

WINDSOR STERLING



2012 Formulary (List of Covered Drugs)

Gold Plus Plan (PPO) • Gold Access Plan (PFFS) • Gold Connect Plan (PFFS)
Emerald Connect Plan (PFFS)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor.

To request the WindsorSterling formulary in other formats, including large print and audio compact disc. Please call our Customer Services at 1-888-858-8551, 24 hours a day, seven days a week. TTY/TDD users should call 711.

What is the WindsorSterling Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 21, 2011. To get updated information about the drugs covered by WindsorSterling, please visit our website at www.WindsorSterlingPlans.com or call Customer Service at 1-888-858-8551, 24 hours a day, seven days a week. TTY/TDD users should call 711. In the event of mid-year, non-maintenance Formulary changes, we will provide the information via a letter.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiac Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 76. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.WindsorSterlingPlans.com.

You can ask WindsorSterling to make an exception to these restrictions or limits. See the section, "How do I request an exception to WindsorSterling's formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that WindsorSterling does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by WindsorSterling. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by WindsorSterling.

- You can ask WindsorSterling to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to WindsorSterling's Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, WindsorSterling limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier (Tier 4), you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier (Tier 2 for generics; Tier 3 for brands) instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier (Tier 5).

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

WindsorSterling's transition policy applies to Part D drugs not on the formulary and Part D drugs that are on WindsorSterling's Formulary but require prior authorization (PA), step therapy (ST), or quantity limits (QL) under WindsorSterling's utilization management rules.

WindsorSterling's transition process will be applied to the following:

- New members into prescription drug plans following the annual coordinated election period.
- Newly eligible Medicare beneficiaries from other coverage
- Individuals who switch from one plan to another after the start of the contract year
- Members residing in long-term care (LTC) facilities
- Current members affected by formulary changes from one (1) contract year to the next
- Members with certain medical conditions who are already stabilized on certain drug regimens

The same transition process described above will apply to the following level or care changes:

- Members discharged from a hospital to a home.
- Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to the WindsorSterling formulary
- Members who lose hospice status to revert to standard Medicare Part A and B benefits
- Members who end a long-term care facility stay and return to the community
- Members who are discharged from psychiatric hospitals with medication regimens that are highly individualized.

A successful transition process is contingent upon informing you about the options for ensuring that your medical needs are safely accommodated within the WindsorSterling Formulary.

WindsorSterling will send you a written notice, through the U.S. mail, within three (3) business days of dispensing the transitional fill. The transition letter will include information for you to follow.

Coverage Determination or exception request forms are available upon request to both you and your physician. Additionally, WindsorSterling does provide information about its transition process in plan enrollment materials (pre- and post-enrollment) and on our website.

For More Information

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

If you have questions about WindsorSterling, please call Customer Service at 1-888-858-8551, 24 hours a day, seven days a week. TTY/TDD users should call 711. Or visit www.WindsorSterlingPlans.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-888-858-8551. Or, visit www.medicare.gov.

WindsorSterling's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by WindsorSterling. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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

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

PA Prior Authorization

QL Quantity Limits

ST Step Therapy

B/D Covered under Medicare B or D

LA Limited Access

M Available at mail-order

GC We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
ADRENALS		
ADRENALS		
<i>a-hydrocort inj 100mg</i>	4	
<i>a-methapred inj 125mg</i>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	B/D, QL (60 nebs / 30 days), M
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	B/D, QL (60 nebs / 30 days), M
DEXAMETHASON TAB 1MG	1	GC
DEXAMETHASON TAB 2MG	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	1	GC
<i>dexamethasone tab 0.75 mg</i>	1	GC
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	1	GC
<i>dexamethasone tab 6 mg</i>	1	GC
DULERA AER 100-5MCG	3	QL (1 inhaler / 30 days), M
DULERA AER 200-5MCG	3	QL (1 inhaler / 30 days), M
ENTOCORT EC CAP 3MG/24HR	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	4	M
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	
<i>methylprednisolone sodium succinate for inj 125 mg</i>	2	B/D
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab 4 mg</i>	1	GC
<i>methylprednisolone tab 4 mg dose pack</i>	1	GC
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
PREDNISON CON 5MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
PREDNISON SOL 5MG/5ML	2	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 10 mg</i>	1	GC
<i>prednisone tab 2.5 mg</i>	1	GC
<i>prednisone tab 20 mg</i>	1	GC
<i>prednisone tab 5 mg</i>	1	GC
PREDNISON TAB 50MG	1	GC
QVAR AER 40MCG	3	QL (2 inhalers / 30 days), M
QVAR AER 80MCG	3	QL (2 inhalers / 30 days), M
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days), M
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days), M

ALKALINIZING AGENTS

ALKALINIZING AGENTS

<i>potassium citrate tab cr 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab cr 5 meq (540 mg)</i>	2	
<i>sodium bicarbonate inj 7.5%</i>	4	B/D

ALPHA REDUCTASE INHIBITORS

ALPHA REDUCTASE INHIBITORS

AVODART CAP 0.5MG	4	QL (30 caps / 30 days), M
<i>finasteride tab 5 mg</i>	2	M
JALYN CAP	3	M

ALPHA-ADRENERGIC BLOCKING AGENTS

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate tab 1 mg</i>	2	M
<i>doxazosin mesylate tab 2 mg</i>	2	M
<i>doxazosin mesylate tab 4 mg</i>	2	M
<i>doxazosin mesylate tab 8 mg</i>	2	M
<i>prazosin hcl cap 1 mg</i>	2	M
<i>prazosin hcl cap 2 mg</i>	2	M
<i>prazosin hcl cap 5 mg</i>	2	M
<i>terazosin hcl cap 1 mg</i>	1	GC, M
<i>terazosin hcl cap 10 mg</i>	1	GC, M
<i>terazosin hcl cap 2 mg</i>	1	GC, M
<i>terazosin hcl cap 5 mg</i>	1	GC, M

AMMONIA DETOXICANTS

AMMONIA DETOXICANTS

BUPHENYL TAB 500MG	5	M, PA
<i>constulose sol 10gm/15</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>enulose sol 10gm/15</i>	2	M
<i>lactulose solution 10 gm/15ml</i>	2	M

ANALGESICS AND ANTIPIRETTICS

CYCLOOXYGENASE-2 (COX-2) INHIBITORS

CELEBREX CAP 100MG	4	M, ST
CELEBREX CAP 200MG	4	M, ST
CELEBREX CAP 400MG	4	M, ST
CELEBREX CAP 50MG	4	M, ST

OPIATE AGONISTS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (390 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (390 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (390 tabs / 30 days)
<i>ascomp/cod cap 30mg</i>	4	QL (360 caps / 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	4	QL (360 caps / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 10-650mg</i>	2	QL (180 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325m</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-500m</i>	2	QL (240 tabs / 30 days)
<i>fentanyl citrate lollipop 1200 mcg</i>	4	QL (120 lpop / 30 days)
<i>fentanyl citrate lollipop 1600 mcg</i>	4	QL (120 lpop / 30 days)
<i>fentanyl citrate lollipop 200 mcg</i>	4	QL (120 lpop / 30 days)
<i>fentanyl citrate lollipop 400 mcg</i>	4	QL (120 lpop / 30 days)
<i>fentanyl citrate lollipop 600 mcg</i>	4	QL (120 lpop / 30 days)
<i>fentanyl citrate lollipop 800 mcg</i>	4	QL (120 lpop / 30 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	QL (10 patches / 30 days), ST
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	QL (10 patches / 30 days), ST
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	QL (10 patches / 30 days), ST
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	QL (10 patches / 30 days), ST
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	QL (10 patches / 30 days), ST
<i>hydrocodone-acetaminophen soln 7.5-500 mg/15ml</i>	2	QL (3600 mls / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-500 mg</i>	2	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-650 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-500 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (120 tabs / 30 days)
<i>hydromorphone hcl inj 10 mg/ml</i>	2	B/D
<i>hydromorphone hcl tab 2 mg</i>	2	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	2	QL (180 tabs / 30 days)
KADIAN CAP 100MG CR	4	QL (60 caps / 30 days)
KADIAN CAP 10MG CR	4	QL (60 caps / 30 days)
KADIAN CAP 200MG CR	4	QL (60 caps / 30 days)
KADIAN CAP 20MG CR	4	QL (60 caps / 30 days)
KADIAN CAP 30MG CR	4	QL (60 caps / 30 days)
KADIAN CAP 50MG CR	4	QL (60 caps / 30 days)
KADIAN CAP 60MG CR	4	QL (60 caps / 30 days)
KADIAN CAP 80MG CR	4	QL (60 caps / 30 days)
<i>meperidine hcl tab 100 mg</i>	2	QL (120 tabs / 30 days)
<i>meperidine hcl tab 50 mg</i>	2	QL (120 tabs / 30 days)
<i>methadone hcl conc 10 mg/ml</i>	4	PA
<i>methadone hcl tab 10 mg</i>	4	QL (240 tabs / 30 days), PA
<i>methadone hcl tab 5 mg</i>	4	QL (240 tabs / 30 days), PA
METHADONE INJ 10MG/ML	4	B/D
METHADONE SOL 10MG/5ML	4	QL (2400 mls / 30 days), PA
METHADONE SOL 5MG/5ML	4	QL (4800 mls / 30 days), PA
MORPHINE SUL SOL 10MG/5ML	2	QL (960 mls / 30 days)
MORPHINE SUL SOL 20MG/5ML	2	
MORPHINE SUL SOL 20MG/ML	2	
MORPHINE SUL TAB 15MG	2	QL (120 tabs / 30 days)
MORPHINE SUL TAB 30MG	2	QL (120 tabs / 30 days)
<i>morphine sulfate inj pf 0.5 mg/ml</i>	2	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab sr 12hr 100 mg</i>	4	QL (90 tabs / 30 days)
<i>morphine sulfate tab sr 12hr 15 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab sr 12hr 200 mg</i>	4	QL (60 tabs / 30 days)
<i>morphine sulfate tab sr 12hr 30 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab sr 12hr 60 mg</i>	4	QL (90 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	2	QL (120 tabs / 30 days)
<i>oxycodone hcl tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>oxycodone w/ acetaminophen cap 5-500 mg</i>	2	QL (240 caps / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-650 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-500 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ aspirin tab full strength</i>	4	QL (360 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (300 tabs / 30 days)
OPIATE PARTIAL AGONISTS		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL (240 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
SUBOXONE MIS 2-0.5MG	3	PA
SUBOXONE MIS 8-2MG	3	PA
OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ARTHROTEC 50 TAB	4	M
ARTHROTEC 75 TAB	4	M
<i>diclofenac potassium tab 50 mg</i>	2	M
<i>diclofenac sodium tab delayed release 50 mg</i>	2	M
<i>diclofenac sodium tab delayed release 75 mg</i>	2	M
<i>diclofenac sodium tab sr 24hr 100 mg</i>	2	M
DICLOFENAC TAB 25MG EC	2	M
DIFLUNISAL TAB 500MG	2	M
<i>etodolac cap 200 mg</i>	2	M
<i>etodolac cap 300 mg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac tab 400 mg</i>	2	M
<i>etodolac tab 500 mg</i>	2	M
<i>etodolac tab sr 24hr 400 mg</i>	2	M
<i>etodolac tab sr 24hr 500 mg</i>	2	M
<i>etodolac tab sr 24hr 600 mg</i>	2	M
FENOPROFEN TAB 600MG	2	M
<i>flurbiprofen tab 100 mg</i>	2	M
<i>flurbiprofen tab 50 mg</i>	2	M
<i>ibuprofen tab 400 mg</i>	1	GC, M
<i>ibuprofen tab 600 mg</i>	1	GC, M
<i>ibuprofen tab 800 mg</i>	1	GC, M
<i>indomethacin cap 25 mg</i>	2	M
<i>indomethacin cap 50 mg</i>	2	M
KETOPROFEN CAP 200MG ER	4	M
<i>ketoprofen cap 50 mg</i>	2	M
<i>ketoprofen cap 75 mg</i>	2	M
MECLOFEN SOD CAP 100MG	2	M
MECLOFEN SOD CAP 50MG	2	M
MELOXICAM SUS 7.5/5ML	2	QL (300 mls / 30 days), M
<i>meloxicam tab 15 mg</i>	1	GC, QL (30 tabs / 30 days), M
<i>meloxicam tab 7.5 mg</i>	1	GC, QL (60 tabs / 30 days), M
<i>nabumetone tab 500 mg</i>	2	M
<i>nabumetone tab 750 mg</i>	2	M
<i>naproxen sodium tab 275 mg</i>	2	M
<i>naproxen sodium tab 550 mg</i>	2	M
<i>naproxen susp 125 mg/5ml</i>	2	M
<i>naproxen tab 250 mg</i>	1	GC, M
<i>naproxen tab 375 mg</i>	1	GC, M
<i>naproxen tab ec 375 mg</i>	2	M
<i>naproxen tab ec 500 mg</i>	1	GC, M
<i>oxaprozin tab 600 mg</i>	2	M
<i>piroxicam cap 10 mg</i>	2	M
<i>piroxicam cap 20 mg</i>	1	GC, M
<i>sulindac tab 150 mg</i>	2	M
<i>sulindac tab 200 mg</i>	2	M
TOLMETIN SOD TAB 200MG	2	M
TOLMETIN SOD TAB 600MG	2	M
<i>tolmetin sodium cap 400 mg</i>	2	M
VIMOVO TAB 375-20MG	3	M
VIMOVO TAB 500-20MG	3	M

ANDROGENS

GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS		
ANADROL-50 TAB 50MG	4	
ANDROGEL GEL 1%(50MG)	4	M, PA
ANDROXY TAB 10MG	4	M
<i>oxandrolone tab 10 mg</i>	2	PA
<i>oxandrolone tab 2.5 mg</i>	2	PA
<i>testosterone cypionate im in oil 100 mg/ml</i>	2	PA
<i>testosterone enanthate im in oil 200 mg/ml</i>	4	PA

ANOREXIGENICS RESP CEREB STIMULANTS

AMPHETAMINES

<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	M
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	M
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	M
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	M
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	M
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	M
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	M
<i>dextroamphetamine sulfate tab 10 mg</i>	2	M
<i>dextroamphetamine sulfate tab 5 mg</i>	2	M

ANOREXIGENICS RESP CEREB STIM, MISC

<i>dexmethylphenidate hcl tab 10 mg</i>	2	M
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	M
<i>dexmethylphenidate hcl tab 5 mg</i>	2	M
<i>methylphenidate hcl tab 10 mg</i>	2	M
<i>methylphenidate hcl tab 20 mg</i>	2	M
<i>methylphenidate hcl tab 5 mg</i>	2	M
<i>methylphenidate hcl tab cr 20 mg</i>	2	M
NUVIGIL TAB 150MG	3	M
NUVIGIL TAB 250MG	3	M
NUVIGIL TAB 50MG	3	M

ANTHELMINTICS

ANTHELMINTICS

ALBENZA TAB 200MG	3	
BILTRICIDE TAB 600MG	4	
MEBENDAZOLE CHW 100MG	2	

ANTI-INFECTIVES

Drug Name	Drug Tier	Requirements/Limits
ANTIBACTERIALS		
AKNE-MYCIN OIN 2%	4	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BACTROBAN CRE 2%	4	
BACTROBAN OIN NASAL 2%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
CILOXAN OIN 0.3% OP	4	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	GC
<i>ery pad 2%</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate cream 0.1%</i>	1	GC
<i>gentamicin sulfate oint 0.1%</i>	1	GC
<i>gentamicin sulfate ophth soln 0.3%</i>	1	GC
<i>gentasol sol 0.3% op</i>	1	GC
<i>levofloxacin ophth soln 0.5%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>mupirocin oint 2%</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>romycin oin op</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	1	GC
<i>tobramycin sulfate ophth soln 0.3%</i>	1	GC
ANTIFUNGALS		
<i>econazole nitrate cream 1%</i>	2	
NATACYN SUS 5% OP	3	
<i>terconazole vaginal suppos 80 mg</i>	2	
ANTIVIRALS		
DENAVIR CRE 1%	3	
<i>trifluridine ophth soln 1%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
ZIRGAN GEL 0.15%	4	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
AZOLES		
<i>clotrimazole cream 1%</i>	4	
<i>clotrimazole troche 10 mg</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	2	
OXISTAT CRE 1%	4	
OXISTAT LOT 1%	4	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
EENT ANTI-INFECTIVES, MISCELLANEOUS		
<i>chlorhexidine gluconate soln 0.12%</i>	2	
ZYMAR DRO 0.3%	4	
HYDROXYPYRIDONES		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	4	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
<i>selenium sulfide lotion 2.5%</i>	1	GC
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SCABICIDES AND PEDICULICIDES		
EURAX CRE 10%	3	
EURAX LOT 10%	3	
<i>lindane lotion 1%</i>	4	
LINDANE SHA 1%	2	
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	2	
ANTI-INFLAMMATORY AGENTS		
ANTI-INFLAMMATORY AGENTS		
ASACOL TAB 400MG DR	4	QL (180 tabs / 30 days), M
<i>balsalazide disodium cap 750 mg</i>	4	
<i>betamethasone dipropionate augmented cream 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate cream 0.1%</i>	1	GC
<i>betamethasone valerate lotion 0.1%</i>	2	
<i>betamethasone valerate oint 0.1%</i>	2	
CANASA SUP 1000MG	3	QL (30 supp / 30 days)
CAPEX SHA 0.01%	4	
<i>clobetasol propionate oint 0.05%</i>	2	
DERMA-SMOOTH OIL /FS BODY	4	
<i>desonide cream 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>desoximetasone cream 0.05%</i>	4	
<i>desoximetasone cream 0.25%</i>	4	
<i>desoximetasone gel 0.05%</i>	4	
<i>diflorasone diacetate oint 0.05%</i>	2	
DIPENTUM CAP 250MG	4	M
FLUOCIN ACET CRE 0.01%	2	
FLUOCIN ACET CRE 0.025%	2	
FLUOCIN ACET OIN 0.025%	2	
FLUOCIN ACET SOL 0.01%	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone cream 1%</i>	1	GC
<i>hydrocortisone cream 2.5%</i>	1	GC
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 1%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>hydrocortisone valerate cream 0.2%</i>	2	
LOTRONEX TAB 0.5MG	3	M, PA
LOTRONEX TAB 1MG	5	M, PA
<i>mesalamine enema 4 gm</i>	4	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	GC
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
PENTASA CAP 250MG CR	4	QL (240 caps / 30 days), M
PENTASA CAP 500MG CR	4	QL (240 caps / 30 days), M
<i>procto-pak cre 1%</i>	1	GC
<i>proctocream cre hc 2.5%</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
TRIAMCINOLON OIN 0.05%	2	
TRIAMCINOLON OIN 0.5%	2	
<i>triamcinolone acetamide cream 0.025%</i>	1	GC
<i>triamcinolone acetamide cream 0.1%</i>	1	GC
<i>triamcinolone acetamide cream 0.5%</i>	2	
<i>triamcinolone acetamide dental paste 0.1%</i>	2	
<i>triamcinolone acetamide lotion 0.025%</i>	2	
<i>triamcinolone acetamide lotion 0.1%</i>	2	
<i>triamcinolone acetamide oint 0.025%</i>	1	GC
<i>triamcinolone acetamide oint 0.1%</i>	2	
CORTICOSTEROIDS		
<i>acetasol hc sol otic</i>	4	
ALREX SUS 0.2%	4	
BLEPHAMIDE OIN S.O.P.	3	
<i>cortomycin sol 1% otic</i>	2	
<i>cortomycin sus 1% otic</i>	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
DUREZOL EMU 0.05%	4	
<i>flunisolide nasal soln 0.025%</i>	2	QL (2 bottles / 30 days)
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
FML FORTE SUS 0.25% OP	4	
FML OIN 0.1% OP	4	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
NASACORT AQ AER 55MCG/AC	4	QL (1 bottle / 30 days)
NASONEX SPR 50MCG/AC	3	
NEO/POLY/BAC OIN /HC 1%OP	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	GC
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>poly-dex sus 0.1% op</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
PRED MILD SUS 0.12% OP	4	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN OP	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	4	
EENT ANTI-INFLAMMATORY AGENTS, MISC		
RESTASIS EMU 0.05%	4	M, PA
LEUKOTRIENE MODIFIERS		
SINGULAIR CHW 4MG	3	QL (30 tabs / 30 days), M
SINGULAIR CHW 5MG	3	QL (30 tabs / 30 days), M
SINGULAIR GRA 4MG	3	QL (30 packets / 30 days), M
SINGULAIR TAB 10MG	3	QL (30 tabs / 30 days), M
<i>zafirlukast tab 10 mg</i>	2	QL (60 tabs / 30 days), M
<i>zafirlukast tab 20 mg</i>	2	QL (60 tabs / 30 days), M
ZYFLO CR TAB 600MG	4	M
MAST-CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D, QL (120 nebs / 30 days), M
GASTROCROM CON 100/5ML	4	M
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	4	
<i>ketorolac tromethamine ophth soln 0.5%</i>	4	
ANTIALLERGIC AGENTS		
ANTIALLERGIC AGENTS		
ALAMAST DRO 0.1%	4	
<i>azelastine hcl nasal spray 137 mcg/spray (1 mg/ml)</i>	4	QL (1 bottle / 30 days)
<i>azelastine hcl ophth soln 0.05%</i>	4	
<i>cromolyn sodium ophth soln 4%</i>	2	
PATADAY SOL 0.2%	4	
PATANOL SOL 0.1% OP	4	
ANTIBACTERIALS		

Drug Name	Drug Tier	Requirements/Limits
AMINOGLYCOSIDES		
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
STREPTOMYCIN INJ 1GM	4	B/D
TOBI NEB 300/5ML	4	B/D
AMINOPENICILLINS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-572 mg/5ml</i>		
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	GC
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	GC
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
AMOXICILLIN CHW 200MG	2	
<i>ampicillin cap 250 mg</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
AMPICILLIN SUS 125/5ML	2	
AMPICILLIN SUS 250/5ML	2	
CARBAPENEMS		
INVANZ INJ 1GM	3	B/D
PRIMAXIN IM INJ 500MG	4	PA
PRIMAXIN IV INJ 250MG	4	PA
PRIMAXIN IV INJ 500MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
CYCLIC LIPOPEPTIDES		
CUBICIN SOL 500MG	5	B/D
ERYTHROMYCINS		
ERY-TAB TAB 250MG EC	2	
ERY-TAB TAB 333MG EC	2	
ERY-TAB TAB 500MG EC	2	
ERYTHROCIN INJ 500MG	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
ERYTHROMYCIN TAB 250MG BS	2	
ERYTHROMYCIN TAB 500MG BS	2	
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	2	
EXTENDED-SPECTRUM PENICILLINS		
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	2	B/D
TIMENTIN INJ 3.1GM	4	
FIRST GENERATION CEPHALOSPORINS		
<i>cefadroxil cap 500 mg</i>	4	
<i>cefadroxil for susp 250 mg/5ml</i>	4	
<i>cefadroxil for susp 500 mg/5ml</i>	4	
<i>cefadroxil tab 1 gm</i>	4	
<i>cefazolin sodium for inj 1 gm</i>	2	B/D
<i>cefazolin sodium for inj 20 gm</i>	2	B/D
<i>cefazolin sodium for inj 500 mg</i>	2	B/D
<i>cephalexin cap 250 mg</i>	1	GC
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
FOURTH GENERATION CEPHALOSPORINS		
<i>cefepime hcl for inj 1 gm</i>	4	B/D
<i>cefepime hcl for inj 2 gm</i>	4	B/D
GLYCOPEPTIDES		
VANCOGIN HCL CAP 125MG	5	
VANCOGIN HCL CAP 250MG	5	
<i>vancomycin hcl for inj 10 gm</i>	4	B/D
<i>vancomycin hcl for inj 1000 mg</i>	4	B/D
<i>vancomycin hcl for inj 500 mg</i>	2	B/D
GLYCYLCYCLINES		
TYGACIL INJ 50MG	4	B/D
KETOLIDES		
KETEK TAB 300MG	4	PA
KETEK TAB 400MG	4	PA
LINCOMYCINS		

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	GC
LINCOCIN INJ 300MG/ML	3	B/D
MONOBACTAMS		
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	5	
<i>aztreonam for inj 1 gm</i>	2	
CAYSTON INH 75MG	5	PA
NATURAL PENICILLINS		
BICILLIN C-R INJ 1200000	4	
BICILLIN C-R INJ 900/300	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
BICILLIN L-A INJ 600000	4	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	GC
<i>penicillin v potassium tab 500 mg</i>	1	GC
OTHER MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	QL (120 mls / 30 days)
<i>azithromycin for susp 200 mg/5ml</i>	2	QL (120 mls / 30 days)
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg</i>	2	QL (30 tabs / 30 days)
<i>azithromycin tab 500 mg</i>	2	QL (30 tabs / 30 days)
<i>azithromycin tab 600 mg</i>	2	QL (30 tabs / 30 days)
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
OXAZOLIDINONES		
ZYVOX SOL 2MG/ML	5	PA
ZYVOX SUS 100MG/5M	5	PA
ZYVOX TAB 600MG	5	PA
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
NAFCILLIN INJ 10GM	2	
NAFCILLIN INJ 1GM	2	
POLYMYXINS		
<i>colistimethate sodium for inj 150 mg</i>	2	B/D
<i>polymyxin b sulfate for inj 500000 unit</i>	4	
QUINOLONES		

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	GC
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	2	
FACTIVE TAB 320MG	3	QL (7 tabs / 21 days)
<i>ofloxacin tab 200 mg</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	
RIFAMYCINS		
XIFAXAN TAB 550MG	5	M, PA
SECOND GENERATION CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
CEFACLOR ER TAB 500MG	4	
CEFOTETAN INJ 10G	2	
<i>cefoxitin sodium for inj 1 gm</i>	2	
<i>cefoxitin sodium for inj 10 gm</i>	2	
<i>cefoxitin sodium for inj 2 gm</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>cefuroxime axetil for susp 125 mg/5ml</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 1.5 gm</i>	4	
<i>cefuroxime sodium for inj 750 mg</i>	4	
SULFONAMIDES		
SMZ-TMP INJ 400-80/5	2	
SULFADIAZINE TAB 500MG	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	GC
<i>sulfamethoxazole-trimethoprim tab 400-801 mg</i>		GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	M
<i>sulfazine ec tab 500mg</i>	2	M
TETRACYCLINES		
DOXYCYCL HYC CAP 100MG	2	
<i>doxycycline hyclate cap 100 mg</i>	1	GC
<i>doxycycline hyclate cap 50 mg</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 100 mg</i>	1	GC
<i>doxycycline hyclate tab 20 mg</i>	4	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	1	GC
<i>tetracycline hcl cap 500 mg</i>	1	GC

THIRD GENERATION CEPHALOSPORINS

<i>cefdinir cap 300 mg</i>	4	
<i>cefdinir for susp 125 mg/5ml</i>	4	
<i>cefdinir for susp 250 mg/5ml</i>	4	
<i>cefotaxime sodium for inj 1 gm</i>	2	
<i>cefotaxime sodium for inj 10 gm</i>	2	
<i>cefotaxime sodium for inj 2 gm</i>	2	
<i>cefotaxime sodium for inj 500 mg</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	4	
<i>cefpodoxime proxetil tab 200 mg</i>	4	
<i>ceftriaxone sodium for inj 10 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg</i>	4	
<i>ceftriaxone sodium for inj 500 mg</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	

ANTICHOLINERGIC AGENTS

ANTIMUSCARINICS/ANTI SPASMODICS

ATROVENT HFA AER 17MCG	3	QL (2 inhalers / 30 days), M
<i>dicyclomine hcl cap 10 mg</i>	1	GC
<i>dicyclomine hcl inj 10 mg/ml</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	1	GC
<i>glycopyrrolate inj 0.2 mg/ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D, QL (126 nebs / 30 days), M
<i>ipratropium bromide nasal soln 0.03% (21 2 mcg/spray)</i>	2	M
<i>ipratropium bromide nasal soln 0.06% (42 2 mcg/spray)</i>	2	M
SPIRIVA CAP HANDIHLR	4	QL (1 inhaler / 30 days), M

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
ANTICONVULSANT BARBITURATES		
<i>primidone tab 250 mg</i>	2	M
<i>primidone tab 50 mg</i>	2	M
ANTICONVULSANTS, MISCELLANEOUS		
BANZEL SUS 40MG/ML	4	M
BANZEL TAB 200MG	4	M
BANZEL TAB 400MG	4	M
<i>carbamazepine chew tab 100 mg</i>	2	M
<i>carbamazepine susp 100 mg/5ml</i>	2	M
<i>carbamazepine tab 200 mg</i>	2	M
<i>carbamazepine tab sr 12hr 200 mg</i>	4	M
<i>carbamazepine tab sr 12hr 400 mg</i>	4	M
<i>divalproex sodium cap sprinkle 125 mg</i>	4	M
<i>divalproex sodium tab delayed release 125 2 mg</i>		M
<i>divalproex sodium tab delayed release 250 2 mg</i>		M
<i>divalproex sodium tab delayed release 500 2 mg</i>		M
<i>divalproex sodium tab sr 24 hr 250 mg</i>	2	M
<i>divalproex sodium tab sr 24 hr 500 mg</i>	2	M
<i>epitol tab 200mg</i>	2	M
FELBATOL SUS 600/5ML	4	M
FELBATOL TAB 400MG	4	M
FELBATOL TAB 600MG	4	M
<i>gabapentin cap 100 mg</i>	2	QL (360 caps / 30 days), M
<i>gabapentin cap 300 mg</i>	2	QL (360 caps / 30 days), M
<i>gabapentin cap 400 mg</i>	2	QL (270 caps / 30 days), M
<i>gabapentin oral soln 250 mg/5ml</i>	4	QL (2350 mls / 25 days), M
<i>gabapentin tab 600 mg</i>	2	QL (180 tabs / 30 days), M
<i>gabapentin tab 800 mg</i>	2	QL (120 tabs / 30 days), M
GABITRIL TAB 12MG	4	M
GABITRIL TAB 16MG	4	M
GABITRIL TAB 2MG	4	M
GABITRIL TAB 4MG	4	M
<i>lamotrigine tab 100 mg</i>	2	M
<i>lamotrigine tab 150 mg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 200 mg</i>	2	M
<i>lamotrigine tab 25 mg</i>	2	M
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	M
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	M
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	B/D
<i>levetiracetam oral soln 100 mg/ml</i>	2	M
<i>levetiracetam tab 1000 mg</i>	2	M
<i>levetiracetam tab 250 mg</i>	2	M
<i>levetiracetam tab 500 mg</i>	2	M
<i>levetiracetam tab 750 mg</i>	2	M
LYRICA CAP 100MG	4	QL (120 caps / 30 days), M, PA
LYRICA CAP 150MG	4	QL (120 caps / 30 days), M, PA
LYRICA CAP 200MG	4	QL (90 caps / 30 days), M, PA
LYRICA CAP 225MG	4	QL (60 caps / 30 days), M, PA
LYRICA CAP 25MG	4	QL (120 caps / 30 days), M, PA
LYRICA CAP 300MG	4	QL (60 caps / 30 days), M, PA
LYRICA CAP 50MG	4	QL (120 caps / 30 days), M, PA
LYRICA CAP 75MG	4	QL (120 caps / 30 days), M, PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	M
<i>oxcarbazepine tab 150 mg</i>	2	M
<i>oxcarbazepine tab 300 mg</i>	2	M
<i>oxcarbazepine tab 600 mg</i>	2	M
SABRIL POW 500MG	5	M
SABRIL TAB 500MG	5	M
<i>topiramate sprinkle cap 15 mg</i>	4	M
<i>topiramate sprinkle cap 25 mg</i>	2	M
<i>topiramate tab 100 mg</i>	2	M
<i>topiramate tab 200 mg</i>	2	M
<i>topiramate tab 25 mg</i>	2	M
<i>topiramate tab 50 mg</i>	2	M
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium syrup 250 mg/5ml (base 2 equiv)</i>	2	M
<i>valproic acid cap 250 mg</i>	2	M
VIMPAT INJ 200MG/20	4	B/D

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOL 10MG/ML	4	M
VIMPAT TAB 100MG	4	M
VIMPAT TAB 150MG	4	M
VIMPAT TAB 200MG	4	M
VIMPAT TAB 50MG	4	M
<i>zonisamide cap 100 mg</i>	2	M
<i>zonisamide cap 25 mg</i>	2	M
<i>zonisamide cap 50 mg</i>	2	M
HYDANTOINS		
DILANTIN CAP 30MG	3	M
DILANTIN CHW 50MG	3	M
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	4	B/D
PEGANONE TAB 250MG	4	M
<i>phenytoin sodium extended cap 100 mg</i>	2	M
<i>phenytoin sodium extended cap 200 mg</i>	2	M
<i>phenytoin sodium extended cap 300 mg</i>	2	M
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	M
SUCCINIMIDES		
CELONTIN CAP 300MG	4	M
<i>ethosuximide cap 250 mg</i>	4	M
<i>ethosuximide soln 250 mg/5ml</i>	2	M
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 100 mg</i>	4	M
<i>acarbose tab 25 mg</i>	4	M
<i>acarbose tab 50 mg</i>	4	M
GLYSET TAB 100MG	4	M
GLYSET TAB 25MG	4	M
GLYSET TAB 50MG	4	M
AMYLINOMIMETICS		
SYMLIN INJ 600MCG	4	M, PA
SYMLINPEN 60 INJ 1000MCG	4	M, PA
SYMLINPEN 120 INJ 1000MCG	4	M, PA
ANTIDIABETIC AGENTS, MISCELLANEOUS		
JANUMET TAB 50-1000	3	M
JANUMET TAB 50-500MG	3	M
KOMBIGLYZE TAB 2.5-1000	3	M
KOMBIGLYZE TAB 5-1000MG	3	M
KOMBIGLYZE TAB 5-500MG	3	M
BIGUANIDES		
<i>metformin hcl tab 1000 mg</i>	1	GC, M

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab 500 mg</i>	1	GC, M
<i>metformin hcl tab 850 mg</i>	1	GC, M
<i>metformin hcl tab sr 24hr 500 mg</i>	1	GC, M
<i>metformin hcl tab sr 24hr 750 mg</i>	2	M
RIOMET SOL	4	M
<i>DIPEPTIDYL PEPTIDASE IV (DPP-4) INHIBITORS</i>		
JANUVIA TAB 100MG	3	M
JANUVIA TAB 25MG	3	M
JANUVIA TAB 50MG	3	M
ONGLYZA TAB 2.5MG	3	M
ONGLYZA TAB 5MG	3	M
<i>INCRETIN MIMETICS</i>		
BYETTA INJ 10MCG	4	QL (1 pen / 30 days), M, PA
BYETTA INJ 5MCG	4	QL (2 pens / 30 days), M, PA
VICTOZA INJ 18MG/3ML	4	M, PA
<i>INSULINS</i>		
APIDRA INJ SOLOSTAR	4	M
APIDRA INJ U-100	4	M
HUMALOG INJ 100/ML	3	M
HUMALOG KWIK INJ 100/ML	3	M
HUMALOG MIX INJ 50/50	3	M
HUMALOG MIX INJ 50/50KWP	3	M
HUMALOG MIX INJ 75/25KWP	3	M
HUMALOG MIX SUS 75/25	3	M
HUMULIN INJ 70/30	3	M
HUMULIN N INJ U-100	3	M
HUMULIN N PN INJ U-100	3	M
HUMULIN PEN INJ 70/30	3	M
HUMULIN R INJ U-100	3	M
HUMULIN R INJ U-500	3	M
LANTUS INJ 100/ML	3	M
LANTUS INJ SOLOSTAR	3	M
LEVEMIR INJ	3	M
LEVEMIR INJ FLEXPEN	3	M
NOVOLIN INJ 70/30	3	M
NOVOLIN N INJ U-100	3	M
NOVOLIN R INJ U-100	3	M
NOVOLOG INJ 100/ML	3	M
NOVOLOG INJ FLEXPEN	3	M
NOVOLOG MIX INJ 70/30	3	M
NOVOLOG MIX INJ FLEXPEN	3	M

Drug Name	Drug Tier	Requirements/Limits
MEGLITINIDES		
<i>nateglinide tab 120 mg</i>	4	M
<i>nateglinide tab 60 mg</i>	4	M
PRANDIN TAB 0.5MG	4	M
PRANDIN TAB 1MG	4	M
PRANDIN TAB 2MG	4	M
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	2	M
<i>chlorpropamide tab 250 mg</i>	2	M
<i>glimepiride tab 1 mg</i>	1	GC, M
<i>glimepiride tab 2 mg</i>	1	GC, M
<i>glimepiride tab 4 mg</i>	1	GC, M
<i>glipizide tab 10 mg</i>	1	GC, M
<i>glipizide tab 5 mg</i>	1	GC, M
<i>glipizide tab sr 24hr 10 mg</i>	2	M
<i>glipizide tab sr 24hr 2.5 mg</i>	2	M
<i>glipizide tab sr 24hr 5 mg</i>	2	M
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	4	M
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	4	M
<i>glipizide-metformin hcl tab 5-500 mg</i>	4	M
<i>glyburide micronized tab 1.5 mg</i>	1	GC, M
<i>glyburide micronized tab 3 mg</i>	1	GC, M
<i>glyburide micronized tab 6 mg</i>	1	GC, M
<i>glyburide tab 1.25 mg</i>	1	GC, M
<i>glyburide tab 2.5 mg</i>	1	GC, M
<i>glyburide tab 5 mg</i>	1	GC, M
<i>glyburide-metformin tab 1.25-250 mg</i>	2	M
<i>glyburide-metformin tab 2.5-500 mg</i>	2	M
<i>glyburide-metformin tab 5-500 mg</i>	2	M
TOLAZAMIDE TAB 250MG	2	M
TOLAZAMIDE TAB 500MG	2	M
TOLBUTAMIDE TAB 500MG	1	GC, M
THIAZOLIDINEDIONES		
ACTOPLUS MET TAB 15/500MG	3	M
ACTOPLUS MET TAB 15/850MG	3	M
ACTOPLUS MET TAB XR	3	M
ACTOS TAB 15MG	3	M
ACTOS TAB 30MG	3	M
ACTOS TAB 45MG	3	M
AVANDIA TAB 2MG	4	M, ST
AVANDIA TAB 4MG	4	M, ST
AVANDIA TAB 8MG	4	M, ST
DUETACT TAB 30-2MG	3	M

Drug Name	Drug Tier	Requirements/Limits
DUETACT TAB 30-4MG	3	M
ANTIDIARRHEA AGENTS		
ANTIDIARRHEA AGENTS		
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl inj 0.1 mg/ml</i>	2	B/D, QL (40 mls / 28 days)
<i>granisetron hcl inj 1 mg/ml</i>	2	B/D, QL (4 mls / 28 days)
<i>granisetron hcl tab 1 mg</i>	2	QL (30 tabs / 30 days), PA
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	QL (160 mls / 30 days), PA
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	QL (450 mls / 30 days), PA
<i>ondansetron hcl tab 24 mg</i>	2	QL (12 tabs / 30 days), PA
<i>ondansetron hcl tab 4 mg</i>	2	QL (45 tabs / 30 days), PA
<i>ondansetron hcl tab 8 mg</i>	2	QL (45 tabs / 30 days), PA
<i>ondansetron orally disintegrating tab 4 mg</i>	4	QL (45 tabs / 30 days), PA
<i>ondansetron orally disintegrating tab 8 mg</i>	4	QL (45 tabs / 30 days), PA
SANCUSO DIS 3.1MG	5	QL (2 patches / 15 days), PA
ANTIEMETICS, MISCELLANEOUS		
<i>dronabinol cap 10 mg</i>	4	QL (60 caps / 30 days), PA
<i>dronabinol cap 2.5 mg</i>	4	QL (60 caps / 30 days), PA
<i>dronabinol cap 5 mg</i>	4	QL (60 caps / 30 days), PA
EMEND CAP 125MG	4	QL (2 caps / 30 days), PA
EMEND CAP 40MG	4	QL (9 caps / 30 days), PA
EMEND CAP 80MG	4	QL (4 caps / 30 days), PA
EMEND PAK 80 & 125	4	QL (4 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ANTIHIISTAMINES		
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	4	
<i>trimethobenzamide hcl inj 100 mg/ml</i>	4	B/D
ANTIFUNGALS		
ALLYLAMINES		
<i>terbinafine hcl tab 250 mg</i>	2	
ANTIFUNGALS, MISCELLANEOUS		
GRIS-PEG TAB 125MG	4	
GRIS-PEG TAB 250MG	4	
AZOLES		
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	4	
<i>fluconazole tab 100 mg</i>	1	GC
<i>fluconazole tab 150 mg</i>	1	GC
<i>fluconazole tab 200 mg</i>	1	GC
<i>fluconazole tab 50 mg</i>	1	GC
<i>itraconazole cap 100 mg</i>	4	PA
<i>ketoconazole tab 200 mg</i>	2	
VFEND IV INJ 200MG	4	PA
VFEND SUS 40MG/ML	5	PA
<i>voriconazole tab 200 mg</i>	5	PA
<i>voriconazole tab 50 mg</i>	4	PA
ECHINOCANDINS		
CANCIDAS INJ 50MG	5	PA
CANCIDAS INJ 70MG	5	PA
ERAXIS INJ 100MG	4	PA
POLYENES		
<i>*nystatin topical powder**</i>	2	
AMPHOTERICIN INJ 50MG	2	B/D
<i>nystatin cream 100000 unit/gm</i>	1	GC
<i>nystatin oint 100000 unit/gm</i>	1	GC
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	2	
PYRIMIDINES		
ANCOBON CAP 250MG	4	
ANCOBON CAP 500MG	4	
ANTIGLAUCOMA AGENTS		
ALPHA ADRENERGIC AGONISTS		
<i>brimonidine tartrate ophth soln 0.2%</i>	2	M
COMBIGAN SOL 0.2/0.5%	4	M

Drug Name	Drug Tier	Requirements/Limits
BETA ADRENERGIC BLOCKING AGENTS		
BETAXOLOL SOL 0.5% OP	2	M
BETOPTIC-S SUS 0.25% OP	4	M
<i>carteolol hcl ophth soln 1%</i>	2	M
<i>levobunolol hcl ophth soln 0.5%</i>	2	M
LEVOBUNOLOL SOL 0.25% OP	2	M
<i>metipranolol ophth soln 0.3%</i>	1	GC, M
<i>timolol maleate ophth gel forming soln 0.25%</i>	4	M
<i>timolol maleate ophth gel forming soln 0.5%</i>	4	M
<i>timolol maleate ophth soln 0.25%</i>	1	GC, M
<i>timolol maleate ophth soln 0.5%</i>	1	GC, M
CARBONIC ANYDRASE INHIBITORS		
<i>acetazolamide tab 125 mg</i>	2	M
<i>acetazolamide tab 250 mg</i>	2	M
AZOPT SUS 1% OP	3	M
<i>dorzolamide hcl ophth soln 2%</i>	2	M
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	4	M
<i>methazolamide tab 25 mg</i>	2	M
<i>methazolamide tab 50 mg</i>	2	M
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	M
PILOPINE HS GEL 4% OP	4	M
PROSTAGLANDIN ANALOGS		
<i>latanoprost ophth soln 0.005%</i>	2	M
LUMIGAN SOL 0.01%	3	QL (2.5 mls / 30 days), M
LUMIGAN SOL 0.03%	3	QL (2.5 mls / 30 days), M
TRAVATAN Z DRO 0.004%	3	QL (2.5 mls / 30 days), M
ANTIHEMORRHAGIC AGENTS		
HEMOSTATICS		
CYKLOKAPRON INJ 100MG/ML	3	PA
ANTIHYPOGLYCEMIC AGENTS		
GLYCOGENOLYTIC AGENTS		
GLUCAGON KIT 1MG	3	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
LOVAZA CAP 1GM	4	QL (120 caps / 30 days), M

Drug Name	Drug Tier	Requirements/Limits
NIASPAN TAB 1000 ER	3	M
NIASPAN TAB 500MG ER	3	M
NIASPAN TAB 750MG ER	3	M
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder packets 4 gm</i>	2	M
<i>colestipol hcl tab 1 gm</i>	2	M
<i>prevalite pow 4gm</i>	2	M
CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB 10MG	4	QL (30 tabs / 30 days), M, ST
FIBRIC ACID DERIVATIVES		
ANTARA CAP 130MG	3	M
ANTARA CAP 43MG	3	M
<i>fenofibrate micronized cap 134 mg</i>	2	M
<i>fenofibrate micronized cap 200 mg</i>	2	M
<i>fenofibrate micronized cap 67 mg</i>	2	M
<i>fenofibrate tab 160 mg</i>	2	M
<i>fenofibrate tab 54 mg</i>	2	M
<i>gemfibrozil tab 600 mg</i>	2	M
HMG-COA REDUCTASE INHIBITORS		
CRESTOR TAB 10MG	3	QL (30 tabs / 30 days), M
CRESTOR TAB 20MG	3	QL (30 tabs / 30 days), M
CRESTOR TAB 40MG	3	QL (30 tabs / 30 days), M
CRESTOR TAB 5MG	3	QL (30 tabs / 30 days), M
LIPITOR TAB 10MG	3	QL (30 tabs / 30 days), M
LIPITOR TAB 20MG	3	QL (30 tabs / 30 days), M
LIPITOR TAB 40MG	3	QL (30 tabs / 30 days), M
LIPITOR TAB 80MG	3	M
<i>lovastatin tab 10 mg</i>	2	M
<i>lovastatin tab 20 mg</i>	2	M
<i>lovastatin tab 40 mg</i>	2	M
<i>pravastatin sodium tab 10 mg</i>	2	QL (30 tabs / 30 days), M
<i>pravastatin sodium tab 20 mg</i>	2	QL (30 tabs / 30 days), M
<i>pravastatin sodium tab 40 mg</i>	2	QL (30 tabs / 30 days), M

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 80 mg</i>	2	M
<i>simvastatin tab 10 mg</i>	1	GC, QL (30 tabs / 30 days), M
<i>simvastatin tab 20 mg</i>	1	GC, QL (30 tabs / 30 days), M
<i>simvastatin tab 40 mg</i>	1	GC, QL (30 tabs / 30 days), M
<i>simvastatin tab 5 mg</i>	1	GC, QL (30 tabs / 30 days), M
<i>simvastatin tab 80 mg</i>	1	GC, M
VYTORIN TAB 10-10MG	4	M
VYTORIN TAB 10-20MG	4	M
VYTORIN TAB 10-40MG	4	M
VYTORIN TAB 10-80MG	4	M

ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	1	GC, M
<i>lithium carbonate cap 300 mg</i>	1	GC, M
<i>lithium carbonate cap 600 mg</i>	2	M
<i>lithium carbonate tab cr 300 mg</i>	2	M
<i>lithium carbonate tab cr 450 mg</i>	2	M
LITHIUM CITR SYP 8MEQ/5ML	4	M

ANTIMIGRAINE AGENTS

SELECTIVE SEROTONIN AGONISTS

MAXALT TAB 10MG	3	QL (12 tabs / 30 days)
MAXALT TAB 5MG	3	QL (12 tabs / 30 days)
MAXALT-MLT TAB 10MG	3	QL (12 tabs / 30 days)
MAXALT-MLT TAB 5MG	3	QL (12 tabs / 30 days)
RELPAK TAB 20MG	3	QL (6 tabs / 30 days)
RELPAK TAB 40MG	3	QL (6 tabs / 30 days)
SUMATRIPTAN INJ 4MG/0.5	4	QL (20 vials / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (8 vials / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (9 tabs / 30 days)

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, MISCELLANEOUS

DAPSONE TAB 100MG	2	M
DAPSONE TAB 25MG	2	M

ANTI TUBERCULOSIS AGENTS

CAPASTAT SUL INJ 1GM	4	B/D
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tab 100 mg</i>	2	M
<i>isoniazid tab 300 mg</i>	1	GC, M
MYCOBUTIN CAP 150MG	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifampin cap 150 mg</i>	4	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SEROMYCIN CAP 250MG	4	
TRECTOR TAB 250MG	4	

ANTINEOPLASTIC AGENTS

ANTINEOPLASTIC AGENTS

AFINITOR TAB 10MG	5	
AFINITOR TAB 2.5MG	5	
AFINITOR TAB 5MG	5	
ALIMTA INJ 500MG	5	B/D
<i>anastrozole tab 1 mg</i>	2	M
ARZERRA CON 100/5ML	5	B/D
AVASTIN INJ	5	B/D
<i>bicalutamide tab 50 mg</i>	4	
BICNU INJ 100MG	4	B/D
<i>bleomycin sulfate for inj 30 unit</i>	2	B/D
BUSULFEX INJ 6MG/ML	3	B/D
CAMPATH INJ 30MG/ML	5	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D
CEENU CAP 100MG	3	
CEENU CAP 10MG	3	
CEENU CAP 40MG	3	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	GC, B/D
<i>cladribine inj 1 mg/ml</i>	5	B/D
CYCLOPHOSPH TAB 25MG	2	B/D
CYCLOPHOSPH TAB 50MG	2	B/D
<i>cytarabine for inj 500 mg</i>	2	B/D
CYTARABINE INJ 20MG/ML	2	B/D
DACOGEN INJ 50MG	5	B/D
<i>daunorubicin hcl for inj 20 mg</i>	1	GC, B/D
DOCETAXEL INJ 80MG/8ML	5	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	1	GC, B/D
EMCYT CAP 140MG	3	
<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	2	B/D
<i>etoposide inj 20 mg/ml</i>	2	B/D
<i>exemestane tab 25 mg</i>	2	M
FARESTON TAB 60MG	3	M

Drug Name	Drug Tier	Requirements/Limits
FASLODEX INJ 250MG	5	B/D
<i>fludarabine phosphate for inj 50 mg</i>	5	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	2	
<i>flutamide cap 125 mg</i>	4	
<i>gemcitabine hcl for inj 1 gm</i>	5	B/D
GLEEVEC TAB 100MG	5	
GLEEVEC TAB 400MG	5	
HALAVEN INJ 1MG/2ML	5	B/D
HERCEPTIN INJ 440MG	5	B/D
HEXALEN CAP 50MG	5	
<i>hydroxyurea cap 500 mg</i>	2	
<i>ifosfamide for inj 1 gm</i>	2	B/D
INTRON-A INJ 10MU	4	B/D, M
INTRON-A INJ 10MU PEN	5	B/D, M
INTRON-A INJ 18MU	5	B/D, M
INTRON-A INJ 3MU PEN	4	B/D, M
INTRON-A INJ 5MU PEN	5	B/D, M
IRESSA TAB 250MG	5	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
ISTODAX INJ 10MG	5	B/D
IXEMPRA KIT INJ 45MG	5	B/D
JEVTANA INJ 60/1.5ML	5	B/D
<i>letrozole tab 2.5 mg</i>	2	M
LEUKERAN TAB 2MG	3	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	B/D
LUPR DEP-PED INJ 11.25MG	5	B/D
LUPR DEP-PED INJ 15MG	5	B/D
LUPRON DEPOT INJ 11.25MG	4	B/D
LUPRON DEPOT INJ 22.5MG	5	B/D
LUPRON DEPOT INJ 3.75MG	4	B/D
LUPRON DEPOT INJ 30MG	5	B/D
LUPRON DEPOT INJ 7.5MG	5	B/D
LYSODREN TAB 500MG	5	
MATULANE CAP 50MG	5	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate tab 20 mg</i>	2	
<i>megestrol acetate tab 40 mg</i>	2	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	B/D
<i>mercaptapurine tab 50 mg</i>	2	
METHOTREXATE INJ 1GM	2	B/D
<i>methotrexate sodium inj 25 mg/ml</i>	2	B/D
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (22 mg/ml)</i>		B/D
NEXAVAR TAB 200MG	5	
NILANDRON TAB 150MG	3	
ONTAK INJ 150/ML	5	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	B/D
PROLEUKIN INJ 22MU	5	B/D
RITUXAN INJ 500MG	5	PA
SPRYCEL TAB 100MG	5	
SPRYCEL TAB 140MG	5	
SPRYCEL TAB 20MG	5	
SPRYCEL TAB 50MG	5	
SPRYCEL TAB 70MG	5	
SPRYCEL TAB 80MG	5	
SUTENT CAP 12.5MG	5	
SUTENT CAP 25MG	5	
SUTENT CAP 50MG	5	
TABLOID TAB 40MG	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	M
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	M
TARCEVA TAB 100MG	5	
TARCEVA TAB 150MG	5	
TARCEVA TAB 25MG	5	
TARGRETIN CAP 75MG	5	
TASIGNA CAP 200MG	5	
TAXOTERE INJ 80MG/4ML	5	B/D
<i>topotecan hcl for inj 4 mg</i>	4	B/D
TORISEL SOL 25MG/ML	3	B/D
TREANDA INJ 100MG	5	B/D
TRETINOIN CAP 10MG	2	
TRISENOX SOL 10MG/10M	4	B/D
TYKERB TAB 250MG	5	
VANDETANIB TAB 100MG	5	PA
VANDETANIB TAB 300MG	5	PA
VECTIBIX INJ 100MG	5	
VELCADE INJ 3.5MG	5	B/D
VIDAZA INJ 100MG	5	B/D
VOTRIENT TAB 200MG	5	
ZOLINZA CAP 100MG	5	
ZYTIGA TAB 250MG	5	PA

ANTIPROTOZOALS

AMEBICIDES

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate cap 250 mg</i>	2	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	2	M
<i>chloroquine phosphate tab 500 mg</i>	2	M
COARTEM TAB 20-120MG	4	QL (24 tabs / 30 days)
DARAPRIM TAB 25MG	4	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	M
<i>mefloquine hcl tab 250 mg</i>	2	M
QUALAQUIN CAP 324MG	3	
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA SUS 100MG/5M	4	
ALINIA TAB 500MG	4	
MEPRON SUS	5	PA
<i>metronidazole cap 375 mg</i>	4	
<i>metronidazole tab 250 mg</i>	1	GC
<i>metronidazole tab 500 mg</i>	2	
NEBUPENT INH 300MG	4	B/D
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	2	
<i>lidocaine hcl soln 4%</i>	2	
<i>lidocaine oint 5%</i>	2	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	
LIDODERM DIS 5%	4	QL (90 patches / 30 days), PA
ZONALON CRE 5%	4	
ANTITHROMBOTIC AGENTS		
COUMARIN DERIVATIVES		
COUMADIN INJ 5 MG	4	
COUMADIN TAB 10MG	4	M
COUMADIN TAB 1MG	4	M
COUMADIN TAB 2.5MG	4	M
COUMADIN TAB 2MG	4	M
COUMADIN TAB 3MG	4	M
COUMADIN TAB 4MG	4	M
COUMADIN TAB 5MG	4	M
COUMADIN TAB 6MG	4	M
COUMADIN TAB 7.5MG	4	M
<i>jantoven tab 10mg</i>	2	M
<i>jantoven tab 1mg</i>	2	M
<i>jantoven tab 2.5mg</i>	2	M
<i>jantoven tab 2mg</i>	2	M
<i>jantoven tab 3mg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tab 4mg</i>	2	M
<i>jantoven tab 5mg</i>	2	M
<i>jantoven tab 6mg</i>	2	M
<i>jantoven tab 7.5mg</i>	2	M
<i>warfarin sodium tab 1 mg</i>	2	M
<i>warfarin sodium tab 10 mg</i>	2	M
<i>warfarin sodium tab 2 mg</i>	2	M
<i>warfarin sodium tab 2.5 mg</i>	2	M
<i>warfarin sodium tab 3 mg</i>	2	M
<i>warfarin sodium tab 4 mg</i>	2	M
<i>warfarin sodium tab 5 mg</i>	2	M
<i>warfarin sodium tab 6 mg</i>	2	M
<i>warfarin sodium tab 7.5 mg</i>	2	M
<i>DIRECT THROMBIN INHIBITORS</i>		
PRADAXA CAP 150MG	4	QL (60 caps / 30 days), PA
PRADAXA CAP 75MG	4	QL (60 caps / 30 days), PA
<i>HEPARINS</i>		
<i>enoxaparin sodium inj 100 mg/ml</i>	5	QL (20 syringes / 10 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	5	QL (20 syringes / 10 days)
<i>enoxaparin sodium inj 150 mg/ml</i>	5	QL (20 syringes / 10 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	2	QL (20 syringes / 10 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	QL (20 syringes / 10 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	4	QL (20 syringes / 10 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	4	QL (20 syringes / 20 days)
FRAGMIN INJ 10000/ML	4	QL (20 syringes / 10 days)
FRAGMIN INJ 2500/0.2	4	QL (20 syringes / 10 days)
FRAGMIN INJ 25000/ML	4	QL (2 vials / 10 days)
FRAGMIN INJ 5000/0.2	4	QL (20 syringes / 10 days)
FRAGMIN INJ 7500/0.3	5	QL (20 syringes / 10 days)
HEP SOD/NACL INJ 25000UNT	2	B/D
HEPARIN SOD INJ 2000/ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9%</i>	2	B/D
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	4	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	4	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	4	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	4	B/D
MISCELLANEOUS ANTICOAGULANTS		
ARIXTRA SOL 10/0.8	5	QL (20 syringes / 10 days)
ARIXTRA SOL 2.5/0.5	4	QL (20 syringes / 10 days)
ARIXTRA SOL 5.0/0.4	5	QL (20 syringes / 10 days)
ARIXTRA SOL 7.5/0.6	5	QL (20 syringes / 10 days)
PLATELET-AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 1 mg</i>	4	M, PA
PLATELET-AGGREGATION INHIBITORS		
AGGRENOX CAP 25-200MG	4	M
<i>anagrelide hcl cap 0.5 mg</i>	4	M, PA
<i>cilostazol tab 100 mg</i>	2	M
<i>cilostazol tab 50 mg</i>	2	M
<i>dipyridamole tab 75 mg</i>	2	M
PLAVIX TAB 75MG	3	M
<i>ticlopidine hcl tab 250 mg</i>	2	M
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine tab 400 mg</i>	2	M
<i>famotidine inj 10 mg/ml</i>	2	
<i>famotidine tab 40 mg</i>	2	M
<i>nizatidine cap 150 mg</i>	2	M
<i>nizatidine cap 300 mg</i>	2	M
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	2	B/D
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	4	M
<i>ranitidine hcl tab 150 mg</i>	1	GC, M
<i>ranitidine hcl tab 300 mg</i>	1	GC, M
PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	2	M
<i>misoprostol tab 200 mcg</i>	2	M
PROTECTANTS		
CARAFATE SUS 1GM/10ML	4	M
<i>sucralfate tab 1 gm</i>	2	M
PROTON-PUMP INHIBITORS		

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cap delayed release 20 mg</i>	2	QL (60 caps / 30 days), M
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	4	QL (30 tabs / 30 days), M, ST
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	4	QL (30 tabs / 30 days), M, ST
PREVPAC MIS	4	QL (1 treatment course / year)
PROTONIX INJ 40MG	3	B/D

ANTIVIRALS

ADAMANTANES

<i>rimantadine hydrochloride tab 100 mg</i>	2	
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HIV FUSION INHIBITORS

FUZEON KIT	5	M
SELZENTRY TAB 150MG	5	M
SELZENTRY TAB 300MG	5	M

HIV PROTEASE INHIBITORS

APTIVUS CAP 250MG	5	M
APTIVUS SOL	5	M
CRIXIVAN CAP 100MG	3	M
CRIXIVAN CAP 200MG	3	M
CRIXIVAN CAP 400MG	3	M
INVIRASE CAP 200MG	3	M
INVIRASE TAB 500MG	3	M
KALETRA SOL	5	M
KALETRA TAB 100-25MG	4	M
KALETRA TAB 200-50MG	5	M
LEXIVA SUS 50MG/ML	3	M
LEXIVA TAB 700MG	3	M
NORVIR CAP 100MG	3	M
NORVIR SOL 80MG/ML	3	M
NORVIR TAB 100MG	3	M
PREZISTA TAB 150MG	4	M
PREZISTA TAB 400MG	5	M
PREZISTA TAB 600MG	5	M
PREZISTA TAB 75MG	4	M
REYATAZ CAP 100MG	3	M
REYATAZ CAP 150MG	3	M
REYATAZ CAP 200MG	3	M
REYATAZ CAP 300MG	3	M
VIRACEPT POW 50MG/GM	3	M
VIRACEPT TAB 250MG	3	M
VIRACEPT TAB 625MG	3	M

INTEGRASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TAB 400MG	5	M
INTERFERONS		
PEG-INTRON KIT 120 RP	5	PA
PEG-INTRON KIT 150 RP	5	PA
PEG-INTRON KIT 50MCG	5	PA
PEG-INTRON KIT 50MCG RP	5	PA
PEG-INTRON KIT 80MCG RP	5	PA
PEGASYS INJ 180MCG/M	5	PA
PEGASYS KIT	5	PA
NEURAMINIDASE INHIBITORS		
RELENZA MIS DISKHALE	3	QL (3 inhalers / 30 days)
TAMIFLU CAP 75MG	4	QL (42 caps / 180 days)
TAMIFLU SUS 12MG/ML	4	QL (262.5 mls / 180 days)
NONNUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
ATRIPLA TAB	5	M
EDURANT TAB 25MG	3	M
INTELENCE TAB 100MG	5	M
INTELENCE TAB 200MG	5	M
RESCRIPTOR TAB 100 MG	3	M
RESCRIPTOR TAB 200MG	3	M
SUSTIVA CAP 200MG	3	M
SUSTIVA CAP 50MG	3	M
SUSTIVA TAB 600MG	3	M
VIRAMUNE SUS 50MG/5ML	3	M
VIRAMUNE TAB 200MG	3	M
VIRAMUNE XR TAB	3	M
NUCLEOSIDE NUCLEOTIDE REV TRANSCRIPTASE INHIB		
COMBIVIR TAB	3	M
<i>didanosine delayed release capsule 125 mg</i>	2	M
<i>didanosine delayed release capsule 200 mg</i>	2	M
<i>didanosine delayed release capsule 250 mg</i>	2	M
<i>didanosine delayed release capsule 400 mg</i>	2	M
EMTRIVA CAP 200MG	3	M
EMTRIVA SOL 10MG/ML	3	M
EPIVIR HBV SOL 5MG/ML	3	M
EPIVIR HBV TAB 100MG	3	M
EPIVIR SOL 10MG/ML	3	M
EPIVIR TAB 150MG	3	M

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TAB 300MG	3	M
EPZICOM TAB	5	M
RETROVIR INJ 10MG/ML	3	
<i>stavudine cap 15 mg</i>	2	M
<i>stavudine cap 20 mg</i>	2	M
<i>stavudine cap 30 mg</i>	2	M
<i>stavudine cap 40 mg</i>	2	M
<i>stavudine for oral soln 1 mg/ml</i>	2	M
TRIZIVIR TAB	3	M
TRUVADA TAB	5	M
VIDEX SOL 2GM	3	M
VIREAD TAB 300MG	3	M
ZIAGEN SOL 20MG/ML	3	M
ZIAGEN TAB 300MG	3	M
<i>zidovudine cap 100 mg</i>	2	M
<i>zidovudine syrup 10 mg/ml</i>	2	M
<i>zidovudine tab 300 mg</i>	2	M

NUCLEOSIDES AND NUCLEOTIDES

<i>acyclovir cap 200 mg</i>	1	GC
<i>acyclovir sodium for inj 500 mg</i>	2	B/D
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
BARACLUDE SOL .05MG/ML	4	M
BARACLUDE TAB 0.5MG	5	M
BARACLUDE TAB 1MG	5	M
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
GANCICLOVIR CAP 250MG	2	M
GANCICLOVIR CAP 500MG	2	M
<i>ganciclovir sodium for inj 500 mg</i>	4	B/D
HEPSERA TAB 10MG	5	M, PA
<i>ribavirin tab 200 mg</i>	2	PA
TYZEKA TAB 600MG	4	M, PA
<i>valacyclovir hcl tab 1 gm</i>	2	QL (60 tabs / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	2	QL (60 tabs / 30 days)
VALCYTE SOL 50MG/ML	5	M
VALCYTE TAB 450MG	5	M
VISTIDE INJ 75MG/ML	5	PA

ANXIOLYTICS, SEDATIVES AND HYPNOTICS

ANXIOLYTICS, SEDATIVES, HYPNOTICS MISC

<i>bupirone hcl tab 10 mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 5 mg</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine pamoate cap 100 mg</i>	2	
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA
<i>zaleplon cap 10 mg</i>	4	
<i>zaleplon cap 5 mg</i>	4	
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days)

AUTONOMIC DRUGS, MISCELLANEOUS

AUTONOMIC DRUGS, MISCELLANEOUS

CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
NICOTROL NS SPR 10MG/ML	3	PA

BETA-ADRENERGIC BLOCKING AGENTS

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl cap 200 mg</i>	2	M
<i>acebutolol hcl cap 400 mg</i>	2	M
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	M
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	GC, M
<i>atenolol tab 100 mg</i>	1	GC, M
<i>atenolol tab 25 mg</i>	1	GC, M
<i>atenolol tab 50 mg</i>	1	GC, M
<i>betaxolol hcl tab 10 mg</i>	2	M
<i>betaxolol hcl tab 20 mg</i>	2	M
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	GC, M
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	GC, M
<i>bisoprolol & hydrochlorothiazide tab 5-6.251 mg</i>		GC, M
<i>bisoprolol fumarate tab 10 mg</i>	2	M
<i>bisoprolol fumarate tab 5 mg</i>	2	M
BYSTOLIC TAB 10MG	4	M
BYSTOLIC TAB 2.5MG	4	M
BYSTOLIC TAB 20MG	4	M
BYSTOLIC TAB 5MG	4	M
<i>carvedilol tab 12.5 mg</i>	2	M
<i>carvedilol tab 25 mg</i>	2	M
<i>carvedilol tab 3.125 mg</i>	2	M
<i>carvedilol tab 6.25 mg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
COREG CR CAP 10MG	4	M
COREG CR CAP 20MG	4	M
COREG CR CAP 40MG	4	M
COREG CR CAP 80MG	4	M
<i>labetalol hcl iv soln 5 mg/ml</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	M
<i>labetalol hcl tab 200 mg</i>	2	M
<i>labetalol hcl tab 300 mg</i>	2	M
LEVATOL TAB 20MG	4	M
METOPRL/HCTZ TAB 100-50MG	2	M
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	M
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	M
<i>metoprolol succinate tab sr 24hr 100 mg</i>	2	M
<i>metoprolol succinate tab sr 24hr 200 mg</i>	2	M
<i>metoprolol succinate tab sr 24hr 25 mg</i>	2	M
<i>metoprolol succinate tab sr 24hr 50 mg</i>	2	M
<i>metoprolol tartrate inj 1 mg/ml</i>	2	
<i>metoprolol tartrate tab 100 mg</i>	1	GC, M
<i>metoprolol tartrate tab 25 mg</i>	1	GC, M
<i>metoprolol tartrate tab 50 mg</i>	1	GC, M
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	2	M
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	2	M
<i>nadolol tab 20 mg</i>	2	M
<i>nadolol tab 40 mg</i>	2	M
<i>nadolol tab 80 mg</i>	2	M
PINDOLOL TAB 10MG	2	M
PINDOLOL TAB 5MG	2	M
PROPRAN/HCTZ TAB 40/25	2	M
PROPRAN/HCTZ TAB 80/25	2	M
<i>propranolol hcl cap sr 24hr 120 mg</i>	4	M
<i>propranolol hcl cap sr 24hr 160 mg</i>	4	M
<i>propranolol hcl cap sr 24hr 60 mg</i>	4	M
<i>propranolol hcl cap sr 24hr 80 mg</i>	4	M
<i>propranolol hcl inj 1 mg/ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	1	GC, M
<i>propranolol hcl tab 20 mg</i>	1	GC, M
<i>propranolol hcl tab 40 mg</i>	1	GC, M
<i>propranolol hcl tab 60 mg</i>	2	M
<i>propranolol hcl tab 80 mg</i>	1	GC, M
<i>sorine tab 120mg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>sorine tab 160mg</i>	2	M
<i>sorine tab 240mg</i>	2	M
<i>sorine tab 80mg</i>	2	M
SOTALOL HCL INJ 150/10ML	2	
<i>sotalol hcl tab 120 mg</i>	2	M
<i>sotalol hcl tab 160 mg</i>	2	M
<i>sotalol hcl tab 240 mg</i>	2	M
<i>sotalol hcl tab 80 mg</i>	2	M
TIMOLOL MAL TAB 10MG	2	M
TIMOLOL MAL TAB 20MG	2	M
TIMOLOL MAL TAB 5MG	2	M

BIOLOGIC RESPONSE MODIFIERS

BIOLOGIC RESPONSE MODIFIERS

ACTIMMUNE INJ 2MU/0.5	5	B/D, M
AVONEX KIT 30MCG	5	M, PA
COPAXONE KIT 20MG/ML	5	M, PA
EXTAVIA INJ 0.3MG	5	M, PA
GILENYA CAP 0.5MG	5	M, PA
REBIF INJ 22/0.5	5	M, PA
REBIF INJ 44/0.5	5	M, PA
REBIF TITRTN SOL PACK	5	M, PA
REVLIMID CAP 10MG	5	LA
REVLIMID CAP 15MG	5	LA
REVLIMID CAP 25MG	5	LA
REVLIMID CAP 5MG	5	LA
THALOMID CAP 100MG	5	M
THALOMID CAP 150MG	5	M
THALOMID CAP 200MG	5	M
THALOMID CAP 50MG	5	M

BONE RESORPTION INHIBITORS

BONE RESORPTION INHIBITORS

<i>alendronate sodium tab 10 mg</i>	2	M
<i>alendronate sodium tab 35 mg</i>	2	QL (4 tabs / 28 days), M
<i>alendronate sodium tab 5 mg</i>	2	M
<i>alendronate sodium tab 70 mg</i>	2	QL (4 tabs / 28 days), M
PROLIA SOL 60MG/ML	4	PA
XGEVA INJ	5	PA
ZOMETA INJ 4MG/5ML	5	B/D

CALCIUM-CHANNEL BLOCKING AGENTS

CALCIUM-CHANNEL BLOCKING AGENTS, MISC

<i>cartia xt cap 120/24hr</i>	2	M
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Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt cap 180/24hr</i>	2	M
<i>cartia xt cap 240/24hr</i>	2	M
<i>cartia xt cap 300/24hr</i>	2	M
<i>dilt-cd cap 120mg</i>	1	GC, M
<i>dilt-cd cap 300mg</i>	1	GC, M
<i>dilt-xr cap 180mg</i>	2	M
<i>dilt-xr cap 240mg</i>	2	M
<i>diltiazem hcl cap sr 12hr 120 mg</i>	2	M
<i>diltiazem hcl cap sr 12hr 60 mg</i>	2	M
<i>diltiazem hcl cap sr 12hr 90 mg</i>	2	M
<i>diltiazem hcl coated beads cap sr 24hr 120 2 mg</i>		M
<i>diltiazem hcl coated beads cap sr 24hr 240 2 mg</i>		M
<i>diltiazem hcl coated beads cap sr 24hr 300 2 mg</i>		M
<i>diltiazem hcl coated beads tab sr 24hr 240 1 mg</i>		GC, M
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	2	M
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	2	M
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) 2</i>		
<i>diltiazem hcl tab 120 mg</i>	2	M
<i>diltiazem hcl tab 30 mg</i>	1	GC, M
<i>diltiazem hcl tab 60 mg</i>	2	M
<i>diltiazem hcl tab 90 mg</i>	2	M
<i>diltzac cap 120mg/24</i>	2	M
<i>diltzac cap 180mg/24</i>	2	M
<i>diltzac cap 240mg/24</i>	2	M
<i>diltzac cap 300mg/24</i>	2	M
<i>taztia xt cap 120mg/24</i>	2	M
<i>taztia xt cap 180mg/24</i>	2	M
<i>taztia xt cap 240mg/24</i>	2	M
<i>taztia xt cap 300mg/24</i>	2	M
<i>taztia xt cap 360mg/24</i>	2	M
<i>verapamil hcl cap sr 24hr 100 mg</i>	2	M
<i>verapamil hcl cap sr 24hr 120 mg</i>	2	M
<i>verapamil hcl cap sr 24hr 180 mg</i>	2	M
<i>verapamil hcl cap sr 24hr 200 mg</i>	2	M
<i>verapamil hcl cap sr 24hr 240 mg</i>	2	M
<i>verapamil hcl cap sr 24hr 300 mg</i>	2	M
<i>verapamil hcl iv soln 2.5 mg/ml</i>	2	
<i>verapamil hcl tab 120 mg</i>	1	GC, M

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab 40 mg</i>	2	M
<i>verapamil hcl tab 80 mg</i>	1	GC, M
<i>verapamil hcl tab cr 120 mg</i>	2	M
<i>verapamil hcl tab cr 180 mg</i>	2	M
<i>verapamil hcl tab cr 240 mg</i>	2	M

DIHYDROPYRIDINES

<i>ADALAT CC TAB 30MG ER</i>	4	M
<i>ADALAT CC TAB 60MG ER</i>	4	M
<i>ADALAT CC TAB 90MG ER</i>	4	M
<i>afeditab tab 30mg cr</i>	2	M
<i>afeditab tab 60mg cr</i>	2	M
<i>amlodipine besylate tab 10 mg</i>	1	GC, M
<i>amlodipine besylate tab 2.5 mg</i>	1	GC, M
<i>amlodipine besylate tab 5 mg</i>	1	GC, M
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	M
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	M
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	M
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	M
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	M
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	M
<i>DYNACIRC CR TAB 10MG</i>	4	M
<i>DYNACIRC CR TAB 5MG</i>	4	M
<i>EXFORGE TAB 10-160MG</i>	3	M
<i>EXFORGE TAB 10-320MG</i>	3	M
<i>EXFORGE TAB 5-160MG</i>	3	M
<i>EXFORGE TAB 5-320MG</i>	3	M
<i>EXFORGEH/10- TAB 160-12.5</i>	3	M
<i>EXFORGEH/10- TAB 160-25</i>	3	M
<i>EXFORGEH/10- TAB 320-25</i>	3	M
<i>EXFORGEH/5- TAB 160-12.5</i>	3	M
<i>EXFORGEH/5- TAB 160-25</i>	3	M
<i>felodipine tab sr 24hr 10 mg</i>	2	M
<i>felodipine tab sr 24hr 2.5 mg</i>	2	M
<i>felodipine tab sr 24hr 5 mg</i>	2	M
<i>ISRADIPINE CAP 2.5MG</i>	4	M
<i>isradipine cap 5 mg</i>	4	M
<i>nicardipine hcl cap 20 mg</i>	2	M
<i>nicardipine hcl cap 30 mg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>nifediac cc tab 30mg er</i>	2	M
<i>nifediac cc tab 60mg er</i>	2	M
<i>nifediac cc tab 90mg er</i>	2	M
<i>nifedical xl tab 30mg</i>	2	M
<i>nifedical xl tab 60mg</i>	2	M
<i>nifedipine cap 10 mg</i>	2	M
NIFEDIPINE CAP 20MG	2	M
<i>nifedipine tab sr 24hr osmotic 30 mg</i>	2	M
<i>nifedipine tab sr 24hr osmotic 60 mg</i>	2	M
<i>nifedipine tab sr 24hr osmotic 90 mg</i>	2	M
<i>nimodipine cap 30 mg</i>	1	GC, M
NISOLDIPINE TAB 20MG	4	M
NISOLDIPINE TAB 30MG	4	M
NISOLDIPINE TAB 40MG	4	M
<i>nisoldipine tab sr 24hr 17 mg</i>	4	M
<i>nisoldipine tab sr 24hr 25.5 mg</i>	4	M
<i>nisoldipine tab sr 24hr 34 mg</i>	4	M
<i>nisoldipine tab sr 24hr 8.5 mg</i>	4	M

CALORIC AGENTS

CALORIC AGENTS

AMINOSYN II INJ 10%	4	B/D
AMINOSYN II INJ 15%	4	B/D
AMINOSYN II INJ 4.25/D10	4	B/D
AMINOSYN II INJ 7%	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
<i>aminosyn ii inj 8.5/lyte</i>	4	B/D
AMINOSYN IIM INJ 3.5%/D5W	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN INJ 3.5%	4	B/D
AMINOSYN INJ 5%	4	B/D
AMINOSYN INJ 7%	4	B/D
AMINOSYN INJ 8.5%	4	B/D
<i>aminosyn inj 8.5/lyte</i>	4	B/D
AMINOSYN-HBC INJ 7%	4	B/D
<i>aminosyn-hf inj 8%</i>	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
<i>dextrose inj 10%</i>	3	B/D
<i>dextrose inj 5%</i>	3	B/D
<i>intralipid inj 20%</i>	3	B/D
TRAVASOL INJ 10%	4	B/D

CARDIAC DRUGS

CARDIAC DRUGS, MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
RANEXA TAB 1000MG	4	M, PA
RANEXA TAB 500MG	4	M, PA
CARDIOTONIC AGENTS		
<i>digoxin inj 0.25 mg/ml</i>	2	
DIGOXIN SOL 50MCG/ML	2	M
<i>digoxin tab 0.125 mg</i>	1	GC, M
<i>digoxin tab 0.25 mg</i>	1	GC, M
LANOXIN INJ 0.1MG/ML	4	B/D
LANOXIN TAB 0.125MG	4	M
LANOXIN TAB 0.25MG	4	M
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate cap 100 mg</i>	2	M
<i>disopyramide phosphate cap 150 mg</i>	2	M
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>quinidine gluconate tab cr 324 mg</i>	2	M
QUINIDINE SU TAB 300MG ER	2	M
<i>quinidine sulfate tab 200 mg</i>	2	M
<i>quinidine sulfate tab 300 mg</i>	2	M
CLASS IB ANTIARRHYTHMICS		
MEXILETINE CAP 150MG	2	M
MEXILETINE CAP 200MG	2	M
MEXILETINE CAP 250MG	2	M
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate tab 100 mg</i>	2	M
<i>flecainide acetate tab 150 mg</i>	2	M
<i>flecainide acetate tab 50 mg</i>	2	M
<i>propafenone hcl cap sr 12hr 225 mg</i>	2	M
<i>propafenone hcl cap sr 12hr 325 mg</i>	2	M
<i>propafenone hcl cap sr 12hr 425 mg</i>	2	M
<i>propafenone hcl tab 150 mg</i>	2	M
<i>propafenone hcl tab 225 mg</i>	2	M
<i>propafenone hcl tab 300 mg</i>	4	M
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	B/D
<i>amiodarone hcl tab 200 mg</i>	2	M
MULTAQ TAB 400MG	4	M
TIKOSYN CAP 125MCG	4	M
TIKOSYN CAP 250MCG	4	M
TIKOSYN CAP 500MCG	4	M
CATHARTICS AND LAXATIVES		
CATHARTICS AND LAXATIVES		
<i>gavilyte-c sol</i>	1	GC

GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g sol</i>	4	
GOLYTELY SOL	4	
OSMOPREP TAB 1.5GM	4	
<i>polyethylene glycol 3350 oral powder</i>	2	
<i>trilyte sol</i>	2	

CELL STIMULANTS AND PROLIFERANTS

CELL STIMULANTS AND PROLIFERANTS

KEPIVANCE INJ 6.25MG	4	B/D
<i>tretinoin cream 0.025%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.1%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	2	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	2	QL (45 gm / 30 days), PA

CENTRAL NERVOUS SYSTEM AGENTS, MISC

CENTRAL NERVOUS SYSTEM AGENTS, MISC

<i>amantadine hcl cap 100 mg</i>	2	M
<i>amantadine hcl syrup 50 mg/5ml</i>	4	M
APOKYN INJ	5	
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	1	GC, M
<i>benztropine mesylate tab 1 mg</i>	1	GC, M
<i>benztropine mesylate tab 2 mg</i>	1	GC, M
<i>bromocriptine mesylate tab 2.5 mg</i>	4	M
CAMPRAL TAB 333MG	4	M, PA
<i>carbidopa & levodopa tab 10-100 mg</i>	2	M
<i>carbidopa & levodopa tab 25-100 mg</i>	2	M
<i>carbidopa & levodopa tab 25-250 mg</i>	2	M
<i>carbidopa & levodopa tab cr 25-100 mg</i>	2	M
<i>carbidopa & levodopa tab cr 50-200 mg</i>	2	M
COMTAN TAB 200MG	4	M
EMSAM DIS 12MG/24H	4	QL (30 patches / 30 days), M
EMSAM DIS 6MG/24HR	4	QL (30 patches / 30 days), M
EMSAM DIS 9MG/24HR	4	QL (30 patches / 30 days), M
NAMENDA SOL 10MG/5ML	3	M
NAMENDA TAB 10MG	3	M
NAMENDA TAB 5-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TAB 5MG	3	M
<i>pramipexole dihydrochloride tab 0.125 mg</i>	4	M
<i>pramipexole dihydrochloride tab 0.25 mg</i>	4	M
<i>pramipexole dihydrochloride tab 0.5 mg</i>	4	M
<i>pramipexole dihydrochloride tab 0.75 mg</i>	4	M
<i>pramipexole dihydrochloride tab 1 mg</i>	4	M
<i>pramipexole dihydrochloride tab 1.5 mg</i>	4	M
RILUTEK TAB 50MG	5	M
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	M
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	M
<i>ropinirole hydrochloride tab 1 mg</i>	2	M
<i>ropinirole hydrochloride tab 2 mg</i>	2	M
<i>ropinirole hydrochloride tab 3 mg</i>	2	M
<i>ropinirole hydrochloride tab 4 mg</i>	2	M
<i>ropinirole hydrochloride tab 5 mg</i>	2	M
<i>selegiline hcl tab 5 mg</i>	1	GC, M
STRATTERA CAP 100MG	3	M, PA
STRATTERA CAP 10MG	3	M, PA
STRATTERA CAP 18MG	3	M, PA
STRATTERA CAP 25MG	3	M, PA
STRATTERA CAP 40MG	3	M, PA
STRATTERA CAP 60MG	3	M, PA
STRATTERA CAP 80MG	3	M, PA
TASMAR TAB 100MG	4	M
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	2	M
<i>trihexyphenidyl hcl tab 2 mg</i>	2	M
<i>trihexyphenidyl hcl tab 5 mg</i>	2	M
XENAZINE TAB 12.5MG	5	M, PA
XENAZINE TAB 25MG	5	M, PA
XYREM SOL 500MG/ML	5	PA

CHOLELITHOLYTIC AGENTS

CHOLELITHOLYTIC AGENTS

<i>ursodiol cap 300 mg</i>	4	M
<i>ursodiol tab 250 mg</i>	4	M
<i>ursodiol tab 500 mg</i>	4	M

CONTRACEPTIVES

CONTRACEPTIVES

<i>apri tab</i>	2	QL (28 tabs / 28 days), M
<i>aranelle tab</i>	2	QL (28 tabs / 28 days), M
<i>balziva tab</i>	2	QL (28 tabs / 28 days), M

Drug Name	Drug Tier	Requirements/Limits
<i>camila tab 0.35mg</i>	2	QL (28 tabs / 28 days), M
<i>cryselle-28 tab 28 tabs</i>	2	M
<i>enpresse-28 tab</i>	2	M
<i>errin tab 0.35mg</i>	2	QL (28 tabs / 28 days), M
<i>jolivette tab 0.35mg</i>	2	QL (28 tabs / 28 days), M
<i>junel 1.5/30 tab</i>	2	QL (21 tabs / 21 days), M
<i>junel 1/20 tab</i>	2	QL (21 tabs / 21 days), M
<i>low-ogestrel tab</i>	2	QL (28 tabs / 28 days), M
<i>microgestin tab 1.5/30</i>	2	QL (28 tabs / 28 days), M
<i>microgestin tab 1/20</i>	2	QL (28 tabs / 28 days), M
<i>mononessa tab</i>	2	M
<i>necon 7/7/7 tab 28 day</i>	2	QL (28 tabs / 28 days), M
<i>necon tab 0.5/35</i>	2	QL (28 tabs / 28 days), M
<i>necon tab 1/35-28</i>	2	QL (28 tabs / 28 days), M
NECON TAB 10/11-28	2	QL (28 tabs / 28 days), M
<i>nora-be tab 0.35mg</i>	2	QL (28 tabs / 28 days), M
<i>nortrel (21) tab 1/35</i>	2	QL (21 tabs / 21 days), M
<i>nortrel (28) tab 1/35</i>	2	QL (28 tabs / 28 days), M
<i>nortrel 28 tab 0.5/35</i>	2	QL (28 tabs / 28 days), M
<i>nortrel7/7/7 tab 28 days</i>	2	QL (28 tabs / 28 days), M
NUVARING MIS	4	QL (1 ring / 21 days), M
<i>ocella tab 3-0.03mg</i>	2	M
ORTHO EVRA DIS WEEK	4	QL (3 patches / 21 days), M
OVCON 50 TAB 28	4	M
<i>portia-28 tab</i>	2	QL (28 tabs / 28 days), M
<i>previfem tab</i>	2	QL (28 tabs / 28 days), M

Drug Name	Drug Tier	Requirements/Limits
<i>sprintec 28 tab 28 day</i>	2	M
<i>tri-legest tab fe</i>	2	M
<i>tri-sprintec tab</i>	2	M
<i>trivora-28 tab</i>	2	M

DEPIGMENTING AND PIGMENTING AGENTS

PIGMENTING AGENTS

OXSORALEN LOT 1%	3	PA
OXSORALEN-UL CAP 10MG	3	PA

DEVICES

DEVICES

ALCOHOL PREP PAD	1	GC, QL (100 pads / 30 days)
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DIGESTANTS

DIGESTANTS

CREON CAP 12000UNT	4	M, ST
CREON CAP 24000UNT	4	M, ST
CREON CAP 6000UNIT	4	M, ST
PANCREAZE CAP 10500UNT	3	M
PANCREAZE CAP 16800UNT	3	M
PANCREAZE CAP 21000UNT	3	M
PANCREAZE CAP 4200UNIT	3	M
ZENPEP CAP 10000UNT	3	M
ZENPEP CAP 15000UNT	3	M
ZENPEP CAP 20000UNT	3	M
ZENPEP CAP 5000UNIT	3	M

DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

ACTEMRA INJ 200/10ML	5	PA
ENBREL INJ 25/0.5ML	5	M, PA
ENBREL INJ 25MG	5	M, PA
ENBREL INJ 50MG/ML	5	M, PA
HUMIRA KIT 20MG/0.4	5	M, PA
HUMIRA KIT 40MG/0.8	5	M, PA
HUMIRA PEN KIT CROHNS	5	M, PA
KINERET INJ	5	M, PA
<i>leflunomide tab 10 mg</i>	2	M
<i>leflunomide tab 20 mg</i>	2	M
ORENCIA INJ 250MG	5	M, PA
REMICADE INJ 100MG	5	PA

DIURETICS

DIURETICS, MISCELLANEOUS

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

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	M
<i>bumetanide tab 1 mg</i>	2	M
<i>bumetanide tab 2 mg</i>	2	M
<i>furosemide inj 10 mg/ml</i>	2	B/D
<i>furosemide oral soln 10 mg/ml</i>	1	GC, M
FUROSEMIDE SOL 8MG/ML	2	M
<i>furosemide tab 20 mg</i>	1	GC, M
<i>furosemide tab 40 mg</i>	1	GC, M
<i>furosemide tab 80 mg</i>	1	GC, M
TORSEMIDE INJ 20MG/2ML	2	
<i>torsemide tab 10 mg</i>	2	M
<i>torsemide tab 100 mg</i>	2	M
<i>torsemide tab 20 mg</i>	2	M
<i>torsemide tab 5 mg</i>	2	M
POTASSIUM-SPARING DIURETICS		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	GC, M
<i>amiloride hcl tab 5 mg</i>	4	M
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC, M
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	GC, M
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	GC, M
THIAZIDE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	2	M
<i>chlorothiazide tab 500 mg</i>	2	M
HYDROCHLOROT TAB 12.5MG	2	M
<i>hydrochlorothiazide cap 12.5 mg</i>	1	GC, M
<i>hydrochlorothiazide tab 25 mg</i>	1	GC, M
<i>hydrochlorothiazide tab 50 mg</i>	1	GC, M
METHYCLOTHIA TAB 5MG	2	M
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	GC, M
<i>chlorthalidone tab 50 mg</i>	1	GC, M
<i>indapamide tab 1.25 mg</i>	1	GC, M
<i>indapamide tab 2.5 mg</i>	1	GC, M
<i>metolazone tab 10 mg</i>	2	M
<i>metolazone tab 2.5 mg</i>	2	M
<i>metolazone tab 5 mg</i>	2	M

EENT DRUGS, MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>lactic acid (ammonium lactate) cream 12%2</i>		
<i>lactic acid (ammonium lactate) lotion 12% 2</i>		
ENZYMES		
ENZYMES		
ADAGEN INJ 250/ML	5	PA
ALDURAZYME INJ 2.9MG/5M	4	PA
CEREDASE INJ 80UNT/ML	5	PA
CEREZYME INJ 200UNIT	5	PA
ELAPRASE INJ 6MG/3ML	5	PA
ELITEK INJ 1.5MG	5	B/D
FABRAZYME INJ 35MG	5	PA
NAGLAZYME INJ 1MG/ML	5	PA
PULMOZYME SOL 1MG/ML	4	QL (60 nebs / 30 days), M, PA
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS		
EVISTA TAB 60MG	3	M
ESTROGENS		
ESTRACE VAG CRE 0.1MG/GM	4	M
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	4	M
<i>estradiol tab 0.5 mg</i>	1	GC, M
<i>estradiol tab 1 mg</i>	1	GC, M
<i>estradiol tab 2 mg</i>	1	GC, M
<i>estradiol td patch weekly 0.025 mg/24hr</i>	4	M
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	4	M
<i>estradiol td patch weekly 0.05 mg/24hr</i>	4	M
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	M
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	M
<i>estradiol td patch weekly 0.1 mg/24hr</i>	4	M
<i>estropipate tab 0.75 mg</i>	1	GC, M
<i>estropipate tab 1.5 mg</i>	1	GC, M
<i>estropipate tab 3 mg</i>	2	M
MENEST TAB 0.3MG	4	M
MENEST TAB 0.625MG	4	M
MENEST TAB 1.25MG	4	M

Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 2.5MG	4	M
<i>ortho-est tab 0.625</i>	2	M
<i>ortho-est tab 1.25</i>	2	M
VIVELLE-DOT DIS 0.025MG	4	M
VIVELLE-DOT DIS 0.0375MG	4	M
VIVELLE-DOT DIS 0.05MG	4	M
VIVELLE-DOT DIS 0.075MG	4	M
VIVELLE-DOT DIS 0.1MG	4	M

FIRST GENERATION ANTIHISTAMINES

DERIVATIVES, MISCELLANEOUS

<i>cyproheptadine hcl tab 4 mg</i>	4	PA
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ETHANOLAMINE DERIVATIVES

<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	2	
<i>clemastine fumarate tab 2.68 mg</i>	2	
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	

PHENOTHIAZINE DERIVATIVES

<i>promethazine hcl inj 25 mg/ml</i>	4	B/D
<i>promethazine hcl inj 50 mg/ml</i>	4	B/D
<i>promethazine hcl suppos 12.5 mg</i>	2	PA
<i>promethazine hcl suppos 25 mg</i>	2	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA
<i>promethazine hcl tab 12.5 mg</i>	2	
<i>promethazine hcl tab 25 mg</i>	2	PA
<i>promethazine hcl tab 50 mg</i>	2	

GENITOURINARY SMOOTH MUSCLE RELAXANTS

GENITOURINARY SMOOTH MUSCLE RELAXANTS

DETROL LA CAP 2MG	4	QL (30 caps / 30 days), M
DETROL LA CAP 4MG	4	QL (30 caps / 30 days), M
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	M
<i>oxybutynin chloride tab 5 mg</i>	1	GC, M
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	4	M
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	4	M
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	4	M
VESICARE TAB 10MG	3	M
VESICARE TAB 5MG	3	M

GI DRUGS, MISCELLANEOUS

GI DRUGS, MISCELLANEOUS

AMITIZA CAP 24MCG	3	M
AMITIZA CAP 8MCG	3	M
CIMZIA KIT	5	PA

Drug Name	Drug Tier	Requirements/Limits
CIMZIA KIT 200MG/ML	5	M, PA
RELISTOR INJ 12/0.6ML	4	
GOLD COMPOUNDS		
<i>GOLD COMPOUNDS</i>		
RIDAURA CAP 3MG	4	M
GONADOTROPINS		
<i>GONADOTROPINS</i>		
<i>chorionic gonadotropin for inj 10000 unit</i>	3	PA
SYNAREL SOL 2MG/ML	5	
HEAVY METAL ANTAGONISTS		
<i>HEAVY METAL ANTAGONISTS</i>		
CHEMET CAP 100MG	4	
CUPRIMINE CAP 250MG	4	
DEPEN TITRA TAB 250MG	4	
EXJADE TAB 125MG	4	M, PA
EXJADE TAB 250MG	5	M, PA
EXJADE TAB 500MG	5	M, PA
SYPRINE CAP 250MG	3	
HEMATOPOIETIC AGENTS		
<i>HEMATOPOIETIC AGENTS</i>		
LEUKINE INJ 250MCG	5	
LEUKINE INJ 500 MCG	5	
MOZOBIL INJ	5	PA
NEULASTA INJ 6MG/0.6M	5	PA
NEUMEGA INJ 5MG	5	PA
NEUPOGEN INJ 300/0.5	5	PA
NEUPOGEN INJ 480/0.8	5	PA
NEUPOGEN INJ 480MCG	5	PA
PROCRIT INJ 10000/ML	3	QL (12 vials / 30 days), PA
PROCRIT INJ 2000/ML	3	QL (12 vials / 30 days), PA
PROCRIT INJ 20000/ML	5	QL (12 vials / 30 days), PA
PROCRIT INJ 3000/ML	3	QL (12 vials / 30 days), PA
PROCRIT INJ 4000/ML	3	QL (12 vials / 30 days), PA
PROCRIT INJ 40000/ML	5	QL (6 vials / 30 days), PA
PROMACTA TAB 25MG	5	M, PA
PROMACTA TAB 50MG	5	M, PA
PROMACTA TAB 75MG	5	M, PA

Drug Name	Drug Tier	Requirements/Limits
HEMORRHOLOGIC AGENTS		
<i>HEMORRHOLOGIC AGENTS</i>		
<i>pentoxifylline tab cr 400 mg</i>	2	M
HYPOTENSIVE AGENTS		
<i>CENTRAL ALPHA-AGONISTS</i>		
<i>clonidine hcl tab 0.1 mg</i>	1	GC, M
<i>clonidine hcl tab 0.2 mg</i>	1	GC, M
<i>clonidine hcl tab 0.3 mg</i>	1	GC, M
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	4	M
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	4	M
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	4	M
GUANABENZ TAB 4MG	2	M
<i>guanfacine hcl tab 1 mg</i>	2	M
<i>guanfacine hcl tab 2 mg</i>	2	M
METHYLD/HCTZ TAB 250/15	2	M
METHYLD/HCTZ TAB 250/25	2	M
<i>methyldopa tab 250 mg</i>	2	M
<i>methyldopa tab 500 mg</i>	2	M
<i>DIRECT VASODILATORS</i>		
<i>hydralazine hcl inj 20 mg/ml</i>	2	B/D
<i>hydralazine hcl tab 10 mg</i>	2	M
<i>hydralazine hcl tab 100 mg</i>	2	M
<i>hydralazine hcl tab 25 mg</i>	2	M
<i>hydralazine hcl tab 50 mg</i>	2	M
<i>minoxidil tab 10 mg</i>	2	M
<i>minoxidil tab 2.5 mg</i>	2	M
PROGLYCEM SUS 50MG/ML	4	M
IMMUNOSUPPRESSIVE AGENTS		
<i>IMMUNOSUPPRESSIVE AGENTS</i>		
ATGAM INJ 250MG	5	B/D
AZATHIOPRINE INJ 100MG	2	B/D
<i>azathioprine tab 50 mg</i>	2	B/D, M
CELLCEPT IV INJ 500MG	3	B/D
CELLCEPT SUS 200MG/ML	3	B/D, M
CYCLOSPORINE CAP 50MG MOD	2	B/D, M
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D
<i>cyclosporine modified cap 100 mg</i>	4	B/D, M
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, M
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D, M
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D, M
MYFORTIC TAB 180MG	4	B/D, M
MYFORTIC TAB 360MG	4	B/D, M
ORTHOCLONE INJ OKT3	5	B/D

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE SOL 1MG/ML	4	B/D, M
RAPAMUNE TAB 0.5MG	4	B/D, M
RAPAMUNE TAB 1MG	5	B/D, M
RAPAMUNE TAB 2MG	5	B/D, M
SIMULECT INJ 20MG	5	B/D
<i>tacrolimus cap 0.5 mg</i>	2	B/D, M
<i>tacrolimus cap 1 mg</i>	2	B/D, M
<i>tacrolimus cap 5 mg</i>	5	B/D, M
ZORTRESS TAB 0.25MG	4	B/D, M
ZORTRESS TAB 0.5MG	5	B/D, M
ZORTRESS TAB 0.75MG	5	B/D, M

ION-REMOVING AGENTS

PHOSPHATE-REMOVING AGENTS

FOSRENOL CHW 1000MG	3	M
FOSRENOL CHW 500MG	3	M
FOSRENOL CHW 750MG	3	M
REVELA PAK 0.8GM	3	M
REVELA PAK 2.4GM	3	M
REVELA TAB 800MG	3	M

POTASSIUM-REMOVING AGENTS

<i>*sodium polystyrene sulfonate powder**</i>	4	
<i>kionex pow usp</i>	4	

IRRIGATING SOLUTIONS

IRRIGATING SOLUTIONS

<i>sodium chloride irrigation soln 0.9%</i>	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

LOCAL ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 0.5%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	B/D
<i>lidocaine hcl viscous soln 2%</i>	2	

MUCOLYTIC AGENTS

MUCOLYTIC AGENTS

<i>acetylcysteine inhal soln 10%</i>	2	B/D
<i>acetylcysteine inhal soln 20%</i>	2	B/D

MYDRIATICS

MYDRIATICS

<i>PROPINE SOL 0.1% OP</i>	4	M
<i>tropicamide ophth soln 0.5%</i>	2	M

OPIATE ANTAGONISTS

OPIATE ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
<i>depade tab 50mg</i>	1	GC
<i>naloxone hcl inj 1 mg/ml</i>	2	B/D
NALOXONE INJ 0.4MG/ML	2	B/D
<i>naltrexone hcl tab 50 mg</i>	2	

OTHER MISC THERAPEUTIC AGENTS

OTHER MISC THERAPEUTIC AGENTS

<i>allopurinol tab 100 mg</i>	1	GC, M
<i>allopurinol tab 300 mg</i>	1	GC, M
<i>amifostine crystalline for inj 500 mg</i>	5	PA
AMPYRA TAB 10MG	5	QL (60 tabs / 30 days), M, PA
ANTABUSE TAB 250MG	4	M
ANTABUSE TAB 500MG	4	M
ARCALYST INJ 220MG	5	M, PA
BOTOX INJ 100UNIT	5	B/D
COLCRYS TAB 0.6MG	4	QL (60 tabs / 30 days)
CYSTADANE POW	4	M
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	5	PA
KUVAN TAB 100MG	5	M, PA
LEUCOVOR CA TAB 10MG	2	
LEUCOVOR CA TAB 15MG	2	
<i>leucovorin calcium for inj 100 mg</i>	2	B/D
<i>leucovorin calcium for inj 350 mg</i>	2	B/D
<i>leucovorin calcium tab 25 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	GC, M
<i>levocarnitine tab 330 mg</i>	1	GC, M
<i>mesna inj 100 mg/ml</i>	2	B/D
MESNEX TAB 400MG	5	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	M, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	2	M, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	M, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	M, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	2	M, PA
ORFADIN CAP 10MG	5	M, PA
ORFADIN CAP 2MG	5	M, PA
ORFADIN CAP 5MG	5	M, PA
SENSIPAR TAB 30MG	4	M
SENSIPAR TAB 60MG	5	M

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR TAB 90MG	3	M
SOMATULINE INJ 120/.5ML	5	PA
SOMATULINE INJ 60/0.2ML	5	PA
SOMATULINE INJ 90/0.3ML	5	PA
ULORIC TAB 40MG	4	M
ULORIC TAB 80MG	4	M
ZAVESCA CAP 100MG	5	M, PA

PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

<i>bethanechol chloride tab 10 mg</i>	4	
<i>bethanechol chloride tab 25 mg</i>	4	
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	4	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	M
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days), M
<i>donepezil hydrochloride tab 10 mg</i>	2	M
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (30 tabs / 30 days), M
EXELON SOL 2MG/ML	3	QL (180 mls / 30 days), M
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	4	M
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	4	M
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	4	QL (30 caps / 30 days), M
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	M
<i>galantamine hydrobromide tab 12 mg</i>	4	QL (30 tabs / 30 days), M
<i>galantamine hydrobromide tab 4 mg</i>	4	QL (30 tabs / 30 days), M
<i>galantamine hydrobromide tab 8 mg</i>	4	M
GUANIDINE TAB 125MG	2	
MESTINON SYP 60MG/5ML	4	
MESTINON TAB TIMESPAN	4	
<i>pilocarpine hcl tab 5 mg</i>	4	M
<i>pilocarpine hcl tab 7.5 mg</i>	4	M
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>rivastigmine tartrate cap 1.5 mg</i>	2	QL (240 caps / 30 days), M
<i>rivastigmine tartrate cap 3 mg</i>	2	QL (120 caps / 30 days), M

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 4.5 mg</i>	2	QL (60 caps / 30 days), M
<i>rivastigmine tartrate cap 6 mg</i>	2	QL (60 caps / 30 days), M

PARATHYROID

PARATHYROID

<i>calcitonin (salmon) nasal soln 200 unit/act 2</i>		M
FORTEO SOL 600/2.4	5	M, PA
MIACALCIN INJ 200/ML	4	B/D

PITUITARY

PITUITARY

<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	2	M
<i>desmopressin acetate tab 0.1 mg</i>	2	M
<i>desmopressin acetate tab 0.2 mg</i>	2	M

PROGESTINS

PROGESTINS

<i>medroxyprogesterone acetate im susp 150 2 mg/ml</i>		QL (1 vial / 90 days)
<i>medroxyprogesterone acetate tab 10 mg</i>	1	GC, M
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	GC, M
<i>medroxyprogesterone acetate tab 5 mg</i>	1	GC, M
<i>norethindrone acetate tab 5 mg</i>	2	M
PROMETRIUM CAP 100MG	4	M
PROMETRIUM CAP 200MG	4	M

PROKINETIC AGENTS

PROKINETIC AGENTS

<i>metoclopramide hcl inj 5 mg/ml</i>	2	B/D
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	2	
<i>metoclopramide hcl tab 10 mg</i>	2	
<i>metoclopramide hcl tab 5 mg</i>	2	

PSYCHOTHERAPEUTIC AGENTS

ATYPICAL ANTIPSYCHOTICS

ABILIFY DISC TAB 10MG	4	M
ABILIFY DISC TAB 15MG	4	M
ABILIFY INJ 9.75MG	4	B/D
ABILIFY SOL 1MG/ML	4	M
ABILIFY TAB 10MG	4	M
ABILIFY TAB 15MG	4	M
ABILIFY TAB 20MG	4	M
ABILIFY TAB 2MG	4	M

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TAB 30MG	4	M
ABILIFY TAB 5MG	4	M
<i>clozapine tab 100 mg</i>	4	
<i>clozapine tab 200 mg</i>	4	
<i>clozapine tab 25 mg</i>	4	
<i>clozapine tab 50 mg</i>	4	
FANAPT PAK	4	
FANAPT TAB 10MG	4	
FANAPT TAB 12MG	4	
FANAPT TAB 1MG	4	
FANAPT TAB 2MG	4	
FANAPT TAB 4MG	4	
FANAPT TAB 6MG	4	
FANAPT TAB 8MG	4	
FAZACLO TAB 100MG	4	
FAZACLO TAB 12.5MG	4	
FAZACLO TAB 150MG	4	
FAZACLO TAB 200MG	4	
FAZACLO TAB 25MG	4	
GEODON CAP 20MG	4	QL (240 caps / 30 days), M
GEODON CAP 40MG	4	QL (120 caps / 30 days), M
GEODON CAP 60MG	4	QL (60 caps / 30 days), M
GEODON CAP 80MG	4	QL (60 caps / 30 days), M
GEODON INJ 20MG	4	
INVEGA SUST INJ 117/0.75	5	B/D
INVEGA SUST INJ 156MG/ML	5	B/D
INVEGA SUST INJ 234/1.5	5	B/D
INVEGA SUST INJ 39/0.25	4	B/D
INVEGA SUST INJ 78/0.5ML	4	B/D
INVEGA TAB 1.5MG	4	QL (30 tabs / 30 days), M
INVEGA TAB 3MG	4	QL (30 tabs / 30 days), M
INVEGA TAB 6MG	4	M
INVEGA TAB 9MG	4	M
LATUDA TAB 40MG	4	QL (60 tabs / 30 days), M
LATUDA TAB 80MG	4	QL (60 tabs / 30 days), M
RISPERDAL INJ 12.5MG	4	QL (2 injections / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 25MG	4	QL (2 injections / 30 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 30 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 30 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	QL (90 tabs / 30 days), M
<i>risperidone orally disintegrating tab 1 mg</i>	4	QL (60 tabs / 30 days), M
<i>risperidone orally disintegrating tab 2 mg</i>	2	QL (60 tabs / 30 days), M
<i>risperidone orally disintegrating tab 3 mg</i>	4	QL (60 tabs / 30 days), M
<i>risperidone orally disintegrating tab 4 mg</i>	2	QL (60 tabs / 30 days), M
<i>risperidone soln 1 mg/ml</i>	2	M
<i>risperidone tab 0.25 mg</i>	2	QL (90 tabs / 30 days), M
RISPERIDONE TAB 0.25 ODT	2	QL (90 tabs / 30 days), M
<i>risperidone tab 0.5 mg</i>	2	QL (90 tabs / 30 days), M
<i>risperidone tab 1 mg</i>	2	QL (60 tabs / 30 days), M
<i>risperidone tab 2 mg</i>	2	QL (60 tabs / 30 days), M
<i>risperidone tab 3 mg</i>	2	QL (60 tabs / 30 days), M
<i>risperidone tab 4 mg</i>	2	QL (60 tabs / 30 days), M
SAPHRIS SUB 10MG	4	M
SAPHRIS SUB 5MG	4	M
SEROQUEL TAB 100MG	3	QL (240 tabs / 30 days), M
SEROQUEL TAB 200MG	3	QL (120 tabs / 30 days), M
SEROQUEL TAB 25MG	3	QL (960 tabs / 30 days), M
SEROQUEL TAB 300MG	3	QL (90 tabs / 30 days), M
SEROQUEL TAB 400MG	3	QL (90 tabs / 30 days), M
SEROQUEL TAB 50MG	3	QL (480 tabs / 30 days), M

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR TAB 150MG	3	QL (30 tabs / 30 days), M
SEROQUEL XR TAB 200MG	3	QL (30 tabs / 30 days), M
SEROQUEL XR TAB 300MG	3	QL (60 tabs / 30 days), M
SEROQUEL XR TAB 400MG	3	QL (60 tabs / 30 days), M
SEROQUEL XR TAB 50MG	3	QL (60 tabs / 30 days), M
ZYPREXA INJ 10MG	4	QL (10 vials / 30 days)
ZYPREXA TAB 10MG	4	QL (60 tabs / 30 days), M
ZYPREXA TAB 15MG	4	QL (30 tabs / 30 days), M
ZYPREXA TAB 2.5MG	4	QL (30 tabs / 30 days), M
ZYPREXA TAB 20MG	4	QL (30 tabs / 30 days), M
ZYPREXA TAB 5MG	4	QL (30 tabs / 30 days), M
ZYPREXA TAB 7.5MG	4	QL (30 tabs / 30 days), M
ZYPREXA ZYDI TAB 10MG	4	QL (60 tabs / 30 days), M
ZYPREXA ZYDI TAB 15MG	4	QL (30 tabs / 30 days), M
ZYPREXA ZYDI TAB 20MG	4	QL (30 tabs / 30 days), M
ZYPREXA ZYDI TAB 5MG	4	QL (30 tabs / 30 days), M

BUTYROPHENONES

<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	M
<i>haloperidol tab 0.5 mg</i>	2	M
<i>haloperidol tab 1 mg</i>	2	M
<i>haloperidol tab 10 mg</i>	2	M
<i>haloperidol tab 2 mg</i>	2	M
<i>haloperidol tab 20 mg</i>	2	M
<i>haloperidol tab 5 mg</i>	2	M

MISCELLANEOUS ANTIDEPRESSANTS

<i>budeprion tab 100mg sr</i>	2	M
<i>budeprion tab 150mg sr</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>budeprion xl tab 150mg</i>	4	M
<i>budeprion xl tab 300mg</i>	4	M
<i>buproban tab 150mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	M
<i>bupropion hcl tab 75 mg</i>	2	M
<i>bupropion hcl tab sr 12hr 100 mg</i>	2	M
<i>bupropion hcl tab sr 12hr 150 mg</i>	2	M
<i>bupropion hcl tab sr 12hr 200 mg</i>	2	M
<i>mirtazapine orally disintegrating tab 15 mg4</i>		M
<i>mirtazapine orally disintegrating tab 30 mg4</i>		M
<i>mirtazapine orally disintegrating tab 45 mg4</i>		M
<i>mirtazapine tab 15 mg</i>	2	QL (45 tabs / 30 days), M
<i>mirtazapine tab 30 mg</i>	2	M
<i>mirtazapine tab 45 mg</i>	2	M
<i>mirtazapine tab 7.5 mg</i>	2	QL (45 tabs / 30 days), M

MISCELLANEOUS ANTIPSYCHOTICS

<i>loxapine succinate cap 10 mg</i>	2	M
<i>loxapine succinate cap 25 mg</i>	2	M
<i>loxapine succinate cap 5 mg</i>	2	M
<i>loxapine succinate cap 50 mg</i>	2	M
ORAP TAB 1MG	4	M
ORAP TAB 2MG	4	M

MONOMINE OXIDASE INHIBITORS

MARPLAN TAB 10MG	4	M
<i>phenelzine sulfate tab 15 mg</i>	2	M
<i>tranylcypromine sulfate tab 10 mg</i>	2	M

PHENOTHIAZINES

CHLORPROMAZ INJ 25MG/ML	2	
<i>chlorpromazine hcl tab 10 mg</i>	2	M
<i>chlorpromazine hcl tab 100 mg</i>	2	M
<i>chlorpromazine hcl tab 200 mg</i>	2	M
<i>chlorpromazine hcl tab 25 mg</i>	2	M
<i>chlorpromazine hcl tab 50 mg</i>	2	M
<i>compro sup 25mg</i>	2	
FLUPHENAZINE CON 5MG/ML	2	M
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
FLUPHENAZINE ELX 2.5/5ML	2	M
<i>fluphenazine hcl tab 1 mg</i>	1	GC, M
<i>fluphenazine hcl tab 10 mg</i>	2	M
<i>fluphenazine hcl tab 2.5 mg</i>	2	M
<i>fluphenazine hcl tab 5 mg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
FLUPHENAZINE INJ 2.5MG/ML	2	
<i>perphenazine tab 16 mg</i>	2	M
<i>perphenazine tab 2 mg</i>	2	M
<i>perphenazine tab 4 mg</i>	2	M
<i>perphenazine tab 8 mg</i>	2	M
<i>prochlorperazine edisylate inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate tab 10 mg</i>	1	GC, M
<i>prochlorperazine maleate tab 5 mg</i>	1	GC, M
<i>prochlorperazine suppos 25 mg</i>	2	
<i>thioridazine hcl tab 10 mg</i>	2	M
<i>thioridazine hcl tab 100 mg</i>	2	M
<i>thioridazine hcl tab 25 mg</i>	2	M
<i>thioridazine hcl tab 50 mg</i>	2	M
<i>trifluoperazine hcl tab 1 mg</i>	2	M
<i>trifluoperazine hcl tab 10 mg</i>	2	M
<i>trifluoperazine hcl tab 2 mg</i>	2	M
<i>trifluoperazine hcl tab 5 mg</i>	2	M

SELECTIVE SEROTONIN- AND NOREPINEPHRINE-REUPTAKE

CYMBALTA CAP 20MG	4	QL (30 caps / 30 days), M
CYMBALTA CAP 30MG	4	QL (30 caps / 30 days), M
CYMBALTA CAP 60MG	4	QL (60 caps / 30 days), M
PRISTIQ TAB 100MG	4	M
PRISTIQ TAB 50MG	4	QL (30 tabs / 30 days), M
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	4	QL (60 caps / 30 days), M
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	4	QL (30 caps / 30 days), M
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	4	QL (90 caps / 30 days), M
<i>venlafaxine hcl tab 100 mg</i>	2	M
<i>venlafaxine hcl tab 25 mg</i>	2	M
<i>venlafaxine hcl tab 37.5 mg</i>	2	M
<i>venlafaxine hcl tab 50 mg</i>	2	M
<i>venlafaxine hcl tab 75 mg</i>	2	M

SELECTIVE-SEROTONIN REUPTAKE INHIBITORS

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	QL (900 mls / 30 days), M
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	GC, QL (45 tabs / 30 days), M
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	GC, QL (90 tabs / 30 days), M

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	GC, QL (30 tabs / 30 days), M
<i>fluoxetine hcl cap 10 mg</i>	1	GC, QL (240 caps / 30 days), M
<i>fluoxetine hcl cap 20 mg</i>	1	GC, QL (120 caps / 30 days), M
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	QL (600 mls / 30 days), M
<i>fluvoxamine maleate tab 100 mg</i>	4	M
<i>fluvoxamine maleate tab 25 mg</i>	4	QL (45 tabs / 30 days), M
<i>fluvoxamine maleate tab 50 mg</i>	4	QL (45 tabs / 30 days), M
LEXAPRO SOL 5MG/5ML	4	QL (600 mls / 30 days), M
LEXAPRO TAB 10MG	4	QL (45 tabs / 30 days), M
LEXAPRO TAB 20MG	4	QL (30 tabs / 30 days), M
LEXAPRO TAB 5MG	4	QL (45 tabs / 30 days), M
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	2	QL (900 mls / 30 days), M
<i>paroxetine hcl tab 10 mg</i>	2	QL (45 tabs / 30 days), M
<i>paroxetine hcl tab 20 mg</i>	2	QL (45 tabs / 30 days), M
<i>paroxetine hcl tab 30 mg</i>	2	QL (60 tabs / 30 days), M
<i>paroxetine hcl tab 40 mg</i>	2	QL (45 tabs / 30 days), M
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	4	QL (30 tabs / 30 days), M
<i>paroxetine hcl tab sr 24hr 25 mg</i>	4	QL (90 tabs / 30 days), M
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	4	QL (60 tabs / 30 days), M
<i>sertraline hcl oral conc 20 mg/ml</i>	2	QL (300 mls / 30 days), M
<i>sertraline hcl tab 100 mg</i>	2	QL (60 tabs / 30 days), M
<i>sertraline hcl tab 25 mg</i>	2	QL (45 tabs / 30 days), M
<i>sertraline hcl tab 50 mg</i>	2	QL (45 tabs / 30 days), M

SEROTONIN MODULATORS

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE TAB 100MG	2	M
NEFAZODONE TAB 150MG	2	M
NEFAZODONE TAB 200MG	2	M
NEFAZODONE TAB 250MG	2	M
NEFAZODONE TAB 50MG	2	M
<i>trazodone hcl tab 100 mg</i>	2	M
<i>trazodone hcl tab 150 mg</i>	2	M
<i>trazodone hcl tab 50 mg</i>	1	GC, M
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days), M
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days), M
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days), M
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	2	M
<i>thiothixene cap 10 mg</i>	2	M
<i>thiothixene cap 2 mg</i>	2	M
<i>thiothixene cap 5 mg</i>	2	M
TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIB		
<i>amitriptyline hcl tab 10 mg</i>	1	GC, M
<i>amitriptyline hcl tab 100 mg</i>	1	GC, M
<i>amitriptyline hcl tab 150 mg</i>	1	GC, M
<i>amitriptyline hcl tab 25 mg</i>	1	GC, M
<i>amitriptyline hcl tab 50 mg</i>	1	GC, M
<i>amitriptyline hcl tab 75 mg</i>	1	GC, M
AMOXAPINE TAB 100MG	2	M
AMOXAPINE TAB 150MG	2	M
AMOXAPINE TAB 25MG	2	M
AMOXAPINE TAB 50MG	2	M
CDP/AMITRIP TAB 10-25MG	2	M
CDP/AMITRIP TAB 5-12.5MG	2	M
<i>clomipramine hcl cap 25 mg</i>	2	M
<i>clomipramine hcl cap 50 mg</i>	2	M
<i>clomipramine hcl cap 75 mg</i>	2	M
<i>desipramine hcl tab 10 mg</i>	2	M
<i>desipramine hcl tab 100 mg</i>	2	M
<i>desipramine hcl tab 150 mg</i>	2	M
<i>desipramine hcl tab 25 mg</i>	2	M
<i>desipramine hcl tab 50 mg</i>	2	M
<i>desipramine hcl tab 75 mg</i>	2	M
<i>doxepin hcl cap 10 mg</i>	1	GC, M
<i>doxepin hcl cap 100 mg</i>	2	M
DOXEPIN HCL CAP 150MG	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 25 mg</i>	1	GC, M
<i>doxepin hcl cap 50 mg</i>	1	GC, M
<i>doxepin hcl cap 75 mg</i>	2	M
<i>doxepin hcl conc 10 mg/ml</i>	2	M
<i>imipramine hcl tab 10 mg</i>	2	M
<i>imipramine hcl tab 25 mg</i>	2	M
<i>imipramine hcl tab 50 mg</i>	2	M
MAPROTILINE TAB 25MG	2	M
MAPROTILINE TAB 50MG	2	M
MAPROTILINE TAB 75MG	2	M
<i>nortriptyline hcl cap 10 mg</i>	1	GC, M
<i>nortriptyline hcl cap 25 mg</i>	1	GC, M
<i>nortriptyline hcl cap 50 mg</i>	1	GC, M
<i>nortriptyline hcl cap 75 mg</i>	1	GC, M
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	M
PERPHEN/AMIT TAB 2-10MG	2	M
PERPHEN/AMIT TAB 2-25MG	2	M
PERPHEN/AMIT TAB 4-10MG	2	M
PERPHEN/AMIT TAB 4-25MG	2	M
PERPHEN/AMIT TAB 4-50MG	2	M
<i>protriptyline hcl tab 10 mg</i>	2	M
<i>protriptyline hcl tab 5 mg</i>	2	M
SURMONTIL CAP 100MG	4	M
SURMONTIL CAP 25MG	4	M
SURMONTIL CAP 50MG	4	M

RENNIN-ANGIOTENSIN-ALDOSTERONE SYS INHIB

ANGIOTENSIN II RECEPTOR ANTAGONISTS

BENICAR HCT TAB 20-12.5	3	M
BENICAR HCT TAB 40-12.5	3	M
BENICAR HCT TAB 40-25MG	3	M
BENICAR TAB 20MG	3	M
BENICAR TAB 40MG	3	M
BENICAR TAB 5MG	3	M
DIOVAN HCT TAB 160/12.5	3	M
DIOVAN HCT TAB 160/25MG	3	M
DIOVAN HCT TAB 320/12.5	3	M
DIOVAN HCT TAB 320/25MG	3	M
DIOVAN HCT TAB 80/12.5	3	M
DIOVAN TAB 160MG	3	M
DIOVAN TAB 320MG	3	M
DIOVAN TAB 40MG	3	M
DIOVAN TAB 80MG	3	M
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	2	M
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	2	M
<i>losartan potassium tab 100 mg</i>	2	M
<i>losartan potassium tab 25 mg</i>	2	M
<i>losartan potassium tab 50 mg</i>	2	M

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	M
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	M
<i>benazepril & hydrochlorothiazide tab 20-252 mg</i>		M
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	M
<i>benazepril hcl tab 10 mg</i>	1	GC, M
<i>benazepril hcl tab 20 mg</i>	1	GC, M
<i>benazepril hcl tab 40 mg</i>	1	GC, M
<i>benazepril hcl tab 5 mg</i>	1	GC, M
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	2	M
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC, M
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	2	M
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	2	M
<i>captopril tab 100 mg</i>	2	M
<i>captopril tab 12.5 mg</i>	1	GC, M
<i>captopril tab 25 mg</i>	1	GC, M
<i>captopril tab 50 mg</i>	1	GC, M
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	2	M
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	2	M
<i>enalapril maleate tab 10 mg</i>	1	GC, M
<i>enalapril maleate tab 2.5 mg</i>	1	GC, M
<i>enalapril maleate tab 20 mg</i>	1	GC, M
<i>enalapril maleate tab 5 mg</i>	1	GC, M
<i>fosinopril sodium tab 10 mg</i>	2	M
<i>fosinopril sodium tab 20 mg</i>	2	M
<i>fosinopril sodium tab 40 mg</i>	2	M
<i>lisinopril & hydrochlorothiazide tab 10-12.51 mg</i>		GC, M

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-12.51 mg</i>		GC, M
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC, M
<i>lisinopril tab 10 mg</i>	1	GC, M
<i>lisinopril tab 2.5 mg</i>	1	GC, M
<i>lisinopril tab 20 mg</i>	1	GC, M
<i>lisinopril tab 30 mg</i>	1	GC, M
<i>lisinopril tab 40 mg</i>	1	GC, M
<i>lisinopril tab 5 mg</i>	1	GC, M
<i>moexipril hcl tab 15 mg</i>	2	M
<i>moexipril hcl tab 7.5 mg</i>	2	M
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	2	M
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	2	M
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	2	M
<i>perindopril erbumine tab 2 mg</i>	2	M
<i>perindopril erbumine tab 4 mg</i>	2	M
<i>perindopril erbumine tab 8 mg</i>	2	M
<i>quinapril hcl tab 10 mg</i>	2	M
<i>quinapril hcl tab 20 mg</i>	2	M
<i>quinapril hcl tab 40 mg</i>	2	M
<i>quinapril hcl tab 5 mg</i>	2	M
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	M
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	M
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	M
<i>ramipril cap 1.25 mg</i>	2	M
<i>ramipril cap 10 mg</i>	2	M
<i>ramipril cap 2.5 mg</i>	2	M
<i>ramipril cap 5 mg</i>	2	M
<i>trandolapril tab 1 mg</i>	2	M
<i>trandolapril tab 2 mg</i>	2	M
<i>trandolapril tab 4 mg</i>	2	M
MINERALOCORTICOID (ALDOST) RECEPT ANTAG		
<i>ALDACTAZIDE TAB 50/50</i>	4	M
<i>eplerenone tab 25 mg</i>	4	M, PA
<i>eplerenone tab 50 mg</i>	4	M, PA
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	M
<i>spironolactone tab 100 mg</i>	2	M

GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tab 25 mg</i>	2	M
<i>spironolactone tab 50 mg</i>	2	M

RENIN INHIBITORS

AMTURNIDE150 TAB -5-12.5	4	M, ST
AMTURNIDE300 TAB -10-12.5	4	M, ST
AMTURNIDE300 TAB -10-25MG	4	M, ST
AMTURNIDE300 TAB -5-12.5	4	M, ST
AMTURNIDE300 TAB -5-25MG	4	M, ST
TEKAMLO TAB 150-10MG	3	M, ST
TEKAMLO TAB 150-5MG	3	M, ST
TEKAMLO TAB 300-10MG	3	M, ST
TEKAMLO TAB 300-5MG	3	M, ST
TEKTURNA HCT TAB 150-12.5	3	M, ST
TEKTURNA HCT TAB 150-25MG	3	M, ST
TEKTURNA HCT TAB 300-12.5	3	M, ST
TEKTURNA HCT TAB 300-25MG	3	M, ST
TEKTURNA TAB 150MG	3	M, ST
TEKTURNA TAB 300MG	3	M, ST
VALTURNA TAB 150-160	3	M
VALTURNA TAB 300-320	3	M

REPLACEMENT PREPARATIONS

REPLACEMENT PREPARATIONS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	M
D5W/NACL INJ 0.225%	3	B/D
<i>dextrose 10% w/ sodium chloride 0.2%</i>	3	B/D
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	B/D
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	B/D
<i>dextrose 5% w/ sodium chloride 0.33%</i>	3	B/D
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	B/D
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	B/D
<i>ed k+10 tab 10meq cr</i>	2	M
KCL/D5W/LR INJ 0.3%	2	B/D
<i>klor-con 10 tab 10meq er</i>	4	M
<i>klor-con 8 tab 8meq er</i>	4	M
KLOR-CON M15 TAB	4	M
<i>klor-con m20 tab 20meq er</i>	4	M
<i>lactated ringer's solution</i>	2	B/D
NORMOSOL-R INJ PH 7.4	3	B/D
<i>potassium chloride cap cr 10 meq</i>	2	M
<i>potassium chloride cap cr 8 meq</i>	2	M
<i>potassium chloride inj 10 meq/100 ml</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride inj 20 meq/50 ml</i>	2	
<i>potassium chloride microencapsulated crys 2 cr tab 10 meq</i>		M
<i>potassium chloride microencapsulated crys 2 cr tab 20 meq</i>		M
<i>ringer's solution</i>	1	GC
<i>sodium chloride inj 0.45%</i>	2	B/D
<i>sodium chloride inj 3%</i>	2	B/D
<i>sodium chloride inj 5%</i>	2	B/D
<i>sodium chloride iv soln 0.9%</i>	4	B/D
<i>tpn electrol inj</i>	3	B/D

RESPIRATORY SMOOTH MUSCLE RELAXANTS

RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMINOPHYLLIN TAB 100MG	2	M
AMINOPHYLLIN TAB 200MG	2	M
<i>aminophylline inj 25 mg/ml</i>	2	
ELIXOPHYLLIN ELX 80/15ML	4	M
THEO-24 CAP 100MG CR	4	M
THEO-24 CAP 200MG CR	4	M
THEO-24 CAP 300MG CR	4	M
THEO-24 CAP 400MG ER	4	M
THEOPHYLLINE TAB 450MG ER	2	M
<i>theophylline tab sr 12hr 100 mg</i>	2	M
<i>theophylline tab sr 12hr 200 mg</i>	2	M
<i>theophylline tab sr 12hr 300 mg</i>	2	M
<i>theophylline tab sr 24hr 400 mg</i>	2	M
<i>theophylline tab sr 24hr 600 mg</i>	2	M

RESPIRATORY TRACT AGENTS, MISCELLANEOUS

RESPIRATORY TRACT AGENTS, MISCELLANEOUS

ARALAST NP INJ 400MG	5	PA
DALIRESP TAB 500MCG	4	M, PA
PROLASTIN INJ 500MG	5	PA
PROLASTIN-C INJ 1000MG	5	PA
XOLAIR SOL 150MG	5	PA

SECOND GENERATION ANTIHISTAMINES

SECOND GENERATION ANTIHISTAMINES

<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	

SERUMS

SERUMS

CARIMUNE NF INJ 3GM	5	PA
GAMASTAN S/D INJ	3	B/D
GAMMAGARD INJ 2.5GM/25	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX INJ 10%	5	PA

SKELETAL MUSCLE RELAXANTS

CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

<i>carisoprodol tab 350 mg</i>	2	QL (120 tabs / 30 days), PA
<i>chlorzoxazone tab 500 mg</i>	1	GC, PA
<i>cyclobenzaprine hcl tab 10 mg</i>	2	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA
<i>metaxalone tab 800 mg</i>	4	QL (120 tabs / 30 days), PA
<i>methocarbamol tab 500 mg</i>	2	PA
<i>methocarbamol tab 750 mg</i>	2	PA
<i>tizanidine hcl tab 2 mg</i>	2	M
<i>tizanidine hcl tab 4 mg</i>	2	M

DIRECT ACTING SKELETAL MUSCLE RELAXANTS

<i>dantrolene sodium cap 100 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	

GABA DERIVATIVE SKELETAL MUSCLE RELAXANTS

<i>baclofen tab 10 mg</i>	2	M
<i>baclofen tab 20 mg</i>	2	M

SKELETAL MUSCLE RELAXANTS

<i>orphenadrine tab 100mg er</i>	2	
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	4	

SKIN AND MUCOUS MEMBRANE AGENTS, MISC

SKIN AND MUCOUS MEMBRANE AGENTS, MISC

CALCIPOTRIEN OIN 0.005%	4	QL (60 gm / 30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	
<i>claravis cap 10mg</i>	4	PA
<i>claravis cap 20mg</i>	4	PA
<i>claravis cap 30mg</i>	4	
<i>claravis cap 40mg</i>	4	PA
DOVONEX CRE 0.005%	3	
ELIDEL CRE 1%	4	PA, ST
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
PANRETIN GEL 0.1%	4	
<i>podofilox soln 0.5%</i>	2	
REGANEX GEL 0.01%	5	PA
SANTYL OIN 250/GM	4	

Drug Name	Drug Tier	Requirements/Limits
TARGRETIN GEL 1%	5	
TAZORAC CRE 0.05%	3	
TAZORAC CRE 0.1%	3	
TAZORAC GEL 0.05%	3	
TAZORAC GEL 0.1%	3	
VEREGEN OIN 15%	3	
VOLTAREN GEL 1%	3	

SOMATOTROPIN AGONISTS AND ANTAGONISTS

SOMATOTROPIN AGONISTS

INCRELEX INJ 40MG/4ML	5	M, PA
SAIZEN INJ 5MG	5	M, PA
SAIZEN INJ 8.8MG	5	M, PA
TEV-TROPIN INJ 5MG	5	M, PA

SOMATOTROPIN ANTAGONISTS

SOMAVERT INJ 10MG	4	M, PA
SOMAVERT INJ 15MG	4	M, PA
SOMAVERT INJ 20MG	5	M, PA

SYMPATHOLYTIC (ADRENERGIC BLOCK) AGENTS

SYMPATHOLYTIC (ADRENERGIC BLOCK) AGENTS

DIBENZYLINE CAP 10MG	3	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	B/D
<i>ergoloid mesylates tab 1 mg</i>	2	M
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>tamsulosin hcl cap 0.4 mg</i>	2	M

SYMPATHOMIMETIC (ADRENERGIC) AGENTS

ALPHA- AND BETA-ADRENERGIC AGONISTS

<i>epinephrine hcl inj 0.1 mg/ml</i>	2	
EPIPEN 2-PAK INJ 0.3MG	4	QL (12 pens / year)
EPIPEN-JR INJ 2-PAK	4	QL (12 pens / year)

SELECTIVE BETA-2-ADRENERGIC AGONISTS

<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D, QL (100 nebs / 30 days), M
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D, QL (60 mls / 30 days), M
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D, QL (100 nebs / 30 days), M
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D, QL (100 nebs / 30 days), M
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	M
<i>albuterol sulfate tab 2 mg</i>	2	M
<i>albuterol sulfate tab 4 mg</i>	2	M
COMBIVENT AER	4	QL (2 inhalers / 30 days), M

Drug Name	Drug Tier	Requirements/Limits
FORADIL CAP AEROLIZE	4	M
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	GC, B/D, QL (180 nebs / 30 days), M
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	GC, B/D, QL (90 nebs / 30 days), M
METAPROTEREN TAB 10MG	4	M
METAPROTEREN TAB 20MG	2	M
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	2	M
PROAIR HFA AER	3	QL (4 inhalers / 30 days), M
SEREVENT DIS AER 50MCG	3	M
<i>terbutaline sulfate tab 2.5 mg</i>	2	M
<i>terbutaline sulfate tab 5 mg</i>	2	M
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days), M, ST

THYROID AND ANTITHYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tab 10 mg</i>	2	M
<i>methimazole tab 5 mg</i>	2	M
<i>propylthiouracil tab 50 mg</i>	2	M

THYROID AGENTS

<i>levothroid tab 100mcg</i>	2	M
<i>levothroid tab 112mcg</i>	2	M
<i>levothroid tab 125mcg</i>	2	M
<i>levothroid tab 137mcg</i>	2	M
<i>levothroid tab 150mcg</i>	2	M
<i>levothroid tab 175mcg</i>	2	M
<i>levothroid tab 200mcg</i>	2	M
<i>levothroid tab 25mcg</i>	2	M
<i>levothroid tab 300mcg</i>	2	M
<i>levothroid tab 50mcg</i>	2	M
<i>levothroid tab 75mcg</i>	2	M
<i>levothroid tab 88mcg</i>	2	M
<i>levothyroxine sodium tab 100 mcg</i>	2	M
<i>levothyroxine sodium tab 112 mcg</i>	2	M
<i>levothyroxine sodium tab 125 mcg</i>	2	M
<i>levothyroxine sodium tab 137 mcg</i>	2	M
<i>levothyroxine sodium tab 150 mcg</i>	2	M
<i>levothyroxine sodium tab 175 mcg</i>	2	M
<i>levothyroxine sodium tab 200 mcg</i>	2	M
<i>levothyroxine sodium tab 25 mcg</i>	2	M
<i>levothyroxine sodium tab 300 mcg</i>	2	M
<i>levothyroxine sodium tab 50 mcg</i>	2	M
<i>levothyroxine sodium tab 75 mcg</i>	2	M

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 88 mcg</i>	2	M
<i>levoxyl tab 100mcg</i>	2	M
<i>levoxyl tab 112mcg</i>	2	M
<i>levoxyl tab 125mcg</i>	2	M
<i>levoxyl tab 137mcg</i>	2	M
<i>levoxyl tab 150mcg</i>	2	M
<i>levoxyl tab 175mcg</i>	2	M
<i>levoxyl tab 200mcg</i>	2	M
<i>levoxyl tab 25mcg</i>	2	M
<i>levoxyl tab 50mcg</i>	2	M
<i>levoxyl tab 75mcg</i>	2	M
<i>levoxyl tab 88mcg</i>	2	M
<i>liothyronine sodium tab 25 mcg</i>	2	M
<i>liothyronine sodium tab 5 mcg</i>	2	M
<i>liothyronine sodium tab 50 mcg</i>	2	M
SYNTHROID TAB 100MCG	4	M
SYNTHROID TAB 112MCG	4	M
SYNTHROID TAB 125MCG	4	M
SYNTHROID TAB 137MCG	4	M
SYNTHROID TAB 150MCG	4	M
SYNTHROID TAB 175MCG	4	M
SYNTHROID TAB 200MCG	4	M
SYNTHROID TAB 25MCG	4	M
SYNTHROID TAB 300MCG	4	M
SYNTHROID TAB 50MCG	4	M
SYNTHROID TAB 75MCG	4	M
SYNTHROID TAB 88MCG	4	M
THYROLAR-1 TAB 60MG	4	M
THYROLAR-1/4 TAB 15MG	4	M
THYROLAR-2 TAB 120MG	4	M
THYROLAR-3 TAB 180MG	4	M
<i>unithroid tab 100mcg</i>	2	M
<i>unithroid tab 112mcg</i>	2	M
<i>unithroid tab 125mcg</i>	2	M
<i>unithroid tab 150mcg</i>	2	M
<i>unithroid tab 175mcg</i>	2	M
<i>unithroid tab 200mcg</i>	2	M
<i>unithroid tab 25mcg</i>	2	M
<i>unithroid tab 300mcg</i>	2	M
<i>unithroid tab 50mcg</i>	2	M
<i>unithroid tab 75mcg</i>	2	M
<i>unithroid tab 88mcg</i>	2	M

TOXOIDS

TOXOIDS

GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DECAVAC INJ 5-2LF	3	
DIP/TET PED INJ 6.7-5LF	4	
INFANRIX INJ	3	
TET/DIP TOX INJ 2-2 LF	4	
TETANUS TOX INJ 5LF ADS	4	
TRIPEDIA SUS P/F	3	

URICOSURIC AGENTS

URICOSURIC AGENTS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	M
<i>probenecid tab 500 mg</i>	2	M

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVES

MACRODANTIN CAP 25MG	4	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
<i>trimethoprim tab 100 mg</i>	2	

VACCINES

VACCINES

ACTHIB INJ	3	
CERVARIX INJ	3	
COMVAX INJ	3	
ENGERIX-B INJ 10/0.5ML	3	
ENGERIX-B INJ 20MCG/ML	3	
GARDASIL INJ	3	
HAVRIX INJ 1440UNIT	4	
HAVRIX INJ 720UNIT	4	
IMOVAX RABIE INJ 2.5/ML	3	
IPOL INJ INACTIVE	4	
IXIARO INJ	3	
JE-VAX INJ	3	
M-M-R II INJ LIVE	3	
MENACTRA INJ	3	
MENOMUNE INJ A/C/Y/W	4	
MENVEO INJ	3	
PEDVAX HIB INJ	3	
PROQUAD INJ	4	
RABAVERT INJ	4	
RECOMBIVA HB INJ 10MCG/ML	4	
RECOMBIVA-HB INJ 40MCG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SUS	4	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	4	
VARIVAX INJ	3	
YF-VAX INJ	4	
ZOSTAVAX INJ	3	QL (1 vial in lifetime)

VASOCONSTRICTORS

VASOCONSTRICTORS

<i>ak-con sol 0.1% op</i>	1	GC
TYZINE PED DRO 0.05%	3	
TYZINE SOL 0.1%	3	

VASODILATING AGENTS

NITRATES AND NITRITES

DILATRATE SR CAP 40MG	4	M
<i>isosorbide dinitrate sl tab 2.5 mg</i>	2	M
<i>isosorbide dinitrate sl tab 5 mg</i>	2	M
<i>isosorbide dinitrate tab 10 mg</i>	1	GC, M
<i>isosorbide dinitrate tab 20 mg</i>	1	GC, M
<i>isosorbide dinitrate tab 30 mg</i>	2	M
<i>isosorbide dinitrate tab 5 mg</i>	1	GC, M
<i>isosorbide dinitrate tab cr 40 mg</i>	2	M
<i>isosorbide mononitrate tab 10 mg</i>	2	M
<i>isosorbide mononitrate tab 20 mg</i>	2	M
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	2	M
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	2	M
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	2	M
<i>minitran dis 0.1mg/hr</i>	4	M
<i>minitran dis 0.2mg/hr</i>	4	M
<i>minitran dis 0.4mg/hr</i>	4	M
<i>minitran dis 0.6mg/hr</i>	4	M
NITRO-DUR DIS 0.3MG/HR	4	M
NITRO-DUR DIS 0.8MG/HR	4	M
NITROGLYCER INJ 5MG/ML	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	M
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	M
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	M
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	M
NITROLINGUAL SPR PUMPSRA	4	M
NITROSTAT SUB 0.3MG	3	M
NITROSTAT SUB 0.4MG	3	M
NITROSTAT SUB 0.6MG	3	M

PHOSPHODIESTERASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ADCIRCA TAB 20MG	5	M, PA
REVATIO INJ	5	PA
REVATIO TAB 20MG	5	M, PA

VASODILATING AGENTS, MISCELLANEOUS

<i>dipyridamole tab 25 mg</i>	2	M
<i>dipyridamole tab 50 mg</i>	2	M
LETAIRIS TAB 10MG	5	M, PA
LETAIRIS TAB 5MG	5	M, PA
REMODULIN INJ 10MG/ML	5	PA
REMODULIN INJ 1MG/ML	5	PA
REMODULIN INJ 2.5MG/ML	5	PA
REMODULIN INJ 5MG/ML	5	PA
TRACLEER TAB 125MG	5	M, LA, PA
TRACLEER TAB 62.5MG	5	M, LA, PA
VENTAVIS SOL 10MCG/ML	5	B/D, M

VITAMIN D

VITAMIN D

<i>calcitriol cap 0.25 mcg</i>	2	B/D, M
<i>calcitriol cap 0.5 mcg</i>	2	B/D, M
<i>calcitriol inj 1 mcg/ml</i>	2	B/D
HECTOROL CAP 0.5MCG	4	B/D, M
HECTOROL CAP 1MCG	4	B/D, M
HECTOROL CAP 2.5MCG	4	B/D, M
HECTOROL INJ 4MCG/2ML	4	B/D
ZEMPLAR CAP 1MCG	4	B/D, M
ZEMPLAR CAP 2MCG	4	B/D, M
ZEMPLAR CAP 4MCG	4	B/D, M
ZEMPLAR INJ 2MCG/ML	4	B/D
ZEMPLAR INJ 5MCG/ML	4	B/D

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 ABILIFY DISC TAB 15MG 56
 ABILIFY INJ 9.75MG 56
 ABILIFY SOL 1MG/ML 56
 ABILIFY TAB 10MG 56
 ABILIFY TAB 15MG 56
 ABILIFY TAB 20MG 56
 ABILIFY TAB 2MG 56
 ABILIFY TAB 30MG 57
 ABILIFY TAB 5MG 57
acarbose tab 100 mg 20
acarbose tab 25 mg 20
acarbose tab 50 mg 20
acebutolol hcl cap 200 mg 37
acebutolol hcl cap 400 mg 37
acetaminophen w/ codeine soln 120-12 mg/5ml 3
acetaminophen w/ codeine tab 300-15 mg 3
acetaminophen w/ codeine tab 300-30 mg 3
acetaminophen w/ codeine tab 300-60 mg 3
acetasol hc sol otic 11
acetazolamide tab 125 mg 25
acetazolamide tab 250 mg 25
acetic acid otic soln 2% 49
acetylcysteine inhal soln 10% 53
acetylcysteine inhal soln 20% 53
 ACTEMRA INJ 200/10ML 47
 ACTHIB INJ 73
 ACTIMMUNE INJ 2MU/0.5 39
 ACTOPLUS MET TAB 15/500MG 22
 ACTOPLUS MET TAB 15/850MG 22
 ACTOPLUS MET TAB XR 22
 ACTOS TAB 15MG 22
 ACTOS TAB 30MG 22
 ACTOS TAB 45MG 22
acyclovir cap 200 mg 36
acyclovir sodium for inj 500 mg 36

acyclovir susp 200 mg/5ml 36
acyclovir tab 400 mg 36
acyclovir tab 800 mg 36
 ADACEL INJ 73
 ADAGEN INJ 250/ML 49
 ADALAT CC TAB 30MG ER 41
 ADALAT CC TAB 60MG ER 41
 ADALAT CC TAB 90MG ER 41
 ADCIRCA TAB 20MG 75
afeditab tab 30mg cr 41
afeditab tab 60mg cr 41
 AFINITOR TAB 10MG 28
 AFINITOR TAB 2.5MG 28
 AFINITOR TAB 5MG 28
 AGGRENOLX CAP 25-200MG 33
a-hydrocort inj 100mg 1
ak-con sol 0.1% op 74
 AKNE-MYCIN OIN 2% 8
 ALAMAST DRO 0.1% 12
 ALBENZA TAB 200MG 7
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 70
albuterol sulfate soln nebu 0.5% (5 mg/ml) 70
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 70
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 70
albuterol sulfate syrup 2 mg/5ml 70
albuterol sulfate tab 2 mg 70
albuterol sulfate tab 4 mg 70
 ALCOHOL PREP PAD 47
 ALDACTAZIDE TAB 50/50 66
 ALDURAZYME INJ 2.9MG/5M 49
alendronate sodium tab 10 mg 39
alendronate sodium tab 35 mg 39
alendronate sodium tab 5 mg 39
alendronate sodium tab 70 mg 39
 ALIMTA INJ 500MG 28
 ALINIA SUS 100MG/5M 31
 ALINIA TAB 500MG 31
allopurinol tab 100 mg 54
allopurinol tab 300 mg 54
 ALREX SUS 0.2% 11
amantadine hcl cap 100 mg 44
amantadine hcl syrup 50 mg/5ml 44
a-methapred inj 125mg 1

<i>amifostine crystalline for inj 500 mg</i> ...	54	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amiloride & hydrochlorothiazide tab 5-50</i>		<i>5-40 mg</i>	41
<i>mg</i>	48	AMOXAPINE TAB 100MG.....	63
<i>amiloride hcl tab 5 mg</i>	48	AMOXAPINE TAB 150MG.....	63
AMINOPHYLLIN TAB 100MG.....	68	AMOXAPINE TAB 25MG.....	63
AMINOPHYLLIN TAB 200MG.....	68	AMOXAPINE TAB 50MG.....	63
<i>aminophylline inj 25 mg/ml</i>	68	<i>amoxicillin & k clavulanate for susp</i>	
AMINOSYN II INJ 10%.....	42	<i>200-28.5 mg/5ml</i>	13
AMINOSYN II INJ 15%.....	42	<i>amoxicillin & k clavulanate for susp</i>	
AMINOSYN II INJ 4.25/D10.....	42	<i>250-62.5 mg/5ml</i>	13
AMINOSYN II INJ 7%.....	42	<i>amoxicillin & k clavulanate for susp</i>	
AMINOSYN II INJ 8.5%.....	42	<i>400-57 mg/5ml</i>	13
<i>aminosyn ii inj 8.5/lyte</i>	42	<i>amoxicillin & k clavulanate for susp</i>	
AMINOSYN IIM INJ 3.5%/D5W.....	42	<i>600-42.9 mg/5ml</i>	13
AMINOSYN INJ 10%.....	42	<i>amoxicillin & k clavulanate tab 250-125</i>	
AMINOSYN INJ 3.5%.....	42	<i>mg</i>	13
AMINOSYN INJ 5%.....	42	<i>amoxicillin & k clavulanate tab 500-125</i>	
AMINOSYN INJ 7%.....	42	<i>mg</i>	13
AMINOSYN INJ 8.5%.....	42	<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>aminosyn inj 8.5/lyte</i>	42	<i>mg</i>	13
AMINOSYN-HBC INJ 7%.....	42	<i>amoxicillin (trihydrate) cap 250 mg</i>	13
<i>aminosyn-hf inj 8%</i>	42	<i>amoxicillin (trihydrate) cap 500 mg</i>	13
AMINOSYN-PF INJ 10%.....	42	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
AMINOSYN-PF INJ 7%.....	42	.....	13
<i>amiodarone hcl inj 150 mg/3ml (50</i>		<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<i>mg/ml)</i>	43	.....	13
<i>amiodarone hcl tab 200 mg</i>	43	<i>amoxicillin (trihydrate) for susp 125</i>	
AMITIZA CAP 24MCG.....	50	<i>mg/5ml</i>	13
AMITIZA CAP 8MCG.....	50	<i>amoxicillin (trihydrate) for susp 200</i>	
<i>amitriptyline hcl tab 10 mg</i>	63	<i>mg/5ml</i>	13
<i>amitriptyline hcl tab 100 mg</i>	63	<i>amoxicillin (trihydrate) for susp 250</i>	
<i>amitriptyline hcl tab 150 mg</i>	63	<i>mg/5ml</i>	13
<i>amitriptyline hcl tab 25 mg</i>	63	<i>amoxicillin (trihydrate) for susp 400</i>	
<i>amitriptyline hcl tab 50 mg</i>	63	<i>mg/5ml</i>	13
<i>amitriptyline hcl tab 75 mg</i>	63	<i>amoxicillin (trihydrate) tab 875 mg</i>	13
<i>amlodipine besylate tab 10 mg</i>	41	AMOXICILLIN CHW 200MG.....	13
<i>amlodipine besylate tab 2.5 mg</i>	41	<i>amphetamine-dextroamphetamine tab</i>	
<i>amlodipine besylate tab 5 mg</i>	41	<i>10 mg</i>	7
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>10-20 mg</i>	41	<i>12.5 mg</i>	7
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>10-40 mg</i>	41	<i>15 mg</i>	7
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>2.5-10 mg</i>	41	<i>20 mg</i>	7
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>5-10 mg</i>	41	<i>30 mg</i>	7
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine tab 5</i>	
<i>5-20 mg</i>	41	<i>mg</i>	7

<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	7
AMPHOTERICIN INJ 50MG	24
<i>ampicillin cap 250 mg</i>	13
<i>ampicillin cap 500 mg</i>	13
<i>ampicillin sodium for inj 1 gm</i>	13
AMPICILLIN SUS 125/5ML	13
AMPICILLIN SUS 250/5ML	13
AMPYRA TAB 10MG	54
AMTURNIDE150 TAB -5-12.5	67
AMTURNIDE300 TAB -10-12.5.....	67
AMTURNIDE300 TAB -10-25MG.....	67
AMTURNIDE300 TAB -5-12.5	67
AMTURNIDE300 TAB -5-25MG.....	67
ANADROL-50 TAB 50MG	7
<i>anagrelide hcl cap 0.5 mg</i>	33
<i>anagrelide hcl cap 1 mg</i>	33
<i>anastrozole tab 1 mg</i>	28
ANCOBON CAP 250MG	24
ANCOBON CAP 500MG	24
ANDROGEL GEL 1%(50MG)	7
ANDROXY TAB 10MG	7
ANTABUSE TAB 250MG	54
ANTABUSE TAB 500MG	54
ANTARA CAP 130MG	26
ANTARA CAP 43MG.....	26
APIDRA INJ SOLOSTAR	21
APIDRA INJ U-100	21
APOKYN INJ.....	44
<i>apraclonidine hcl ophth soln 0.5% (base</i> <i>equivalent)</i>	49
<i>apri tab</i>	45
APTIVUS CAP 250MG	34
APTIVUS SOL.....	34
ARALAST NP INJ 400MG	68
<i>aranelle tab</i>	45
ARCALYST INJ 220MG	54
ARIXTRA SOL 10/0.8	33
ARIXTRA SOL 2.5/0.5	33
ARIXTRA SOL 5.0/0.4	33
ARIXTRA SOL 7.5/0.6	33
ARTHROTEC 50 TAB.....	5
ARTHROTEC 75 TAB.....	5
ARZERRA CON 100/5ML	28
ASACOL TAB 400MG DR	9
<i>ascomp/cod cap 30mg</i>	3
<i>atenolol & chlorthalidone tab 100-25 mg</i>	37

<i>atenolol & chlorthalidone tab 50-25 mg</i>	37
<i>atenolol tab 100 mg</i>	37
<i>atenolol tab 25 mg</i>	37
<i>atenolol tab 50 mg</i>	37
ATGAM INJ 250MG.....	52
ATRIPLA TAB	35
ATROVENT HFA AER 17MCG.....	17
AVANDIA TAB 2MG	22
AVANDIA TAB 4MG	22
AVANDIA TAB 8MG	22
AVASTIN INJ.....	28
AVODART CAP 0.5MG.....	2
AVONEX KIT 30MCG	39
AZACTAM/DEX INJ 1GM.....	15
AZACTAM/DEX INJ 2GM.....	15
AZATHIOPRINE INJ 100MG	52
<i>azathioprine tab 50 mg</i>	52
<i>azelastine hcl nasal spray 137 mcg/spray</i> <i>(1 mg/ml)</i>	12
<i>azelastine hcl ophth soln 0.05%</i>	12
<i>azithromycin for susp 100 mg/5ml</i>	15
<i>azithromycin for susp 200 mg/5ml</i>	15
<i>azithromycin iv for soln 500 mg</i>	15
<i>azithromycin tab 250 mg</i>	15
<i>azithromycin tab 500 mg</i>	15
<i>azithromycin tab 600 mg</i>	15
AZOPT SUS 1% OP	25
<i>aztreonam for inj 1 gm</i>	15

B

<i>bacitracin-polymyxin b ophth oint</i>	8
<i>baclofen tab 10 mg</i>	69
<i>baclofen tab 20 mg</i>	69
BACTROBAN CRE 2%	8
BACTROBAN OIN NASAL 2%	8
<i>balsalazide disodium cap 750 mg</i>	9
<i>balziva tab</i>	45
BANZEL SUS 40MG/ML.....	18
BANZEL TAB 200MG.....	18
BANZEL TAB 400MG.....	18
BARACLUDGE SOL .05MG/ML	36
BARACLUDGE TAB 0.5MG	36
BARACLUDGE TAB 1MG	36
<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	65
<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	65

<i>benazepril & hydrochlorothiazide tab</i>	<i>2.5-6.25 mg</i>	37
<i>20-25 mg</i>		65
<i>benazepril & hydrochlorothiazide tab</i>	<i>5-6.25 mg</i>	65
<i>benazepril hcl tab 10 mg</i>		65
<i>benazepril hcl tab 20 mg</i>		65
<i>benazepril hcl tab 40 mg</i>		65
<i>benazepril hcl tab 5 mg</i>		65
BENICAR HCT TAB 20-12.5		64
BENICAR HCT TAB 40-12.5		64
BENICAR HCT TAB 40-25MG		64
BENICAR TAB 20MG.....		64
BENICAR TAB 40MG.....		64
BENICAR TAB 5MG		64
<i>benzoyl peroxide-erythromycin gel 5-3%</i>		8
<i>benztropine mesylate inj 1 mg/ml</i>		44
<i>benztropine mesylate tab 0.5 mg</i>		44
<i>benztropine mesylate tab 1 mg</i>		44
<i>benztropine mesylate tab 2 mg</i>		44
<i>betamethasone dipropionate augmented</i>		
<i>cream 0.05%</i>		9
<i>betamethasone dipropionate cream</i>		
<i>0.05%</i>		9
<i>betamethasone dipropionate lotion</i>		
<i>0.05%</i>		9
<i>betamethasone valerate cream 0.1%</i> ..		10
<i>betamethasone valerate lotion 0.1%</i> ...		10
<i>betamethasone valerate oint 0.1%</i>		10
<i>betaxolol hcl tab 10 mg</i>		37
<i>betaxolol hcl tab 20 mg</i>		37
BETAXOLOL SOL 0.5% OP		25
<i>bethanechol chloride tab 10 mg</i>		55
<i>bethanechol chloride tab 25 mg</i>		55
<i>bethanechol chloride tab 5 mg</i>		55
<i>bethanechol chloride tab 50 mg</i>		55
BETOPTIC-S SUS 0.25% OP.....		25
<i>bicalutamide tab 50 mg</i>		28
BICILLIN C-R INJ 1200000		15
BICILLIN C-R INJ 900/300		15
BICILLIN L-A INJ 1200000		15
BICILLIN L-A INJ 2400000		15
BICILLIN L-A INJ 600000.....		15
BICNU INJ 100MG		28
BILTRICIDE TAB 600MG		7
<i>bisoprolol & hydrochlorothiazide tab</i>		
<i>10-6.25 mg</i>		37
<i>bisoprolol & hydrochlorothiazide tab</i>		
<i>2.5-6.25 mg</i>		37
<i>bisoprolol & hydrochlorothiazide tab</i>		
<i>5-6.25 mg</i>		37
<i>bisoprolol fumarate tab 10 mg</i>		37
<i>bisoprolol fumarate tab 5 mg</i>		37
<i>bleomycin sulfate for inj 30 unit</i>		28
BLEPHAMIDE OIN S.O.P.....		11
BOOSTRIX INJ		73
BOTOX INJ 100UNIT		54
<i>brimonidine tartrate ophth soln 0.2%</i> ..		24
<i>bromocriptine mesylate tab 2.5 mg</i>		44
<i>budeprion tab 100mg sr</i>		59
<i>budeprion tab 150mg sr</i>		59
<i>budeprion xl tab 150mg</i>		60
<i>budeprion xl tab 300mg</i>		60
<i>budesonide inhalation susp 0.25 mg/2ml</i>		
.....		1
<i>budesonide inhalation susp 0.5 mg/2ml</i>		
.....		1
<i>bumetanide inj 0.25 mg/ml</i>		48
<i>bumetanide tab 0.5 mg</i>		48
<i>bumetanide tab 1 mg</i>		48
<i>bumetanide tab 2 mg</i>		48
BUPHENYL TAB 500MG		2
<i>buprenorphine hcl sl tab 2 mg (base</i>		
<i>equiv)</i>		5
<i>buprenorphine hcl sl tab 8 mg (base</i>		
<i>equiv)</i>		5
<i>buproban tab 150mg</i>		60
<i>bupropion hcl tab 100 mg</i>		60
<i>bupropion hcl tab 75 mg</i>		60
<i>bupropion hcl tab sr 12hr 100 mg</i>		60
<i>bupropion hcl tab sr 12hr 150 mg</i>		60
<i>bupropion hcl tab sr 12hr 200 mg</i>		60
<i>buspironone hcl tab 10 mg</i>		36
<i>buspironone hcl tab 15 mg</i>		37
<i>buspironone hcl tab 5 mg</i>		37
BUSULFEX INJ 6MG/ML		28
<i>butalbital-acetaminophen-caff w/ cod cap</i>		
<i>50-325-40-30 mg</i>		3
<i>butorphanol tartrate inj 2 mg/ml</i>		5
BYETTA INJ 10MCG		21
BYETTA INJ 5MCG.....		21
BYSTOLIC TAB 10MG		37
BYSTOLIC TAB 2.5MG		37
BYSTOLIC TAB 20MG		37
BYSTOLIC TAB 5MG		37

C

CALCIPOTRIEN OIN 0.005%69
calcipotriene soln 0.005% (50 mcg/ml)
.....69
calcitonin (salmon) nasal soln 200
unit/act.....56
calcitriol cap 0.25 mcg.....75
calcitriol cap 0.5 mcg.....75
calcitriol inj 1 mcg/ml.....75
calcium acetate (phosphate binder) cap
667 mg (169 mg ca).....67
camila tab 0.35mg.....46
CAMPATH INJ 30MG/ML.....28
CAMPRAL TAB 333MG44
CANASA SUP 1000MG10
CANCIDAS INJ 50MG24
CANCIDAS INJ 70MG24
CAPASTAT SUL INJ 1GM27
CAPEX SHA 0.01%10
captopril & hydrochlorothiazide tab 25-15
mg.....65
captopril & hydrochlorothiazide tab 25-25
mg.....65
captopril & hydrochlorothiazide tab 50-15
mg.....65
captopril & hydrochlorothiazide tab 50-25
mg.....65
captopril tab 100 mg65
captopril tab 12.5 mg65
captopril tab 25 mg65
captopril tab 50 mg65
CARAFATE SUS 1GM/10ML33
carbamazepine chew tab 100 mg.....18
carbamazepine susp 100 mg/5ml18
carbamazepine tab 200 mg.....18
carbamazepine tab sr 12hr 200 mg.....18
carbamazepine tab sr 12hr 400 mg.....18
carbidopa & levodopa tab 10-100 mg..44
carbidopa & levodopa tab 25-100 mg..44
carbidopa & levodopa tab 25-250 mg..44
carbidopa & levodopa tab cr 25-100 mg
.....44
carbidopa & levodopa tab cr 50-200 mg
.....44
carboplatin iv soln 150 mg/15ml28
CARIMUNE NF INJ 3GM68
carisoprodol tab 350 mg.....69

carteolol hcl ophth soln 1%..... 25
cartia xt cap 120/24hr..... 39
cartia xt cap 180/24hr..... 40
cartia xt cap 240/24hr..... 40
cartia xt cap 300/24hr..... 40
carvedilol tab 12.5 mg 37
carvedilol tab 25 mg 37
carvedilol tab 3.125 mg..... 37
carvedilol tab 6.25 mg 37
CAYSTON INH 75MG 15
CDP/AMITRIP TAB 10-25MG 63
CDP/AMITRIP TAB 5-12.5MG 63
CEENU CAP 100MG 28
CEENU CAP 10MG 28
CEENU CAP 40MG 28
cefaclor cap 250 mg..... 16
cefaclor cap 500 mg..... 16
CEFACLOR ER TAB 500MG 16
cefadroxil cap 500 mg..... 14
cefadroxil for susp 250 mg/5ml 14
cefadroxil for susp 500 mg/5ml 14
cefadroxil tab 1 gm..... 14
cefazolin sodium for inj 1 gm 14
cefazolin sodium for inj 20 gm..... 14
cefazolin sodium for inj 500 mg..... 14
cefdinir cap 300 mg 17
cefdinir for susp 125 mg/5ml 17
cefdinir for susp 250 mg/5ml 17
cefepime hcl for inj 1 gm 14
cefepime hcl for inj 2 gm 14
cefotaxime sodium for inj 1 gm 17
cefotaxime sodium for inj 10 gm..... 17
cefotaxime sodium for inj 2 gm 17
cefotaxime sodium for inj 500 mg..... 17
CEFOTETAN INJ 10G 16
cefoxitin sodium for inj 1 gm..... 16
cefoxitin sodium for inj 10 gm 16
cefoxitin sodium for inj 2 gm..... 16
cefpodoxime proxetil for susp 100
mg/5ml..... 17
cefpodoxime proxetil for susp 50 mg/5ml
..... 17
cefpodoxime proxetil tab 100 mg..... 17
cefpodoxime proxetil tab 200 mg..... 17
cefprozil for susp 125 mg/5ml 16
cefprozil for susp 250 mg/5ml 16
cefprozil tab 250 mg 16
cefprozil tab 500 mg..... 16

<i>ceftriaxone sodium for inj 10 gm</i>	17	.....	51
<i>ceftriaxone sodium for inj 250 mg</i>	17	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>ceftriaxone sodium for inj 500 mg</i>	17	<i>equiv)</i>	9
<i>ceftriaxone sodium for iv soln 1 gm</i>	17	<i>ciclopirox shampoo 1%</i>	9
<i>ceftriaxone sodium for iv soln 2 gm</i>	17	<i>cilostazol tab 100 mg</i>	33
<i>cefuroxime axetil for susp 125 mg/5ml</i>	16	<i>cilostazol tab 50 mg</i>	33
<i>cefuroxime axetil tab 250 mg</i>	16	CILOXAN OIN 0.3% OP	8
<i>cefuroxime axetil tab 500 mg</i>	16	<i>cimetidine tab 400 mg</i>	33
<i>cefuroxime sodium for inj 1.5 gm</i>	16	CIMZIA KIT.....	50
<i>cefuroxime sodium for inj 750 mg</i>	16	CIMZIA KIT 200MG/ML.....	51
CELEBREX CAP 100MG	3	<i>ciprofloxacin hcl ophth soln 0.3%</i>	8
CELEBREX CAP 200MG	3	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	
CELEBREX CAP 400MG	3	.....	16
CELEBREX CAP 50MG	3	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	
CELLCEPT IV INJ 500MG.....	52	.....	16
CELLCEPT SUS 200MG/ML	52	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	
CELONTIN CAP 300MG	20	.....	16
<i>cephalexin cap 250 mg</i>	14	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	
<i>cephalexin cap 500 mg</i>	14	.....	16
<i>cephalexin for susp 125 mg/5ml</i>	14	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	
<i>cephalexin for susp 250 mg/5ml</i>	14	.....	16
CEREDASE INJ 80UNT/ML.....	49	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	28
CEREZYME INJ 200UNIT	49	<i>citalopram hydrobromide oral soln 10</i>	
CERVARIX INJ.....	73	<i>mg/5ml</i>	61
<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>		<i>citalopram hydrobromide tab 10 mg</i>	
.....	68	<i>(base equiv)</i>	61
CHANTIX TAB 0.5MG	37	<i>citalopram hydrobromide tab 20 mg</i>	
CHANTIX TAB 1MG	37	<i>(base equiv)</i>	61
CHEMET CAP 100MG.....	51	<i>citalopram hydrobromide tab 40 mg</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	9	<i>(base equiv)</i>	62
<i>chloroquine phosphate tab 250 mg</i>	31	<i>cladribine inj 1 mg/ml</i>	28
<i>chloroquine phosphate tab 500 mg</i>	31	<i>claravis cap 10mg</i>	69
<i>chlorothiazide tab 250 mg</i>	48	<i>claravis cap 20mg</i>	69
<i>chlorothiazide tab 500 mg</i>	48	<i>claravis cap 30mg</i>	69
CHLORPROMAZ INJ 25MG/ML.....	60	<i>claravis cap 40mg</i>	69
<i>chlorpromazine hcl tab 10 mg</i>	60	<i>clarithromycin for susp 125 mg/5ml</i> ...	15
<i>chlorpromazine hcl tab 100 mg</i>	60	<i>clarithromycin for susp 250 mg/5ml</i> ...	15
<i>chlorpromazine hcl tab 200 mg</i>	60	<i>clarithromycin tab 250 mg</i>	15
<i>chlorpromazine hcl tab 25 mg</i>	60	<i>clarithromycin tab 500 mg</i>	15
<i>chlorpromazine hcl tab 50 mg</i>	60	<i>clemastine fumarate syrup 0.67 mg/5ml</i>	
<i>chlorpropamide tab 100 mg</i>	22	<i>(0.5 mg/5ml base eq)</i>	50
<i>chlorpropamide tab 250 mg</i>	22	<i>clemastine fumarate tab 2.68 mg</i>	50
<i>chlorthalidone tab 25 mg</i>	48	<i>clindamycin hcl cap 150 mg</i>	15
<i>chlorthalidone tab 50 mg</i>	48	<i>clindamycin phosphate iv soln 600</i>	
<i>chlorzoxazone tab 500 mg</i>	69	<i>mg/4ml</i>	15
<i>cholestyramine light powder packets 4</i>		<i>clindamycin phosphate soln 1%</i>	8
<i>gm</i>	26	<i>clindamycin phosphate vaginal cream 2%</i>	
<i>chorionic gonadotropin for inj 10000 unit</i>		.....	8

<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	8	COUMADIN TAB 2.5MG.....	31
<i>clobetasol propionate oint 0.05%</i>	10	COUMADIN TAB 2MG	31
<i>clomipramine hcl cap 25 mg</i>	63	COUMADIN TAB 3MG	31
<i>clomipramine hcl cap 50 mg</i>	63	COUMADIN TAB 4MG	31
<i>clomipramine hcl cap 75 mg</i>	63	COUMADIN TAB 5MG	31
<i>clonidine hcl tab 0.1 mg</i>	52	COUMADIN TAB 6MG	31
<i>clonidine hcl tab 0.2 mg</i>	52	COUMADIN TAB 7.5MG.....	31
<i>clonidine hcl tab 0.3 mg</i>	52	CREON CAP 12000UNT	47
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	52	CREON CAP 24000UNT	47
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	52	CREON CAP 6000UNIT.....	47
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	52	CRESTOR TAB 10MG	26
<i>clotrimazole cream 1%</i>	9	CRESTOR TAB 20MG	26
<i>clotrimazole troche 10 mg</i>	9	CRESTOR TAB 40MG	26
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	9	CRESTOR TAB 5MG	26
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	9	CRIXIVAN CAP 100MG.....	34
<i>clozapine tab 100 mg</i>	57	CRIXIVAN CAP 200MG.....	34
<i>clozapine tab 200 mg</i>	57	CRIXIVAN CAP 400MG.....	34
<i>clozapine tab 25 mg</i>	57	<i>cromolyn sodium ophth soln 4%</i>	12
<i>clozapine tab 50 mg</i>	57	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	12
COARTEM TAB 20-120MG.....	31	<i>cryselle-28 tab 28 tabs</i>	46
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	73	CUBICIN SOL 500MG	14
COLCRYS TAB 0.6MG	54	CUPRIMINE CAP 250MG.....	51
<i>colestipol hcl tab 1 gm</i>	26	<i>cyclobenzaprine hcl tab 10 mg</i>	69
<i>colistimethate sodium for inj 150 mg</i> ..	15	<i>cyclobenzaprine hcl tab 5 mg</i>	69
COMBIGAN SOL 0.2/0.5%	24	CYCLOPHOSPH TAB 25MG.....	28
COMBIVENT AER	70	CYCLOPHOSPH TAB 50MG.....	28
COMBIVIR TAB.....	35	CYCLOSPORINE CAP 50MG MOD	52
<i>compro sup 25mg</i>	60	<i>cyclosporine iv soln 50 mg/ml</i>	52
COMTAN TAB 200MG	44	<i>cyclosporine modified cap 100 mg</i>	52
COMVAX INJ.....	73	<i>cyclosporine modified oral soln 100 mg/ml</i>	52
<i>constulose sol 10gm/15</i>	2	CYKLOKAPRON INJ 100MG/ML.....	25
COPAXONE KIT 20MG/ML	39	CYMBALTA CAP 20MG	61
COREG CR CAP 10MG	38	CYMBALTA CAP 30MG	61
COREG CR CAP 20MG	38	CYMBALTA CAP 60MG	61
COREG CR CAP 40MG	38	<i>cyproheptadine hcl tab 4 mg</i>	50
COREG CR CAP 80MG	38	CYSTADANE POW	54
<i>cortomycin sol 1% otic</i>	11	<i>cytarabine for inj 500 mg</i>	28
<i>cortomycin sus 1% otic</i>	11	CYTARABINE INJ 20MG/ML	28
COUMADIN INJ 5 MG	31	D	
COUMADIN TAB 10MG	31	D5W/NACL INJ 0.225%	67
COUMADIN TAB 1MG	31	DACOGEN INJ 50MG	28
		DALIRESP TAB 500MCG.....	68
		<i>dantrolene sodium cap 100 mg</i>	69
		<i>dantrolene sodium cap 25 mg</i>	69
		<i>dantrolene sodium cap 50 mg</i>	69

DAPSONE TAB 100MG.....	27	0.45%	67
DAPSONE TAB 25MG.....	27	dextrose 5% w/ sodium chloride 0.2% 67	
DAPTACEL INJ.....	73	dextrose 5% w/ sodium chloride 0.33%	
DARAPRIM TAB 25MG	31	.....	67
daunorubicin hcl for inj 20 mg.....	28	dextrose 5% w/ sodium chloride 0.45%	
DECAVAC INJ 5-2LF	73	.....	67
DENAVIR CRE 1%	8	dextrose 5% w/ sodium chloride 0.9% 67	
depade tab 50mg.....	54	dextrose inj 10%.....	42
DEPEN TITRA TAB 250MG.....	51	dextrose inj 5%.....	42
DERMA-SMOOTH OIL /FS BODY.....	10	DIBENZYLINE CAP 10MG	70
desipramine hcl tab 10 mg	63	diclofenac potassium tab 50 mg.....	5
desipramine hcl tab 100 mg.....	63	diclofenac sodium ophth soln 0.1%	12
desipramine hcl tab 150 mg.....	63	diclofenac sodium tab delayed release 50	
desipramine hcl tab 25 mg	63	mg	5
desipramine hcl tab 50 mg	63	diclofenac sodium tab delayed release 75	
desipramine hcl tab 75 mg	63	mg	5
desmopressin acetate inj 4 mcg/ml.....	56	diclofenac sodium tab sr 24hr 100 mg ..	5
desmopressin acetate nasal soln 0.01%		DICLOFENAC TAB 25MG EC.....	5
(refrigerated).....	56	dicloxacillin sodium cap 250 mg.....	15
desmopressin acetate tab 0.1 mg	56	dicloxacillin sodium cap 500 mg.....	15
desmopressin acetate tab 0.2 mg	56	dicyclomine hcl cap 10 mg.....	17
desonide cream 0.05%	10	dicyclomine hcl inj 10 mg/ml.....	17
desonide oint 0.05%.....	10	dicyclomine hcl oral soln 10 mg/5ml... 17	
desoximetasone cream 0.05%	10	dicyclomine hcl tab 20 mg	17
desoximetasone cream 0.25%	10	didanosine delayed release capsule 125	
desoximetasone gel 0.05%.....	10	mg	35
DETROL LA CAP 2MG	50	didanosine delayed release capsule 200	
DETROL LA CAP 4MG	50	mg	35
DEXAMETHASON TAB 1MG	1	didanosine delayed release capsule 250	
DEXAMETHASON TAB 2MG	1	mg	35
dexamethasone elixir 0.5 mg/5ml.....	1	didanosine delayed release capsule 400	
dexamethasone sodium phosphate inj 4		mg	35
mg/ml	1	diflorasone diacetate oint 0.05%.....	10
dexamethasone sodium phosphate ophth		DIFLUNISAL TAB 500MG.....	5
soln 0.1%	11	digoxin inj 0.25 mg/ml.....	43
dexamethasone tab 0.5 mg	1	DIGOXIN SOL 50MCG/ML.....	43
dexamethasone tab 0.75 mg.....	1	digoxin tab 0.125 mg.....	43
dexamethasone tab 1.5 mg	1	digoxin tab 0.25 mg.....	43
dexamethasone tab 4 mg.....	1	dihydroergotamine mesylate inj 1 mg/ml	
dexamethasone tab 6 mg.....	1	.....	70
dexmethylphenidate hcl tab 10 mg	7	DILANTIN CAP 30MG.....	20
dexmethylphenidate hcl tab 2.5 mg	7	DILANTIN CHW 50MG	20
dexmethylphenidate hcl tab 5 mg.....	7	DILATRATE SR CAP 40MG	74
dextroamphetamine sulfate tab 10 mg .	7	dilt-cd cap 120mg.....	40
dextroamphetamine sulfate tab 5 mg... 7		dilt-cd cap 300mg.....	40
dextrose 10% w/ sodium chloride 0.2%		diltiazem hcl cap sr 12hr 120 mg.....	40
.....	67	diltiazem hcl cap sr 12hr 60 mg.....	40
dextrose 2.5% w/ sodium chloride		diltiazem hcl cap sr 12hr 90 mg.....	40

<i>diltiazem hcl coated beads cap sr 24hr</i>	
120 mg.....	40
<i>diltiazem hcl coated beads cap sr 24hr</i>	
240 mg.....	40
<i>diltiazem hcl coated beads cap sr 24hr</i>	
300 mg.....	40
<i>diltiazem hcl coated beads tab sr 24hr</i>	
240 mg.....	40
<i>diltiazem hcl extended release beads cap</i>	
<i>sr 24hr 360 mg.....</i>	40
<i>diltiazem hcl extended release beads cap</i>	
<i>sr 24hr 420 mg.....</i>	40
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>mg/ml).....</i>	40
<i>diltiazem hcl tab 120 mg.....</i>	40
<i>diltiazem hcl tab 30 mg.....</i>	40
<i>diltiazem hcl tab 60 mg.....</i>	40
<i>diltiazem hcl tab 90 mg.....</i>	40
<i>dilt-xr cap 180mg.....</i>	40
<i>dilt-xr cap 240mg.....</i>	40
<i>diltzac cap 120mg/24.....</i>	40
<i>diltzac cap 180mg/24.....</i>	40
<i>diltzac cap 240mg/24.....</i>	40
<i>diltzac cap 300mg/24.....</i>	40
DIOVAN HCT TAB 160/12.5.....	64
DIOVAN HCT TAB 160/25MG.....	64
DIOVAN HCT TAB 320/12.5.....	64
DIOVAN HCT TAB 320/25MG.....	64
DIOVAN HCT TAB 80/12.5.....	64
DIOVAN TAB 160MG.....	64
DIOVAN TAB 320MG.....	64
DIOVAN TAB 40MG.....	64
DIOVAN TAB 80MG.....	64
DIP/TET PED INJ 6.7-5LF.....	73
DIPENTUM CAP 250MG.....	10
<i>diphenhydramine hcl inj 50 mg/ml.....</i>	50
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>mg.....</i>	23
<i>dipyridamole tab 25 mg.....</i>	75
<i>dipyridamole tab 50 mg.....</i>	75
<i>dipyridamole tab 75 mg.....</i>	33
<i>disopyramide phosphate cap 100 mg ..</i>	43
<i>disopyramide phosphate cap 150 mg ..</i>	43
<i>divalproex sodium cap sprinkle 125 mg</i>	
<i>.....</i>	18
<i>divalproex sodium tab delayed release</i>	
125 mg.....	18
<i>divalproex sodium tab delayed release</i>	

250 mg.....	18
<i>divalproex sodium tab delayed release</i>	
500 mg.....	18
<i>divalproex sodium tab sr 24 hr 250 mg</i>	18
<i>divalproex sodium tab sr 24 hr 500 mg</i>	18
DOCETAXEL INJ 80MG/8ML.....	28
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 10 mg.....</i>	55
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 5 mg.....</i>	55
<i>donepezil hydrochloride tab 10 mg.....</i>	55
<i>donepezil hydrochloride tab 5 mg.....</i>	55
<i>dorzolamide hcl ophth soln 2%.....</i>	25
<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>soln 22.3-6.8 mg/ml.....</i>	25
DOVONEX CRE 0.005%.....	69
<i>doxazosin mesylate tab 1 mg.....</i>	2
<i>doxazosin mesylate tab 2 mg.....</i>	2
<i>doxazosin mesylate tab 4 mg.....</i>	2
<i>doxazosin mesylate tab 8 mg.....</i>	2
<i>doxepin hcl cap 10 mg.....</i>	63
<i>doxepin hcl cap 100 mg.....</i>	63
DOXEPIN HCL CAP 150MG.....	63
<i>doxepin hcl cap 25 mg.....</i>	64
<i>doxepin hcl cap 50 mg.....</i>	64
<i>doxepin hcl cap 75 mg.....</i>	64
<i>doxepin hcl conc 10 mg/ml.....</i>	64
<i>doxorubicin hcl inj 2 mg/ml.....</i>	28
DOXYCYCL HYC CAP 100MG.....	16
<i>doxycycline hyclate cap 100 mg.....</i>	16
<i>doxycycline hyclate cap 50 mg.....</i>	16
<i>doxycycline hyclate for inj 100 mg.....</i>	17
<i>doxycycline hyclate tab 100 mg.....</i>	17
<i>doxycycline hyclate tab 20 mg.....</i>	17
<i>dronabinol cap 10 mg.....</i>	23
<i>dronabinol cap 2.5 mg.....</i>	23
<i>dronabinol cap 5 mg.....</i>	23
DUETACT TAB 30-2MG.....	22
DUETACT TAB 30-4MG.....	23
DULERA AER 100-5MCG.....	1
DULERA AER 200-5MCG.....	1
DUREZOL EMU 0.05%.....	11
DYNACIRC CR TAB 10MG.....	41
DYNACIRC CR TAB 5MG.....	41

E

<i>econazole nitrate cream 1%.....</i>	8
<i>ed k+ 10 tab 10meq cr.....</i>	67

EDURANT TAB 25MG.....	35	<i>epitol tab 200mg.....</i>	18
ELAPRASE INJ 6MG/3ML.....	49	EPIVIR HBV SOL 5MG/ML.....	35
ELIDEL CRE 1%	69	EPIVIR HBV TAB 100MG	35
ELITEK INJ 1.5MG	49	EPIVIR SOL 10MG/ML.....	35
ELIXOPHYLLIN ELX 80/15ML	68	EPIVIR TAB 150MG	35
EMCYT CAP 140MG.....	28	EPIVIR TAB 300MG	36
EMEND CAP 125MG	23	<i>eplerenone tab 25 mg.....</i>	66
EMEND CAP 40MG	23	<i>eplerenone tab 50 mg.....</i>	66
EMEND CAP 80MG	23	EPZICOM TAB	36
EMEND PAK 80 & 125	23	ERAXIS INJ 100MG	24
EMSAM DIS 12MG/24H	44	<i>ergoloid mesylates tab 1 mg.....</i>	70
EMSAM DIS 6MG/24HR	44	<i>ergotamine w/ caffeine tab 1-100 mg.</i>	70
EMSAM DIS 9MG/24HR	44	<i>errin tab 0.35mg.....</i>	46
EMTRIVA CAP 200MG.....	35	<i>ery pad 2%</i>	8
EMTRIVA SOL 10MG/ML	35	ERY-TAB TAB 250MG EC.....	14
<i>enalapril maleate & hydrochlorothiazide</i>		ERY-TAB TAB 333MG EC.....	14
<i>tab 10-25 mg</i>	65	ERY-TAB TAB 500MG EC.....	14
<i>enalapril maleate & hydrochlorothiazide</i>		ERYTHROCIN INJ 500MG	14
<i>tab 5-12.5 mg</i>	65	<i>erythromycin ethylsuccinate tab 400 mg</i>	
<i>enalapril maleate tab 10 mg</i>	65	.....	14
<i>enalapril maleate tab 2.5 mg</i>	65	<i>erythromycin gel 2%.....</i>	8
<i>enalapril maleate tab 20 mg</i>	65	<i>erythromycin ophth oint 5 mg/gm.....</i>	8
<i>enalapril maleate tab 5 mg.....</i>	65	<i>erythromycin soln 2%.....</i>	8
ENBREL INJ 25/0.5ML	47	ERYTHROMYCIN TAB 250MG BS.....	14
ENBREL INJ 25MG	47	ERYTHROMYCIN TAB 500MG BS.....	14
ENBREL INJ 50MG/ML	47	<i>erythromycin-sulfisoxazole for susp</i>	
<i>endocet tab 10-325mg.....</i>	3	<i>200-600 mg/5ml.....</i>	14
<i>endocet tab 10-650mg.....</i>	3	ESTRACE VAG CRE 0.1MG/GM.....	49
<i>endocet tab 5-325mg</i>	3	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 7.5-325m</i>	3	<i>1-0.5 mg.....</i>	49
<i>endocet tab 7.5-500m</i>	3	<i>estradiol tab 0.5 mg.....</i>	49
ENGERIX-B INJ 10/0.5ML	73	<i>estradiol tab 1 mg</i>	49
ENGERIX-B INJ 20MCG/ML	73	<i>estradiol tab 2 mg</i>	49
<i>enoxaparin sodium inj 100 mg/ml.....</i>	32	<i>estradiol td patch weekly 0.025 mg/24hr</i>	
<i>enoxaparin sodium inj 120 mg/0.8ml ..</i>	32	.....	49
<i>enoxaparin sodium inj 150 mg/ml.....</i>	32	<i>estradiol td patch weekly 0.0375</i>	
<i>enoxaparin sodium inj 30 mg/0.3ml....</i>	32	<i>mg/24hr (37.5 mcg/24hr)</i>	49
<i>enoxaparin sodium inj 40 mg/0.4ml....</i>	32	<i>estradiol td patch weekly 0.05 mg/24hr</i>	
<i>enoxaparin sodium inj 60 mg/0.6ml....</i>	32	.....	49
<i>enoxaparin sodium inj 80 mg/0.8ml....</i>	32	<i>estradiol td patch weekly 0.06 mg/24hr</i>	
<i>enpresse-28 tab.....</i>	46	.....	49
ENTOCORT EC CAP 3MG/24HR	1	<i>estradiol td patch weekly 0.075 mg/24hr</i>	
<i>enulose sol 10gm/15</i>	3	.....	49
<i>epinephrine hcl inj 0.1 mg/ml</i>	70	<i>estradiol td patch weekly 0.1 mg/24hr</i>	49
EPIPEN 2-PAK INJ 0.3MG.....	70	<i>estropipate tab 0.75 mg</i>	49
EPIPEN-JR INJ 2-PAK	70	<i>estropipate tab 1.5 mg.....</i>	49
<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>		<i>estropipate tab 3 mg.....</i>	49
.....	28	<i>ethambutol hcl tab 100 mg</i>	27

<i>ethambutol hcl tab 400 mg</i>	27
<i>ethosuximide cap 250 mg</i>	20
<i>ethosuximide soln 250 mg/5ml</i>	20
<i>etodolac cap 200 mg</i>	5
<i>etodolac cap 300 mg</i>	5
<i>etodolac tab 400 mg</i>	6
<i>etodolac tab 500 mg</i>	6
<i>etodolac tab sr 24hr 400 mg</i>	6
<i>etodolac tab sr 24hr 500 mg</i>	6
<i>etodolac tab sr 24hr 600 mg</i>	6
<i>etoposide inj 20 mg/ml</i>	28
EURAX CRE 10%	9
EURAX LOT 10%	9
EVISTA TAB 60MG	49
EXELON SOL 2MG/ML	55
<i>exemestane tab 25 mg</i>	28
EXFORGE TAB 10-160MG	41
EXFORGE TAB 10-320MG	41
EXFORGE TAB 5-160MG	41
EXFORGE TAB 5-320MG	41
EXFORGEH/10- TAB 160-12.5	41
EXFORGEH/10- TAB 160-25	41
EXFORGEH/10- TAB 320-25	41
EXFORGEH/5- TAB 160-12.5.....	41
EXFORGEH/5- TAB 160-25.....	41
EXJADE TAB 125MG.....	51
EXJADE TAB 250MG.....	51
EXJADE TAB 500MG.....	51
EXTAVIA INJ 0.3MG	39

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FABRAZYME INJ 35MG	49
FACTIVE TAB 320MG	16
<i>famciclovir tab 125 mg</i>	36
<i>famciclovir tab 250 mg</i>	36
<i>famciclovir tab 500 mg</i>	36
<i>famotidine inj 10 mg/ml</i>	33
<i>famotidine tab 40 mg</i>	33
FANAPT PAK	57
FANAPT TAB 10MG	57
FANAPT TAB 12MG	57
FANAPT TAB 1MG	57
FANAPT TAB 2MG	57
FANAPT TAB 4MG	57
FANAPT TAB 6MG	57
FANAPT TAB 8MG	57
FARESTON TAB 60MG	28
FASLODEX INJ 250MG.....	29

FAZACLO TAB 100MG.....	57
FAZACLO TAB 12.5MG	57
FAZACLO TAB 150MG.....	57
FAZACLO TAB 200MG.....	57
FAZACLO TAB 25MG	57
FELBATOL SUS 600/5ML.....	18
FELBATOL TAB 400MG.....	18
FELBATOL TAB 600MG.....	18
<i>felodipine tab sr 24hr 10 mg</i>	41
<i>felodipine tab sr 24hr 2.5 mg</i>	41
<i>felodipine tab sr 24hr 5 mg</i>	41
<i>fenofibrate micronized cap 134 mg</i>	26
<i>fenofibrate micronized cap 200 mg</i>	26
<i>fenofibrate micronized cap 67 mg</i>	26
<i>fenofibrate tab 160 mg</i>	26
<i>fenofibrate tab 54 mg</i>	26
FENOPROFEN TAB 600MG	6
<i>fentanyl citrate lollipop 1200 mcg</i>	3
<i>fentanyl citrate lollipop 1600 mcg</i>	3
<i>fentanyl citrate lollipop 200 mcg</i>	3
<i>fentanyl citrate lollipop 400 mcg</i>	3
<i>fentanyl citrate lollipop 600 mcg</i>	3
<i>fentanyl citrate lollipop 800 mcg</i>	3
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
<i>finasteride tab 5 mg</i>	2
<i>flecainide acetate tab 100 mg</i>	43
<i>flecainide acetate tab 150 mg</i>	43
<i>flecainide acetate tab 50 mg</i>	43
<i>fluconazole for susp 10 mg/ml</i>	24
<i>fluconazole for susp 40 mg/ml</i>	24
<i>fluconazole tab 100 mg</i>	24
<i>fluconazole tab 150 mg</i>	24
<i>fluconazole tab 200 mg</i>	24
<i>fluconazole tab 50 mg</i>	24
<i>fludarabine phosphate for inj 50 mg</i> ...	29
<i>fludrocortisone acetate tab 0.1 mg</i>	1
<i>flunisolide nasal soln 0.025%</i>	11
FLUOCIN ACET CRE 0.01%	10
FLUOCIN ACET CRE 0.025%.....	10
FLUOCIN ACET OIN 0.025%.....	10
FLUOCIN ACET SOL 0.01%	10
<i>fluocinonide gel 0.05%</i>	10
<i>fluocinonide oint 0.05%</i>	10
<i>fluocinonide soln 0.05%</i>	10

<i>fluorometholone ophth susp 0.1%</i>	11	<i>furosemide oral soln 10 mg/ml</i>	48
<i>fluorouracil cream 5%</i>	69	FUROSEMIDE SOL 8MG/ML	48
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	29	<i>furosemide tab 20 mg</i>	48
<i>fluorouracil soln 2%</i>	69	<i>furosemide tab 40 mg</i>	48
<i>fluorouracil soln 5%</i>	69	<i>furosemide tab 80 mg</i>	48
<i>fluoxetine hcl cap 10 mg</i>	62	FUZEON KIT	34
<i>fluoxetine hcl cap 20 mg</i>	62	G	
<i>fluoxetine hcl solution 20 mg/5ml</i>	62	<i>gabapentin cap 100 mg</i>	18
FLUPHENAZINE CON 5MG/ML	60	<i>gabapentin cap 300 mg</i>	18
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	60	<i>gabapentin cap 400 mg</i>	18
FLUPHENAZINE ELX 2.5/5ML	60	<i>gabapentin oral soln 250 mg/5ml</i>	18
<i>fluphenazine hcl tab 1 mg</i>	60	<i>gabapentin tab 600 mg</i>	18
<i>fluphenazine hcl tab 10 mg</i>	60	<i>gabapentin tab 800 mg</i>	18
<i>fluphenazine hcl tab 2.5 mg</i>	60	GABITRIL TAB 12MG	18
<i>fluphenazine hcl tab 5 mg</i>	60	GABITRIL TAB 16MG	18
FLUPHENAZINE INJ 2.5MG/ML	61	GABITRIL TAB 2MG	18
<i>flurbiprofen sodium ophth soln 0.03%</i> ..	12	GABITRIL TAB 4MG	18
<i>flurbiprofen tab 100 mg</i>	6	<i>galantamine hydrobromide cap sr 24hr</i> <i>16 mg</i>	55
<i>flurbiprofen tab 50 mg</i>	6	<i>galantamine hydrobromide cap sr 24hr</i> <i>24 mg</i>	55
<i>flutamide cap 125 mg</i>	29	<i>galantamine hydrobromide cap sr 24hr 8</i> <i>mg</i>	55
<i>fluticasone propionate cream 0.05%</i> ...	10	<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	55
<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>	11	<i>galantamine hydrobromide tab 12 mg</i> ..	55
<i>fluticasone propionate oint 0.005%</i>	10	<i>galantamine hydrobromide tab 4 mg</i> ..	55
<i>fluvoxamine maleate tab 100 mg</i>	62	<i>galantamine hydrobromide tab 8 mg</i> ..	55
<i>fluvoxamine maleate tab 25 mg</i>	62	GAMASTAN S/D INJ	68
<i>fluvoxamine maleate tab 50 mg</i>	62	GAMMAGARD INJ 2.5GM/25	68
FML FORTE SUS 0.25% OP	11	GAMUNEX INJ 10%	69
FML OIN 0.1% OP	11	GANCICLOVIR CAP 250MG	36
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	54	GANCICLOVIR CAP 500MG	36
FORADIL CAP AEROLIZE	71	<i>ganciclovir sodium for inj 500 mg</i>	36
FORTEO SOL 600/2.4	56	GARDASIL INJ	73
<i>fosinopril sodium tab 10 mg</i>	65	GASTROCROM CON 100/5ML	12
<i>fosinopril sodium tab 20 mg</i>	65	<i>gavilyte-c sol</i>	43
<i>fosinopril sodium tab 40 mg</i>	65	<i>gavilyte-g sol</i>	44
<i>fosphenytoin sodium inj 100 mg/2ml</i> <i>(phenytoin equiv)</i>	20	<i>gemcitabine hcl for inj 1 gm</i>	29
FOSRENOL CHW 1000MG	53	<i>gemfibrozil tab 600 mg</i>	26
FOSRENOL CHW 500MG	53	<i>gentak oin 0.3% op</i>	8
FOSRENOL CHW 750MG	53	<i>gentamicin in saline inj 1 mg/ml</i>	13
FRAGMIN INJ 10000/ML	32	<i>gentamicin in saline inj 1.2 mg/ml</i>	13
FRAGMIN INJ 2500/0.2	32	<i>gentamicin sulfate cream 0.1%</i>	8
FRAGMIN INJ 25000/ML	32	<i>gentamicin sulfate oint 0.1%</i>	8
FRAGMIN INJ 5000/0.2	32	<i>gentamicin sulfate ophth soln 0.3%</i>	8
FRAGMIN INJ 7500/0.3	32	<i>gentasol sol 0.3% op</i>	8
<i>furosemide inj 10 mg/ml</i>	48		

GEODON CAP 20MG.....	57
GEODON CAP 40MG.....	57
GEODON CAP 60MG.....	57
GEODON CAP 80MG.....	57
GEODON INJ 20MG.....	57
GILENYA CAP 0.5MG.....	39
GLEEVEC TAB 100MG.....	29
GLEEVEC TAB 400MG.....	29
<i>glimepiride tab 1 mg.....</i>	<i>22</i>
<i>glimepiride tab 2 mg.....</i>	<i>22</i>
<i>glimepiride tab 4 mg.....</i>	<i>22</i>
<i>glipizide tab 10 mg.....</i>	<i>22</i>
<i>glipizide tab 5 mg.....</i>	<i>22</i>
<i>glipizide tab sr 24hr 10 mg.....</i>	<i>22</i>
<i>glipizide tab sr 24hr 2.5 mg.....</i>	<i>22</i>
<i>glipizide tab sr 24hr 5 mg.....</i>	<i>22</i>
<i>glipizide-metformin hcl tab 2.5-250 mg</i> <i>.....</i>	<i>22</i>
<i>glipizide-metformin hcl tab 2.5-500 mg</i> <i>.....</i>	<i>22</i>
<i>glipizide-metformin hcl tab 5-500 mg..</i>	<i>22</i>
GLUCAGON KIT 1MG.....	25
<i>glyburide micronized tab 1.5 mg</i>	<i>22</i>
<i>glyburide micronized tab 3 mg</i>	<i>22</i>
<i>glyburide micronized tab 6 mg</i>	<i>22</i>
<i>glyburide tab 1.25 mg.....</i>	<i>22</i>
<i>glyburide tab 2.5 mg</i>	<i>22</i>
<i>glyburide tab 5 mg.....</i>	<i>22</i>
<i>glyburide-metformin tab 1.25-250 mg..</i>	<i>22</i>
<i>glyburide-metformin tab 2.5-500 mg ..</i>	<i>22</i>
<i>glyburide-metformin tab 5-500 mg.....</i>	<i>22</i>
<i>glycopyrrolate inj 0.2 mg/ml.....</i>	<i>17</i>
<i>glycopyrrolate tab 1 mg</i>	<i>17</i>
<i>glycopyrrolate tab 2 mg</i>	<i>17</i>
GLYSET TAB 100MG.....	20
GLYSET TAB 25MG	20
GLYSET TAB 50MG	20
GOLYTELY SOL.....	44
<i>granisetron hcl inj 0.1 mg/ml.....</i>	<i>23</i>
<i>granisetron hcl inj 1 mg/ml.....</i>	<i>23</i>
<i>granisetron hcl tab 1 mg</i>	<i>23</i>
GRIS-PEG TAB 125MG	24
GRIS-PEG TAB 250MG	24
GUANABENZ TAB 4MG	52
<i>guanfacine hcl tab 1 mg.....</i>	<i>52</i>
<i>guanfacine hcl tab 2 mg.....</i>	<i>52</i>
GUANIDINE TAB 125MG	55

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HALAVEN INJ 1MG/2ML	29
<i>halobetasol propionate cream 0.05% .</i>	<i>10</i>
<i>halobetasol propionate oint 0.05%.....</i>	<i>10</i>
<i>haloperidol decanoate im soln 100 mg/ml</i> <i>.....</i>	<i>59</i>
<i>haloperidol decanoate im soln 50 mg/ml</i> <i>.....</i>	<i>59</i>
<i>haloperidol lactate inj 5 mg/ml.....</i>	<i>59</i>
<i>haloperidol lactate oral conc 2 mg/ml.</i>	<i>59</i>
<i>haloperidol tab 0.5 mg</i>	<i>59</i>
<i>haloperidol tab 1 mg.....</i>	<i>59</i>
<i>haloperidol tab 10 mg</i>	<i>59</i>
<i>haloperidol tab 2 mg.....</i>	<i>59</i>
<i>haloperidol tab 20 mg</i>	<i>59</i>
<i>haloperidol tab 5 mg.....</i>	<i>59</i>
HAVRIX INJ 1440UNIT.....	73
HAVRIX INJ 720UNIT	73
HECTOROL CAP 0.5MCG	75
HECTOROL CAP 1MCG	75
HECTOROL CAP 2.5MCG	75
HECTOROL INJ 4MCG/2ML	75
HEP SOD/NACL INJ 25000UNT.....	32
HEPARIN SOD INJ 2000/ML.....	32
<i>heparin sodium (porcine) 2 unit/ml in</i> <i>sodium chloride 0.9%</i>	<i>33</i>
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml.....</i>	<i>33</i>
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml.....</i>	<i>33</i>
<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml.....</i>	<i>33</i>
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml.....</i>	<i>33</i>
HEPSERA TAB 10MG	36
HERCEPTIN INJ 440MG.....	29
HEXALEN CAP 50MG	29
HUMALOG INJ 100/ML.....	21
HUMALOG KWIK INJ 100/ML	21
HUMALOG MIX INJ 50/50.....	21
HUMALOG MIX INJ 50/50KWP	21
HUMALOG MIX INJ 75/25KWP	21
HUMALOG MIX SUS 75/25	21
HUMIRA KIT 20MG/0.4	47
HUMIRA KIT 40MG/0.8.....	47
HUMIRA PEN KIT CROHNS	47
HUMULIN INJ 70/30.....	21

HUMULIN N INJ U-100	21
HUMULIN N PN INJ U-100.....	21
HUMULIN PEN INJ 70/30	21
HUMULIN R INJ U-100	21
HUMULIN R INJ U-500	21
hydralazine hcl inj 20 mg/ml.....	52
hydralazine hcl tab 10 mg	52
hydralazine hcl tab 100 mg.....	52
hydralazine hcl tab 25 mg	52
hydralazine hcl tab 50 mg	52
HYDROCHLOROTAB 12.5MG	48
hydrochlorothiazide cap 12.5 mg	48
hydrochlorothiazide tab 25 mg	48
hydrochlorothiazide tab 50 mg	48
hydrocodone-acetaminophen soln 7.5-500 mg/15ml.....	3
hydrocodone-acetaminophen tab 10-325 mg.....	3
hydrocodone-acetaminophen tab 10-500 mg.....	3
hydrocodone-acetaminophen tab 10-650 mg.....	4
hydrocodone-acetaminophen tab 2.5-500 mg.....	4
hydrocodone-acetaminophen tab 5-325 mg.....	4
hydrocodone-acetaminophen tab 5-500 mg.....	4
hydrocodone-acetaminophen tab 7.5-325 mg.....	4
hydrocodone-acetaminophen tab 7.5-500 mg.....	4
hydrocodone-acetaminophen tab 7.5-650 mg.....	4
hydrocodone-acetaminophen tab 7.5-750 mg.....	4
hydrocodone-ibuprofen tab 7.5-200 mg	4
hydrocortisone butyrate cream 0.1% ..	10
hydrocortisone butyrate oint 0.1%.....	10
hydrocortisone cream 1%.....	10
hydrocortisone cream 2.5%.....	10
hydrocortisone enema 100 mg/60ml...	10
hydrocortisone lotion 2.5%.....	10
hydrocortisone oint 1%.....	10
hydrocortisone oint 2.5%	10
hydrocortisone tab 10 mg.....	1
hydrocortisone tab 20 mg.....	1
hydrocortisone tab 5 mg	1

hydrocortisone valerate cream 0.2% ..	10
hydrocortisone w/ acetic acid otic soln 1-2%.....	11
hydromorphone hcl inj 10 mg/ml.....	4
hydromorphone hcl tab 2 mg	4
hydromorphone hcl tab 4 mg	4
hydroxychloroquine sulfate tab 200 mg	31
hydroxyurea cap 500 mg.....	29
hydroxyzine hcl im soln 25 mg/ml.....	37
hydroxyzine hcl im soln 50 mg/ml.....	37
hydroxyzine hcl syrup 10 mg/5ml	37
hydroxyzine pamoate cap 100 mg.....	37
hydroxyzine pamoate cap 25 mg	37
hydroxyzine pamoate cap 50 mg	37

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ibuprofen tab 400 mg.....	6
ibuprofen tab 600 mg.....	6
ibuprofen tab 800 mg.....	6
ifosfamide for inj 1 gm	29
imipramine hcl tab 10 mg	64
imipramine hcl tab 25 mg	64
imipramine hcl tab 50 mg	64
imiquimod cream 5%	69
IMOVAX RABIE INJ 2.5/ML.....	73
INCRELEX INJ 40MG/4ML.....	70
indapamide tab 1.25 mg.....	48
indapamide tab 2.5 mg	48
indomethacin cap 25 mg	6
indomethacin cap 50 mg	6
INFANRIX INJ	73
INTELENCE TAB 100MG	35
INTELENCE TAB 200MG	35
intralipid inj 20%.....	42
INTRON-A INJ 10MU	29
INTRON-A INJ 10MU PEN	29
INTRON-A INJ 18MU	29
INTRON-A INJ 3MU PEN.....	29
INTRON-A INJ 5MU PEN.....	29
INVANZ INJ 1GM	13
INVEGA SUST INJ 117/0.75	57
INVEGA SUST INJ 156MG/ML	57
INVEGA SUST INJ 234/1.5	57
INVEGA SUST INJ 39/0.25	57
INVEGA SUST INJ 78/0.5ML	57
INVEGA TAB 1.5MG	57
INVEGA TAB 3MG	57

INVEGA TAB 6MG.....	57
INVEGA TAB 9MG.....	57
INVIRASE CAP 200MG.....	34
INVIRASE TAB 500MG.....	34
IPOL INJ INACTIVE.....	73
<i>ipratropium bromide inhal soln 0.02%</i>	17
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	17
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	17
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	71
IRESSA TAB 250MG.....	29
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	29
ISENTRESS TAB 400MG.....	35
<i>isoniazid tab 100 mg</i>	28
<i>isoniazid tab 300 mg</i>	28
<i>isosorbide dinitrate sl tab 2.5 mg</i>	74
<i>isosorbide dinitrate sl tab 5 mg</i>	74
<i>isosorbide dinitrate tab 10 mg</i>	74
<i>isosorbide dinitrate tab 20 mg</i>	74
<i>isosorbide dinitrate tab 30 mg</i>	74
<i>isosorbide dinitrate tab 5 mg</i>	74
<i>isosorbide dinitrate tab cr 40 mg</i>	74
<i>isosorbide mononitrate tab 10 mg</i>	74
<i>isosorbide mononitrate tab 20 mg</i>	74
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	74
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	74
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	74
ISRADIPINE CAP 2.5MG.....	41
<i>isradipine cap 5 mg</i>	41
ISTODAX INJ 10MG.....	29
<i>itraconazole cap 100 mg</i>	24
IXEMPRA KIT INJ 45MG.....	29
IXIARO INJ.....	73

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JALYN CAP.....	2
<i>jantoven tab 10mg</i>	31
<i>jantoven tab 1mg</i>	31
<i>jantoven tab 2.5mg</i>	31
<i>jantoven tab 2mg</i>	31
<i>jantoven tab 3mg</i>	31
<i>jantoven tab 4mg</i>	32

<i>jantoven tab 5mg</i>	32
<i>jantoven tab 6mg</i>	32
<i>jantoven tab 7.5mg</i>	32
JANUMET TAB 50-1000.....	20
JANUMET TAB 50-500MG.....	20
JANUVIA TAB 100MG.....	21
JANUVIA TAB 25MG.....	21
JANUVIA TAB 50MG.....	21
JE-VAX INJ.....	73
JEVTANA INJ 60/1.5ML.....	29
<i>jolivette tab 0.35mg</i>	46
<i>junel 1.5/30 tab</i>	46
<i>junel 1/20 tab</i>	46

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KADIAN CAP 100MG CR.....	4
KADIAN CAP 10MG CR.....	4
KADIAN CAP 200MG CR.....	4
KADIAN CAP 20MG CR.....	4
KADIAN CAP 30MG CR.....	4
KADIAN CAP 50MG CR.....	4
KADIAN CAP 60MG CR.....	4
KADIAN CAP 80MG CR.....	4
KALETRA SOL.....	34
KALETRA TAB 100-25MG.....	34
KALETRA TAB 200-50MG.....	34
KCL/D5W/LR INJ 0.3%.....	67
KEPIVANCE INJ 6.25MG.....	44
KETEK TAB 300MG.....	14
KETEK TAB 400MG.....	14
<i>ketoconazole cream 2%</i>	9
<i>ketoconazole shampoo 2%</i>	9
<i>ketoconazole tab 200 mg</i>	24
KETOPROFEN CAP 200MG ER.....	6
<i>ketoprofen cap 50 mg</i>	6
<i>ketoprofen cap 75 mg</i>	6
<i>ketorolac tromethamine ophth soln 0.4%</i>	12
<i>ketorolac tromethamine ophth soln 0.5%</i>	12
KINERET INJ.....	47
<i>kionex pow usp</i>	53
<i>klor-con 10 tab 10meq er</i>	67
<i>klor-con 8 tab 8meq er</i>	67
KLOR-CON M15 TAB.....	67
<i>klor-con m20 tab 20meq er</i>	67
KOMBIGLYZE TAB 2.5-1000.....	20
KOMBIGLYZE TAB 5-1000MG.....	20

KOMBIGLYZE TAB 5-500MG	20
KUVAN TAB 100MG.....	54
L	
<i>labetalol hcl iv soln 5 mg/ml</i>	38
<i>labetalol hcl tab 100 mg</i>	38
<i>labetalol hcl tab 200 mg</i>	38
<i>labetalol hcl tab 300 mg</i>	38
<i>lactated ringer's solution</i>	67
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	49
<i>lactic acid (ammonium lactate) lotion</i> <i>12%</i>	49
<i>lactulose solution 10 gm/15ml</i>	3
<i>lamotrigine tab 100 mg</i>	18
<i>lamotrigine tab 150 mg</i>	18
<i>lamotrigine tab 200 mg</i>	19
<i>lamotrigine tab 25 mg</i>	19
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	19
<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	19
LANOXIN INJ 0.1MG/ML	43
LANOXIN TAB 0.125MG.....	43
LANOXIN TAB 0.25MG.....	43
LANTUS INJ 100/ML.....	21
LANTUS INJ SOLOSTAR.....	21
<i>latanoprost ophth soln 0.005%</i>	25
LATUDA TAB 40MG	57
LATUDA TAB 80MG	57
<i>leflunomide tab 10 mg</i>	47
<i>leflunomide tab 20 mg</i>	47
LETAIRIS TAB 10MG	75
LETAIRIS TAB 5MG.....	75
<i>letrozole tab 2.5 mg</i>	29
LEUCOVOR CA TAB 10MG	54
LEUCOVOR CA TAB 15MG	54
<i>leucovorin calcium for inj 100 mg</i>	54
<i>leucovorin calcium for inj 350 mg</i>	54
<i>leucovorin calcium tab 25 mg</i>	54
<i>leucovorin calcium tab 5 mg</i>	54
LEUKERAN TAB 2MG	29
LEUKINE INJ 250MCG	51
LEUKINE INJ 500 MCG	51
<i>leuprolide acetate inj kit 5 mg/ml</i>	29
<i>levabuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	71
LEVATOL TAB 20MG.....	38

LEVEMIR INJ.....	21
LEVEMIR INJ FLEXPEN.....	21
<i>levetiracetam inj 500 mg/5ml (100</i> <i>mg/ml)</i>	19
<i>levetiracetam oral soln 100 mg/ml</i>	19
<i>levetiracetam tab 1000 mg</i>	19
<i>levetiracetam tab 250 mg</i>	19
<i>levetiracetam tab 500 mg</i>	19
<i>levetiracetam tab 750 mg</i>	19
<i>levobunolol hcl ophth soln 0.5%</i>	25
LEVOBUNOLOL SOL 0.25% OP.....	25
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	54
<i>levocarnitine tab 330 mg</i>	54
<i>levocetirizine dihydrochloride tab 5 mg</i>	68
<i>levofloxacin ophth soln 0.5%</i>	8
<i>levothroid tab 100mcg</i>	71
<i>levothroid tab 112mcg</i>	71
<i>levothroid tab 125mcg</i>	71
<i>levothroid tab 137mcg</i>	71
<i>levothroid tab 150mcg</i>	71
<i>levothroid tab 175mcg</i>	71
<i>levothroid tab 200mcg</i>	71
<i>levothroid tab 25mcg</i>	71
<i>levothroid tab 300mcg</i>	71
<i>levothroid tab 50mcg</i>	71
<i>levothroid tab 75mcg</i>	71
<i>levothroid tab 88mcg</i>	71
<i>levothyroxine sodium tab 100 mcg</i>	71
<i>levothyroxine sodium tab 112 mcg</i>	71
<i>levothyroxine sodium tab 125 mcg</i>	71
<i>levothyroxine sodium tab 137 mcg</i>	71
<i>levothyroxine sodium tab 150 mcg</i>	71
<i>levothyroxine sodium tab 175 mcg</i>	71
<i>levothyroxine sodium tab 200 mcg</i>	71
<i>levothyroxine sodium tab 25 mcg</i>	71
<i>levothyroxine sodium tab 300 mcg</i>	71
<i>levothyroxine sodium tab 50 mcg</i>	71
<i>levothyroxine sodium tab 75 mcg</i>	71
<i>levothyroxine sodium tab 88 mcg</i>	72
<i>levoxyl tab 100mcg</i>	72
<i>levoxyl tab 112mcg</i>	72
<i>levoxyl tab 125mcg</i>	72
<i>levoxyl tab 137mcg</i>	72
<i>levoxyl tab 150mcg</i>	72
<i>levoxyl tab 175mcg</i>	72
<i>levoxyl tab 200mcg</i>	72
<i>levoxyl tab 25mcg</i>	72

<i>levoxyl tab 50mcg</i>	72	<i>tab 100-12.5 mg</i>	64
<i>levoxyl tab 75mcg</i>	72	<i>losartan potassium & hydrochlorothiazide</i>	
<i>levoxyl tab 88mcg</i>	72	<i>tab 100-25 mg</i>	65
LEXAPRO SOL 5MG/5ML.....	62	<i>losartan potassium & hydrochlorothiazide</i>	
LEXAPRO TAB 10MG.....	62	<i>tab 50-12.5 mg</i>	65
LEXAPRO TAB 20MG.....	62	<i>losartan potassium tab 100 mg</i>	65
LEXAPRO TAB 5MG.....	62	<i>losartan potassium tab 25 mg</i>	65
LEXIVA SUS 50MG/ML.....	34	<i>losartan potassium tab 50 mg</i>	65
LEXIVA TAB 700MG.....	34	LOTRONEX TAB 0.5MG.....	10
<i>lidocaine hcl gel 2%</i>	31	LOTRONEX TAB 1MG.....	10
<i>lidocaine hcl local inj 0.5%</i>	53	<i>lovastatin tab 10 mg</i>	26
<i>lidocaine hcl local preservative free (pf)</i>		<i>lovastatin tab 20 mg</i>	26
<i>inj 1%</i>	53	<i>lovastatin tab 40 mg</i>	26
<i>lidocaine hcl soln 4%</i>	31	LOVAZA CAP 1GM.....	25
<i>lidocaine hcl viscous soln 2%</i>	53	<i>low-ogestrel tab</i>	46
<i>lidocaine oint 5%</i>	31	<i>loxapine succinate cap 10 mg</i>	60
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ...	31	<i>loxapine succinate cap 25 mg</i>	60
LIDODERM DIS 5%.....	31	<i>loxapine succinate cap 5 mg</i>	60
LINCOCIN INJ 300MG/ML.....	15	<i>loxapine succinate cap 50 mg</i>	60
<i>lindane lotion 1%</i>	9	LUMIGAN SOL 0.01%.....	25
LINDANE SHA 1%.....	9	LUMIGAN SOL 0.03%.....	25
<i>liothyronine sodium tab 25 mcg</i>	72	LUPR DEP-PED INJ 11.25MG.....	29
<i>liothyronine sodium tab 5 mcg</i>	72	LUPR DEP-PED INJ 15MG.....	29
<i>liothyronine sodium tab 50 mcg</i>	72	LUPRON DEPOT INJ 11.25MG.....	29
LIPITOR TAB 10MG.....	26	LUPRON DEPOT INJ 22.5MG.....	29
LIPITOR TAB 20MG.....	26	LUPRON DEPOT INJ 3.75MG.....	29
LIPITOR TAB 40MG.....	26	LUPRON DEPOT INJ 30MG.....	29
LIPITOR TAB 80MG.....	26	LUPRON DEPOT INJ 7.5MG.....	29
<i>lisinopril & hydrochlorothiazide tab</i>		LYRICA CAP 100MG.....	19
<i>10-12.5 mg</i>	65	LYRICA CAP 150MG.....	19
<i>lisinopril & hydrochlorothiazide tab</i>		LYRICA CAP 200MG.....	19
<i>20-12.5 mg</i>	66	LYRICA CAP 225MG.....	19
<i>lisinopril & hydrochlorothiazide tab 20-25</i>		LYRICA CAP 25MG.....	19
<i>mg</i>	66	LYRICA CAP 300MG.....	19
<i>lisinopril tab 10 mg</i>	66	LYRICA CAP 50MG.....	19
<i>lisinopril tab 2.5 mg</i>	66	LYRICA CAP 75MG.....	19
<i>lisinopril tab 20 mg</i>	66	LYSODREN TAB 500MG.....	29
<i>lisinopril tab 30 mg</i>	66	M	
<i>lisinopril tab 40 mg</i>	66	MACRODANTIN CAP 25MG.....	73
<i>lisinopril tab 5 mg</i>	66	<i>malathion lotion 0.5%</i>	9
<i>lithium carbonate cap 150 mg</i>	27	MAPROTILINE TAB 25MG.....	64
<i>lithium carbonate cap 300 mg</i>	27	MAPROTILINE TAB 50MG.....	64
<i>lithium carbonate cap 600 mg</i>	27	MAPROTILINE TAB 75MG.....	64
<i>lithium carbonate tab cr 300 mg</i>	27	MARPLAN TAB 10MG.....	60
<i>lithium carbonate tab cr 450 mg</i>	27	MATULANE CAP 50MG.....	29
LITHIUM CITR SYP 8MEQ/5ML.....	27	MAXALT TAB 10MG.....	27
<i>loperamide hcl cap 2 mg</i>	23	MAXALT TAB 5MG.....	27
<i>losartan potassium & hydrochlorothiazide</i>			

MAXALT-MLT TAB 10MG	27	<i>metformin hcl tab sr 24hr 500 mg</i>	21
MAXALT-MLT TAB 5MG	27	<i>metformin hcl tab sr 24hr 750 mg</i>	21
MEBENDAZOLE CHW 100MG	7	<i>methadone hcl conc 10 mg/ml</i>	4
<i>meclizine hcl tab 12.5 mg</i>	24	<i>methadone hcl tab 10 mg</i>	4
<i>meclizine hcl tab 25 mg</i>	24	<i>methadone hcl tab 5 mg</i>	4
MECLOFEN SOD CAP 100MG	6	METHADONE INJ 10MG/ML	4
MECLOFEN SOD CAP 50MG	6	METHADONE SOL 10MG/5ML	4
<i>medroxyprogesterone acetate im susp</i>		METHADONE SOL 5MG/5ML	4
<i>150 mg/ml</i>	56	<i>methazolamide tab 25 mg</i>	25
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>methazolamide tab 50 mg</i>	25
.....	56	<i>methenamine hippurate tab 1 gm</i>	73
<i>medroxyprogesterone acetate tab 2.5</i>		<i>methimazole tab 10 mg</i>	71
<i>mg</i>	56	<i>methimazole tab 5 mg</i>	71
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>methocarbamol tab 500 mg</i>	69
.....	56	<i>methocarbamol tab 750 mg</i>	69
<i>mefloquine hcl tab 250 mg</i>	31	METHOTREXATE INJ 1GM	29
<i>megestrol acetate susp 40 mg/ml</i>	29	<i>methotrexate sodium inj 25 mg/ml</i>	29
<i>megestrol acetate tab 20 mg</i>	29	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>megestrol acetate tab 40 mg</i>	29	<i>equiv)</i>	29
MELOXICAM SUS 7.5/5ML	6	METHYCLOTHIA TAB 5MG	48
<i>meloxicam tab 15 mg</i>	6	METHYLD/HCTZ TAB 250/15	52
<i>meloxicam tab 7.5 mg</i>	6	METHYLD/HCTZ TAB 250/25	52
<i>melphalan hcl for inj 50 mg (base equiv)</i>		<i>methyldopa tab 250 mg</i>	52
.....	29	<i>methyldopa tab 500 mg</i>	52
MENACTRA INJ	73	<i>methylphenidate hcl tab 10 mg</i>	7
MENEST TAB 0.3MG	49	<i>methylphenidate hcl tab 20 mg</i>	7
MENEST TAB 0.625MG	49	<i>methylphenidate hcl tab 5 mg</i>	7
MENEST TAB 1.25MG	49	<i>methylphenidate hcl tab cr 20 mg</i>	7
MENEST TAB 2.5MG	50	<i>methylprednisolone acetate inj susp 40</i>	
MENOMUNE INJ A/C/Y/W	73	<i>mg/ml</i>	1
MENVEO INJ	73	<i>methylprednisolone acetate inj susp 80</i>	
<i>meperidine hcl tab 100 mg</i>	4	<i>mg/ml</i>	1
<i>meperidine hcl tab 50 mg</i>	4	<i>methylprednisolone sodium succinate for</i>	
MEPRON SUS	31	<i>inj 125 mg</i>	1
<i>mercaptapurine tab 50 mg</i>	29	<i>methylprednisolone tab 16 mg</i>	1
<i>mesalamine enema 4 gm</i>	10	<i>methylprednisolone tab 32 mg</i>	1
<i>mesna inj 100 mg/ml</i>	54	<i>methylprednisolone tab 4 mg</i>	1
MESNEX TAB 400MG	54	<i>methylprednisolone tab 4 mg dose pack</i>	
MESTINON SYP 60MG/5ML	55	<i>metipranolol ophth soln 0.3%</i>	25
MESTINON TAB TIMESPAN	55	<i>metoclopramide hcl inj 5 mg/ml</i>	56
METAPROTEREN TAB 10MG	71	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
METAPROTEREN TAB 20MG	71	<i>mg/10ml)</i>	56
<i>metaproterenol sulfate syrup 10 mg/5ml</i>		<i>metoclopramide hcl tab 10 mg</i>	56
.....	71	<i>metoclopramide hcl tab 5 mg</i>	56
<i>metaxalone tab 800 mg</i>	69	<i>metolazone tab 10 mg</i>	48
<i>metformin hcl tab 1000 mg</i>	20	<i>metolazone tab 2.5 mg</i>	48
<i>metformin hcl tab 500 mg</i>	21	<i>metolazone tab 5 mg</i>	48
<i>metformin hcl tab 850 mg</i>	21	METOPRL/HCTZ TAB 100-50MG	38

<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	38
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	38
<i>metoprolol succinate tab sr 24hr 100 mg</i>	38
<i>metoprolol succinate tab sr 24hr 200 mg</i>	38
<i>metoprolol succinate tab sr 24hr 25 mg</i>	38
<i>metoprolol succinate tab sr 24hr 50 mg</i>	38
<i>metoprolol tartrate inj 1 mg/ml</i>	38
<i>metoprolol tartrate tab 100 mg</i>	38
<i>metoprolol tartrate tab 25 mg</i>	38
<i>metoprolol tartrate tab 50 mg</i>	38
<i>metronidazole cap 375 mg</i>	31
<i>metronidazole cream 0.75%</i>	8
<i>metronidazole gel 0.75%</i>	8
<i>metronidazole lotion 0.75%</i>	8
<i>metronidazole tab 250 mg</i>	31
<i>metronidazole tab 500 mg</i>	31
<i>metronidazole vaginal gel 0.75%</i>	8
<i>MEXILETINE CAP 150MG</i>	43
<i>MEXILETINE CAP 200MG</i>	43
<i>MEXILETINE CAP 250MG</i>	43
<i>MIACALCIN INJ 200/ML</i>	56
<i>microgestin tab 1.5/30</i>	46
<i>microgestin tab 1/20</i>	46
<i>minitran dis 0.1mg/hr</i>	74
<i>minitran dis 0.2mg/hr</i>	74
<i>minitran dis 0.4mg/hr</i>	74
<i>minitran dis 0.6mg/hr</i>	74
<i>minocycline hcl cap 100 mg</i>	17
<i>minocycline hcl cap 50 mg</i>	17
<i>minocycline hcl cap 75 mg</i>	17
<i>minoxidil tab 10 mg</i>	52
<i>minoxidil tab 2.5 mg</i>	52
<i>mirtazapine orally disintegrating tab 15 mg</i>	60
<i>mirtazapine orally disintegrating tab 30 mg</i>	60
<i>mirtazapine orally disintegrating tab 45 mg</i>	60
<i>mirtazapine tab 15 mg</i>	60
<i>mirtazapine tab 30 mg</i>	60
<i>mirtazapine tab 45 mg</i>	60
<i>mirtazapine tab 7.5 mg</i>	60

<i>misoprostol tab 100 mcg</i>	33
<i>misoprostol tab 200 mcg</i>	33
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	30
<i>M-M-R II INJ LIVE</i>	73
<i>moexipril hcl tab 15 mg</i>	66
<i>moexipril hcl tab 7.5 mg</i>	66
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	66
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	66
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	66
<i>mometasone furoate cream 0.1%</i>	10
<i>mometasone furoate oint 0.1%</i>	10
<i>mometasone furoate solution 0.1% (lotion)</i>	10
<i>mononessa tab</i>	46
<i>MORPHINE SUL SOL 10MG/5ML</i>	4
<i>MORPHINE SUL SOL 20MG/5ML</i>	4
<i>MORPHINE SUL SOL 20MG/ML</i>	4
<i>MORPHINE SUL TAB 15MG</i>	4
<i>MORPHINE SUL TAB 30MG</i>	4
<i>morphine sulfate inj pf 0.5 mg/ml</i>	4
<i>morphine sulfate inj pf 1 mg/ml</i>	4
<i>morphine sulfate tab sr 12hr 100 mg</i> ...	5
<i>morphine sulfate tab sr 12hr 15 mg</i>	5
<i>morphine sulfate tab sr 12hr 200 mg</i> ...	5
<i>morphine sulfate tab sr 12hr 30 mg</i>	5
<i>morphine sulfate tab sr 12hr 60 mg</i>	5
<i>MOZOBIL INJ</i>	51
<i>MULTAQ TAB 400MG</i>	43
<i>mupirocin oint 2%</i>	8
<i>MYCOBUTIN CAP 150MG</i>	28
<i>mycophenolate mofetil cap 250 mg</i>	52
<i>mycophenolate mofetil tab 500 mg</i>	52
<i>MYFORTIC TAB 180MG</i>	52
<i>MYFORTIC TAB 360MG</i>	52

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<i>nabumetone tab 500 mg</i>	6
<i>nabumetone tab 750 mg</i>	6
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	38
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	38
<i>nadolol tab 20 mg</i>	38
<i>nadolol tab 40 mg</i>	38

<i>nadolol tab 80 mg</i>	38	NIASPAN TAB 1000 ER	26
NAFCILLIN INJ 10GM	15	NIASPAN TAB 500MG ER	26
NAFCILLIN INJ 1GM	15	NIASPAN TAB 750MG ER	26
NAGLAZYME INJ 1MG/ML	49	<i>nicardipine hcl cap 20 mg</i>	41
<i>naloxone hcl inj 1 mg/ml</i>	54	<i>nicardipine hcl cap 30 mg</i>	41
NALOXONE INJ 0.4MG/ML	54	NICOTROL NS SPR 10MG/ML	37
<i>naltrexone hcl tab 50 mg</i>	54	<i>nifediac cc tab 30mg er</i>	42
NAMENDA SOL 10MG/5ML	44	<i>nifediac cc tab 60mg er</i>	42
NAMENDA TAB 10MG	44	<i>nifediac cc tab 90mg er</i>	42
NAMENDA TAB 5-10MG	44	<i>nifedical xl tab 30mg</i>	42
NAMENDA TAB 5MG	45	<i>nifedical xl tab 60mg</i>	42
<i>naproxen sodium tab 275 mg</i>	6	<i>nifedipine cap 10 mg</i>	42
<i>naproxen sodium tab 550 mg</i>	6	NIFEDIPINE CAP 20MG	42
<i>naproxen susp 125 mg/5ml</i>	6	<i>nifedipine tab sr 24hr osmotic 30 mg</i> .	42
<i>naproxen tab 250 mg</i>	6	<i>nifedipine tab sr 24hr osmotic 60 mg</i> .	42
<i>naproxen tab 375 mg</i>	6	<i>nifedipine tab sr 24hr osmotic 90 mg</i> .	42
<i>naproxen tab ec 375 mg</i>	6	NILANDRON TAB 150MG	30
<i>naproxen tab ec 500 mg</i>	6	<i>nimodipine cap 30 mg</i>	42
NASACORT AQ AER 55MCG/AC	11	NISOLDIPINE TAB 20MG	42
NASONEX SPR 50MCG/AC	11	NISOLDIPINE TAB 30MG	42
NATACYN SUS 5% OP	8	NISOLDIPINE TAB 40MG	42
<i>nateglinide tab 120 mg</i>	22	<i>nisoldipine tab sr 24hr 17 mg</i>	42
<i>nateglinide tab 60 mg</i>	22	<i>nisoldipine tab sr 24hr 25.5 mg</i>	42
NEBUPENT INH 300MG	31	<i>nisoldipine tab sr 24hr 34 mg</i>	42
<i>necon 7/7/7 tab 28 day</i>	46	<i>nisoldipine tab sr 24hr 8.5 mg</i>	42
<i>necon tab 0.5/35</i>	46	NITRO-DUR DIS 0.3MG/HR	74
<i>necon tab 1/35-28</i>	46	NITRO-DUR DIS 0.8MG/HR	74
NECON TAB 10/11-28	46	<i>nitrofurantoin macrocrystalline cap 50</i>	
NEFAZODONE TAB 100MG	63	<i>mg</i>	73
NEFAZODONE TAB 150MG	63	<i>nitrofurantoin susp 25 mg/5ml</i>	73
NEFAZODONE TAB 200MG	63	NITROGLYCER INJ 5MG/ML	74
NEFAZODONE TAB 250MG	63	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .	74
NEFAZODONE TAB 50MG	63	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	74
NEO/POLY/BAC OIN /HC 1%OP	11	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	74
<i>neomycin sulfate tab 500 mg</i>	13	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	74
<i>neomycin-bacitrac zn-polymyx</i>		NITROLINGUAL SPR PUMPSPRA	74
<i>5(3.5)mg-400unt-10000unt op oin</i>	8	NITROSTAT SUB 0.3MG	74
<i>neomycin-polymyxin-dexamethasone</i>		NITROSTAT SUB 0.4MG	74
<i>ophth susp 0.1%</i>	11	NITROSTAT SUB 0.6MG	74
<i>neomycin-polymyxin-hc otic soln 1%</i> ..	11	<i>nizatidine cap 150 mg</i>	33
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nizatidine cap 300 mg</i>	33
<i>mg/ml-10000 unit/ml-1%</i>	11	<i>nora-be tab 0.35mg</i>	46
NEULASTA INJ 6MG/0.6M	51	<i>norethindrone acetate tab 5 mg</i>	56
NEUMEGA INJ 5MG	51	NORMOSOL-R INJ PH 7.4	67
NEUPOGEN INJ 300/0.5	51	<i>nortrel (21) tab 1/35</i>	46
NEUPOGEN INJ 480/0.8	51	<i>nortrel (28) tab 1/35</i>	46
NEUPOGEN INJ 480MCG	51	<i>nortrel 28 tab 0.5/35</i>	46
NEXAVAR TAB 200MG	30	<i>nortrel7/7/7 tab 28 days</i>	46

<i>nortriptyline hcl cap 10 mg</i>	64	<i>ondansetron hcl oral soln 4 mg/5ml</i> ...	23
<i>nortriptyline hcl cap 25 mg</i>	64	<i>ondansetron hcl tab 24 mg</i>	23
<i>nortriptyline hcl cap 50 mg</i>	64	<i>ondansetron hcl tab 4 mg</i>	23
<i>nortriptyline hcl cap 75 mg</i>	64	<i>ondansetron hcl tab 8 mg</i>	23
<i>nortriptyline hcl soln 10 mg/5ml</i>	64	<i>ondansetron orally disintegrating tab 4</i>	
NORVIR CAP 100MG	34	<i>mg</i>	23
NORVIR SOL 80MG/ML.....	34	<i>ondansetron orally disintegrating tab 8</i>	
NORVIR TAB 100MG	34	<i>mg</i>	23
NOVOLIN INJ 70/30.....	21	ONGLYZA TAB 2.5MG	21
NOVOLIN N INJ U-100	21	ONGLYZA TAB 5MG.....	21
NOVOLIN R INJ U-100.....	21	ONTAK INJ 150/ML	30
NOVOLOG INJ 100/ML.....	21	ORAP TAB 1MG	60
NOVOLOG INJ FLEXPEN.....	21	ORAP TAB 2MG	60
NOVOLOG MIX INJ 70/30	21	ORENCIA INJ 250MG.....	47
NOVOLOG MIX INJ FLEXPEN	21	ORFADIN CAP 10MG	54
NUVARING MIS	46	ORFADIN CAP 2MG	54
NUVIGIL TAB 150MG	7	ORFADIN CAP 5MG	54
NUVIGIL TAB 250MG	7	<i>orphenadrine tab 100mg er</i>	69
NUVIGIL TAB 50MG	7	<i>orphenadrine w/ aspirin & caffeine tab</i>	
<i>nystatin cream 100000 unit/gm</i>	24	<i>25-385-30 mg</i>	69
<i>nystatin oint 100000 unit/gm</i>	24	ORTHO EVRA DIS WEEK	46
<i>nystatin susp 100000 unit/ml</i>	24	ORTHOCLONE INJ OKT3	52
<i>nystatin tab 500000 unit</i>	24	<i>ortho-est tab 0.625</i>	50
<i>nystatin-triamcinolone cream</i>		<i>ortho-est tab 1.25</i>	50
<i>100000-0.1 unit/gm-%</i>	10	OSMOPREP TAB 1.5GM.....	44
<i>nystatin-triamcinolone oint 100000-0.1</i>		OVCON 50 TAB 28	46
<i>unit/gm-%</i>	10	<i>oxaliplatin iv soln 100 mg/20ml</i>	30
0		<i>oxandrolone tab 10 mg</i>	7
<i>ocella tab 3-0.03mg</i>	46	<i>oxandrolone tab 2.5 mg</i>	7
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>oxaprozin tab 600 mg</i>	6
<i>mg/ml)</i>	54	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>mg/ml)</i>	19
<i>mg/ml)</i>	54	<i>oxcarbazepine tab 150 mg</i>	19
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>oxcarbazepine tab 300 mg</i>	19
<i>mg/ml)</i>	54	<i>oxcarbazepine tab 600 mg</i>	19
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		OXISTAT CRE 1%	9
<i>mg/ml)</i>	54	OXISTAT LOT 1%	9
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		OXSORALEN LOT 1%	47
<i>mg/ml)</i>	54	OXSORALEN-UL CAP 10MG	47
<i>ofloxacin ophth soln 0.3%</i>	8	<i>oxybutynin chloride syrup 5 mg/5ml</i> ..	50
<i>ofloxacin otic soln 0.3%</i>	8	<i>oxybutynin chloride tab 5 mg</i>	50
<i>ofloxacin tab 200 mg</i>	16	<i>oxybutynin chloride tab sr 24hr 10 mg</i>	50
<i>ofloxacin tab 300 mg</i>	16	<i>oxybutynin chloride tab sr 24hr 15 mg</i>	50
<i>ofloxacin tab 400 mg</i>	16	<i>oxybutynin chloride tab sr 24hr 5 mg</i> .	50
<i>omeprazole cap delayed release 20 mg</i>	34	<i>oxycodone hcl tab 15 mg</i>	5
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>		<i>oxycodone hcl tab 30 mg</i>	5
.....	23	<i>oxycodone hcl tab 5 mg</i>	5
		<i>oxycodone w/ acetaminophen cap 5-500</i>	

<i>mg</i>	5
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 10-650 mg</i>	5
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 7.5-500 mg</i>	5
<i>oxycodone w/ aspirin tab full strength..</i>	5

P

PANCREAZE CAP 10500UNT	47
PANCREAZE CAP 16800UNT	47
PANCREAZE CAP 21000UNT	47
PANCREAZE CAP 4200UNIT	47
PANRETIN GEL 0.1%	69
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	34
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	34
<i>paromomycin sulfate cap 250 mg</i>	31
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	62
<i>paroxetine hcl tab 10 mg</i>	62
<i>paroxetine hcl tab 20 mg</i>	62
<i>paroxetine hcl tab 30 mg</i>	62
<i>paroxetine hcl tab 40 mg</i>	62
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	62
<i>paroxetine hcl tab sr 24hr 25 mg</i>	62
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	62
PATADAY SOL 0.2%.....	12
PATANOL SOL 0.1% OP.....	12
PEDVAX HIB INJ.....	73
PEGANONE TAB 250MG	20
PEGASYS INJ 180MCG/M	35
PEGASYS KIT	35
PEG-INTRON KIT 120 RP	35
PEG-INTRON KIT 150 RP	35
PEG-INTRON KIT 50MCG	35
PEG-INTRON KIT 50MCG RP.....	35
PEG-INTRON KIT 80MCG RP.....	35
<i>penicillin g potassium for inj 5000000 unit</i>	15

<i>penicillin v potassium for soln 125 mg/5ml</i>	15
<i>penicillin v potassium for soln 250 mg/5ml</i>	15
<i>penicillin v potassium tab 250 mg</i>	15
<i>penicillin v potassium tab 500 mg</i>	15
PENTASA CAP 250MG CR	11
PENTASA CAP 500MG CR	11
<i>pentoxifylline tab cr 400 mg</i>	52
<i>perindopril erbumine tab 2 mg</i>	66
<i>perindopril erbumine tab 4 mg</i>	66
<i>perindopril erbumine tab 8 mg</i>	66
<i>permethrin cream 5%</i>	9
PERPHEN/AMIT TAB 2-10MG	64
PERPHEN/AMIT TAB 2-25MG	64
PERPHEN/AMIT TAB 4-10MG	64
PERPHEN/AMIT TAB 4-25MG	64
PERPHEN/AMIT TAB 4-50MG	64
<i>perphenazine tab 16 mg</i>	61
<i>perphenazine tab 2 mg</i>	61
<i>perphenazine tab 4 mg</i>	61
<i>perphenazine tab 8 mg</i>	61
<i>phenelzine sulfate tab 15 mg</i>	60
<i>phenytoin sodium extended cap 100 mg</i>	20
<i>phenytoin sodium extended cap 200 mg</i>	20
<i>phenytoin sodium extended cap 300 mg</i>	20
<i>phenytoin sodium inj 50 mg/ml</i>	20
<i>phenytoin susp 125 mg/5ml</i>	20
PHOSPHOLINE SOL 0.125%OP	25
<i>pilocarpine hcl tab 5 mg</i>	55
<i>pilocarpine hcl tab 7.5 mg</i>	55
PILOPINE HS GEL 4% OP.....	25
PINDOLOL TAB 10MG	38
PINDOLOL TAB 5MG.....	38
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	14
<i>piroxicam cap 10 mg</i>	6
<i>piroxicam cap 20 mg</i>	6
PLAVIX TAB 75MG	33
<i>podofilox soln 0.5%</i>	69
<i>poly-dex sus 0.1% op</i>	11
<i>polyethylene glycol 3350 oral powder</i>	44
<i>polymyxin b sulfate for inj 500000 unit</i>	15
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	8

<i>portia-28 tab</i>	46	<i>prednisone tab 2.5 mg</i>	2
<i>potassium chloride cap cr 10 meq</i>	67	<i>prednisone tab 20 mg</i>	2
<i>potassium chloride cap cr 8 meq</i>	67	<i>prednisone tab 5 mg</i>	2
<i>potassium chloride inj 10 meq/100 ml</i>	67	PREDNISON TAB 50MG	2
<i>potassium chloride inj 2 meq/ml</i>	67	<i>prevalite pow 4gm</i>	26
<i>potassium chloride inj 20 meq/50 ml</i> ..	68	<i>previfem tab</i>	46
<i>potassium chloride microencapsulated</i>		PREVPAC MIS.....	34
<i>crys cr tab 10 meq</i>	68	PREZISTA TAB 150MG	34
<i>potassium chloride microencapsulated</i>		PREZISTA TAB 400MG	34
<i>crys cr tab 20 meq</i>	68	PREZISTA TAB 600MG	34
<i>potassium citrate tab cr 10 meq (1080</i>		PREZISTA TAB 75MG	34
<i>mg)</i>	2	PRIFTIN TAB 150MG	28
<i>potassium citrate tab cr 5 meq (540 mg)</i>		PRIMAXIN IM INJ 500MG	13
.....	2	PRIMAXIN IV INJ 250MG.....	13
PRADAXA CAP 150MG	32	PRIMAXIN IV INJ 500MG.....	13
PRADAXA CAP 75MG.....	32	<i>primidone tab 250 mg</i>	18
<i>pramipexole dihydrochloride tab 0.125</i>		<i>primidone tab 50 mg</i>	18
<i>mg</i>	45	PRISTIQ TAB 100MG.....	61
<i>pramipexole dihydrochloride tab 0.25 mg</i>		PRISTIQ TAB 50MG.....	61
.....	45	PROAIR HFA AER.....	71
<i>pramipexole dihydrochloride tab 0.5 mg</i>		<i>probenecid tab 500 mg</i>	73
.....	45	<i>procainamide hcl inj 100 mg/ml</i>	43
<i>pramipexole dihydrochloride tab 0.75 mg</i>		<i>prochlorperazine edisylate inj 5 mg/ml</i>	61
.....	45	<i>prochlorperazine maleate tab 10 mg</i> ..	61
<i>pramipexole dihydrochloride tab 1 mg</i>	45	<i>prochlorperazine maleate tab 5 mg</i>	61
<i>pramipexole dihydrochloride tab 1.5 mg</i>		<i>prochlorperazine suppos 25 mg</i>	61
.....	45	PROCRIT INJ 10000/ML.....	51
PRANDIN TAB 0.5MG	22	PROCRIT INJ 2000/ML.....	51
PRANDIN TAB 1MG	22	PROCRIT INJ 20000/ML.....	51
PRANDIN TAB 2MG	22	PROCRIT INJ 3000/ML.....	51
<i>pravastatin sodium tab 10 mg</i>	26	PROCRIT INJ 4000/ML.....	51
<i>pravastatin sodium tab 20 mg</i>	26	PROCRIT INJ 40000/ML.....	51
<i>pravastatin sodium tab 40 mg</i>	26	<i>proctocream cre hc 2.5%</i>	11
<i>pravastatin sodium tab 80 mg</i>	27	<i>procto-pak cre 1%</i>	11
<i>prazosin hcl cap 1 mg</i>	2	<i>proctosol hc cre 2.5%</i>	11
<i>prazosin hcl cap 2 mg</i>	2	<i>proctozone cre -hc 2.5%</i>	11
<i>prazosin hcl cap 5 mg</i>	2	PROGLYCEM SUS 50MG/ML	52
PRED MILD SUS 0.12% OP	12	PROLASTIN INJ 500MG.....	68
PRED SOD PHO SOL 1% OP	12	PROLASTIN-C INJ 1000MG.....	68
<i>prednisolone acetate ophth susp 1%</i> ... 12		PROLEUKIN INJ 22MU	30
<i>prednisolone sod phosph oral soln 6.7</i>		PROLIA SOL 60MG/ML.....	39
<i>mg/5ml (5 mg/5ml base)</i>	1	PROMACTA TAB 25MG	51
<i>prednisolone sod phosphate oral soln 15</i>		PROMACTA TAB 50MG	51
<i>mg/5ml (base equiv)</i>	1	PROMACTA TAB 75MG	51
PREDNISON TAB 5MG/ML.....	1	<i>promethazine hcl inj 25 mg/ml</i>	50
PREDNISON SOL 5MG/5ML	2	<i>promethazine hcl inj 50 mg/ml</i>	50
<i>prednisone tab 1 mg</i>	2	<i>promethazine hcl suppos 12.5 mg</i>	50
<i>prednisone tab 10 mg</i>	2	<i>promethazine hcl suppos 25 mg</i>	50

<i>promethazine hcl syrup 6.25 mg/5ml</i> ..	50
<i>promethazine hcl tab 12.5 mg</i>	50
<i>promethazine hcl tab 25 mg</i>	50
<i>promethazine hcl tab 50 mg</i>	50
PROMETRIUM CAP 100MG	56
PROMETRIUM CAP 200MG	56
<i>propafenone hcl cap sr 12hr 225 mg</i> ...	43
<i>propafenone hcl cap sr 12hr 325 mg</i> ...	43
<i>propafenone hcl cap sr 12hr 425 mg</i> ...	43
<i>propafenone hcl tab 150 mg</i>	43
<i>propafenone hcl tab 225 mg</i>	43
<i>propafenone hcl tab 300 mg</i>	43
PROPINE SOL 0.1% OP	53
PROPRAN/HCTZ TAB 40/25.....	38
PROPRAN/HCTZ TAB 80/25.....	38
<i>propranolol hcl cap sr 24hr 120 mg</i>	38
<i>propranolol hcl cap sr 24hr 160 mg</i>	38
<i>propranolol hcl cap sr 24hr 60 mg</i>	38
<i>propranolol hcl cap sr 24hr 80 mg</i>	38
<i>propranolol hcl inj 1 mg/ml</i>	38
<i>propranolol hcl tab 10 mg</i>	38
<i>propranolol hcl tab 20 mg</i>	38
<i>propranolol hcl tab 40 mg</i>	38
<i>propranolol hcl tab 60 mg</i>	38
<i>propranolol hcl tab 80 mg</i>	38
<i>propylthiouracil tab 50 mg</i>	71
PROQUAD INJ	73
PROTONIX INJ 40MG	34
<i>protriptyline hcl tab 10 mg</i>	64
<i>protriptyline hcl tab 5 mg</i>	64
PULMOZYME SOL 1MG/ML	49
<i>pyrazinamide tab 500 mg</i>	28
<i>pyridostigmine bromide tab 60 mg</i>	55

Q

QUALAQUIN CAP 324MG	31
<i>quinapril hcl tab 10 mg</i>	66
<i>quinapril hcl tab 20 mg</i>	66
<i>quinapril hcl tab 40 mg</i>	66
<i>quinapril hcl tab 5 mg</i>	66
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	66
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	66
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	66
<i>quinidine gluconate tab cr 324 mg</i>	43
QUINIDINE SU TAB 300MG ER	43

<i>quinidine sulfate tab 200 mg</i>	43
<i>quinidine sulfate tab 300 mg</i>	43
QVAR AER 40MCG	2
QVAR AER 80MCG	2

R

RABAVERT INJ	73
<i>ramipril cap 1.25 mg</i>	66
<i>ramipril cap 10 mg</i>	66
<i>ramipril cap 2.5 mg</i>	66
<i>ramipril cap 5 mg</i>	66
RANEXA TAB 1000MG	43
RANEXA TAB 500MG	43
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	33
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	33
<i>ranitidine hcl tab 150 mg</i>	33
<i>ranitidine hcl tab 300 mg</i>	33
RAPAMUNE SOL 1MG/ML	53
RAPAMUNE TAB 0.5MG	53
RAPAMUNE TAB 1MG.....	53
RAPAMUNE TAB 2MG.....	53
REBIF INJ 22/0.5.....	39
REBIF INJ 44/0.5.....	39
REBIF TITRTN SOL PACK	39
RECOMBIVA HB INJ 10MCG/ML.....	73
RECOMBIVA-HB INJ 40MCG/ML	73
REGRANEX GEL 0.01%.....	69
RELENZA MIS DISKHALE	35
RELISTOR INJ 12/0.6ML	51
RELPAK TAB 20MG.....	27
RELPAK TAB 40MG.....	27
REMICADE INJ 100MG	47
REMODULIN INJ 10MG/ML	75
REMODULIN INJ 1MG/ML	75
REMODULIN INJ 2.5MG/ML	75
REMODULIN INJ 5MG/ML	75
REVELA PAK 0.8GM.....	53
REVELA PAK 2.4GM.....	53
REVELA TAB 800MG.....	53
RESCRIPTOR TAB 100 MG.....	35
RESCRIPTOR TAB 200MG.....	35
RESTASIS EMU 0.05%	12
RETROVIR INJ 10MG/ML.....	36
REVATIO INJ.....	75
REVATIO TAB 20MG	75
REVLIMID CAP 10MG	39

REVLIMID CAP 15MG	39
REVLIMID CAP 25MG	39
REVLIMID CAP 5MG	39
REYATAZ CAP 100MG	34
REYATAZ CAP 150MG	34
REYATAZ CAP 200MG	34
REYATAZ CAP 300MG	34
<i>ribavirin tab 200 mg</i>	36
RIDAURA CAP 3MG	51
<i>rifampin cap 150 mg</i>	28
<i>rifampin cap 300 mg</i>	28
<i>rifampin for inj 600 mg</i>	28
RILUTEK TAB 50MG	45
<i>rimantadine hydrochloride tab 100 mg</i>	34
<i>ringer's solution</i>	68
RIOMET SOL	21
RISPERDAL INJ 12.5MG	57
RISPERDAL INJ 25MG	58
RISPERDAL INJ 37.5MG	58
RISPERDAL INJ 50MG	58
<i>risperidone orally disintegrating tab 0.5</i>	
<i>mg</i>	58
<i>risperidone orally disintegrating tab 1 mg</i>	
<i>.....</i>	58
<i>risperidone orally disintegrating tab 2 mg</i>	
<i>.....</i>	58
<i>risperidone orally disintegrating tab 3 mg</i>	
<i>.....</i>	58
<i>risperidone orally disintegrating tab 4 mg</i>	
<i>.....</i>	58
<i>risperidone soln 1 mg/ml</i>	58
<i>risperidone tab 0.25 mg</i>	58
RISPERIDONE TAB 0.25 ODT	58
<i>risperidone tab 0.5 mg</i>	58
<i>risperidone tab 1 mg</i>	58
<i>risperidone tab 2 mg</i>	58
<i>risperidone tab 3 mg</i>	58
<i>risperidone tab 4 mg</i>	58
RITUXAN INJ 500MG	30
<i>rivastigmine tartrate cap 1.5 mg</i>	55
<i>rivastigmine tartrate cap 3 mg</i>	55
<i>rivastigmine tartrate cap 4.5 mg</i>	56
<i>rivastigmine tartrate cap 6 mg</i>	56
<i>romycin oin op</i>	8
<i>ropinirole hydrochloride tab 0.25 mg</i> ...	45
<i>ropinirole hydrochloride tab 0.5 mg</i> ...	45
<i>ropinirole hydrochloride tab 1 mg</i>	45
<i>ropinirole hydrochloride tab 2 mg</i>	45

<i>ropinirole hydrochloride tab 3 mg</i>	45
<i>ropinirole hydrochloride tab 4 mg</i>	45
<i>ropinirole hydrochloride tab 5 mg</i>	45
ROTATEQ SUS	74
S	

SABRIL POW 500MG	19
SABRIL TAB 500MG	19
SAIZEN INJ 5MG	70
SAIZEN INJ 8.8MG	70
SAMSCA TAB 15MG	47
SAMSCA TAB 30MG	47
SANCUSO DIS 3.1MG	23
SANTYL OIN 250/GM	69
SAPHRIS SUB 10MG	58
SAPHRIS SUB 5MG	58
<i>selegiline hcl tab 5 mg</i>	45
<i>selenium sulfide lotion 2.5%</i>	9
SELZENTRY TAB 150MG	34
SELZENTRY TAB 300MG	34
SENSIPAR TAB 30MG	54
SENSIPAR TAB 60MG	54
SENSIPAR TAB 90MG	55
SEREVENT DIS AER 50MCG	71
SEROMYCIN CAP 250MG	28
SEROQUEL TAB 100MG	58
SEROQUEL TAB 200MG	58
SEROQUEL TAB 25MG	58
SEROQUEL TAB 300MG	58
SEROQUEL TAB 400MG	58
SEROQUEL TAB 50MG	58
SEROQUEL XR TAB 150MG	59
SEROQUEL XR TAB 200MG	59
SEROQUEL XR TAB 300MG	59
SEROQUEL XR TAB 400MG	59
SEROQUEL XR TAB 50MG	59
<i>sertraline hcl oral conc 20 mg/ml</i>	62
<i>sertraline hcl tab 100 mg</i>	62
<i>sertraline hcl tab 25 mg</i>	62
<i>sertraline hcl tab 50 mg</i>	62
<i>silver sulfadiazine cream 1%</i>	9
SIMULECT INJ 20MG	53
<i>simvastatin tab 10 mg</i>	27
<i>simvastatin tab 20 mg</i>	27
<i>simvastatin tab 40 mg</i>	27
<i>simvastatin tab 5 mg</i>	27
<i>simvastatin tab 80 mg</i>	27
SINGULAIR CHW 4MG	12

SINGULAIR CHW 5MG	12	STRATTERA CAP 40MG	45
SINGULAIR GRA 4MG	12	STRATTERA CAP 60MG	45
SINGULAIR TAB 10MG	12	STRATTERA CAP 80MG	45
SMZ-TMP INJ 400-80/5	16	STREPTOMYCIN INJ 1GM	13
<i>sodium bicarbonate inj 7.5%</i>	2	SUBOXONE MIS 2-0.5MG.....	5
<i>sodium chloride inj 0.45%</i>	68	SUBOXONE MIS 8-2MG	5
<i>sodium chloride inj 3%</i>	68	<i>sucralfate tab 1 gm</i>	33
<i>sodium chloride inj 5%</i>	68	<i>sulfacetamide sodium lotion 10% (acne)</i>	8
<i>sodium chloride irrigation soln 0.9%</i> ...	53	.....	8
<i>sodium chloride iv soln 0.9%</i>	68	<i>sulfacetamide sodium ophth soln 10%..</i>	8
SOMATULINE INJ 120/.5ML.....	55	<i>sulfacetamide sodium-prednisolone</i>	
SOMATULINE INJ 60/0.2ML.....	55	<i>ophth soln 10-0.23(0.25)%</i>	12
SOMATULINE INJ 90/0.3ML.....	55	SULFADIAZINE TAB 500MG.....	16
SOMAVERT INJ 10MG.....	70	<i>sulfamethoxazole-trimethoprim susp</i>	
SOMAVERT INJ 15MG.....	70	<i>200-40 mg/5ml</i>	16
SOMAVERT INJ 20MG.....	70	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sorine tab 120mg</i>	38	<i>400-80 mg</i>	16
<i>sorine tab 160mg</i>	39	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sorine tab 240mg</i>	39	<i>800-160 mg</i>	16
<i>sorine tab 80mg</i>	39	<i>sulfasalazine tab 500 mg</i>	16
SOTALOL HCL INJ 150/10ML.....	39	<i>sulfazine ec tab 500mg</i>	16
<i>sotalol hcl tab 120 mg</i>	39	<i>sulindac tab 150 mg</i>	6
<i>sotalol hcl tab 160 mg</i>	39	<i>sulindac tab 200 mg</i>	6
<i>sotalol hcl tab 240 mg</i>	39	SUMATRIPTAN INJ 4MG/0.5	27
<i>sotalol hcl tab 80 mg</i>	39	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	27
SPIRIVA CAP HANDIHLR.....	17	<i>sumatriptan succinate tab 100 mg</i>	27
<i>spironolactone & hydrochlorothiazide tab</i>		<i>sumatriptan succinate tab 25 mg</i>	27
<i>25-25 mg</i>	66	<i>sumatriptan succinate tab 50 mg</i>	27
<i>spironolactone tab 100 mg</i>	66	SURMONTIL CAP 100MG.....	64
<i>spironolactone tab 25 mg</i>	67	SURMONTIL CAP 25MG.....	64
<i>spironolactone tab 50 mg</i>	67	SURMONTIL CAP 50MG.....	64
<i>sprintec 28 tab 28 day</i>	47	SUSTIVA CAP 200MG	35
SPRYCEL TAB 100MG	30	SUSTIVA CAP 50MG	35
SPRYCEL TAB 140MG	30	SUSTIVA TAB 600MG	35
SPRYCEL TAB 20MG.....	30	SUTENT CAP 12.5MG	30
SPRYCEL TAB 50MG.....	30	SUTENT CAP 25MG	30
SPRYCEL TAB 70MG.....	30	SUTENT CAP 50MG	30
SPRYCEL TAB 80MG.....	30	SYMBICORT AER 160-4.5.....	2
<i>ssd cre 1%</i>	9	SYMBICORT AER 80-4.5	2
<i>stavudine cap 15 mg</i>	36	SYMLIN INJ 600MCG	20
<i>stavudine cap 20 mg</i>	36	SYMLINPEN 60 INJ 1000MCG	20
<i>stavudine cap 30 mg</i>	36	SYMLNPEN 120 INJ 1000MCG.....	20
<i>stavudine cap 40 mg</i>	36	SYNAREL SOL 2MG/ML	51
<i>stavudine for oral soln 1 mg/ml</i>	36	SYNTHROID TAB 100MCG	72
STRATTERA CAP 100MG	45	SYNTHROID TAB 112MCG.....	72
STRATTERA CAP 10MG.....	45	SYNTHROID TAB 125MCG.....	72
STRATTERA CAP 18MG.....	45	SYNTHROID TAB 137MCG.....	72
STRATTERA CAP 25MG.....	45	SYNTHROID TAB 150MCG.....	72

SYNTHROID TAB 175MCG.....	72
SYNTHROID TAB 200MCG.....	72
SYNTHROID TAB 25MCG	72
SYNTHROID TAB 300MCG.....	72
SYNTHROID TAB 50MCG	72
SYNTHROID TAB 75MCG	72
SYNTHROID TAB 88MCG	72
SYPRINE CAP 250MG	51

T

TABLOID TAB 40MG.....	30
<i>tacrolimus cap 0.5 mg</i>	53
<i>tacrolimus cap 1 mg</i>	53
<i>tacrolimus cap 5 mg</i>	53
TAMIFLU CAP 75MG.....	35
TAMIFLU SUS 12MG/ML	35
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	30
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	30
<i>tamsulosin hcl cap 0.4 mg</i>	70
TARCEVA TAB 100MG	30
TARCEVA TAB 150MG	30
TARCEVA TAB 25MG	30
TARGRETIN CAP 75MG	30
TARGRETIN GEL 1%	70
TASIGNA CAP 200MG.....	30
TASMAR TAB 100MG.....	45
TAXOTERE INJ 80MG/4ML.....	30
TAZORAC CRE 0.05%	70
TAZORAC CRE 0.1%	70
TAZORAC GEL 0.05%.....	70
TAZORAC GEL 0.1%	70
<i>taztia xt cap 120mg/24</i>	40
<i>taztia xt cap 180mg/24</i>	40
<i>taztia xt cap 240mg/24</i>	40
<i>taztia xt cap 300mg/24</i>	40
<i>taztia xt cap 360mg/24</i>	40
TEKAMLO TAB 150-10MG	67
TEKAMLO TAB 150-5MG	67
TEKAMLO TAB 300-10MG	67
TEKAMLO TAB 300-5MG	67
TEKURNA HCT TAB 150-12.5.....	67
TEKURNA HCT TAB 150-25MG	67
TEKURNA HCT TAB 300-12.5.....	67
TEKURNA HCT TAB 300-25MG	67
TEKURNA TAB 150MG	67
TEKURNA TAB 300MG	67

<i>terazosin hcl cap 1 mg</i>	2
<i>terazosin hcl cap 10 mg</i>	2
<i>terazosin hcl cap 2 mg</i>	2
<i>terazosin hcl cap 5 mg</i>	2
<i>terbinafine hcl tab 250 mg</i>	24
<i>terbutaline sulfate tab 2.5 mg</i>	71
<i>terbutaline sulfate tab 5 mg</i>	71
<i>terconazole vaginal cream 0.4%</i>	9
<i>terconazole vaginal cream 0.8%</i>	9
<i>terconazole vaginal suppos 80 mg</i>	8
<i>testosterone cypionate im in oil 100 mg/ml</i>	7
<i>testosterone enanthate im in oil 200 mg/ml</i>	7
TET/DIP TOX INJ 2-2 LF	73
TETANUS TOX INJ 5LF ADS	73
<i>tetracycline hcl cap 250 mg</i>	17
<i>tetracycline hcl cap 500 mg</i>	17
TEV-TROPIN INJ 5MG.....	70
THALOMID CAP 100MG.....	39
THALOMID CAP 150MG.....	39
THALOMID CAP 200MG.....	39
THALOMID CAP 50MG	39
THEO-24 CAP 100MG CR	68
THEO-24 CAP 200MG CR	68
THEO-24 CAP 300MG CR	68
THEO-24 CAP 400MG ER.....	68
THEOPHYLLINE TAB 450MG ER.....	68
<i>theophylline tab sr 12hr 100 mg</i>	68
<i>theophylline tab sr 12hr 200 mg</i>	68
<i>theophylline tab sr 12hr 300 mg</i>	68
<i>theophylline tab sr 24hr 400 mg</i>	68
<i>theophylline tab sr 24hr 600 mg</i>	68
<i>thioridazine hcl tab 10 mg</i>	61
<i>thioridazine hcl tab 100 mg</i>	61
<i>thioridazine hcl tab 25 mg</i>	61
<i>thioridazine hcl tab 50 mg</i>	61
<i>thiothixene cap 1 mg</i>	63
<i>thiothixene cap 10 mg</i>	63
<i>thiothixene cap 2 mg</i>	63
<i>thiothixene cap 5 mg</i>	63
THYROLAR-1 TAB 60MG	72
THYROLAR-1/4 TAB 15MG	72
THYROLAR-2 TAB 120MG.....	72
THYROLAR-3 TAB 180MG.....	72
<i>ticlopidine hcl tab 250 mg</i>	33
TIKOSYN CAP 125MCG	43
TIKOSYN CAP 250MCG	43

TIKOSYN CAP 500MCG	43	TRAVATAN Z DRO 0.004%	25
TIMENTIN INJ 3.1GM	14	<i>trazodone hcl tab 100 mg</i>	63
TIMOLOL MAL TAB 10MG	39	<i>trazodone hcl tab 150 mg</i>	63
TIMOLOL MAL TAB 20MG	39	<i>trazodone hcl tab 50 mg</i>	63
TIMOLOL MAL TAB 5MG	39	TREANDA INJ 100MG	30
<i>timolol maleate ophth gel forming soln</i>		TRECATOR TAB 250MG	28
<i>0.25%</i>	25	TRETINOIN CAP 10MG	30
<i>timolol maleate ophth gel forming soln</i>		<i>tretinoin cream 0.025%</i>	44
<i>0.5%</i>	25	<i>tretinoin cream 0.05%</i>	44
<i>timolol maleate ophth soln 0.25%</i>	25	<i>tretinoin cream 0.1%</i>	44
<i>timolol maleate ophth soln 0.5%</i>	25	<i>tretinoin gel 0.01%</i>	44
<i>tizanidine hcl tab 2 mg</i>	69	<i>tretinoin gel 0.025%</i>	44
<i>tizanidine hcl tab 4 mg</i>	69	TRIAMCINOLON OIN 0.05%	11
TOBI NEB 300/5ML	13	TRIAMCINOLON OIN 0.5%	11
TOBRADEX OIN OP	12	<i>triamcinolone acetonide cream 0.025%</i>	
<i>tobramycin sulfate ophth soln 0.3%</i>	8	.....	11
<i>tobramycin-dexamethasone ophth susp</i>		<i>triamcinolone acetonide cream 0.1%</i> ..	11
<i>0.3-0.1%</i>	12	<i>triamcinolone acetonide cream 0.5%</i> ..	11
TOLAZAMIDE TAB 250MG	22	<i>triamcinolone acetonide dental paste</i>	
TOLAZAMIDE TAB 500MG	22	<i>0.1%</i>	11
TOLBUTAMIDE TAB 500MG	22	<i>triamcinolone acetonide lotion 0.025%</i>	11
TOLMETIN SOD TAB 200MG	6	<i>triamcinolone acetonide lotion 0.1%</i> ..	11
TOLMETIN SOD TAB 600MG	6	<i>triamcinolone acetonide oint 0.025%</i> ..	11
<i>tolmetin sodium cap 400 mg</i>	6	<i>triamcinolone acetonide oint 0.1%</i>	11
<i>topiramate sprinkle cap 15 mg</i>	19	<i>triamterene & hydrochlorothiazide cap</i>	
<i>topiramate sprinkle cap 25 mg</i>	19	<i>37.5-25 mg</i>	48
<i>topiramate tab 100 mg</i>	19	<i>triamterene & hydrochlorothiazide tab</i>	
<i>topiramate tab 200 mg</i>	19	<i>37.5-25 mg</i>	48
<i>topiramate tab 25 mg</i>	19	<i>triamterene & hydrochlorothiazide tab</i>	
<i>topiramate tab 50 mg</i>	19	<i>75-50 mg</i>	48
<i>topotecan hcl for inj 4 mg</i>	30	<i>trifluoperazine hcl tab 1 mg</i>	61
TORISEL SOL 25MG/ML	30	<i>trifluoperazine hcl tab 10 mg</i>	61
TORSEMIDE INJ 20MG/2ML	48	<i>trifluoperazine hcl tab 2 mg</i>	61
<i>torseamide tab 10 mg</i>	48	<i>trifluoperazine hcl tab 5 mg</i>	61
<i>torseamide tab 100 mg</i>	48	<i>trifluridine ophth soln 1%</i>	8
<i>torseamide tab 20 mg</i>	48	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ...	45
<i>torseamide tab 5 mg</i>	48	<i>trihexyphenidyl hcl tab 2 mg</i>	45
<i>tpn electrol inj</i>	68	<i>trihexyphenidyl hcl tab 5 mg</i>	45
TRACLEER TAB 125MG	75	<i>tri-legest tab fe</i>	47
TRACLEER TAB 62.5MG	75	<i>trilyte sol</i>	44
<i>tramadol hcl tab 50 mg</i>	5	<i>trimethobenzamide hcl cap 300 mg</i>	24
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>trimethobenzamide hcl inj 100 mg/ml</i>	24
<i>mg</i>	5	<i>trimethoprim tab 100 mg</i>	73
<i>trandolapril tab 1 mg</i>	66	TRIPEDIA SUS P/F	73
<i>trandolapril tab 2 mg</i>	66	TRISENOX SOL 10MG/10M	30
<i>trandolapril tab 4 mg</i>	66	<i>tri-sprintec tab</i>	47
<i>tranylcypromine sulfate tab 10 mg</i>	60	<i>trivora-28 tab</i>	47
TRAVASOL INJ 10%	42	TRIZIVIR TAB	36

<i>tropicamide ophth soln 0.5%</i>	53
TRUVADA TAB.....	36
TWINRIX INJ	74
TYGACIL INJ 50MG	14
TYKERB TAB 250MG	30
TYPHIM VI INJ	74
TYZEKA TAB 600MG.....	36
TYZINE PED DRO 0.05%	74
TYZINE SOL 0.1%	74

U

ULORIC TAB 40MG	55
ULORIC TAB 80MG	55
<i>unithroid tab 100mcg</i>	72
<i>unithroid tab 112mcg</i>	72
<i>unithroid tab 125mcg</i>	72
<i>unithroid tab 150mcg</i>	72
<i>unithroid tab 175mcg</i>	72
<i>unithroid tab 200mcg</i>	72
<i>unithroid tab 25mcg</i>	72
<i>unithroid tab 300mcg</i>	72
<i>unithroid tab 50mcg</i>	72
<i>unithroid tab 75mcg</i>	72
<i>unithroid tab 88mcg</i>	72
<i>ursodiol cap 300 mg</i>	45
<i>ursodiol tab 250 mg</i>	45
<i>ursodiol tab 500 mg</i>	45

V

<i>valacyclovir hcl tab 1 gm</i>	36
<i>valacyclovir hcl tab 500 mg</i>	36
VALCYTE SOL 50MG/ML.....	36
VALCYTE TAB 450MG	36
<i>valproate sodium inj 100 mg/ml</i>	19
<i>valproate sodium syrup 250 mg/5ml</i> <i>(base equiv)</i>	19
<i>valproic acid cap 250 mg</i>	19
VALTURNA TAB 150-160	67
VALTURNA TAB 300-320	67
VANCOCIN HCL CAP 125MG.....	14
VANCOCIN HCL CAP 250MG.....	14
<i>vancomycin hcl for inj 10 gm</i>	14
<i>vancomycin hcl for inj 1000 mg</i>	14
<i>vancomycin hcl for inj 500 mg</i>	14
VANDETANIB TAB 100MG.....	30
VANDETANIB TAB 300MG.....	30
VAQTA INJ 25/0.5ML	74
VARIVAX INJ	74

VECTIBIX INJ 100MG	30
VELCADE INJ 3.5MG	30
<i>venlafaxine hcl cap sr 24hr 150 mg (base</i> <i>equivalent)</i>	61
<i>venlafaxine hcl cap sr 24hr 37.5 mg</i> <i>(base equivalent)</i>	61
<i>venlafaxine hcl cap sr 24hr 75 mg (base</i> <i>equivalent)</i>	61
<i>venlafaxine hcl tab 100 mg</i>	61
<i>venlafaxine hcl tab 25 mg</i>	61
<i>venlafaxine hcl tab 37.5 mg</i>	61
<i>venlafaxine hcl tab 50 mg</i>	61
<i>venlafaxine hcl tab 75 mg</i>	61
VENTAVIS SOL 10MCG/ML.....	75
VENTOLIN HFA AER	71
<i>verapamil hcl cap sr 24hr 100 mg</i>	40
<i>verapamil hcl cap sr 24hr 120 mg</i>	40
<i>verapamil hcl cap sr 24hr 180 mg</i>	40
<i>verapamil hcl cap sr 24hr 200 mg</i>	40
<i>verapamil hcl cap sr 24hr 240 mg</i>	40
<i>verapamil hcl cap sr 24hr 300 mg</i>	40
<i>verapamil hcl iv soln 2.5 mg/ml</i>	40
<i>verapamil hcl tab 120 mg</i>	40
<i>verapamil hcl tab 40 mg</i>	41
<i>verapamil hcl tab 80 mg</i>	41
<i>verapamil hcl tab cr 120 mg</i>	41
<i>verapamil hcl tab cr 180 mg</i>	41
<i>verapamil hcl tab cr 240 mg</i>	41
VEREGEN OIN 15%.....	70
VESICARE TAB 10MG	50
VESICARE TAB 5MG	50
VFEND IV INJ 200MG	24
VFEND SUS 40MG/ML.....	24
VICTOZA INJ 18MG/3ML.....	21
VIDAZA INJ 100MG	30
VIDEX SOL 2GM	36
VIIIBRYD TAB 10MG	63
VIIIBRYD TAB 20MG	63
VIIIBRYD TAB 40MG	63
VIMOVO TAB 375-20MG	6
VIMOVO TAB 500-20MG	6
VIMPAT INJ 200MG/20	19
VIMPAT SOL 10MG/ML	20
VIMPAT TAB 100MG	20
VIMPAT TAB 150MG	20
VIMPAT TAB 200MG	20
VIMPAT TAB 50MG.....	20
VIRACEPT POW 50MG/GM.....	34

VIRACEPT TAB 250MG	34	<i>zaleplon cap 5 mg</i>	37
VIRACEPT TAB 625MG	34	ZAVESCA CAP 100MG	55
VIRAMUNE SUS 50MG/5ML	35	ZEMPLAR CAP 1MCG	75
VIRAMUNE TAB 200MG	35	ZEMPLAR CAP 2MCG	75
VIRAMUNE XR TAB	35	ZEMPLAR CAP 4MCG	75
VIREAD TAB 300MG.....	36	ZEMPLAR INJ 2MCG/ML	75
VISTIDE INJ 75MG/ML	36	ZEMPLAR INJ 5MCG/ML	75
VIVELLE-DOT DIS 0.025MG	50	ZENPEP CAP 10000UNT	47
VIVELLE-DOT DIS 0.0375MG	50	ZENPEP CAP 15000UNT	47
VIVELLE-DOT DIS 0.05MG	50	ZENPEP CAP 20000UNT	47
VIVELLE-DOT DIS 0.075MG	50	ZENPEP CAP 5000UNIT.....	47
VIVELLE-DOT DIS 0.1MG.....	50	ZETIA TAB 10MG	26
VOLTAREN GEL 1%	70	ZIAGEN SOL 20MG/ML	36
<i>voriconazole tab 200 mg</i>	24	ZIAGEN TAB 300MG.....	36
<i>voriconazole tab 50 mg</i>	24	<i>zidovudine cap 100 mg</i>	36
VOTRIENT TAB 200MG	30	<i>zidovudine syrup 10 mg/ml</i>	36
VYTORIN TAB 10-10MG.....	27	<i>zidovudine tab 300 mg</i>	36
VYTORIN TAB 10-20MG.....	27	ZIRGAN GEL 0.15%	9
VYTORIN TAB 10-40MG.....	27	ZOLINZA CAP 100MG	30
VYTORIN TAB 10-80MG.....	27	<i>zolpidem tartrate tab 10 mg</i>	37
W		<i>zolpidem tartrate tab 5 mg</i>	37
<i>warfarin sodium tab 1 mg</i>	32	ZOMETA INJ 4MG/5ML.....	39
<i>warfarin sodium tab 10 mg</i>	32	ZONALON CRE 5%.....	31
<i>warfarin sodium tab 2 mg</i>	32	<i>zonisamide cap 100 mg</i>	20
<i>warfarin sodium tab 2.5 mg</i>	32	<i>zonisamide cap 25 mg</i>	20
<i>warfarin sodium tab 3 mg</i>	32	<i>zonisamide cap 50 mg</i>	20
<i>warfarin sodium tab 4 mg</i>	32	ZORTRESS TAB 0.25MG	53
<i>warfarin sodium tab 5 mg</i>	32	ZORTRESS TAB 0.5MG	53
<i>warfarin sodium tab 6 mg</i>	32	ZORTRESS TAB 0.75MG	53
<i>warfarin sodium tab 7.5 mg</i>	32	ZOSTAVAX INJ	74
<i>water for irrigation, sterile irrigation</i>		ZOVIRAX CRE 5%.....	9
<i>soln</i>	53	ZOVIRAX OIN 5%.....	9
X		ZYFLO CR TAB 600MG	12
XENAZINE TAB 12.5MG	45	ZYLET SUS 0.5-0.3%	12
XENAZINE TAB 25MG.....	45	ZYMAR DRO 0.3%	9
XGEVA INJ	39	ZYPREXA INJ 10MG.....	59
XIFAXAN TAB 550MG	16	ZYPREXA TAB 10MG.....	59
XOLAIR SOL 150MG.....	68	ZYPREXA TAB 15MG.....	59
XYREM SOL 500MG/ML.....	45	ZYPREXA TAB 2.5MG.....	59
Y		ZYPREXA TAB 20MG.....	59
YF-VAX INJ.....	74	ZYPREXA TAB 5MG	59
Z		ZYPREXA TAB 7.5MG.....	59
<i>zafirlukast tab 10 mg</i>	12	ZYPREXA ZYDI TAB 10MG	59
<i>zafirlukast tab 20 mg</i>	12	ZYPREXA ZYDI TAB 15MG	59
<i>zaleplon cap 10 mg</i>	37	ZYPREXA ZYDI TAB 20MG	59
		ZYPREXA ZYDI TAB 5MG.....	59
		ZYTIGA TAB 250MG	30
		ZYVOX SOL 2MG/ML	15

ZYVOX SUS 100MG/5M 15

ZYVOX TAB 600MG 15

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