphine sul tab 60mg er .....</i>	9
<i>moexipril tab 7.5mg.....</i>	39	MOTOFEN TAB .....	33
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<i>mometasone oin 0.1% .....</i>	76	MOXEZA SOL 0.5% .....	102
<i>mometasone sol 0.1%.....</i>	76	<i>moxifloxacin tab 400mg.....</i>	87
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<i>montelukast chw 5mg .....</i>	18	<i>multivit/fl chw 0.25mg.....</i>	98
<i>montelukast gra 4mg .....</i>	18	<i>multivit/fl chw 0.5mg.....</i>	98
<i>montelukast tab 10mg.....</i>	18	<i>multivit/fl chw 1mg .....</i>	98
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<i>morgidox cap 1x100mg .....</i>	111	<i>multi-vit/fl dro 0.25mg .....</i>	98
<i>morphine sul cap 100mg er.....</i>	9	<i>multi-vit/fl dro 0.5mg/ml .....</i>	98
<i>morphine sul cap 10mg er .....</i>	9	<i>mupirocin oin 2%.....</i>	73
<i>morphine sul cap 120mg er.....</i>	9	<i>mvc-fluoride chw 0.5mg.....</i>	98
<i>morphine sul cap 20mg er .....</i>	9	<i>mvc-fluoride chw 1mg .....</i>	98
<i>morphine sul cap 30mg er .....</i>	9	MYCAMINE INJ 100MG .....	35
<i>morphine sul cap 45mg er .....</i>	9	MYCAMINE INJ 50MG.....	35
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<i>morphine sul cap 60mg er .....</i>	9	<i>mycophenolat sus 200mg/ml.....</i>	58
<i>morphine sul cap 75mg er .....</i>	9	<i>mycophenolat tab 500mg.....</i>	58
<i>morphine sul cap 80mg er .....</i>	9	<i>mycophenolic tab 180mg dr .....</i>	58
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<i>nabumetone tab 750mg</i> .....	5
<i>nadolol tab 20mg</i> .....	60
<i>nadolol tab 40mg</i> .....	60
<i>nadolol tab 80mg</i> .....	60
<i>nadolol/bend tab 40-5mg</i> .....	41
<i>nadolol/bend tab 80-5mg</i> .....	41
<i>nafcillin inj 10gm</i> .....	107
<i>nafcillin inj 1gm</i> .....	106
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<i>nafrinse chw 1mg f</i> .....	97
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<i>nalbuphine inj 10mg/ml</i> .....	12
<i>nalbuphine inj 20mg/ml</i> .....	12
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NALLPEN/DEX INJ 2GM/100 .....	107
<i>naloxone inj 0.4mg/ml</i> .....	33
<i>naloxone inj 1mg/ml</i> .....	33
<i>naltrexone tab 50mg</i> .....	33
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<i>naproxen dr tab 375mg</i> .....	5
<i>naproxen dr tab 500mg</i> .....	5
<i>naproxen sod tab 275mg</i> .....	5
<i>naproxen sod tab 550mg</i> .....	5

<i>naproxen sus 125/5ml</i> .....	5
<i>naproxen tab 250mg</i> .....	5
<i>naproxen tab 375mg</i> .....	5
<i>naproxen tab 500mg</i> .....	5
<i>naratriptan tab 1mg</i> .....	95
<i>naratriptan tab 2.5mg</i> .....	95
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<i>nefazodone tab 100mg</i> .....	25
<i>nefazodone tab 150mg</i> .....	25
<i>nefazodone tab 200mg</i> .....	25
<i>nefazodone tab 250mg</i> .....	26
<i>nefazodone tab 50mg</i> .....	25
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<i>neo/poly/dex oin 0.1% op</i> .....	103
<i>neo/poly/dex sus 0.1% op</i> .....	103
<i>neo/poly/gra sol op</i> .....	102
<i>neo/poly/hc sol 1% otic</i> .....	104
<i>neo/poly/hc sus 1% otic</i> .....	104
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NEUPOGEN INJ 300/0.5 .....	91
NEUPOGEN INJ 300MCG.....	91
NEUPOGEN INJ 480/0.8 .....	91
NEUPOGEN INJ 480MCG.....	91
NEVANAC SUS 0.1%.....	103
<i>nevirapine sus 50mg/5ml</i> .....	55
<i>nevirapine tab 200mg</i> .....	55
<i>nevirapine tab 400mg er</i> .....	55
NEXAVAR TAB 200MG .....	47
NEXIUM CAP 20MG.....	115
NEXIUM CAP 40MG.....	115
NEXIUM GRA 10MG DR .....	115
NEXIUM GRA 2.5MG DR .....	115
NEXIUM GRA 20MG DR .....	115
NEXIUM GRA 40MG DR .....	115
NEXIUM GRA 5MG DR.....	115

NEXPLANON IMP 68MG.....	68	<i>nitroglycer cap 9mg er.....</i>	15
NEXTERONE INJ.....	18	<i>nitroglycer dis 0.1mg/hr.....</i>	15
<i>niacin er tab 1000mg .....</i>	38	<i>nitroglycer dis 0.2mg/hr.....</i>	15
<i>niacin er tab 500mg .....</i>	38	<i>nitroglycer dis 0.4mg/hr.....</i>	15
<i>niacin er tab 750mg .....</i>	38	<i>nitroglycer dis 0.6mg/hr.....</i>	15
<i>nicardipine cap 20mg .....</i>	61	NITROGLYCER INJ 5MG/ML.....	15
<i>nicardipine cap 30mg .....</i>	61	<i>nitroglycrn spr lingual .....</i>	15
<i>nicardipine inj 25/10ml.....</i>	61	NITROSTAT SUB 0.3MG .....	15
<i>nicotine dis 14mg/24h .....</i>	109	NITROSTAT SUB 0.4MG .....	15
<i>nicotine dis 21mg/24h .....</i>	109	NITROSTAT SUB 0.6MG .....	16
<i>nicotine dis 7mg/24hr .....</i>	109	<i>nizatidine cap 150mg.....</i>	114
<i>nicotine gum 4mg .....</i>	109	<i>nizatidine cap 300mg.....</i>	114
<i>nicotine loz 2mg mint.....</i>	109	<i>nizatidine sol 15mg/ml.....</i>	114
<i>nicotine pol gum 2mg.....</i>	110	<i>nora-be tab 0.35mg .....</i>	68
<i>nicotine pol loz 4mg mint.....</i>	110	NORDITROPIN INJ 10/1.5ML.....	81
<i>nicotine td dis 14mg/24h .....</i>	110	NORDITROPIN INJ 15/1.5ML.....	81
<i>nicotine td dis 21mg/24h .....</i>	110	NORDITROPIN INJ 30/3ML .....	81
<i>nicotine td dis 7mg/24hr.....</i>	110	NORDITROPIN INJ 5/1.5ML .....	81
NICOTROL INH .....	110	<i>noreth/ethin chw fe .....</i>	67
NICOTROL NS SPR 10MG/ML.....	110	<i>norethin ace tab 5mg .....</i>	107
<i>nifedical xl tab 30mg .....</i>	62	<i>norethindron tab 0.35mg .....</i>	68
<i>nifedical xl tab 60mg .....</i>	62	<i>norgest/ethi tab 0.25/35.....</i>	67
<i>nifedipine tab 30mg er .....</i>	62	<i>norgest/ethi tab estradio.....</i>	67
<i>nifedipine tab 60mg er .....</i>	62	NORMOSOL -R INJ.....	96
<i>nifedipine tab 90mg er .....</i>	62	NOROXIN TAB 400MG.....	87
NILANDRON TAB 150MG.....	45	NORPACE CAP 100MG CR.....	17
<i>nimodipine cap 30mg .....</i>	62	NORPACE CAP 150MG CR.....	17
NIPENT INJ 10MG .....	48	<i>nortrel tab 0.5/35 .....</i>	67
<i>nisoldipine tab 17mg er .....</i>	62	<i>nortrel tab 1/35 .....</i>	67
<i>nisoldipine tab 20mg .....</i>	62	<i>nortrel tab 7/7/7 .....</i>	67
<i>nisoldipine tab 25.5mg .....</i>	62	<i>nortriptylin cap 10mg .....</i>	29
<i>nisoldipine tab 30mg .....</i>	62	<i>nortriptylin cap 25mg .....</i>	29
<i>nisoldipine tab 34mg er .....</i>	62	<i>nortriptylin cap 50mg .....</i>	29
<i>nisoldipine tab 40mg .....</i>	62	<i>nortriptylin cap 75mg .....</i>	29
<i>nisoldipine tab 8.5mg er .....</i>	62	<i>nortriptylin sol 10mg/5ml.....</i>	29
NITRO-BID OIN 2% .....	15	NORTUSS-EX LIQ 200-20/5.....	70
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NITRO-DUR DIS 0.8MG/HR .....	15	NORVIR SOL 80MG/ML.....	55
<i>nitrofur mac cap 100mg .....</i>	116	NORVIR TAB 100MG .....	55
<i>nitrofur mac cap 50mg .....</i>	115	<i>novarel inj 10000unt .....</i>	81
<i>nitrofurantn cap 100mg .....</i>	116	NOVOLIN INJ 70/30.....	32
<i>nitrofurantn sus 25mg/5ml .....</i>	116	NOVOLIN N INJ U-100 .....	32
<i>nitrogly/d5w inj .....</i>	15	NOVOLIN R INJ U-100 .....	32
<i>nitrogly/d5w inj 100mg .....</i>	15	NOVOLOG INJ 100/ML .....	32
<i>nitrogly/d5w inj 50mg .....</i>	15	NOVOLOG INJ FLEXPEN.....	32
<i>nitroglycer aer 400mcg.....</i>	15	NOVOLOG INJ MIX FLEXPEN .....	32
<i>nitroglycer cap 2.5mg er.....</i>	15	NOVOLOG INJ PENFILL .....	32
<i>nitroglycer cap 6.5mg er.....</i>	15	NOVOLOG MIX INJ 70/30 .....	32

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NOXAFIL TAB 100MG.....	35	<i>ofloxacin dro 0.3%otic.....</i>	104
NUCYNTA ER TAB 100MG.....	9	<i>ofloxacin tab 400mg.....</i>	87
NUCYNTA ER TAB 150MG.....	9	<i>ogestrel tab.....</i>	67
NUCYNTA ER TAB 200MG.....	9	<i>olanzapine inj 10mg.....</i>	53
NUCYNTA ER TAB 250MG.....	9	<i>olanzapine tab 10mg.....</i>	53
NUCYNTA ER TAB 50MG.....	9	<i>olanzapine tab 10mg odt.....</i>	53
NUCYNTA TAB 100MG.....	10	<i>olanzapine tab 15mg.....</i>	53
NUCYNTA TAB 50MG.....	9	<i>olanzapine tab 15mg odt.....</i>	53
NUCYNTA TAB 75MG.....	9	<i>olanzapine tab 2.5mg.....</i>	53
NUEDEXTA CAP 20-10MG.....	109	<i>olanzapine tab 20mg.....</i>	53
<i>nulev tab 0.125mg.....</i>	114	<i>olanzapine tab 20mg odt.....</i>	53
NULOJIX INJ 250MG.....	58	<i>olanzapine tab 5mg.....</i>	53
NUTROPIN AQ INJ 10MG/2ML.....	81	<i>olanzapine tab 5mg odt.....</i>	53
NUTROPIN AQ INJ 20MG/2ML.....	81	<i>olanzapine tab 7.5mg.....</i>	53
NUTROPIN AQ INJ NUSPIN 5.....	81	<i>olopatadine spr 0.6%.....</i>	100
NUTROPIN INJ 10MG.....	81	<i>omega-3-acid cap 1gm.....</i>	37
NUVARING MIS.....	68	<i>omepra/bicar cap 20-1100.....</i>	115
NUVIGIL TAB 150MG.....	3	<i>omepra/bicar cap 40-1100.....</i>	115
NUVIGIL TAB 200MG.....	3	<i>omeprazole cap 10mg.....</i>	115
NUVIGIL TAB 250MG.....	3	<i>omeprazole cap 20mg.....</i>	115
NUVIGIL TAB 50MG.....	3	<i>omeprazole cap 40mg.....</i>	115
<i>nyamyc pow 100000.....</i>	74	OMNIFLEX DPR.....	94
<i>nystat/triam cre.....</i>	74	OMNITROPE INJ 10/1.5ML.....	81
<i>nystat/triam oin.....</i>	74	OMNITROPE INJ 5.8MG.....	81
<i>nystatin cre 100000.....</i>	74	OMNITROPE INJ 5/1.5ML.....	81
<i>nystatin oin 100000.....</i>	74	OMONTYS INJ 10MG/ML.....	91
<i>nystatin pow.....</i>	35	OMONTYS INJ 20MG/2ML.....	91
<i>nystatin pow 100000.....</i>	74	ONCASPAR INJ 750/ML.....	48
<i>nystatin sus 100000.....</i>	98	<i>ondansetron inj 40/20ml.....</i>	34
<i>nystatin tab 500000.....</i>	35	<i>ondansetron inj 4mg/2ml.....</i>	34
<i>nystop pow 100000.....</i>	74	<i>ondansetron sol 4mg/5ml.....</i>	34
<b>o</b>		<i>ondansetron tab 24mg.....</i>	34
<i>ocella tab 3-0.03mg.....</i>	67	<i>ondansetron tab 4mg.....</i>	34
OCTAGAM INJ 10/100ML.....	105	<i>ondansetron tab 4mg odt.....</i>	34
OCTAGAM INJ 10GM.....	105	<i>ondansetron tab 8mg.....</i>	34
OCTAGAM INJ 1GM.....	105	<i>ondansetron tab 8mg odt.....</i>	34
OCTAGAM INJ 2.5GM.....	105	ONETOUCH KIT ULTRA 2.....	95
OCTAGAM INJ 20/200ML.....	105	ONETOUCH KIT VERIO.....	95
OCTAGAM INJ 25GM.....	105	ONETOUCH TES ULTRA BL.....	95
OCTAGAM INJ 2GM/20ML.....	105	ONETOUCH US MIS LANCETS.....	95
OCTAGAM INJ 5GM.....	105	ONFI SUS 2.5MG/ML.....	22
OCTAGAM INJ 5GM/50ML.....	105	ONFI TAB 10MG.....	22
<i>octreotide inj 1000mcg.....</i>	83	ONFI TAB 20MG.....	22
<i>octreotide inj 100mcg.....</i>	83	ONFI TAB 5MG.....	22
<i>octreotide inj 200mcg.....</i>	83	ONGLYZA TAB 2.5MG.....	31
<i>octreotide inj 500mcg.....</i>	83	ONGLYZA TAB 5MG.....	31
<i>octreotide inj 50mcg/ml.....</i>	83	OPANA ER TAB 10MG.....	10

OPANA ER TAB 15MG .....	10	<i>oxaliplatin inj 100mg .....</i>	43
OPANA ER TAB 20MG .....	10	<i>oxaliplatin inj 50mg .....</i>	43
OPANA ER TAB 30MG .....	10	<i>oxandrolone tab 10mg .....</i>	12
OPANA ER TAB 40MG .....	10	<i>oxandrolone tab 2.5mg .....</i>	12
OPANA ER TAB 5MG .....	10	<i>oxaprozin tab 600mg .....</i>	5
OPANA ER TAB 7.5MG .....	10	<i>oxazepam cap 10mg .....</i>	17
<i>oralone pst 0.1% .....</i>	98	<i>oxazepam cap 15mg .....</i>	17
ORAP TAB 1MG .....	109	<i>oxazepam cap 30mg .....</i>	17
ORAP TAB 2MG .....	109	<i>oxcarbazepin sus 300mg/5m .....</i>	23
ORAVIG TAB 50MG .....	98	<i>oxcarbazepin tab 150mg .....</i>	23
ORENCIA INJ 125MG/ML .....	6	<i>oxcarbazepin tab 300mg .....</i>	23
ORENCIA INJ 250MG .....	6	<i>oxcarbazepin tab 600mg .....</i>	23
ORFADIN CAP 10MG .....	82	OXECTA TAB 5MG .....	10
ORFADIN CAP 2MG .....	82	OXECTA TAB 7.5MG .....	10
ORFADIN CAP 5MG .....	82	OXISTAT CRE 1% .....	74
<i>orph/asa/caf tab .....</i>	100	OXISTAT LOT 1% .....	74
<i>orphen cpd tab ds .....</i>	100	<i>oxybutynin syp 5mg/5ml .....</i>	116
<i>orphenadrine inj 30mg/ml .....</i>	99	<i>oxybutynin tab 10mg er .....</i>	116
<i>orphenadrine tab 100mg er .....</i>	100	<i>oxybutynin tab 15mg er .....</i>	116
<i>orsythia tab .....</i>	67	<i>oxybutynin tab 5mg .....</i>	116
ORTHO COIL DPR KIT 100 .....	94	<i>oxybutynin tab 5mg er .....</i>	116
ORTHO COIL DPR KIT 105 .....	94	<i>oxycod/apap tab 10-325mg .....</i>	11
ORTHO COIL DPR KIT 50 .....	94	<i>oxycod/apap tab 2.5-325 .....</i>	11
ORTHO FLAT DPR KIT 55 .....	94	<i>oxycod/apap tab 5-325mg .....</i>	11
ORTHO FLAT DPR KIT 60 .....	94	<i>oxycod/apap tab 7.5-325 .....</i>	11
ORTHO FLAT DPR KIT 65 .....	94	<i>oxycod/asa tab .....</i>	11
ORTHO FLAT DPR KIT 70 .....	94	<i>oxycod/ibu tab 5-400mg .....</i>	11
ORTHO FLAT DPR KIT 75 .....	94	<i>oxycodone cap 5mg .....</i>	10
ORTHO FLAT DPR KIT 80 .....	94	<i>oxycodone con 20mg/ml .....</i>	10
ORTHO FLAT DPR KIT 85 .....	94	<i>oxycodone sol 5mg/5ml .....</i>	10
ORTHO FLAT DPR KIT 90 .....	94	<i>oxycodone tab 10mg .....</i>	10
ORTHO FLAT DPR KIT 95 .....	94	<i>oxycodone tab 10mg er .....</i>	10
ORTHO FLEX DPR 65MM .....	94	<i>oxycodone tab 15mg .....</i>	10
ORTHO FLEX DPR 70MM .....	94	<i>oxycodone tab 20mg .....</i>	10
ORTHO FLEX DPR 75MM .....	94	<i>oxycodone tab 20mg er .....</i>	10
ORTHO FLEX DPR 80MM .....	94	<i>oxycodone tab 30mg .....</i>	10
ORTHO TRI- TAB CYCLN LO .....	67	<i>oxycodone tab 40mg er .....</i>	10
<i>ortho-est tab 0.625 .....</i>	86	<i>oxycodone tab 5mg .....</i>	10
<i>ortho-est tab 1.25 .....</i>	86	<i>oxycodone tab 80mg er .....</i>	10
<i>oscimin sr tab 0.375mg .....</i>	114	OXYCONTIN TAB 10MG CR .....	10
<i>oscimin sub 0.125mg .....</i>	114	OXYCONTIN TAB 15MG CR .....	10
<i>oscimin tab 0.125mg .....</i>	114	OXYCONTIN TAB 20MG CR .....	10
<i>oscion clnsr lot 6% .....</i>	72	OXYCONTIN TAB 30MG CR .....	10
<i>oscion clnsr lot 9% .....</i>	72	OXYCONTIN TAB 40MG CR .....	10
OSMOPREP TAB 1.5GM .....	93	OXYCONTIN TAB 60MG CR .....	10
<i>oxacillin inj 10gm .....</i>	107	OXYCONTIN TAB 80MG CR .....	10
<i>oxacillin inj 1gm .....</i>	107	<i>oxymorphone tab 10mg er .....</i>	10
<i>oxacillin inj 2gm .....</i>	107	<i>oxymorphone tab 15mg er .....</i>	10

<i>oxymorphone tab 20mg er</i> .....	10	PEDIARIX INJ 0.5ML .....	113
<i>oxymorphone tab 30mg er</i> .....	10	PEDVAX HIB INJ.....	117
<i>oxymorphone tab 40mg er</i> .....	10	<i>peg 3350 sol electrol</i> .....	92
<i>oxymorphone tab 5mg er</i> .....	10	<i>peg-3350 sol electrol</i> .....	92
<i>oxymorphone tab 7.5mg er</i> .....	10	<i>peg-3350/kcl sol /sodium</i> .....	92
<i>oxymorphone tab hcl 10mg</i> .....	10	PEGANONE TAB 250MG.....	24
<i>oxymorphone tab hcl 5mg</i> .....	10	PEGASYS INJ .....	57
OXYTROL DIS 3.9MG/24 .....	116	PEGASYS INJ 180MCG/M.....	57
<b>P</b>		PEGASYS INJ PROCLICK.....	57
<i>pacerone tab 100mg</i> .....	18	PEGASYS KIT .....	57
<i>pacerone tab 200mg</i> .....	18	PEG-INTRON KIT 120 RP.....	57
<i>paclitaxel inj 100mg</i> .....	49	PEG-INTRON KIT 120MCG .....	57
<i>paclitaxel inj 150/25ml</i> .....	49	PEG-INTRON KIT 150 RP.....	57
<i>paclitaxel inj 300/50ml</i> .....	49	PEG-INTRON KIT 150MCG .....	57
<i>paclitaxel inj 30mg/5ml</i> .....	49	PEG-INTRON KIT 50MCG.....	57
<i>pamidronate inj 30/10ml</i> .....	80	PEG-INTRON KIT 50MCG RP .....	57
<i>pamidronate inj 30mg</i> .....	80	PEG-INTRON KIT 80MCG.....	57
PAMIDRONATE INJ 6MG/ML.....	80	PEG-INTRON KIT 80MCG RP .....	57
<i>pamidronate inj 90/10ml</i> .....	80	PEN G PROC INJ 600000 .....	106
<i>pamidronate inj 90mg</i> .....	80	<i>pen g sod inj 5000000</i> .....	106
<i>pancrelipase cap 5000unit</i> .....	78	PENICILL GK/ INJ DEX 1MU .....	106
PANDA MASK MIS PEDIATRI.....	95	PENICILL GK/ INJ DEX 2MU .....	106
PANRETIN GEL 0.1% .....	74	PENICILL GK/ INJ DEX 3MU .....	106
<i>pantoprazole tab 20mg</i> .....	115	<i>penicilln gk inj 20mu</i> .....	106
<i>pantoprazole tab 40mg</i> .....	115	<i>penicilln gk inj 5mu</i> .....	106
PARAGARD IUD T380A .....	68	<i>penicilln vk sol 125/5ml</i> .....	106
<i>parcaine sol 0.5% op</i> .....	102	<i>penicilln vk sol 250/5ml</i> .....	106
<i>paricalcitol cap 1 mcg</i> .....	82	<i>penicilln vk tab 250mg</i> .....	106
<i>paricalcitol cap 2 mcg</i> .....	82	<i>penicilln vk tab 500mg</i> .....	106
<i>paricalcitol cap 4 mcg</i> .....	82	PENTACEL INJ.....	113
PARICALCITOL INJ 2MCG/ML.....	82	PENTAM 300 INJ 300MG.....	13
<i>paromomycin cap 250mg</i> .....	4	<i>pentoxifylli tab 400mg er</i> .....	89
<i>paroxetine er tab 12.5mg</i> .....	26	PERFOROMIST NEB 20MCG .....	20
<i>paroxetine er tab 37.5mg</i> .....	26	<i>perindopril tab 2mg</i> .....	39
<i>paroxetine tab 10mg</i> .....	26	<i>perindopril tab 4mg</i> .....	39
<i>paroxetine tab 20mg</i> .....	26	<i>perindopril tab 8mg</i> .....	39
<i>paroxetine tab 25mg er</i> .....	26	<i>perio gard sol 0.12%</i> .....	98
<i>paroxetine tab 30mg</i> .....	26	<i>permethrin cre 5%</i> .....	78
<i>paroxetine tab 40mg</i> .....	26	<i>perphenazine tab 16mg</i> .....	54
PASER GRA 4GM.....	43	<i>perphenazine tab 2mg</i> .....	53
PATADAY SOL 0.2% .....	103	<i>perphenazine tab 4mg</i> .....	53
PATANOL SOL 0.1% OP .....	103	<i>perphenazine tab 8mg</i> .....	53
PAXIL SUS 10MG/5ML .....	26	PEXEVA TAB 10MG .....	27
PCE TAB 333MG EC.....	94	PEXEVA TAB 20MG .....	27
PCE TAB 500MG EC.....	94	PEXEVA TAB 30MG .....	27
<i>pedia d-vite dro 400unit</i> .....	119	PEXEVA TAB 40MG .....	27
PEDIADERM HC KIT.....	76	<i>pfizerpen-g inj 20mu</i> .....	106
PEDIADERM TA KIT .....	76	<i>phenadoz sup 25mg</i> .....	36



<i>phenazopyrid tab 100mg</i> .....	89	PLASMA-LYTE INJ -148 .....	96
<i>phenazopyrid tab 200mg</i> .....	89	PLASMA-LYTE INJ -A.....	96
<i>phenelzine tab 15mg</i> .....	26	PNEUMOVAX 23 INJ 25/0.5 .....	117
<i>phenobarb elx 20mg/5ml</i> .....	92	<i>podofilox sol 0.5%</i> .....	77
<i>phenobarb tab 100mg</i> .....	92	<i>polycin oin op</i> .....	102
<i>phenobarb tab 15mg</i> .....	92	<i>poly-dex oin 0.1% op</i> .....	103
<i>phenobarb tab 16.2mg</i> .....	92	<i>polyeth glyc pow 3350 nf</i> .....	93
<i>phenobarb tab 30mg</i> .....	92	<i>polymyxin b inj 500000</i> .....	15
<i>phenobarb tab 32.4mg</i> .....	92	POMALYST CAP 1MG.....	48
<i>phenobarb tab 60mg</i> .....	92	POMALYST CAP 2MG.....	48
<i>phenobarb tab 64.8mg</i> .....	92	POMALYST CAP 3MG.....	48
<i>phenobarb tab 97.2mg</i> .....	92	POMALYST CAP 4MG.....	48
<i>phenylbutyra pow sodium</i> .....	82	<i>portia-28 tab</i> .....	67
<i>phenylephrin sol 10% op</i> .....	102	<i>pot chloride cap 10meq er</i> .....	97
<i>phenylephrin sol 2.5% op</i> .....	102	<i>pot chloride cap 8meq er</i> .....	97
PHENYLHIST LIQ DH .....	70	<i>pot chloride inj 10meq</i> .....	97
<i>phenytoin chw 50mg</i> .....	24	<i>pot chloride inj 20meq</i> .....	97
<i>phenytoin ex cap 100mg</i> .....	24	<i>pot chloride inj 2meq/ml</i> .....	97
<i>phenytoin ex cap 200mg</i> .....	24	<i>pot chloride inj 40meq</i> .....	97
<i>phenytoin ex cap 300mg</i> .....	24	<i>pot chloride liq 20% sf</i> .....	97
<i>phenytoin inj 50mg/ml</i> .....	24	<i>pot chloride sol 10% sf</i> .....	97
<i>phenytoin sus 125/5ml</i> .....	24	<i>pot chloride tab 10meq er</i> .....	97
PHISOHEX LIQ 3%.....	54	POT CHLORIDE TAB 20MEQ ER .....	97
PHOSLYRA SOL.....	88	<i>pot chloride tab 8meq er</i> .....	97
PHOSPHOLINE SOL 0.125%OP .....	101	<i>pot citrate tab 1080mg</i> .....	88
PHOTOFRIN INJ 75MG .....	48	<i>pot citrate tab 1620mg</i> .....	88
<i>physiolyte sol</i> .....	59	<i>pot citrate tab 540mg er</i> .....	88
<i>physiosol sol irrigat</i> .....	59	<i>pot cl micro tab 10meq er</i> .....	97
PICATO GEL 0.015% .....	74	<i>pot cl micro tab 20meq er</i> .....	97
PICATO GEL 0.05% .....	74	POTIGA TAB 200MG .....	23
<i>pilocarpine tab 5mg</i> .....	98	POTIGA TAB 300MG .....	23
<i>pilocarpine tab 7.5mg</i> .....	98	POTIGA TAB 400MG .....	24
PILOPINE HS GEL 4% OP .....	101	POTIGA TAB 50MG .....	23
<i>pindolol tab 10mg</i> .....	60	<i>pr benzoyl liq 7% wash</i> .....	72
<i>pindolol tab 5mg</i> .....	60	PRADAXA CAP 150MG .....	22
<i>pioglit/glim tab 30-2mg</i> .....	31	PRADAXA CAP 75MG.....	22
<i>pioglit/glim tab 30-4mg</i> .....	31	<i>pramipexole tab 0.125mg</i> .....	51
<i>pioglita/met tab 15-500mg</i> .....	31	<i>pramipexole tab 0.25mg</i> .....	50
<i>pioglita/met tab 15-850mg</i> .....	31	<i>pramipexole tab 0.375mg</i> .....	51
<i>pioglitazone tab 15mg</i> .....	32	<i>pramipexole tab 0.5mg</i> .....	50
<i>pioglitazone tab 30mg</i> .....	32	<i>pramipexole tab 0.75 er</i> .....	50
<i>pioglitazone tab 45mg</i> .....	32	<i>pramipexole tab 0.75mg</i> .....	50
<i>piper/tazoba inj 2-0.25gm</i> .....	106	<i>pramipexole tab 1.5mg</i> .....	51
<i>piper/tazoba inj 3-0.375g</i> .....	106	<i>pramipexole tab 1.5mg er</i> .....	51
<i>piper/tazoba inj 36-4.5gm</i> .....	106	<i>pramipexole tab 1mg</i> .....	51
<i>piper/tazoba inj 4-0.5gm</i> .....	106	<i>pramox gel 1%</i> .....	77
<i>piroxicam cap 10mg</i> .....	6	<i>pravastatin tab 10mg</i> .....	38
<i>piroxicam cap 20mg</i> .....	6	<i>pravastatin tab 20mg</i> .....	38

<i>pravastatin tab 40mg</i> .....	38	PREZISTA TAB 600MG .....	55
<i>pravastatin tab 80mg</i> .....	38	PREZISTA TAB 75MG .....	55
<i>prazosin hcl cap 1mg</i> .....	40	PREZISTA TAB 800MG .....	55
<i>prazosin hcl cap 2mg</i> .....	40	PRIFTIN TAB 150MG .....	43
<i>prazosin hcl cap 5mg</i> .....	40	PRIMAQUINE TAB 26.3MG .....	42
PRED MILD SUS 0.12% OP.....	103	<i>primidone tab 250mg</i> .....	24
PRED SOD PHO SOL 1% OP .....	103	<i>primidone tab 50mg</i> .....	24
<i>pred sod pho sol 5mg/5ml</i> .....	69	PRIMLEV TAB 10-300MG .....	11
<i>prednicarbat cre 0.1%</i> .....	77	PRIMLEV TAB 5-300MG .....	11
<i>prednicarbat oin 0.1%</i> .....	77	PRIMLEV TAB 7.5-300.....	11
<i>prednisolone sol 15mg/5ml</i> .....	69	PRIMSOL SOL 50MG/5ML .....	13
<i>prednisolone sol 25mg/5ml</i> .....	69	PRISTIQ TAB 100MG .....	27
<i>prednisolone sus 1% op</i> .....	103	PRISTIQ TAB 25MG .....	27
<i>prednisolone tab 10mg odt</i> .....	69	PRISTIQ TAB 50MG .....	27
<i>prednisolone tab 15mg odt</i> .....	69	PRIVIGEN INJ 10GRAMS .....	105
<i>prednisolone tab 30mg odt</i> .....	69	PRIVIGEN INJ 20GRAMS .....	105
PREDNISON CON 5MG/ML .....	69	PRIVIGEN INJ 40GRAMS .....	105
<i>prednisone pak 10mg</i> .....	69	PRIVIGEN INJ 5 GRAMS .....	105
<i>prednisone pak 5mg</i> .....	69	PROAIR HFA AER.....	20
<i>prednisone sol 5mg/5ml</i> .....	69	<i>proben/colch tab 500-0.5</i> .....	89
<i>prednisone tab 10mg</i> .....	69	<i>probenecid tab 500mg</i> .....	89
<i>prednisone tab 1mg</i> .....	69	<i>procainamide inj 100mg/ml</i> .....	17
<i>prednisone tab 2.5mg</i> .....	69	PROCAINAMIDE INJ 500MG/ML .....	17
<i>prednisone tab 20mg</i> .....	69	<i>prochlorper inj 10mg/2ml</i> .....	54
<i>prednisone tab 50mg</i> .....	69	<i>prochlorper sup 25mg</i> .....	54
<i>prednisone tab 5mg</i> .....	69	<i>prochlorper tab 10mg</i> .....	54
<i>pregnyl inj 10000unt</i> .....	81	<i>prochlorper tab 5mg</i> .....	54
PREMARIN INJ 25MG .....	86	PROCRIT INJ 10000/ML.....	91
PREMARIN TAB 0.3MG .....	86	PROCRIT INJ 2000/ML .....	91
PREMARIN TAB 0.45MG .....	86	PROCRIT INJ 20000/ML.....	91
PREMARIN TAB 0.625MG .....	86	PROCRIT INJ 3000/ML .....	91
PREMARIN TAB 0.9MG .....	86	PROCRIT INJ 4000/ML .....	91
PREMARIN TAB 1.25MG .....	87	PROCRIT INJ 40000/ML.....	91
PREMARIN VAG CRE 0.625MG .....	118	<i>procto-pak cre 1%</i> .....	13
<i>prenatabs rx tab</i> .....	99	<i>proctosol hc cre 2.5%</i> .....	13
PRENTIF MIS 22MM.....	94	<i>proctozone cre -hc 2.5%</i> .....	13
PRENTIF MIS 25MM.....	94	<i>progesterone cap 100mg</i> .....	107
PRENTIF MIS 28MM.....	94	<i>progesterone cap 200mg</i> .....	107
PRENTIF MIS 31MM.....	94	PROGLYCEM SUS 50MG/ML .....	31
PRENTIF MIS FITTING .....	94	PROGRAF INJ 5MG/ML .....	58
PREPOPIK PAK.....	92	PROLASTIN-C INJ 1000MG .....	110
<i>prevalite pow 4gm</i> .....	37	PROLIA SOL 60MG/ML .....	80
<i>previfem tab</i> .....	67	PROMACTA TAB 12.5MG.....	91
PREVNAR 13 INJ .....	117	PROMACTA TAB 25MG .....	91
PREZCOBIX TAB 800-150 .....	55	PROMACTA TAB 50MG .....	91
PREZISTA SUS 100MG/ML.....	55	PROMACTA TAB 75MG .....	91
PREZISTA TAB 150MG .....	55	<i>prometh vc syp plain</i> .....	70
PREZISTA TAB 400MG .....	55	<i>prometh vc/ syp codeine</i> .....	70

<i>prometh/cod syp 6.25-10</i> .....	70	QUADRAMET INJ .....	48
<i>promethazine inj 25mg/ml</i> .....	36	QUARTETTE TAB .....	67
<i>promethazine inj 50mg/ml</i> .....	36	<i>quasense tab</i> .....	67
<i>promethazine sup 12.5mg</i> .....	36	<i>quetiapine tab 100mg</i> .....	53
<i>promethazine sup 25mg</i> .....	36	<i>quetiapine tab 200mg</i> .....	53
<i>promethazine syp 6.25/5ml</i> .....	36	<i>quetiapine tab 25mg</i> .....	53
<i>promethazine syp dm</i> .....	70	<i>quetiapine tab 300mg</i> .....	53
<i>promethazine tab 12.5mg</i> .....	36	<i>quetiapine tab 400mg</i> .....	53
<i>promethazine tab 25mg</i> .....	36	<i>quetiapine tab 50mg</i> .....	53
<i>promethazine tab 50mg</i> .....	36	<i>quinapril tab 10mg</i> .....	39
<i>promethegan sup 12.5mg</i> .....	36	<i>quinapril tab 20mg</i> .....	39
<i>promethegan sup 25mg</i> .....	36	<i>quinapril tab 40mg</i> .....	39
<i>promethegan sup 50mg</i> .....	36	<i>quinapril tab 5mg</i> .....	39
<i>propafenone cap 225mg er</i> .....	18	<i>quinidine gl tab 324mg cr</i> .....	17
<i>propafenone cap 325mg er</i> .....	18	<i>quinidine su tab 300mg er</i> .....	17
<i>propafenone cap 425mg sr</i> .....	18	<i>quinine sulf cap 324mg</i> .....	42
<i>propafenone tab 150mg</i> .....	18	<i>quinine sulf tab 260mg</i> .....	42
<i>propafenone tab 225mg</i> .....	18	QVAR AER 40MCG .....	19
<i>propafenone tab 300mg</i> .....	18	QVAR AER 80MCG .....	19
<i>proparacaine sol 0.5% op</i> .....	102	<b>R</b>	
<i>propran/hctz tab 40/25</i> .....	41	<i>rabeprazole tab 20mg</i> .....	115
<i>propran/hctz tab 80/25</i> .....	41	<i>raloxifene tab 60mg</i> .....	82
<i>propranolol cap 120mg er</i> .....	60	<i>ramipril cap 1.25mg</i> .....	39
<i>propranolol cap 160mg er</i> .....	60	<i>ramipril cap 10mg</i> .....	39
<i>propranolol cap 60mg er</i> .....	60	<i>ramipril cap 2.5mg</i> .....	39
<i>propranolol cap 80mg er</i> .....	60	<i>ramipril cap 5mg</i> .....	39
<i>propranolol inj 1mg/ml</i> .....	60	RANEXA TAB 1000MG .....	15
<i>propranolol sol 20mg/5ml</i> .....	60	RANEXA TAB 500MG .....	15
<i>propranolol sol 40mg/5ml</i> .....	60	<i>ranitidine cap 150mg</i> .....	114
<i>propranolol tab 10mg</i> .....	60	<i>ranitidine cap 300mg</i> .....	114
<i>propranolol tab 20mg</i> .....	60	<i>ranitidine inj 150/6ml</i> .....	114
<i>propranolol tab 40mg</i> .....	60	<i>ranitidine inj 25mg/ml</i> .....	114
<i>propranolol tab 60mg</i> .....	60	<i>ranitidine inj 50mg/2ml</i> .....	114
<i>propranolol tab 80mg</i> .....	60	<i>ranitidine syp 75mg/5ml</i> .....	114
<i>propylthiour tab 50mg</i> .....	111	<i>ranitidine tab 150mg</i> .....	114
PROQUAD INJ .....	118	<i>ranitidine tab 300mg</i> .....	114
<i>protriptylin tab 10mg</i> .....	30	RAPAFLO CAP 4MG .....	89
<i>protriptylin tab 5mg</i> .....	30	RAPAFLO CAP 8MG .....	89
<i>prudoxin cre 5%</i> .....	74	RAPAMUNE SOL 1MG/ML .....	58
PULMICORT INH 180MCG .....	19	REBETOL SOL 40MG/ML .....	57
PULMICORT INH 90MCG .....	19	REBIF INJ 22/0.5 .....	109
PULMICORT SUS 1MG/2ML .....	19	REBIF INJ 44/0.5 .....	109
<i>pyrazinamide tab 500mg</i> .....	43	REBIF TITRTN SOL PACK .....	109
<i>pyridostigm tab 60mg</i> .....	42	<i>reclipsen tab</i> .....	67
<b>Q</b>		RECOMBIVA HB INJ 10MCG/ML .....	118
<i>qnapril/hctz tab 10-12.5</i> .....	41	RECOMBIVA HB INJ 5MCG/0.5 .....	118
<i>qnapril/hctz tab 20-12.5</i> .....	41	RECOMBIVA-HB INJ 40MCG/ML .....	118
<i>qnapril/hctz tab 20-25mg</i> .....	41	RECTIV OIN 0.4% .....	13

REGONOL INJ 5MG/ML .....	42	<i>riluzole tab 50mg</i> .....	101
REGRANEX GEL 0.01% .....	78	<i>rimantadine tab 100mg</i> .....	57
RELENZA MIS DISKHALE.....	57	<i>risedron sod tab 35mg dr</i> .....	80
RELISTOR INJ 12/0.6ML .....	88	<i>risedronate tab 150mg</i> .....	80
RELISTOR INJ 8/0.4ML .....	88	RISPERDAL INJ 12.5MG .....	52
RELISTOR KIT 12/0.6ML .....	88	RISPERDAL INJ 25MG .....	52
RELPAK TAB 20MG .....	95	RISPERDAL INJ 37.5MG .....	52
RELPAK TAB 40MG .....	95	RISPERDAL INJ 50MG .....	52
REMICADE INJ 100MG .....	88	<i>risperidone sol 1mg/ml</i> .....	52
REMODULIN INJ 10MG/ML .....	63	<i>risperidone tab 0.25 odt</i> .....	52
REMODULIN INJ 1MG/ML .....	63	<i>risperidone tab 0.25mg</i> .....	52
REMODULIN INJ 2.5MG/ML .....	63	<i>risperidone tab 0.5mg</i> .....	52
REMODULIN INJ 5MG/ML .....	63	<i>risperidone tab 0.5mg od</i> .....	52
REVELA PAK 0.8GM .....	88	<i>risperidone tab 1mg</i> .....	52
REVELA PAK 2.4GM .....	88	<i>risperidone tab 1mg odt</i> .....	52
REVELA TAB 800MG .....	88	<i>risperidone tab 2mg</i> .....	52
<i>repaglinide tab 0.5mg</i> .....	32	<i>risperidone tab 2mg odt</i> .....	52
<i>repaglinide tab 1mg</i> .....	32	<i>risperidone tab 3mg</i> .....	52
<i>repaglinide tab 2mg</i> .....	32	<i>risperidone tab 3mg odt</i> .....	52
RESCRIPTOR TAB 100 MG.....	55	<i>risperidone tab 4mg</i> .....	52
RESCRIPTOR TAB 200MG .....	55	<i>risperidone tab 4mg odt</i> .....	52
RESTASIS EMU 0.05%.....	102	RITALIN LA CAP 10MG .....	3
RETROVIR INJ 10MG/ML .....	55	RITALIN LA CAP 60MG .....	3
REVATIO INJ .....	63	RITUXAN INJ 100MG.....	45
REVLIMID CAP 10MG.....	58	<i>rivastigmine cap 1.5mg</i> .....	108
REVLIMID CAP 15MG.....	58	<i>rivastigmine cap 3mg</i> .....	108
REVLIMID CAP 2.5MG.....	58	<i>rivastigmine cap 4.5mg</i> .....	108
REVLIMID CAP 20MG.....	58	<i>rivastigmine cap 6mg</i> .....	108
REVLIMID CAP 25MG.....	58	<i>rizatriptan tab 10mg</i> .....	95
REVLIMID CAP 5MG .....	58	<i>rizatriptan tab 10mg odt</i> .....	95
REYATAZ CAP 100MG .....	55	<i>rizatriptan tab 5mg</i> .....	95
REYATAZ CAP 150MG .....	55	<i>rizatriptan tab 5mg odt</i> .....	95
REYATAZ CAP 200MG .....	55	<i>romycin oin op</i> .....	102
REYATAZ CAP 300MG .....	55	<i>ropinirole tab 0.25mg</i> .....	51
REYATAZ POW 50MG.....	55	<i>ropinirole tab 0.5mg</i> .....	51
RHEUMATREX TAB 2.5MG .....	4	<i>ropinirole tab 1mg</i> .....	51
<i>ribasphere cap 200mg</i> .....	57	<i>ropinirole tab 2mg</i> .....	51
<i>ribasphere tab 200mg</i> .....	57	<i>ropinirole tab 3mg</i> .....	51
<i>ribasphere tab 400mg</i> .....	57	<i>ropinirole tab 4mg</i> .....	51
<i>ribasphere tab 600mg</i> .....	57	<i>ropinirole tab 5mg</i> .....	51
<i>ribavirin cap 200mg</i> .....	57	<i>rosadan cre 0.75%</i> .....	78
<i>ribavirin tab 200mg</i> .....	57	ROTARIX SUS .....	118
<i>rifabutin cap 150mg</i> .....	43	ROTATEQ SOL.....	118
RIFAMATE CAP .....	42	ROXICET SOL 5-325/5 .....	11
<i>rifampin cap 150mg</i> .....	43	<i>roxicet tab 5-325mg</i> .....	11
<i>rifampin cap 300mg</i> .....	43	ROZEREM TAB 8MG .....	92
<i>rifampin inj 600 mg</i> .....	43	<b>S</b>	
RIFATER TAB.....	42	SABRIL POW 500MG.....	24

SABRIL TAB 500MG.....	24	SIMPONI INJ 50/0.5ML .....	4
SAFYRAL TAB .....	67	SIMULECT INJ 10MG.....	58
SAIZEN INJ 5MG.....	81	SIMULECT INJ 20MG.....	58
SAIZEN INJ 8.8MG .....	81	<i>simvastatin tab 10mg</i> .....	38
<i>saline flush inj 0.9%</i> .....	97	<i>simvastatin tab 20mg</i> .....	38
SAMSCA TAB 15MG.....	83	<i>simvastatin tab 40mg</i> .....	38
SAMSCA TAB 30MG.....	83	<i>simvastatin tab 5mg</i> .....	38
SANCUSO DIS 3.1MG.....	34	<i>simvastatin tab 80mg</i> .....	38
SANDIMMUNE SOL 100MG/ML .....	58	<i>sirolimus tab 0.5mg</i> .....	58
SANDOSTATIN KIT LAR 10MG .....	83	<i>sirolimus tab 1mg</i> .....	58
SANDOSTATIN KIT LAR 20MG .....	83	<i>sirolimus tab 2mg</i> .....	58
SANDOSTATIN KIT LAR 30MG .....	83	SIVEXTRO INJ 200MG.....	14
SANTYL OIN 250/GM.....	77	SKLICE LOT 0.5% .....	78
SAPHRIS SUB 10MG.....	53	SKYLA IUD 13.5MG .....	68
SAPHRIS SUB 2.5MG.....	53	<i>sm nicotine dis 14mg/24h</i> .....	110
SAPHRIS SUB 5MG.....	53	<i>sm nicotine dis 21mg</i> .....	110
SAVELLA MIS TITR PAK .....	108	<i>sm nicotine dis 7mg/24hr</i> .....	110
SAVELLA TAB 100MG .....	108	<i>sm vitamin d tab 400unit</i> .....	119
SAVELLA TAB 12.5MG .....	108	<i>smz/tmp ds tab 800-160</i> .....	14
SAVELLA TAB 25MG .....	108	<i>smz-tmp inj 400-80/5</i> .....	14
SAVELLA TAB 50MG .....	108	<i>smz-tmp sus 200-40/5</i> .....	14
<i>scalacort lot 2%</i> .....	77	<i>smz-tmp tab 400-80mg</i> .....	14
<i>selegiline cap 5mg</i> .....	51	<i>sod chloride inj 0.45%</i> .....	97
<i>selegiline tab 5mg</i> .....	51	<i>sod chloride inj 0.9%</i> .....	97
<i>selenium sul lot 2.5%</i> .....	75	<i>sod chloride inj 2.5/ml</i> .....	97
SELZENTRY TAB 150MG.....	56	<i>sod chloride inj 23.4%</i> .....	98
SELZENTRY TAB 300MG.....	56	<i>sod chloride inj 3%</i> .....	98
SENSIPAR TAB 30MG .....	82	<i>sod chloride inj 4meq/ml</i> .....	98
SENSIPAR TAB 60MG .....	82	<i>sod chloride inj 5%</i> .....	98
SENSIPAR TAB 90MG .....	82	<i>sod chloride neb 0.9%</i> .....	70
SEREVENT DIS AER 50MCG.....	20	SOD EDECIN INJ 50MG .....	79
SEROQUEL XR TAB 150MG.....	53	<i>sod fluoride chw 0.25mg f</i> .....	97
SEROQUEL XR TAB 200MG.....	53	<i>sod fluoride chw 0.5mg f</i> .....	97
SEROQUEL XR TAB 300MG.....	53	<i>sod fluoride chw 1mg f</i> .....	97
SEROQUEL XR TAB 400MG.....	53	<i>sod fluoride dro 0.5mg/ml</i> .....	97
SEROQUEL XR TAB 50MG.....	53	<i>sod fluoride tab 0.5mg f</i> .....	97
SEROSTIM INJ 4MG.....	81	<i>sod fluoride tab 1mg f</i> .....	97
SEROSTIM INJ 5MG.....	81	<i>sod poly sul sus 15gm/60</i> .....	59
SEROSTIM INJ 6MG.....	81	<i>sod poly sul sus 30/120ml</i> .....	59
<i>sertraline con 20mg/ml</i> .....	27	<i>sod sul/sulf cre 10-5%</i> .....	72
<i>sertraline tab 100mg</i> .....	27	<i>sod sul/sulf lot 10-5%</i> .....	72
<i>sertraline tab 25mg</i> .....	27	<i>sod sul/sulf pad 10-4%</i> .....	72
<i>sertraline tab 50mg</i> .....	27	<i>sod sul/sulf pad 10-5%</i> .....	72
SHUR-SEAL GEL 2%.....	118	<i>sod sulfacet sol 10% op</i> .....	102
<i>sildenafil tab 20mg</i> .....	63	<i>sodium chlor neb 10%</i> .....	70
<i>silver sulfa cre 1%</i> .....	75	<i>sodium chlor neb 3%</i> .....	70
SIMPONI ARIA SOL 50MG/4ML .....	4	<i>sodium chlor neb 7%</i> .....	70
SIMPONI INJ 100MG/ML .....	4	<i>sodium chlor sol 0.9% irr</i> .....	89

<i>solia tab</i> .....	67	<i>stavudine cap 30mg</i> .....	56
SOLU-CORTEF INJ 1000MG .....	70	<i>stavudine cap 40mg</i> .....	56
SOLU-CORTEF INJ 100MG .....	69	<i>stavudine sol 1mg/ml</i> .....	56
SOLU-CORTEF INJ 250MG .....	70	STAVZOR CAP 125MG .....	25
SOLU-CORTEF INJ 500MG .....	70	STAVZOR CAP 250MG .....	25
SOLU-MEDROL INJ 2GM .....	70	STAVZOR CAP 500MG .....	25
SOMATULINE INJ 120/.5ML .....	83	STELARA INJ 45MG/0.5 .....	74
SOMATULINE INJ 60/0.2ML .....	83	STELARA INJ 90MG/ML .....	74
SOMATULINE INJ 90/0.3ML .....	83	STIVARGA TAB 40MG .....	47
SOMAVERT INJ 10MG .....	81	STRATTERA CAP 100MG .....	2
SOMAVERT INJ 15MG .....	81	STRATTERA CAP 10MG .....	2
SOMAVERT INJ 20MG .....	81	STRATTERA CAP 18MG .....	2
SOMAVERT INJ 25MG .....	81	STRATTERA CAP 25MG .....	2
SOMAVERT INJ 30MG .....	81	STRATTERA CAP 40MG .....	2
<i>sorine tab 120mg</i> .....	60	STRATTERA CAP 60MG .....	2
<i>sorine tab 160mg</i> .....	60	STRATTERA CAP 80MG .....	2
<i>sorine tab 240mg</i> .....	60	<i>streptomycin inj 1gm</i> .....	4
<i>sorine tab 80mg</i> .....	60	STRIBILD TAB .....	56
<i>sotalol af tab 120mg</i> .....	60	SUBOXONE MIS 12-3MG .....	12
<i>sotalol af tab 160mg</i> .....	60	SUBOXONE MIS 2-0.5MG .....	12
<i>sotalol af tab 80mg</i> .....	60	SUBOXONE MIS 4-1MG .....	12
SOTALOL HCL INJ 150/10ML .....	60	SUBOXONE MIS 8-2MG .....	12
<i>sotalol hcl tab 120mg</i> .....	60	SUBSYS SPR 100MCG .....	10
<i>sotalol hcl tab 160mg</i> .....	60	SUBSYS SPR 1200MCG .....	11
<i>sotalol hcl tab 240mg</i> .....	60	SUBSYS SPR 1600MCG .....	11
<i>sotalol hcl tab 80mg</i> .....	60	SUBSYS SPR 200MCG .....	10
SOVALDI TAB 400MG .....	57	SUBSYS SPR 400MCG .....	10
SPACER/AEROSOL-HOLDING CHAMBERS		SUBSYS SPR 600MCG .....	11
- DEVICE .....	95	SUBSYS SPR 800MCG .....	11
<i>spinosad sus 0.9%</i> .....	78	SUCRAID SOL 8500/ML .....	78
SPIRIVA CAP HANDIHLR .....	18	<i>sucrafate tab 1gm</i> .....	114
SPIRIVA SPR RESPIMAT .....	18	<i>sulf/pred na sol op</i> .....	103
<i>spirono/hctz tab 25/25</i> .....	79	<i>sulfacetamid sus 10%</i> .....	72
<i>spironolact tab 100mg</i> .....	79	SULFADIAZINE TAB 500MG .....	110
<i>spironolact tab 25mg</i> .....	79	SULFAMYLON CRE 85MG/GM .....	75
<i>spironolact tab 50mg</i> .....	79	<i>sulfasalazin tab 500mg</i> .....	88
SPORANOX SOL 10MG/ML .....	35	<i>sulfasalazin tab 500mg dr</i> .....	88
<i>sprintec 28 tab 28 day</i> .....	67	<i>sulfazine tab 500mg</i> .....	88
SPRYCEL TAB 100MG .....	47	<i>sulindac tab 150mg</i> .....	6
SPRYCEL TAB 140MG .....	47	<i>sulindac tab 200mg</i> .....	6
SPRYCEL TAB 20MG .....	47	<i>sumatriptan inj 4mg/0.5</i> .....	95
SPRYCEL TAB 50MG .....	47	<i>sumatriptan inj 6mg/0.5</i> .....	95
SPRYCEL TAB 70MG .....	47	<i>sumatriptan spr 20mg/act</i> .....	96
SPRYCEL TAB 80MG .....	47	<i>sumatriptan spr 5mg/act</i> .....	96
<i>sronyx tab</i> .....	67	<i>sumatriptan tab 100mg</i> .....	96
<i>ssd cre 1%</i> .....	75	<i>sumatriptan tab 25mg</i> .....	96
<i>stavudine cap 15mg</i> .....	56	<i>sumatriptan tab 50mg</i> .....	96
<i>stavudine cap 20mg</i> .....	56	SUPRAX CAP 400MG .....	65

SUPRAX CHW 100MG .....	65	TALWIN INJ 30MG/ML.....	12
SUPRAX CHW 200MG .....	65	TAMIFLU CAP 30MG.....	57
SUPRAX SUS 500/5ML.....	65	TAMIFLU CAP 45MG.....	57
SUPRAX TAB 400MG.....	65	TAMIFLU CAP 75MG.....	57
SUPREP BOWEL SOL PREP .....	92	TAMIFLU SUS 6MG/ML.....	57
SURMONTIL CAP 100MG.....	30	<i>tamoxifen tab 10mg</i> .....	45
SURMONTIL CAP 25MG.....	30	<i>tamoxifen tab 20mg</i> .....	46
SURMONTIL CAP 50MG.....	30	<i>tamsulosin cap 0.4mg</i> .....	89
SUSTIVA CAP 200MG .....	56	TARCEVA TAB 100MG .....	47
SUSTIVA CAP 50MG .....	56	TARCEVA TAB 150MG .....	47
SUSTIVA TAB 600MG .....	56	TARCEVA TAB 25MG .....	47
SUTENT CAP 12.5MG.....	47	TARGRETIN CAP 75MG.....	48
SUTENT CAP 25MG .....	47	TARGRETIN GEL 1% .....	74
SUTENT CAP 37.5MG.....	47	TARON-BC MIS .....	99
SUTENT CAP 50MG .....	47	TASIGNA CAP 150MG .....	47
<i>syeda tab 3-0.03mg</i> .....	67	TASIGNA CAP 200MG .....	48
<i>symax fastab tab 0.125mg</i> .....	114	<i>tazicef inj 1gm</i> .....	65
<i>symax-sl sub 0.125mg</i> .....	114	<i>tazicef inj 2gm</i> .....	65
SYMBICORT AER 160-4.5.....	20	<i>tazicef inj 6gm</i> .....	65
SYMBICORT AER 80-4.5.....	20	TAZORAC CRE 0.05% .....	74
SYMLINPEN 60 INJ 1000MCG .....	30	TAZORAC CRE 0.1% .....	74
SYMLINPEN 120 INJ 1000MCG.....	30	TAZORAC GEL 0.05% .....	75
SYNAREL SOL 2MG/ML .....	82	TAZORAC GEL 0.1% .....	74
SYNERA DIS 70-70MG .....	78	<i>taztia xt cap 120mg/24</i> .....	62
SYNRIBO INJ 3.5MG.....	48	<i>taztia xt cap 180mg/24</i> .....	62
SYNTHROID TAB 100MCG .....	112	<i>taztia xt cap 240mg/24</i> .....	62
SYNTHROID TAB 112MCG .....	112	<i>taztia xt cap 300mg/24</i> .....	62
SYNTHROID TAB 125MCG .....	112	<i>taztia xt cap 360mg/24</i> .....	62
SYNTHROID TAB 137MCG .....	112	TECFIDERA CAP 120MG .....	109
SYNTHROID TAB 150MCG .....	112	TECFIDERA CAP 240MG .....	109
SYNTHROID TAB 175MCG .....	112	TECFIDERA MIS STARTER .....	109
SYNTHROID TAB 200MCG .....	112	TEFLARO INJ 400MG.....	66
SYNTHROID TAB 25MCG.....	112	TEFLARO INJ 600MG.....	66
SYNTHROID TAB 300MCG .....	112	TEGRETOL-XR TAB 100MG .....	24
SYNTHROID TAB 50MCG.....	112	TEKTURNA TAB 150MG .....	41
SYNTHROID TAB 75MCG.....	112	TEKTURNA TAB 300MG .....	42
SYNTHROID TAB 88MCG.....	112	<i>telmis/amlod tab 40-10mg</i> .....	41
SYPRINE CAP 250MG.....	58	<i>telmis/amlod tab 40-5mg</i> .....	41
<b>T</b>		<i>telmis/amlod tab 80-10mg</i> .....	41
TABLOID TAB 40MG .....	44	<i>telmis/amlod tab 80-5mg</i> .....	41
TACLONEX SUS .....	77	<i>telmisa/hctz tab 40-12.5</i> .....	41
<i>tacrolimus cap 0.5mg</i> .....	58	<i>telmisa/hctz tab 80-12.5</i> .....	41
<i>tacrolimus cap 1mg</i> .....	58	<i>telmisa/hctz tab 80-25mg</i> .....	41
<i>tacrolimus cap 5mg</i> .....	58	<i>telmisartan tab 20mg</i> .....	39
<i>tacrolimus oin 0.03%</i> .....	77	<i>telmisartan tab 40mg</i> .....	39
<i>tacrolimus oin 0.1%</i> .....	77	<i>telmisartan tab 80mg</i> .....	39
TAFINLAR CAP 50MG.....	47	<i>temazepam cap 15mg</i> .....	92
TAFINLAR CAP 75MG.....	47	<i>temazepam cap 22.5mg</i> .....	92

<i>temazepam cap 30mg</i> .....	92	<i>thioridazine tab 50mg</i> .....	54
<i>temazepam cap 7.5mg</i> .....	92	<i>thiothixene cap 10mg</i> .....	54
TEMODAR INJ 100MG .....	43	<i>thiothixene cap 1mg</i> .....	54
<i>temozolomide cap 100mg</i> .....	43	<i>thiothixene cap 2mg</i> .....	54
<i>temozolomide cap 140mg</i> .....	44	<i>thiothixene cap 5mg</i> .....	54
<i>temozolomide cap 180mg</i> .....	44	<i>thrive gum 4mg mint</i> .....	110
<i>temozolomide cap 20mg</i> .....	43	THYMOGLOBULN INJ 25MG.....	59
<i>temozolomide cap 250mg</i> .....	44	THYROLAR-1 TAB 60MG .....	112
<i>temozolomide cap 5mg</i> .....	43	THYROLAR-1/2 TAB 30MG .....	112
TENIPOSIDE INJ 50MG/5ML .....	49	THYROLAR-1/4 TAB 15MG .....	112
TENIVAC INJ 5-2LF .....	113	THYROLAR-2 TAB 120MG .....	112
<i>terazosin cap 10mg</i> .....	40	THYROLAR-3 TAB 180MG .....	112
<i>terazosin cap 1mg</i> .....	40	<i>tiagabine tab 2mg</i> .....	24
<i>terazosin cap 2mg</i> .....	40	<i>tiagabine tab 4mg</i> .....	24
<i>terazosin cap 5mg</i> .....	40	TICE BCG INJ .....	48
<i>terbinafine tab 250mg</i> .....	35	<i>ticlopidine tab 250mg</i> .....	90
<i>terbutaline inj 1mg/ml</i> .....	20	TIKOSYN CAP 125MCG.....	18
<i>terbutaline tab 2.5mg</i> .....	20	TIKOSYN CAP 250MCG.....	18
<i>terbutaline tab 5mg</i> .....	20	TIKOSYN CAP 500MCG.....	18
<i>terconazole cre 0.4%</i> .....	118	<i>tilia fe tab</i> .....	67
<i>terconazole sup 80mg</i> .....	118	TIMENTIN INJ 3.1GM .....	106
<i>testost cyp inj 100mg/ml</i> .....	12	TIMENTIN INJ 31GM .....	106
<i>testost cyp inj 200mg/ml</i> .....	13	<i>timolol gel sol 0.25% op</i> .....	101
<i>testost enan inj 200mg/ml</i> .....	13	<i>timolol gel sol 0.5% op</i> .....	101
TET/DIP TOX INJ 2-2 LF.....	113	<i>timolol mal sol 0.25% op</i> .....	101
<i>tetracycline cap 250mg</i> .....	111	<i>timolol mal sol 0.5% op</i> .....	101
<i>tetracycline cap 500mg</i> .....	111	<i>timolol mal tab 10mg</i> .....	60
TEXACORT SOL 2.5% .....	77	<i>timolol mal tab 20mg</i> .....	60
<i>tgq 50pse/3 syp brm/30dm</i> .....	70	<i>timolol mal tab 5mg</i> .....	60
THALOMID CAP 100MG.....	58	TIMOPTIC OCU SOL 0.25% OP.....	101
THALOMID CAP 150MG.....	58	TIMOPTIC OCU SOL 0.5% OP.....	101
THALOMID CAP 200MG.....	58	<i>tinidazole tab 250mg</i> .....	13
THALOMID CAP 50MG.....	58	<i>tinidazole tab 500mg</i> .....	13
THEO-24 CAP 100MG CR.....	20	<i>tis-u-sol sol</i> .....	59
THEO-24 CAP 200MG CR.....	20	TIVICAY TAB 50MG.....	56
THEO-24 CAP 300MG CR.....	20	<i>tizanidine cap 2mg</i> .....	100
THEO-24 CAP 400MG ER.....	20	<i>tizanidine cap 4mg</i> .....	100
<i>theochron tab 100mg cr</i> .....	20	<i>tizanidine cap 6mg</i> .....	100
<i>theochron tab 200mg cr</i> .....	20	<i>tizanidine tab 2mg</i> .....	100
<i>theochron tab 300mg cr</i> .....	20	<i>tizanidine tab 4mg</i> .....	100
<i>theophylline sol 80/15ml</i> .....	20	<i>tobra/dexame sus 0.3-0.1%</i> .....	103
<i>theophylline tab 400mg er</i> .....	20	TOBRA/NACL INJ 80/0.9 .....	4
<i>theophylline tab 450mg er</i> .....	20	TOBRADEX OIN 0.3-0.1% .....	103
<i>theophylline tab 600mg er</i> .....	20	<i>tobramycin inj 1.2/30ml</i> .....	4
THERACYS INJ.....	48	<i>tobramycin inj 1.2gm</i> .....	4
<i>thioridazine tab 100mg</i> .....	54	<i>tobramycin inj 10mg/ml</i> .....	4
<i>thioridazine tab 10mg</i> .....	54	<i>tobramycin inj 40mg/ml</i> .....	4
<i>thioridazine tab 25mg</i> .....	54	<i>tobramycin inj 80mg/2ml</i> .....	4



<i>tobramycin neb 300/5ml</i> .....	4	<i>trando/verap tab 4-240 er</i> .....	41
<i>tobramycin sol 0.3% op</i> .....	102	<i>trandolapril tab 1mg</i> .....	39
TOBEX OIN 0.3% OP .....	102	<i>trandolapril tab 2mg</i> .....	39
TODAY SPONGE MIS .....	94	<i>trandolapril tab 4mg</i> .....	39
<i>tolazamide tab 250mg</i> .....	33	<i>tranex acid inj 100mg/ml</i> .....	91
<i>tolazamide tab 500mg</i> .....	33	<i>tranex acid tab 650mg</i> .....	91
<i>tolbutamide tab 500mg</i> .....	33	TRANSDERM-SC DIS 1MG .....	34
<i>tolcapone tab 100mg</i> .....	50	<i>tranylcyprom tab 10mg</i> .....	26
<i>tolmetin sod cap 400mg</i> .....	6	TRAVATAN Z DRO 0.004% .....	103
<i>tolmetin sod tab 200mg</i> .....	6	<i>trazodone tab 100mg</i> .....	26
<i>tolmetin sod tab 600mg</i> .....	6	<i>trazodone tab 150mg</i> .....	26
<i>tolterodine cap 2mg er</i> .....	116	<i>trazodone tab 300mg</i> .....	26
<i>tolterodine cap 4mg er</i> .....	116	<i>trazodone tab 50mg</i> .....	26
<i>tolterodine tab 1mg</i> .....	116	TRECTOR TAB 250MG .....	43
<i>tolterodine tab 2mg</i> .....	116	TRELSTAR INJ 11.25MG .....	46
<i>topiragen tab 100mg</i> .....	24	TRELSTAR MIX INJ 22.5MG .....	46
<i>topiragen tab 200mg</i> .....	24	TRELSTAR MIX INJ 3.75MG .....	46
<i>topiragen tab 25mg</i> .....	24	<i>tretinoin cap 10mg</i> .....	48
<i>topiragen tab 50mg</i> .....	24	<i>tretinoin cre 0.025%</i> .....	72
<i>topiramate cap 15mg</i> .....	24	<i>tretinoin cre 0.05%</i> .....	72
<i>topiramate cap 25mg</i> .....	24	<i>tretinoin cre 0.1%</i> .....	72
<i>topiramate tab 100mg</i> .....	24	<i>tretinoin gel 0.01%</i> .....	73
<i>topiramate tab 200mg</i> .....	24	<i>tretinoin gel 0.025%</i> .....	73
<i>topiramate tab 25mg</i> .....	24	<i>tretinoin gel 0.04%pmp</i> .....	73
<i>topiramate tab 50mg</i> .....	24	<i>tretinoin gel 0.1%</i> .....	73
<i>toposar inj 100/5ml</i> .....	49	TRETIN-X CRE 0.0375%.....	72
<i>toposar inj 20mg/ml</i> .....	49	TRETIN-X CRE 0.075%.....	72
<i>topotecan inj 4mg</i> .....	50	TREXALL TAB 10MG.....	44
TOPOTECAN INJ 4MG/4ML .....	50	TREXALL TAB 15MG.....	44
TORISEL SOL 25MG/ML .....	48	TREXALL TAB 5MG .....	44
TORSEMIDE INJ 20MG/2ML.....	79	TREXALL TAB 7.5MG.....	44
TORSEMIDE INJ 50MG/5ML.....	79	<i>triamcinolon aer 55mcg/ac</i> .....	100
<i>toremide tab 100mg</i> .....	79	<i>triamcinolon aer spray</i> .....	77
<i>toremide tab 10mg</i> .....	79	<i>triamcinolon cre 0.025%</i> .....	77
<i>toremide tab 20mg</i> .....	79	<i>triamcinolon cre 0.1%</i> .....	77
<i>toremide tab 5mg</i> .....	79	<i>triamcinolon cre 0.5%</i> .....	77
TOVIAZ TAB 4MG.....	116	<i>triamcinolon lot 0.025%</i> .....	77
TOVIAZ TAB 8MG.....	116	<i>triamcinolon lot 0.1%</i> .....	77
TRACLEER TAB 125MG .....	63	<i>triamcinolon oin 0.025%</i> .....	77
TRACLEER TAB 62.5MG .....	63	<i>triamcinolon oin 0.1%</i> .....	77
TRADJENTA TAB 5MG .....	31	<i>triamcinolon oin 0.5%</i> .....	77
<i>tramadol hcl tab 100mg er</i> .....	11	<i>triamcinolon pst 0.1%</i> .....	98
<i>tramadol hcl tab 200mg er</i> .....	11	<i>triamt/hctz cap 37.5-25</i> .....	79
<i>tramadol hcl tab 300mg er</i> .....	11	<i>triamt/hctz cap 50-25mg</i> .....	79
<i>tramadol hcl tab 50mg</i> .....	11	<i>triamt/hctz tab 37.5-25</i> .....	79
<i>trando/verap tab 1-240 er</i> .....	41	<i>triamt/hctz tab 75-50mg</i> .....	79
<i>trando/verap tab 2-180 er</i> .....	41	TRIANEX OIN 0.05% .....	77
<i>trando/verap tab 2-240 er</i> .....	41	TRICODE AR LIQ.....	70

<i>triderm cre 0.1%</i> .....	77
<i>trifluoperaz tab 10mg</i> .....	54
<i>trifluoperaz tab 1mg</i> .....	54
<i>trifluoperaz tab 2mg</i> .....	54
<i>trifluoperaz tab 5mg</i> .....	54
<i>trifluridine sol 1% op</i> .....	102
<i>trihexyphen elx 0.4mg/ml</i> .....	50
<i>trihexyphen tab 2mg</i> .....	50
<i>trihexyphen tab 5mg</i> .....	50
<i>tri-linyah tab</i> .....	67
<i>trimethobenz cap 300mg</i> .....	34
<i>trimethobenz inj 100mg/ml</i> .....	34
<i>trimethoprim sol polymyxn</i> .....	102
<i>trimethoprim tab 100mg</i> .....	13
<i>trinessa tab</i> .....	67
TRIPEDIA SUS P/F .....	113
<i>tri-previfem tab</i> .....	67
TRISENOX SOL 10MG/10M .....	48
<i>tri-sprintec tab</i> .....	67
TRIUMEQ TAB .....	56
<i>tri-vit/fe dro /fl 0.25</i> .....	98
<i>tri-vit/fl dro 0.25mg</i> .....	98
<i>tri-vit/fl dro 0.5mg</i> .....	98
<i>tri-vit/fluo dro 0.25mg</i> .....	98
<i>tri-vita/fl dro 0.25mg</i> .....	98
<i>trivora-28 tab</i> .....	67
<i>tropicamide sol 0.5% op</i> .....	101
<i>tropicamide sol 1% op</i> .....	101
<i>tropium chl cap 60mg er</i> .....	117
<i>tropium cl tab 20mg</i> .....	117
TRUMENBA INJ .....	117
TRUVADA TAB 200-300 .....	56
<i>tussigon tab 5mg</i> .....	70
TWINRIX INJ .....	118
TYBOST TAB 150MG .....	56
TYGACIL INJ 50MG .....	14
TYKERB TAB 250MG .....	48
TYSABRI INJ 300/15ML .....	109
TYVASO START SOL 0.6MG/ML .....	63
TYZEKA TAB 600MG .....	57
TYZINE PED DRO 0.05% .....	100
TYZINE SOL 0.1% .....	101
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ULESFIA LOT 5% .....	78
ULORIC TAB 40MG .....	89
ULORIC TAB 80MG .....	89
ULTRESA CAP 13800UNT .....	78
ULTRESA CAP 20700UNT .....	78

ULTRESA CAP 23000UNT .....	78
<i>unithroid tab 100mcg</i> .....	112
<i>unithroid tab 112mcg</i> .....	112
<i>unithroid tab 125mcg</i> .....	112
<i>unithroid tab 200mcg</i> .....	112
<i>unithroid tab 25mcg</i> .....	112
<i>unithroid tab 300mcg</i> .....	112
<i>unithroid tab 50mcg</i> .....	112
<i>unithroid tab 75mcg</i> .....	112
<i>unithroid tab 88mcg</i> .....	112
<i>univert tab 32mg</i> .....	34
<i>ursodiol cap 300mg</i> .....	87
<i>ursodiol tab 250mg</i> .....	87
<i>ursodiol tab 500mg</i> .....	87
UVADEX INJ 20MCG/ML .....	48
<b>V</b>	
VAGIFEM TAB 10MCG .....	118
<i>valacyclovir tab 1gm</i> .....	57
<i>valacyclovir tab 500mg</i> .....	57
VALCYTE SOL 50MG/ML .....	56
<i>valganciclov tab 450mg</i> .....	56
<i>valproate inj 100mg/ml</i> .....	25
<i>valproic acid cap 250mg</i> .....	25
<i>valproic acid syp 250/5ml</i> .....	25
<i>valsart/hctz tab 160-12.5</i> .....	41
<i>valsart/hctz tab 160-25mg</i> .....	41
<i>valsart/hctz tab 320-12.5</i> .....	41
<i>valsart/hctz tab 320-25mg</i> .....	41
<i>valsart/hctz tab 80-12.5</i> .....	41
<i>valsartan tab 160mg</i> .....	39
<i>valsartan tab 320mg</i> .....	39
<i>valsartan tab 40mg</i> .....	39
<i>valsartan tab 80mg</i> .....	39
<i>vancomycin cap 125mg</i> .....	13
<i>vancomycin cap 250mg</i> .....	13
<i>vancomycin inj 1000mg</i> .....	13
<i>vancomycin inj 10gm</i> .....	13
<i>vancomycin inj 500mg</i> .....	13
<i>vancomycin inj 5gm</i> .....	13
<i>vandazole gel 0.75%</i> .....	118
VAQTA INJ 25/0.5ML .....	118
VAQTA INJ 50UNT/ML .....	118
VARIVAX INJ .....	118
VCF VAGINAL AER CONTRACP .....	118
VCF VAGINAL MIS CONTRACP .....	118
<i>velivet pak</i> .....	67
VELTIN GEL .....	73
<i>venlafaxine cap 150mg er</i> .....	27

<i>venlafaxine cap 37.5 er</i> .....	27	VIMPAT INJ 200MG/20.....	24
<i>venlafaxine cap 75mg er</i> .....	27	VIMPAT SOL 10MG/ML.....	24
<i>venlafaxine tab 100mg</i> .....	27	VIMPAT TAB 100MG.....	24
<i>venlafaxine tab 150mg er</i> .....	27	VIMPAT TAB 150MG.....	24
<i>venlafaxine tab 225mg er</i> .....	27	VIMPAT TAB 200MG.....	24
<i>venlafaxine tab 25mg</i> .....	27	VIMPAT TAB 50MG .....	24
<i>venlafaxine tab 37.5 er</i> .....	27	VINBLASTINE INJ 10MG .....	49
<i>venlafaxine tab 37.5mg</i> .....	27	<i>vinblastine inj 1mg/ml</i> .....	49
<i>venlafaxine tab 50mg</i> .....	27	<i>vincasar pfs inj 1mg/ml</i> .....	49
<i>venlafaxine tab 75mg</i> .....	27	<i>vincristine inj 1mg/ml</i> .....	49
<i>venlafaxine tab 75mg er</i> .....	27	<i>vinorelbine inj 10mg/ml</i> .....	49
VENTAVIS SOL 10MCG/ML .....	63	<i>vinorelbine inj 50mg/5ml</i> .....	49
VENTAVIS SOL 20MCG/ML .....	63	VIOKACE TAB .....	78
<i>verapamil cap 100mg er</i> .....	62	VIOKACE TAB 20880 .....	78
<i>verapamil cap 120mg er</i> .....	62	<i>viorele tab</i> .....	68
<i>verapamil cap 180mg er</i> .....	62	VIRACEPT TAB 250MG .....	56
<i>verapamil cap 200mg er</i> .....	62	VIRACEPT TAB 625MG .....	56
<i>verapamil cap 240mg er</i> .....	62	VIRAMUNE XR TAB 100MG .....	56
<i>verapamil cap 300mg er</i> .....	62	VIRAZOLE INH 6GM.....	57
<i>verapamil cap 360mg sr</i> .....	62	VIREAD POW 40MG/GM .....	56
<i>verapamil inj 2.5mg/ml</i> .....	62	VIREAD TAB 150MG .....	56
<i>verapamil tab 120mg</i> .....	62	VIREAD TAB 200MG .....	56
<i>verapamil tab 120mg er</i> .....	62	VIREAD TAB 250MG .....	56
<i>verapamil tab 180mg er</i> .....	62	VIREAD TAB 300MG .....	56
<i>verapamil tab 240mg er</i> .....	62	<i>vitamin d cap 50000unt</i> .....	119
<i>verapamil tab 40mg</i> .....	62	VITAMIN D2 TAB 400UNIT.....	119
<i>verapamil tab 80mg</i> .....	62	VITAMIN D3 CAP 400UNIT.....	119
VERDESO AER 0.05%.....	77	VITAMIN D3 LIQ 1000UNIT .....	119
VEREGEN OIN 15%.....	73	VITEKTA TAB 150MG .....	56
VERIPRED 20 SOL 20MG/5ML.....	70	VITEKTA TAB 85MG .....	56
VESICARE TAB 10MG .....	117	VIVITROL INJ 380MG.....	33
VESICARE TAB 5MG .....	117	VOLTAREN GEL 1% .....	73
<i>vestura tab 3-0.02mg</i> .....	67	<i>voriconazole sus 40mg/ml</i> .....	35
VEXOL SUS 1% OP.....	103	<i>voriconazole tab 200mg</i> .....	35
VIBATIV INJ 250MG .....	13	<i>voriconazole tab 50mg</i> .....	35
VIBATIV INJ 750MG .....	13	VOTRIENT TAB 200MG.....	48
VIBRAMYCIN SYP 50MG/5ML.....	111	VPRIV INJ 400UNIT .....	90
<i>vicodin es tab 7.5-300</i> .....	11	VYTORIN TAB 10-10MG.....	37
<i>vicodin hp tab 10-300mg</i> .....	11	VYTORIN TAB 10-20MG.....	37
<i>vicodin tab 5-300mg</i> .....	11	VYTORIN TAB 10-40MG.....	37
VICTOZA INJ 18MG/3ML .....	31	VYTORIN TAB 10-80MG.....	37
VIDEX SOL 2GM .....	56	VYVANSE CAP 10MG .....	1
VIDEX SOL 4GM .....	56	VYVANSE CAP 20MG .....	1
VIGAMOX DRO 0.5% .....	102	VYVANSE CAP 30MG .....	1
VIIIBRYD KIT .....	26	VYVANSE CAP 40MG .....	1
VIIIBRYD TAB 10MG.....	26	VYVANSE CAP 50MG .....	1
VIIIBRYD TAB 20MG.....	26	VYVANSE CAP 60MG .....	2
VIIIBRYD TAB 40MG.....	26	VYVANSE CAP 70MG .....	2

<b>W</b>	
<i>warfarin tab 10mg</i> .....	21
<i>warfarin tab 1mg</i> .....	21
<i>warfarin tab 2.5mg</i> .....	21
<i>warfarin tab 2mg</i> .....	21
<i>warfarin tab 3mg</i> .....	21
<i>warfarin tab 4mg</i> .....	21
<i>warfarin tab 5mg</i> .....	21
<i>warfarin tab 6mg</i> .....	21
<i>warfarin tab 7.5mg</i> .....	21
<i>wee care sus 15/1.25</i> .....	91
WELCHOL PAK 3.75GM .....	37
WELCHOL TAB 625MG .....	37
<i>wera tab 0.5/35</i> .....	68
WIDE-SEAL DPR KIT 60 .....	94
WIDE-SEAL DPR KIT 65 .....	94
WIDE-SEAL DPR KIT 70 .....	94
WIDE-SEAL DPR KIT 75 .....	94
WIDE-SEAL DPR KIT 80 .....	94
WIDE-SEAL DPR KIT 85 .....	94
WIDE-SEAL DPR KIT 90 .....	94
WIDE-SEAL DPR KIT 95 .....	94
<b>X</b>	
XALKORI CAP 200MG .....	48
XALKORI CAP 250MG .....	48
XARELTO STAR TAB 15/20MG .....	21
XARELTO TAB 10MG .....	21
XARELTO TAB 15MG .....	21
XARELTO TAB 20MG .....	21
XELJANZ TAB 5MG .....	4
XENAZINE TAB 12.5MG .....	108
XENAZINE TAB 25MG .....	108
XEOMIN INJ 100UNIT .....	101
XEOMIN INJ 50 UNIT .....	101
XGEVA INJ .....	80
XIFAXAN TAB 200MG .....	13
XIFAXAN TAB 550MG .....	13
XOLEGEL GEL 2% .....	74
XOPENEX HFA AER .....	20
XTANDI CAP 40MG .....	46
<i>xulane dis 150-35</i> .....	68
XYREM SOL 500MG/ML .....	107
<b>Y</b>	
YERVOY INJ 200MG .....	45
YERVOY INJ 50MG .....	45
<b>Z</b>	
<i>zafirlukast tab 10mg</i> .....	18
<i>zafirlukast tab 20mg</i> .....	18
<i>zaleplon cap 10mg</i> .....	92
<i>zaleplon cap 5mg</i> .....	92
ZALTRAP INJ 100/4ML .....	44
ZALTRAP INJ 200/8ML .....	44
ZANOSAR INJ 1GM .....	44
ZANTAC INJ 50/50ML .....	114
ZANTAC TAB 25MG EF .....	114
<i>zarah tab 3-0.03mg</i> .....	68
ZAVESCA CAP 100MG .....	90
<i>zazole cre 0.4%</i> .....	118
<i>zazole cre 0.8%</i> .....	118
<i>zazole sup 80mg</i> .....	118
ZELAPAR TAB 1.25MG .....	51
ZELBORAF TAB 240MG .....	48
ZEMAIRA INJ 1000MG .....	110
ZEMPLAR INJ 5MCG/ML .....	82
<i>zenchent fe chw 0.4mg-35</i> .....	68
<i>zenchent tab</i> .....	68
ZENPEP CAP 10000UNT .....	78
ZENPEP CAP 15000UNT .....	78
ZENPEP CAP 20000UNT .....	78
ZENPEP CAP 25000UNT .....	78
ZENPEP CAP 3000UNIT .....	78
ZENPEP CAP 40000UNT .....	78
<i>zenzedi tab 15mg</i> .....	2
<i>zenzedi tab 2.5mg</i> .....	2
<i>zenzedi tab 20mg</i> .....	2
<i>zenzedi tab 30mg</i> .....	2
<i>zenzedi tab 7.5mg</i> .....	2
ZETIA TAB 10MG .....	38
ZIAGEN SOL 20MG/ML .....	56
ZIANA GEL .....	73
<i>zidovudine cap 100mg</i> .....	56
<i>zidovudine syp 50mg/5ml</i> .....	56
<i>zidovudine tab 300mg</i> .....	56
ZINACEF INJ 750MG .....	64
ZINACEF/H2O INJ 1.5GM PB .....	64
ZIOPTAN DRO 0.0015% .....	103
<i>ziprasidone cap 20mg</i> .....	51
<i>ziprasidone cap 40mg</i> .....	51
<i>ziprasidone cap 60mg</i> .....	51
<i>ziprasidone cap 80mg</i> .....	51
ZIRGAN GEL 0.15% .....	102
ZMAX SUS 2GM .....	93
<i>zoledronic inj 4mg/5ml</i> .....	80
<i>zoledronic inj 5/100ml</i> .....	80
ZOLINZA CAP 100MG .....	48
<i>zolmitriptan tab 2.5 mg</i> .....	96

<i>zolmitriptan tab 2.5mg</i> .....	96	ZOSTAVAX INJ.....	118
<i>zolmitriptan tab 5mg</i> .....	96	ZOSYN SOL 2-0.25GM .....	106
<i>zolpidem er tab 12.5mg</i> .....	92	ZOSYN SOL 3-0.375G .....	106
<i>zolpidem er tab 6.25mg</i> .....	92	ZOSYN SOL 4-0.50GM .....	106
<i>zolpidem tab 10mg</i> .....	92	<i>zovia 1/35e tab</i> .....	68
<i>zolpidem tab 5mg</i> .....	92	<i>zovia 1/50e tab</i> .....	68
ZOMETA INJ 4MG/100 .....	80	ZUPLENZ MIS 4MG .....	34
ZOMIG NASAL SPR 5MG .....	96	ZUPLENZ MIS 8MG .....	34
ZOMIG SPR 2.5MG .....	96	ZYCLARA CRE 3.75%.....	77
<i>zonisamide cap 100mg</i> .....	24	ZYCLARA PUMP CRE 2.5% .....	77
<i>zonisamide cap 25mg</i> .....	24	ZYDELIG TAB 100MG.....	48
<i>zonisamide cap 50mg</i> .....	24	ZYDELIG TAB 150MG.....	48
ZONTIVITY TAB 2.08MG .....	90	ZYFLO CR TAB 600MG .....	18
ZORBTIVE INJ 8.8MG .....	81	ZYKADIA CAP 150MG.....	48
ZORTRESS TAB 0.25MG.....	59	ZYTIGA TAB 250MG.....	46
ZORTRESS TAB 0.5MG .....	59	ZYVOX SUS 100MG/5M .....	15
ZORTRESS TAB 0.75MG.....	59	ZYVOX TAB 600MG.....	15