

2012

Formulary/ Formulario

(List of Covered Drugs)/(Lista de medicinas cubiertas)



Y0050_12_5000_0001_LRCompRX
Y0050_12_5000_0001_LRCompRX SP
F&U 7/4/2011



Molina Medicare

2012 Formulary (List of Covered Drugs)

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

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 Health Plan with a Medicare Contract. A Coordinated Care plan with a Medicare Advantage contract and a contract with the state Medicaid program.

If you have any questions about Molina Medicare, please contact our member services number at (CA) 1-800-665-0898; (FL) 1-866-553-9494; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (TX) 1-866-440-0012; (UT) 1-888-665-1328; (WA) 1-800-665-1029, Monday – Sunday, 8:00 AM to 8:00 PM, local time. TTY/TDD users should call 1-800-346-4128.

This information is available for free in other languages. Please contact our customer service number at 1-800-665-3086 for additional information.

Esta información está disponible gratuitamente en otros idiomas. Para información adicional, favor de llamar a nuestro departamento de Servicios para Miembros al: 1-800-665-3086.

Díí baa hane'ígíí doo baqah ílní da sad naaná la' choo'íggo. T'áá shóqodi aká'ánídaalwo'jí' hodíílnih éí binumber 1-800-665-3086 hazhó'ó bee shíł hodoonih nínízingo.

What is the Molina Medicare Formulary?

A formulary is a list of covered drugs selected by Molina Medicare 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. Molina Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Molina Medicare 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 October, 2011. To get updated information about the drugs covered by Molina Medicare, please visit our Web site at www.molinamedicare.com or call Member Services at (CA) 1-800-665-0898; (FL) 1-866-553-9494; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (TX) 1-866-440-0012; (UT) 1-888-665-1328; (WA) 1-800-665-1029, Monday – Sunday, 8:00 AM to 8:00 PM, local time. TTY/TDD users should call 1-800-346-4128. In the event of mid-year formulary changes, printed formularies will have an inserted via errata sheet showing the changes.

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, “cardiovascular drugs”. If you know what your drug is used for, look for the category name in the list that begins below. 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 79. 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?

Molina Medicare 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:** Molina Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Molina Medicare before you fill your prescriptions. If you don't get approval, Molina Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Molina Medicare limits the amount of the drug that Molina Medicare will cover. For example, Molina Medicare provides 9 tablets per 30 days per prescription for Imitrex (sumatriptan). This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Molina Medicare 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, Molina Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Molina Medicare 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 Web site at www.molinamedicare.com.

You can ask Molina Medicare to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Molina Medicare formulary?" on page iii 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 Member Services and confirm that your drug is not covered. If you learn that Molina Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Molina Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Molina Medicare.
- You can ask Molina Medicare 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 the Molina Medicare Formulary?

You can ask Molina Medicare 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, Molina Medicare limit 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, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier 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 tier designated as the high-cost tier.

Generally, Molina Medicare 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 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-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 91-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.

Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

For more information

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

If you have questions about Molina Medicare, please call Member Services at [(CA) 1-800-665-0898; (FL) 1-866-553-9494; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (TX) 1-866-440-0012; (UT) 1-888-665-1328; (WA) 1-800-665-1029, Monday – Sunday, 8:00 AM to 8:00 PM, local time. TTY/TDD users should call 1-800-346-4128. Or visit www.molinamedicare.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 1-877-486-2048. Or, visit www.medicare.gov.

Molina Medicare Formulary

The formulary below provides coverage information about some of the drugs covered by Molina Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

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

QL stands for Quantity Limits

PA stands for Prior Authorization

STC stands for Step Therapy Criteria

OTC stands for Over the Counter

B/D – This drug may be covered under Medicare Part B or D depending upon the circumstances

**This prescription may be available only at certain pharmacies. For more information consult your Provider/ Pharmacy Directory or call Member Services (CA) 1-800-665-0898; (FL) 1-866-553-9494; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (TX) 1-866-440-0012; (UT) 1-888-665-1328; (WA) 1-800-665-1029, Monday – Sunday, 8:00 AM to 8:00 PM, local time. TTY/TDD users should call 1-800-346-4128. Or visit www.molinamedicare.com.*



Molina Medicare

2012 Formulario
(Lista de medicamentos con cobertura)

**POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS
MEDICAMENTOS QUE SE CUBREN EN ESTE PLAN.**

Nota para miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Los beneficiarios deben usar farmacias pertenecientes a la red para acceder a sus beneficios de medicamentos recetados. Los beneficios, el formulario, las farmacias pertenecientes a la red y los pagos compartidos o los coseguros pueden cambiar a partir del 1 de enero de 2013.

Un plan de salud con un contrato de Medicare. Un plan de atención coordinada con un contrato de Medicare Advantage y un contrato con el programa estatal de Medicaid.

Si tiene preguntas acerca de Molina Medicare, llame a nuestros números de Servicios de atención para miembros: (CA) 1-800-665-0898; (FL) 1-866-553-9494; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (TX) 1-866-440-0012; (UT) 1-888-665-1328; (WA) 1-800-665-1029, de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora local. Los usuarios de TTY/TDD pueden llamar al 1-800-346-4128.

Esta información está disponible gratuitamente en otros idiomas. Para obtener información adicional, llame a nuestro número de Servicios de atención para miembros al 1-800-665-3086.

¿Qué es el formulario de Molina Medicare?

Un formulario es una lista de medicamentos con cobertura seleccionados por Molina Medicare junto con un equipo de prestadores de atención de salud, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Por lo general, Molina Medicare cubre los medicamentos que figuran en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta sea completada en una farmacia de la red de Molina Medicare y se sigan otras reglas del plan. Para obtener más información acerca de cómo completar las recetas, consulte su Evidencia de cobertura.

¿El formulario puede cambiar?

Generalmente, si está tomando un medicamento de nuestro formulario de 2012 que tenía cobertura al comenzar el año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2012, excepto si aparece disponible un nuevo medicamento genérico más económico o si se publica información adversa acerca de la seguridad o la efectividad de un medicamento. Otros tipos de cambios de formulario, como la eliminación de un medicamento del formulario, no afectarán a los miembros que ya estén tomando el medicamento. Seguirá estando disponible con el mismo reparto de costos para los miembros que deberán tomarlo durante el resto del año de cobertura. Creemos que es importante que tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió su plan, excepto en los casos en los que pueda ahorrar dinero o en los que podamos garantizar su seguridad.

Si quitamos medicamentos del formulario, agregamos con autorización previa límites de cantidades o restricciones de terapias escalonadas o movemos un medicamento a un nivel de reparto de costos superior, debemos notificar del cambio a los miembros afectados al menos 60 días antes de que se aplique el cambio, o en el momento en el que el miembro solicita la renovación de un medicamento, en cuyo caso el miembro recibirá un suministro del medicamento durante 60 días. Si la Administración Federal de Alimentos y Medicamentos considera que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento retira el medicamento del mercado, quitaremos el medicamento de inmediato de nuestro formulario y notificaremos a los miembros que toman dicho medicamento. El formulario adjunto está vigente a partir de octubre, 2011. Para obtener información actualizada acerca de los medicamentos con cobertura de Molina Medicare, visite nuestro sitio web en www.molinamedicare.com o llame al Departamento de servicios para miembros al (CA) 1-800-665-0898; (FL) 1-866-553-9494; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (TX) 1-866-440-0012; (UT) 1-888-665-1328; (WA) 1-800-665-1029, de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora local. Los usuarios de TTY/TDD deben llamar al 1-800-346-4128. En el caso de cambios en el formulario a mitad de año, los formularios impresos tendrán adjuntados una fe de erratas que mostrará los cambios.

¿Cómo se utiliza el formulario?

Hay dos maneras de encontrar un medicamento en el formulario:

Padecimiento médico

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de padecimientos médicos que tratan. Por ejemplo, los medicamentos usados para tratar una afección cardíaca se muestran en la categoría de “medicamentos cardiovasculares”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza a continuación. Luego, busque el medicamento en el nombre de la categoría.

Listado alfabético

Si no está seguro en qué categoría debe buscar, deberá buscar el medicamento en el Índice que comienza en la página 79. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se muestran en el Índice. Busque su medicamento en el Índice. Al lado de su medicamento, verá el número de la página donde puede encontrar información sobre la cobertura. Vaya a la página que se indica en el Índice y busque el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Molina Medicare tiene cobertura para medicamentos de marca y genéricos. Un medicamento genérico está aprobado por la FDA y tiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay restricciones para mi cobertura?

Algunos medicamentos con cobertura pueden tener requisitos adicionales o límites para la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Molina Medicare requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará obtener la aprobación de Molina Medicare antes de completar sus recetas. Si no obtiene la aprobación, es posible que Molina Medicare no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Molina Medicare limita la cantidad de medicamento que cubrirá Molina Medicare. Por ejemplo, Molina Medicare proporciona 9 comprimidos por 30 días por receta para Imitrex (sumatriptán). Esto puede ser adicional a un suministro estándar de uno o dos meses.
- **Terapia escalonada:** En algunos casos, Molina Medicare le exige que pruebe primero ciertos medicamento para tratar su padecimiento médico antes de cubrir otro medicamento para ese padecimiento. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su padecimiento médico, es posible que Molina Medicare no cubra el medicamento B a menos que pruebe primero con el medicamento A. Si el medicamento A no funciona para usted, Molina Medicare entonces cubrirá el medicamento B.

Para conocer si su medicamento tiene requisitos adicionales o límites, búsquelo en el formulario que comienza en la página 1. También puede obtener más información acerca de las restricciones que se aplican a medicamentos con cobertura específicos si visita nuestro sitio web en www.molinamedicare.com.

Puede solicitar a Molina Medicare que realice una excepción para estas restricciones o límites. Consulte la sección “¿Cómo solicito una excepción de formulario de Molina Medicare?” en la página iv para obtener información acerca de cómo solicitar una excepción.

¿Qué sucede si el medicamento que necesito no se encuentra en el formulario?

Si su medicamento no se incluye en este formulario, debe comunicarse primero con el Departamento de servicios para miembros y confirmar que el medicamento no tiene cobertura. Si conoce que Molina Medicare no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Departamento de servicios para miembros una lista de medicamentos similares cubiertos por Molina Medicare. Cuando reciba la lista, muéstresela a su médico y solicítele que le recete un medicamento similar que tenga cobertura de Molina Medicare.
- Puede solicitar a Molina Medicare que realice una excepción y cubra el medicamento. Consulte a continuación para obtener información acerca de cómo solicitar una excepción.

¿Cómo solicito una excepción de formulario de Molina Medicare?

Puede solicitar a Molina Medicare que realice una excepción de nuestras reglas de cobertura. Hay varios tipos de excepciones que nos puede solicitar.

- Nos puede solicitar que cubramos su medicamento aunque éste no figure en nuestro formulario.
- Nos puede solicitar que abandonemos las restricciones o los límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, limitamos el monto del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que abandonemos el límite y aumentemos la cobertura.
- Puede pedirnos que brindemos un nivel de cobertura mayor para su medicamento. Si su medicamento figura en nuestra categoría de no preferidos, nos puede solicitar que lo cubramos teniendo en cuenta la suma de reparto de costos que se aplica para los medicamentos en la categoría de preferidos. Esto reducirá la suma que debe pagar por su medicamento. Obsérvese que si aceptamos su solicitud de cobertura de un medicamento que no figura en nuestro formulario de medicamentos, es posible que no pueda solicitarnos que le brindemos un nivel mayor de cobertura para dicho medicamento. Además, no nos podrá solicitar que brindemos un nivel de cobertura mayor para medicamentos que están en la categoría de mayo costo.

Por lo general, Molina Medicare sólo aprobará su solicitud de excepción si los medicamentos alternativos que se incluyen en el formulario del plan, el medicamento de la categoría inferior o las restricciones de uso adicional no fueran tan efectivos para tratar su padecimiento y/o le provocaran efectos médicos adversos.

Deberá comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de formulario, categorización o restricción. **Cuando solicita una excepción de restricción de formulario, categorización o uso, debe enviar una declaración de su médico que respalde su solicitud.** Generalmente, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo del médico que emite la receta. Puede solicitar una excepción expeditiva (rápida) si usted o su médico creen que su salud podría agravarse seriamente si espera 72 hasta que se tome la decisión. Si se le otorga la solicitud expedita, debemos brindarle la decisión no más de 24 horas después de recibir la declaración de respaldo del médico que emite la receta.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. También es posible que esté tomando un medicamento que está en nuestro formulario pero que su capacidad de obtenerlo sea limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de que pueda completar su receta. Debe hablar con su médico para decidir si deberá cambiar a un medicamento apropiado que tenga cobertura o solicitar una excepción para el formulario de modo que cubramos el medicamento que está tomando. Mientras que habla con su médico para determinar el curso correcto de acción para usted, es posible que podamos cubrir su medicamento en ciertos casos durante los primeros 90 días en los que es miembro del plan.

Para los medicamentos que no están en nuestro formulario o si nuestra capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 31 días (a menos que tenga una receta escrita por menor cantidad de días) para que vaya a una farmacia perteneciente a la red. Después del primer suministro de 31 días, no pagaremos estos medicamentos, ni siquiera si ha sido miembro del plan por menos de 90 días.

Si reside en un centro de cuidados a largo plazo, le permitiremos renovar su receta hasta que le hayamos proporcionado un suministro de transición de 91 días, de acuerdo con el incremento de distribución (a menos que tenga una receta escrita por menos días). Cubriremos más de una renovación de estos medicamentos durante los primeros 90 días de su membresía en nuestro plan. Si necesita un medicamento que no está en nuestro formulario o si nuestra capacidad de obtener sus medicamentos es limitada, pero usted ha sobrepasado los 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de ese medicamento durante 31 días (a menos que tenga una receta por menos días) mientras que usted solicita una excepción de formulario.

Las excepciones están disponibles en situaciones donde experimenta un cambio en el nivel de atención que está recibiendo que también requiere una transición de una instalación o centro de tratamiento a otro. En tales circunstancias, podrá recibir una excepción única y temporal aún si ya ha superado los primeros 90 días como miembro del plan.

Para obtener más información

Para obtener más información acerca de la cobertura de medicamentos recetados de Molina Medicare, consulte su Evidencia de cobertura y demás materiales del plan.

Si tiene preguntas acerca de Molina Medicare, llame al Departamento de servicios para los miembros al (CA) 1-800-665-0898; (FL) 1-866-553-9494; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (TX) 1-866-440-0012; (UT) 1-888-665-1328; (WA) 1-800-665-1029, de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora local. Los usuarios de TTY/TDD deberán llamar al 1-800-346-4128 o visitar www.molinamedicare.com.

Si tiene preguntas generales acerca de la cobertura de medicamento recetados de Medicare, comuníquese con Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, todos los días. Los usuarios de TTY/TDD deberán llamar al 1-877-486-2048. o visitar www.medicare.com.

Formulario de Molina Medicare

El formulario a continuación proporciona información de cobertura acerca de algunos de los medicamentos cubiertos por Molina Medicare. Si no encuentra su medicamento en la lista, consulte el Índice que comienza en la página 79.

La primera columna del cuadro muestra el nombre del medicamento. Los medicamentos de marca se muestran con mayúsculas (por ejemplo, CLEOCIN) y los medicamentos genéricos se muestran en minúsculas y cursiva (por ejemplo, clidamicina).

La información de la columna Requisitos/Límites indica si Molina Medicare tiene requisitos específicos para la cobertura del medicamento.

QL significa Límites de cantidad

PA significa Autorización previa

STC significa Criterios de terapia escalonada

OTC significa Sin receta

B/D: Es posible que este medicamento esté cubierto según Medicare Parte B o D de acuerdo con las circunstancias.

- **Es posible que esta receta se pueda usar solamente en determinadas farmacias. Para obtener más información, comuníquese con su directorio de farmacias o con su proveedor, o llame al Departamento de servicios para miembros al (CA) 1-800-665-0898; (FL) 1-866-553-9494; (MI) 1-800-665-3072; (NM) 1-866-440-0127; (OH) 1-866-472-4584; (TX) 1-866-440-0012; (UT) 1-888-665-1328; (WA) 1-800-665-1029, de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora local. Los usuarios de TTY/TDD deberán llamar al 1-800-346-4128 o visitar www.molinamedicare.com.*

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol sodium for inj 500 mg</i>	1	
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TAB 0.6MG	2	QL (60 tabs / 30 days)
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	ST
ULORIC TAB 80MG	2	ST
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	
<i>ascomp/cod cap 30mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
<i>co-gesic tab 500-5mg</i>	1	
<i>hydrocodone-acetaminophen soln 7.5-500 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	
<i>hydrocodone-acetaminophen tab 10-500 mg</i>	1	
<i>hydrocodone-acetaminophen tab 10-650 mg</i>	1	
<i>hydrocodone-acetaminophen tab 10-660 mg</i>	1	
<i>hydrocodone-acetaminophen tab 10-750 mg</i>	1	
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i>	1	
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	
<i>hydrocodone-acetaminophen tab 5-500 mg</i>	1	
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i>	1	
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i>	1	
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i>	1	
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	
<i>margesic-h cap 500-5mg</i>	1	
<i>stagesic cap 500-5mg</i>	1	
<i>vicodin hp tab 10-660mg</i>	1	

NARCOTIC ANALGESICS, CII

<i>astramorph inj 10/10ml</i>	1	B/D
<i>astramorph inj 1mg/2ml</i>	1	B/D
DILAUDID-5 LIQ 1MG/ML	2	
<i>duramorph inj 0.5mg/ml</i>	1	B/D
<i>duramorph inj 1mg/ml</i>	1	B/D
<i>endocet tab 10-325mg</i>	1	
<i>endocet tab 10-650mg</i>	1	
<i>endocet tab 5-325mg</i>	1	
<i>endocet tab 7.5-325m</i>	1	
<i>endocet tab 7.5-500m</i>	1	
<i>endodan tab</i>	1	
EXALGO TAB 12MG	2	QL (60 ea / 30 days)
EXALGO TAB 16MG	2	QL (60 ea / 30 days)
EXALGO TAB 8MG	2	QL (60 ea / 30 days)
<i>fentanyl citrate inj 0.05 mg/ml</i>	1	B/D
<i>fentanyl citrate lollipop 1200 mcg</i>	4	QL (120 lpop / 30 days), PA
<i>fentanyl citrate lollipop 1600 mcg</i>	4	QL (120 lpop / 30 days), PA
<i>fentanyl citrate lollipop 200 mcg</i>	2	QL (120 lpop / 30 days), PA
<i>fentanyl citrate lollipop 400 mcg</i>	4	QL (120 lpop / 30 days), PA
<i>fentanyl citrate lollipop 600 mcg</i>	4	QL (120 lpop / 30 days), PA
<i>fentanyl citrate lollipop 800 mcg</i>	4	QL (120 lpop / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 ea / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 ea / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 ea / 30 days), PA
<i>hydromorphone hcl inj 10 mg/ml</i>	1	B/D

PA - Prior Authorization under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 2 mg</i>	1	
<i>hydromorphone hcl tab 4 mg</i>	1	
<i>hydromorphone hcl tab 8 mg</i>	1	
KADIAN CAP 100MG CR	2	QL (60 ea / 30 days)
KADIAN CAP 10MG CR	2	QL (60 ea / 30 days)
KADIAN CAP 200MG CR	2	QL (60 ea / 30 days)
KADIAN CAP 20MG CR	2	QL (60 ea / 30 days)
KADIAN CAP 30MG CR	2	QL (60 ea / 30 days)
KADIAN CAP 50MG CR	2	QL (60 ea / 30 days)
KADIAN CAP 60MG CR	2	QL (60 ea / 30 days)
KADIAN CAP 80MG CR	2	QL (60 ea / 30 days)
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 10 mg/5ml</i>	1	
<i>methadone hcl soln 5 mg/5ml</i>	1	
<i>methadone hcl tab 10 mg</i>	1	QL (240 tabs / 30 days)
<i>methadone hcl tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>methadose tab 10mg</i>	1	QL (240 tabs / 30 days)
<i>methadose tab 5mg</i>	1	QL (240 tabs / 30 days)
MORPHINE SUL SOL 10MG/5ML	2	oral solution
MORPHINE SUL SOL 20MG/5ML	2	oral solution
MORPHINE SUL SOL 20MG/ML	1	oral solution
MORPHINE SUL TAB 15MG	1	
MORPHINE SUL TAB 30MG	1	
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	1	B/D
<i>morphine sulfate tab sr 12hr 100 mg</i>	1	QL (90 ea / 30 days); ext rel
<i>morphine sulfate tab sr 12hr 15 mg</i>	1	QL (90 ea / 30 days); ext rel
<i>morphine sulfate tab sr 12hr 200 mg</i>	1	QL (60 ea / 30 days)
<i>morphine sulfate tab sr 12hr 30 mg</i>	1	QL (90 ea / 30 days); ext rel
<i>morphine sulfate tab sr 12hr 60 mg</i>	1	QL (90 ea / 30 days); ext rel
OXYCODONE CAP 5MG	1	
OXYCODONE CON 20MG/ML	1	
<i>oxycodone hcl tab 15 mg</i>	1	
<i>oxycodone hcl tab 30 mg</i>	1	
<i>oxycodone hcl tab 5 mg</i>	1	
<i>oxycodone w/ acetaminophen cap 5-500 mg</i>	1	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	
<i>oxycodone w/ acetaminophen tab 10-650 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	
<i>oxycodone w/ acetaminophen tab 7.5-500 mg</i>	1	
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	
ROXICET SOL 5-325/5	2	
<i>roxicet tab 5-325mg</i>	1	

NON-NARCOTIC ANALGESICS

<i>tramadol hcl tab 50 mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

NSAIDS

CELEBREX CAP 100MG	2	QL (60 caps / 30 days)
CELEBREX CAP 200MG	2	QL (60 caps / 30 days)
CELEBREX CAP 400MG	2	PA
CELEBREX CAP 50MG	2	QL (60 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab sr 24hr 100 mg</i>	1	
<i>diflunisal tab 500 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab sr 24hr 400 mg</i>	1	
<i>etodolac tab sr 24hr 500 mg</i>	1	
<i>etodolac tab sr 24hr 600 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
INDOCIN SUS 25MG/5ML	2	suspension
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap cr 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap sr 24hr 200 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	2	
VIMOVO TAB 500-20MG	2	

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 0.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	

ANTI-INFECTIVES

ANTIBACTERIALS

<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-571 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 200 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
AVELOX TAB 400MG	2	
AVELOX INJ	2	
AVELOX TAB 400MG	2	
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
BICILLIN C-R INJ 1200000	2	
BICILLIN C-R INJ 900/300	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJ 1200000	2	
BICILLIN L-A INJ 2400000	2	
BICILLIN L-A INJ 600000	2	
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
CEFAZOLIN INJ 1GM/50ML	2	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 20 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
<i>cefotaxime sodium for inj 1 gm</i>	1	
<i>cefotaxime sodium for inj 10 gm</i>	1	
<i>cefotaxime sodium for inj 2 gm</i>	1	
<i>cefotaxime sodium for inj 500 mg</i>	1	
<i>cefoxitin sodium for inj 1 gm</i>	1	
<i>cefoxitin sodium for inj 10 gm</i>	1	
<i>cefoxitin sodium for inj 2 gm</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>cefuroxime axetil for susp 125 mg/5ml</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cefuroxime sodium for inj 1.5 gm</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
CIPRO (10%) SUS 500MG/5	2	suspension
CIPRO (5%) SUS 250MG/5	2	suspension
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab sr 24hr 500 mg</i>	1	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>e.e.s. 400 tab 400mg</i>	1	
ERYPED 200 SUS 200/5ML	2	
ERYTHROCIN INJ 500MG	2	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>gentamicin in saline inj 0.6 mg/ml</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin sulfata inj 40 mg/ml</i>	1	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 10 gm</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
PEN G PROC INJ 600000	2	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
SULFADIAZINE TAB 500MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
<i>tobramycin sulfate inj 10 mg/ml</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	1	
ZMAX SUS 2GM	2	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ANTIFUNGALS		
<i>amphotericin b for inj 50 mg</i>	1	B/D
ANCOBON CAP 250MG	2	
ANCOBON CAP 500MG	2	
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
<i>clotrimazole troche 10 mg</i>	1	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole tab 50 mg</i>	1	
GRIS-PEG TAB 125MG	2	
GRIS-PEG TAB 250MG	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	
NOXAFIL SUS 40MG/ML	4	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
VFEND IV INJ 200MG	2	
VFEND SUS 40MG/ML	4	
<i>voriconazole tab 200 mg</i>	4	
<i>voriconazole tab 50 mg</i>	4	

ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
DARAPRIM TAB 25MG	2	
MALARONE TAB 250-100	2	
MALARONE TAB 62.5-25	2	
<i>mefloquine hcl tab 250 mg</i>	1	

ANTIRETROVIRAL AGENTS

APTIVUS CAP 250MG	2	
APTIVUS SOL	2	
ATRIPLA TAB	4	
COMBIVIR TAB	2	
COMPLERA TAB	4	
CRIXIVAN CAP 100MG	2	
CRIXIVAN CAP 200MG	2	
CRIXIVAN CAP 400MG	2	
<i>didanosine delayed release capsule 125 mg</i>	1	
<i>didanosine delayed release capsule 200 mg</i>	1	
<i>didanosine delayed release capsule 250 mg</i>	1	
<i>didanosine delayed release capsule 400 mg</i>	1	
EDURANT TAB 25MG	4	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	2	
EPIVIR TAB 150MG	2	
EPIVIR TAB 300MG	2	
EPZICOM TAB	2	
FUZEON KIT	4	
INTELENCE TAB 100MG	2	
INTELENCE TAB 200MG	2	
INVIRASE CAP 200MG	2	
INVIRASE TAB 500MG	2	
ISENTRESS TAB 400MG	4	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
LEXIVA SUS 50MG/ML	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
LEXIVA TAB 700MG	2	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 400MG	4	
PREZISTA TAB 600MG	4	
PREZISTA TAB 75MG	2	
RESCRIPTOR TAB 100 MG	2	
RESCRIPTOR TAB 200MG	2	
RETROVIR INJ 10MG/ML	2	
REYATAZ CAP 100MG	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
SELZENTRY TAB 150MG	4	
SELZENTRY TAB 300MG	4	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
<i>stavudine for oral soln 1 mg/ml</i>	1	
SUSTIVA CAP 200MG	2	
SUSTIVA CAP 50MG	2	
SUSTIVA TAB 600MG	2	
TRIZIVIR TAB	2	
TRUVADA TAB	2	
VIDEX SOL 2GM	2	
VIRACEPT POW 50MG/GM	2	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIRAMUNE SUS 50MG/5ML	2	
VIRAMUNE TAB 200MG	2	
VIRAMUNE XR TAB	2	
VIREAD TAB 300MG	2	
ZIAGEN SOL 20MG/ML	2	
ZIAGEN TAB 300MG	2	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
ANTITUBERCULAR AGENTS		
CAPASTAT SUL INJ 1GM	3	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYCOBUTIN CAP 150MG	2	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
SEROMYCIN CAP 250MG	3	
TRECTOR TAB 250MG	3	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
BARACLUDE SOL .05MG/ML	2	
BARACLUDE TAB 0.5MG	4	
BARACLUDE TAB 1MG	4	
EPIVIR HBV SOL 5MG/ML	2	
EPIVIR HBV TAB 100MG	2	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>ganciclovir cap 250 mg</i>	1	
<i>ganciclovir cap 500 mg</i>	4	
<i>ganciclovir sodium for inj 500 mg</i>	1	B/D
HEPSERA TAB 10MG	4	PA
INCIVEK TAB 375MG	4	PA
REBETOL SOL 40MG/ML	4	PA
RELENZA MIS DISKHALE	2	QL (3 inhalers / 180 days)
<i>ribapak pak 1000/day</i>	4	PA
<i>ribapak pak 1200/day</i>	4	PA
<i>ribapak pak 800/day</i>	4	PA
<i>ribasphere cap 200mg</i>	1	PA
<i>ribasphere tab 200mg</i>	1	PA
<i>ribasphere tab 400mg</i>	4	PA
<i>ribasphere tab 600mg</i>	4	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	2	QL (84 caps / 180 days)
TAMIFLU CAP 45MG	2	QL (42 caps / 180 days)

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAP 75MG	2	QL (42 caps / 180 days)
TAMIFLU SUS 12MG/ML	2	QL (10.5 bottles / 180 days)
TAMIFLU SUS 6MG/ML	2	QL (9 bottles / 180 days)
TYZEKA TAB 600MG	4	PA
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALCYTE SOL 50MG/ML	4	
VALCYTE TAB 450MG	4	
VICTRELIS CAP 200MG	4	PA

MISCELLANEOUS

ALBENZA TAB 200MG	2	
ALINIA SUS 100MG/5M	2	QL (3 bottles / 30 days)
ALINIA TAB 500MG	2	QL (12 tabs / 30 days)
CLEOCIN CAP 75MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	
<i>colistimethate sodium for inj 150 mg</i>	1	B/D
CUBICIN SOL 500MG	4	B/D
<i>dapsone tab 100 mg</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	1	
INVANZ INJ 1GM	2	
MACRODANTIN CAP 25MG	2	
<i>mebendazole chew tab 100 mg</i>	1	
MEPRON SUS	4	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
PRIMAXIN IM INJ 500MG	2	
PRIMAXIN IV INJ 250MG	2	
PRIMAXIN IV INJ 500MG	2	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	

PA - Prior Authorization under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 400-801 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
TYGACIL INJ 50MG	3	
VANCOCIN HCL CAP 125MG	4	
VANCOCIN HCL CAP 250MG	4	
<i>vancomycin hcl for inj 10 gm</i>	1	B/D
<i>vancomycin hcl for inj 1000 mg</i>	1	B/D
<i>vancomycin hcl for inj 500 mg</i>	1	B/D
ZYVOX SOL 2MG/ML	4	
ZYVOX SUS 100MG/5M	4	
ZYVOX TAB 600MG	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU INJ 100MG	2	B/D
BUSULFEX INJ 6MG/ML	2	B/D
CEENU CAP 100MG	2	
CEENU CAP 10MG	2	
CEENU CAP 40MG	2	
<i>cyclophosphamide tab 25 mg</i>	1	B/D
<i>cyclophosphamide tab 50 mg</i>	1	B/D
<i>dacarbazine for inj 200 mg</i>	1	B/D
EMCYT CAP 140MG	2	
HEXALEN CAP 50MG	4	
IFEX INJ 3GM	2	B/D
<i>ifosfamide for inj 1 gm</i>	2	B/D
LEUKERAN TAB 2MG	2	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	1	B/D
MUSTARGEN INJ 10MG	2	B/D
TREANDA INJ 100MG	4	B/D

ANTHRACYCLINES

<i>adriamycin inj 2mg/ml</i>	1	B/D
<i>daunorubicin hcl for inj 20 mg</i>	1	B/D
DAUNOXOME INJ 2MG/ML	4	B/D
DOXIL INJ 2MG/ML	4	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	1	B/D
<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	4	B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	B/D

ANTIBIOTICS

<i>bleomycin sulfate for inj 30 unit</i>	1	B/D
COSMEGEN INJ 0.5MG	2	B/D
<i>mitomycin for inj 20 mg</i>	1	B/D

ANTIMETABOLITES

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
ALIMTA INJ 500MG	4	B/D
<i>cytarabine for inj 500 mg</i>	1	B/D
<i>cytarabine inj 20 mg/ml</i>	1	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	4	B/D
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	B/D
<i>methotrexate sodium inj 25 mg/ml</i>	1	B/D
<i>pentostatin for inj 10 mg</i>	1	B/D
TABLOID TAB 40MG	2	
VIDAZA INJ 100MG	4	B/D

ANTIMITOTIC, TAXOIDS

<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	B/D
TAXOTERE INJ 80MG/2ML	4	B/D
TAXOTERE INJ 80MG/4ML	4	B/D

ANTIMITOTIC, VINCA ALKALOIDS

VINBLASTINE INJ 10MG	2	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	1	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN INJ	4	B/D
CAMPATH INJ 30MG/ML	2	B/D
HERCEPTIN INJ 440MG	4	B/D
ISTODAX INJ 10MG	4	B/D
ONTAK INJ 150/ML	2	B/D
PROLEUKIN INJ 22MU	4	B/D
RITUXAN INJ 500MG	4	PA
VELCADE INJ 3.5MG	4	B/D
ZOLINZA CAP 100MG	4	

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	
DEPO-PROVERA INJ 400/ML	2	B/D
<i>exemestane tab 25 mg</i>	1	
FARESTON TAB 60MG	2	
FASLODEX INJ 250MG	4	B/D
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	PA
LUPR DEP-PED INJ 11.25MG	4	PA
LUPR DEP-PED INJ 15MG	4	PA
LUPR DEP-PED INJ 30MG	4	PA
LUPR DEP-PED INJ 7.5MG	4	PA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INJ 11.25MG	2	PA
LUPRON DEPOT INJ 22.5MG	4	PA
LUPRON DEPOT INJ 3.75MG	2	PA
LUPRON DEPOT INJ 30MG	4	PA
LUPRON DEPOT INJ 7.5MG	4	PA
MEGACE ES SUS	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
NILANDRON TAB 150MG	2	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
TRELSTAR DEP INJ 3.75MG	2	B/D
TRELSTAR LA INJ 11.25MG	2	B/D
TRELSTAR MIX INJ 22.5MG	4	B/D
ZYTIGA TAB 250MG	4	PA
KINASE INHIBITORS		
AFINITOR TAB 10MG	4	PA
AFINITOR TAB 2.5MG	4	PA
AFINITOR TAB 5MG	4	PA
GLEEVEC TAB 100MG	4	PA
GLEEVEC TAB 400MG	4	PA
NEXAVAR TAB 200MG	4	PA
SPRYCEL TAB 100MG	4	PA
SPRYCEL TAB 140MG	4	PA
SPRYCEL TAB 20MG	4	PA
SPRYCEL TAB 50MG	4	PA
SPRYCEL TAB 70MG	4	PA
SPRYCEL TAB 80MG	4	PA
SUTENT CAP 12.5MG	4	PA
SUTENT CAP 25MG	4	PA
SUTENT CAP 50MG	4	PA
TARCEVA TAB 100MG	4	PA
TARCEVA TAB 150MG	4	PA
TARCEVA TAB 25MG	4	PA
TASIGNA CAP 150MG	4	PA
TASIGNA CAP 200MG	4	PA
TYKERB TAB 250MG	4	PA
VANDETANIB TAB 100MG	4	
VANDETANIB TAB 300MG	4	
VOTRIENT TAB 200MG	4	PA
XALKORI CAP 200MG	4	PA
XALKORI CAP 250MG	4	PA
ZELBORAF TAB 240MG	4	PA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
ELSPAR INJ 10000UNT	2	B/D
<i>hydroxyurea cap 500 mg</i>	1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
LYSODREN TAB 500MG	4	
MATULANE CAP 50MG	4	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (21 mg/ml)</i>		B/D
PHOTOFRIN INJ 75MG	2	B/D
SYLATRON KIT 296MCG	4	PA
SYLATRON KIT 444MCG	4	PA
SYLATRON KIT 888MCG	4	PA
TARGRETIN CAP 75MG	4	PA
TRETINOIN CAP 10MG	4	
TRISENOX SOL 10MG/10M	2	B/D
NUCLEOSIDE ANALOGS		
<i>cladribine inj 1 mg/ml</i>	1	B/D
<i>fludarabine phosphate for inj 50 mg</i>	4	B/D
PLATINUM COORDINATION COMPLEX		
<i>carboplatin iv soln 150 mg/15ml</i>	1	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline for inj 500 mg</i>	4	B/D
<i>dexrazoxane for inj 500 mg</i>	1	B/D
ELITEK INJ 1.5MG	4	B/D
<i>ifosfamide & mesna inj kit 1000-1000 mg</i>	1	B/D
<i>ifosfamide & mesna inj kit 3000-1000 mg</i>	1	B/D
LEUCOVOR CA TAB 10MG	2	
LEUCOVOR CA TAB 15MG	2	
<i>leucovorin calcium for inj 100 mg</i>	1	B/D
<i>leucovorin calcium for inj 350 mg</i>	1	B/D
<i>leucovorin calcium tab 25 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
<i>mesna inj 100 mg/ml</i>	1	B/D
MESNEX TAB 400MG	4	
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 20 mg/ml</i>	1	B/D
<i>toposar inj 1gm/50ml</i>	1	B/D
<i>topotecan hcl for inj 4 mg</i>	4	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>benazepril hcl tab 5 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

ADRENOLYTICS, CENTRAL

<i>clonidine hcl tab 0.1 mg</i>	1	
---------------------------------	---	--

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	PA
<i>eplerenone tab 50 mg</i>	1	PA
<i>spironolactone tab 100 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg</i>	1	
<i>terazosin hcl cap 10 mg</i>	1	
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
AZOR TAB 10-20MG	2	
AZOR TAB 10-40MG	2	
AZOR TAB 5-20MG	2	
AZOR TAB 5-40MG	2	
BENICAR HCT TAB 20-12.5	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	2	
BENICAR HCT TAB 40-25MG	2	
DIOVAN HCT TAB 160/12.5	2	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160/25MG	2	
DIOVAN HCT TAB 320/12.5	2	
DIOVAN HCT TAB 320/25MG	2	
DIOVAN HCT TAB 80/12.5	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	
EXFORGE TAB 10-320MG	2	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	
EXFORGEH/10- TAB 160-12.5	2	
EXFORGEH/10- TAB 160-25	2	
EXFORGEH/10- TAB 320-25	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
EXFORGEH/5- TAB 160-12.5	2	QL (30 tabs / 30 days)
EXFORGEH/5- TAB 160-25	2	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
TRIBENZOR TAB	2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

BENICAR TAB 20MG	2	
BENICAR TAB 40MG	2	
BENICAR TAB 5MG	2	
DIOVAN TAB 160MG	2	
DIOVAN TAB 320MG	2	
DIOVAN TAB 40MG	2	
DIOVAN TAB 80MG	2	
<i>losartan potassium tab 100 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	B/D
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>flecainide acetate tab 50 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	2	
NORPACE CAP 100MG CR	2	
PACERONE TAB 100MG	2	
<i>pacerone tab 200mg</i>	1	
<i>propafenone hcl cap sr 12hr 225 mg</i>	1	
<i>propafenone hcl cap sr 12hr 325 mg</i>	1	
<i>propafenone hcl cap sr 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine gluconate tab cr 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate tab cr 300 mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
TIKOSYN CAP 125MCG	2	
TIKOSYN CAP 250MCG	2	
TIKOSYN CAP 500MCG	2	

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS

CRESTOR TAB 10MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 20MG	2	QL (30 tabs / 30 days)
CRESTOR TAB 40MG	2	
CRESTOR TAB 5MG	2	QL (30 tabs / 30 days)
LIPITOR TAB 10MG	2	QL (30 tabs / 30 days)
LIPITOR TAB 20MG	2	QL (30 tabs / 30 days)
LIPITOR TAB 40MG	2	QL (30 tabs / 30 days)
LIPITOR TAB 80MG	2	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	

ANTILIPEMICS, MISCELLANEOUS

ANTARA CAP 130MG	2	
ANTARA CAP 43MG	2	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LIPOFEN CAP 150MG	2	
LIPOFEN CAP 50MG	2	
NIASPAN TAB 1000 ER	2	
NIASPAN TAB 500MG ER	2	
NIASPAN TAB 750MG ER	2	
<i>prevalite pow 4gm</i>	1	
TRICOR TAB 145MG	2	
TRICOR TAB 48MG	2	
TRILIPIX CAP 135MG	2	
TRILIPIX CAP 45MG	2	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	
ZETIA TAB 10MG	2	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.251 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 20MG	2	
BYSTOLIC TAB 5MG	2	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>labetalol hcl iv soln 5 mg/ml</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab sr 24hr 100 mg</i>	1	
<i>metoprolol succinate tab sr 24hr 200 mg</i>	1	
<i>metoprolol succinate tab sr 24hr 25 mg</i>	1	
<i>metoprolol succinate tab sr 24hr 50 mg</i>	1	
<i>metoprolol tartrate inj 1 mg/ml</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>propranolol hcl cap sr 24hr 120 mg</i>	1	
<i>propranolol hcl cap sr 24hr 160 mg</i>	1	
<i>propranolol hcl cap sr 24hr 60 mg</i>	1	
<i>propranolol hcl cap sr 24hr 80 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab tab 30mg cr</i>	1	
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
CARDIZEM CD CAP 360MG/24	2	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>dilt-cd cap 120mg</i>	1	
<i>dilt-cd cap 300mg</i>	1	
<i>dilt-xr cap 180mg</i>	1	
<i>dilt-xr cap 240mg</i>	1	
<i>diltiazem hcl cap sr 12hr 120 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 60 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 90 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads tab sr 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltzac cap 120mg/24</i>	1	
<i>diltzac cap 180mg/24</i>	1	
<i>diltzac cap 240mg/24</i>	1	
<i>diltzac cap 300mg/24</i>	1	
<i>felodipine tab sr 24hr 10 mg</i>	1	
<i>felodipine tab sr 24hr 2.5 mg</i>	1	
<i>felodipine tab sr 24hr 5 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nifediac cc tab 30mg er</i>	1	
<i>nifediac cc tab 60mg er</i>	1	
<i>nifediac cc tab 90mg er</i>	1	
<i>nifedical xl tab 30mg</i>	1	
<i>nifedical xl tab 60mg</i>	1	
<i>nifedipine tab sr 24hr osmotic 30 mg</i>	1	
<i>nifedipine tab sr 24hr osmotic 60 mg</i>	1	
<i>nifedipine tab sr 24hr osmotic 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab sr 24hr 17 mg</i>	1	
<i>nisoldipine tab sr 24hr 20 mg</i>	1	
<i>nisoldipine tab sr 24hr 25.5 mg</i>	1	
<i>nisoldipine tab sr 24hr 30 mg</i>	1	
<i>nisoldipine tab sr 24hr 34 mg</i>	1	
<i>nisoldipine tab sr 24hr 40 mg</i>	1	
<i>nisoldipine tab sr 24hr 8.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg/24</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap sr 24hr 100 mg</i>	1	
<i>verapamil hcl cap sr 24hr 120 mg</i>	1	
<i>verapamil hcl cap sr 24hr 180 mg</i>	1	
<i>verapamil hcl cap sr 24hr 200 mg</i>	1	
<i>verapamil hcl cap sr 24hr 240 mg</i>	1	
<i>verapamil hcl cap sr 24hr 300 mg</i>	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab cr 120 mg</i>	1	
<i>verapamil hcl tab cr 180 mg</i>	1	
<i>verapamil hcl tab cr 240 mg</i>	1	

DIGITALIS GLYCOSIDES

<i>digoxin inj 0.25 mg/ml</i>	1	
DIGOXIN SOL 50MCG/ML	1	
<i>digoxin tab 0.125 mg</i>	1	
<i>digoxin tab 0.25 mg</i>	1	
LANOXIN TAB 0.125MG	2	
LANOXIN TAB 0.25MG	2	

DIRECT RENIN INHIBITORS/COMBINATIONS

AMTURNIDE150 TAB -5-12.5	2	
AMTURNIDE300 TAB -10-12.5	2	
AMTURNIDE300 TAB -10-25MG	2	
AMTURNIDE300 TAB -5-12.5	2	
AMTURNIDE300 TAB -5-25MG	2	
TEKAMLO TAB 150-10MG	2	
TEKAMLO TAB 150-5MG	2	
TEKAMLO TAB 300-10MG	2	
TEKAMLO TAB 300-5MG	2	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
TEKTURNA TAB 150MG	2	QL (30 tabs / 30 days)
TEKTURNA TAB 300MG	2	
VALTURNA TAB 150-160	2	QL (30 tabs / 30 days)
VALTURNA TAB 300-320	2	

DIURETICS

<i>acetazolamide cap sr 12hr 500 mg</i>	1	
---	---	--

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>TORSEMIDE INJ 20MG/2ML</i>	2	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>BIDIL TAB</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl inj 20 mg/ml</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
RANEXA TAB 1000MG	2	PA
RANEXA TAB 500MG	2	PA

NITRATES

<i>isochron tab 40mg cr</i>	1	
ISORDIL TAB 40MG	2	
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	
<i>isosorbide dinitrate sl tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab cr 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	1	
<i>minitran dis 0.1mg/hr</i>	1	patch
<i>minitran dis 0.2mg/hr</i>	1	patch
<i>minitran dis 0.4mg/hr</i>	1	patch
<i>minitran dis 0.6mg/hr</i>	1	patch
NITRO-DUR DIS 0.3MG/HR	2	0.3mg, 0.8mg
NITRO-DUR DIS 0.8MG/HR	2	0.3mg, 0.8mg
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	patch
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	patch
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	patch
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	patch
NITROLINGUAL SPR PUMPSRA	2	
NITROSTAT SUB 0.3MG	2	
NITROSTAT SUB 0.4MG	2	
NITROSTAT SUB 0.6MG	2	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA TAB 20MG	4	PA
------------------	---	----

Drug Name	Drug Tier	Requirements/Limits
LETAIRIS TAB 10MG	4	PA
LETAIRIS TAB 5MG	4	PA
REMODULIN INJ 10MG/ML	4	B/D
REMODULIN INJ 1MG/ML	4	B/D
REMODULIN INJ 2.5MG/ML	4	B/D
REMODULIN INJ 5MG/ML	4	B/D
REVATIO TAB 20MG	4	PA
TRACLEER TAB 125MG	4	LA, PA
TRACLEER TAB 62.5MG	4	LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	1	QL (45 tabs / 30 days)

ANTICONVULSANTS

BANZEL SUS 40MG/ML	3	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	3	PA
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab sr 12hr 200 mg</i>	1	
<i>carbamazepine tab sr 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	2	
DILANTIN CAP 100MG	2	
DILANTIN CAP 30MG	2	
DILANTIN CHW 50MG	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium cap sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 250 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (5 bottles / 30 days)
<i>gabapentin tab 600 mg</i>	1	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
LYRICA CAP 100MG	2	QL (120 caps / 30 days)
LYRICA CAP 150MG	2	QL (120 caps / 30 days)
LYRICA CAP 200MG	2	QL (120 caps / 30 days)
LYRICA CAP 225MG	2	QL (120 caps / 30 days)
LYRICA CAP 25MG	2	QL (120 caps / 30 days)
LYRICA CAP 300MG	2	QL (60 caps / 30 days)
LYRICA CAP 50MG	2	QL (120 caps / 30 days)
LYRICA CAP 75MG	2	QL (120 caps / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	2	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>primidone tab 250 mg</i>	1	
<i>primidone tab 50 mg</i>	1	
SABRIL POW 500MG	4	PA
SABRIL TAB 500MG	4	PA
TEGRETOL XR TAB 100MG	2	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium syrup 250 mg/5ml (base 1 equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
VIMPAT INJ 200MG/20	2	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
VIMPAT TAB 50MG	2	
<i>zonisamide cap 100 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	QL (30 tabs / 30 days)
EXELON DIS 4.6MG/24	2	QL (30 ea / 30 days)
EXELON DIS 9.5MG/24	2	QL (30 ea / 30 days)
EXELON SOL 2MG/ML	2	QL (2 bottles / 30 days); soln
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	1	
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	1	QL (30 ea / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA SOL 10MG/5ML	2	
NAMENDA TAB 10MG	2	
NAMENDA TAB 5-10MG	2	
NAMENDA TAB 5MG	2	
<i>rivastigmine tartrate cap 1.5 mg</i>	1	QL (240 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg</i>	1	QL (120 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg</i>	1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg</i>	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
AMOXAPINE TAB 100MG	2	
AMOXAPINE TAB 150MG	2	
AMOXAPINE TAB 25MG	2	
AMOXAPINE TAB 50MG	2	
<i>budeprion tab 100mg sr</i>	1	
<i>budeprion tab 150mg sr</i>	1	
<i>budeprion xl tab 150mg</i>	1	
<i>budeprion xl tab 300mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab sr 12hr 100 mg</i>	1	
<i>bupropion hcl tab sr 12hr 150 mg</i>	1	
<i>bupropion hcl tab sr 12hr 200 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
CYMBALTA CAP 20MG	2	QL (30 ea / 30 days)
CYMBALTA CAP 30MG	2	QL (30 ea / 30 days)
CYMBALTA CAP 60MG	2	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
EMSAM DIS 12MG/24H	2	QL (30 ea / 30 days), PA
EMSAM DIS 6MG/24HR	2	QL (30 ea / 30 days), PA
EMSAM DIS 9MG/24HR	2	QL (30 ea / 30 days), PA
<i>fluoxetine hcl cap 10 mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
LEXAPRO SOL 5MG/5ML	3	
LEXAPRO TAB 10MG	3	QL (45 tabs / 30 days)
LEXAPRO TAB 20MG	3	
LEXAPRO TAB 5MG	3	QL (45 tabs / 30 days)
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	2	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	QL (45 ea / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	QL (45 tabs / 30 days)
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	1	QL (30 ea / 30 days)
<i>paroxetine hcl tab sr 24hr 25 mg</i>	1	
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
PRISTIQ TAB 100MG	2	
PRISTIQ TAB 50MG	2	QL (30 ea / 30 days)
<i>protriptyline hcl tab 10 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>sertraline hcl oral conc 20 mg/ml</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tabs / 30 days)
SURMONTIL CAP 100MG	2	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	1	QL (30 ea / 30 days)
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	1	QL (30 ea / 30 days)
<i>venlafaxine hcl tab 100 mg</i>	1	
<i>venlafaxine hcl tab 25 mg</i>	1	
<i>venlafaxine hcl tab 37.5 mg</i>	1	
<i>venlafaxine hcl tab 50 mg</i>	1	
<i>venlafaxine hcl tab 75 mg</i>	1	
<i>venlafaxine hcl tab sr 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab sr 24hr 37.5 mg (base equivalent)</i>	1	QL (30 ea / 30 days)
<i>venlafaxine hcl tab sr 24hr 75 mg (base equivalent)</i>	1	QL (30 ea / 30 days)
VIIBRYD TAB 10MG	3	ST
VIIBRYD TAB 20MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD TAB 40MG	3	ST
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ	4	
AZILECT TAB 0.5MG	2	
AZILECT TAB 1MG	2	
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg</i>	1	
<i>bromocriptine mesylate tab 2.5 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab cr 25-100 mg</i>	1	
<i>carbidopa & levodopa tab cr 50-200 mg</i>	1	
COMTAN TAB 200MG	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
STALEVO 100 TAB	2	
STALEVO 125 TAB	2	
STALEVO 150 TAB	2	
STALEVO 200 TAB	2	
STALEVO 50 TAB	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
STALEVO 75 TAB	2	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	

ANTIPSYCHOTICS

ABILIFY DISC TAB 10MG	3	
ABILIFY DISC TAB 15MG	3	
ABILIFY INJ 9.75MG	3	
ABILIFY SOL 1MG/ML	3	
ABILIFY TAB 10MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 15MG	3	QL (30 tabs / 30 days)
ABILIFY TAB 20MG	3	
ABILIFY TAB 2MG	3	
ABILIFY TAB 30MG	3	
ABILIFY TAB 5MG	3	QL (30 tabs / 30 days)
CHLORPROMAZ INJ 25MG/ML	2	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
FANAPT PAK	3	ST
FANAPT TAB 10MG	3	ST
FANAPT TAB 12MG	3	ST
FANAPT TAB 1MG	3	ST
FANAPT TAB 2MG	3	ST
FANAPT TAB 4MG	3	ST
FANAPT TAB 6MG	3	ST
FANAPT TAB 8MG	3	ST
FAZACLO TAB 100MG	3	PA
FAZACLO TAB 12.5MG	3	PA
FAZACLO TAB 150MG	3	PA
FAZACLO TAB 200MG	3	PA
FAZACLO TAB 25MG	3	PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 5 mg</i>	1	
GEODON CAP 20MG	3	QL (240 caps / 30 days)
GEODON CAP 40MG	3	QL (120 caps / 30 days)
GEODON CAP 60MG	3	QL (60 caps / 30 days)
GEODON CAP 80MG	3	QL (60 caps / 30 days)
GEODON INJ 20MG	3	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
INVEGA SUST INJ 117/0.75	4	PA
INVEGA SUST INJ 156MG/ML	4	PA
INVEGA SUST INJ 234/1.5	4	PA
INVEGA SUST INJ 39/0.25	3	PA
INVEGA SUST INJ 78/0.5ML	3	PA
INVEGA TAB 1.5MG	3	QL (30 ea / 30 days), ST
INVEGA TAB 3MG	3	QL (30 ea / 30 days), ST
INVEGA TAB 6MG	3	ST
INVEGA TAB 9MG	3	ST
LATUDA TAB 40MG	3	ST
LATUDA TAB 80MG	3	ST
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	QL (30 / 30 days)
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	QL (30 / 30 days)
<i>olanzapine tab 20 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	QL (30 / 30 days)
<i>olanzapine tab 7.5 mg</i>	1	QL (30 / 30 days)
ORAP TAB 1MG	2	
ORAP TAB 2MG	2	
<i>perphenazine tab 16 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
RISPERDAL INJ 12.5MG	2	QL (2 vials / 30 days), PA
RISPERDAL INJ 25MG	2	QL (2 vials / 30 days), PA
RISPERDAL INJ 37.5MG	4	QL (2 vials / 30 days), PA
RISPERDAL INJ 50MG	4	QL (2 vials / 30 days), PA
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	QL (90 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	QL (90 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 1 mg</i>	1	QL (60 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 2 mg</i>	1	QL (60 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 3 mg</i>	1	QL (60 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone tab 0.5 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 10MG	3	ST
SAPHRIS SUB 5MG	3	ST
SEROQUEL TAB 100MG	2	QL (240 tabs / 30 days)
SEROQUEL TAB 200MG	2	QL (120 tabs / 30 days)
SEROQUEL TAB 25MG	2	QL (960 tabs / 30 days)
SEROQUEL TAB 300MG	2	QL (60 tabs / 30 days)
SEROQUEL TAB 400MG	2	QL (60 tabs / 30 days)
SEROQUEL TAB 50MG	2	QL (480 tabs / 30 days)
SEROQUEL XR TAB 150MG	2	QL (30 ea / 30 days)
SEROQUEL XR TAB 200MG	2	QL (30 ea / 30 days)
SEROQUEL XR TAB 300MG	2	QL (60 ea / 30 days)
SEROQUEL XR TAB 400MG	2	QL (60 ea / 30 days)
SEROQUEL XR TAB 50MG	2	QL (120 ea / 30 days)
<i>thioridazine hcl tab 10 mg</i>	1	PA
<i>thioridazine hcl tab 100 mg</i>	1	PA
<i>thioridazine hcl tab 25 mg</i>	1	PA
<i>thioridazine hcl tab 50 mg</i>	1	PA
<i>thiothixene cap 1 mg</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene cap 10 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg</i>	1	
<i>trifluoperazine hcl tab 10 mg</i>	1	
<i>trifluoperazine hcl tab 2 mg</i>	1	
<i>trifluoperazine hcl tab 5 mg</i>	1	
ZYPREXA INJ 10MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 2.5MG	3	QL (30 tabs / 30 days)
ZYPREXA TAB 20MG	3	
ZYPREXA TAB 5MG	3	QL (30 tabs / 30 days)
ZYPREXA TAB 7.5MG	3	QL (30 tabs / 30 days)
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	QL (30 ea / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA
<i>dextroamphetamine sulfate cap sr 24hr 10 mg</i>	1	PA
<i>dextroamphetamine sulfate cap sr 24hr 15 mg</i>	1	PA
<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i>	1	PA
<i>dextroamphetamine sulfate tab 10 mg</i>	1	PA
<i>dextroamphetamine sulfate tab 5 mg</i>	1	PA
<i>metadate tab 20mg er</i>	1	PA
<i>methylin er tab 10mg</i>	1	ext rel
<i>methylin er tab 20mg</i>	1	ext rel
<i>methylin tab 10mg</i>	1	PA
<i>methylin tab 20mg</i>	1	PA
<i>methylin tab 5mg</i>	1	PA

PA - Prior Authorization under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	PA
<i>methylphenidate hcl tab 10 mg</i>	1	PA
<i>methylphenidate hcl tab 20 mg</i>	1	PA
<i>methylphenidate hcl tab 5 mg</i>	1	PA
<i>methylphenidate hcl tab cr 20 mg</i>	1	PA
STRATTERA CAP 100MG	2	PA
STRATTERA CAP 10MG	2	PA
STRATTERA CAP 18MG	2	PA
STRATTERA CAP 25MG	2	PA
STRATTERA CAP 40MG	2	PA
STRATTERA CAP 60MG	2	PA
STRATTERA CAP 80MG	2	PA

HYPNOTICS

SILENOR TAB 3MG	2	
SILENOR TAB 6MG	2	
<i>zaleplon cap 10 mg</i>	1	QL (30 caps / 30 days)
<i>zaleplon cap 5 mg</i>	1	QL (30 caps / 30 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (30 tabs / 30 days)

MIGRAINE

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
MAXALT TAB 10MG	2	QL (12 tabs / 30 days)
MAXALT TAB 5MG	2	QL (12 tabs / 30 days)
MAXALT-MLT TAB 10MG	2	QL (12 ea / 30 days)
MAXALT-MLT TAB 5MG	2	QL (12 ea / 30 days)
MIGERGOT SUP 2/100	2	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (9 tabs / 30 days)
<i>sumatriptan succinate inj 4 mg/0.5ml</i>	1	QL (20 vials 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (20 vials 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (9 tabs / 30 days)

MISCELLANEOUS

GUANIDINE TAB 125MG	2	
LITHIUM CARB TAB 300MG	1	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab cr 300 mg</i>	1	
<i>lithium carbonate tab cr 450 mg</i>	1	
LITHIUM CITR SYP 8MEQ/5ML	2	
MESTINON SYP 60MG/5ML	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
MESTINON TAB TIMESPAN	2	
NUDEXTA CAP 20-10MG	3	PA
<i>pyridostigmine bromide tab 60 mg</i>	1	
REGONOL INJ 5MG/ML	2	
RILUTEK TAB 50MG	4	
SAVELLA MIS TITR PAK	2	
SAVELLA TAB 100MG	2	QL (60 tabs / 30 days)
SAVELLA TAB 12.5MG	2	
SAVELLA TAB 25MG	2	
SAVELLA TAB 50MG	2	
XENAZINE TAB 12.5MG	4	PA
XENAZINE TAB 25MG	4	PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	4	PA
AVONEX KIT 30MCG	4	QL (4 syringes / 28 days), PA
AVONEX PREFL KIT 30MCG	4	QL (4 syringes / 28 days), PA
COPAXONE KIT 20MG/ML	4	QL (30 syringes / 30 days), PA
EXTAVIA INJ 0.3MG	4	QL (14 syringes / 28 days), PA
GILENYA CAP 0.5MG	4	PA
REBIF INJ 22/0.5	4	QL (12 syringes / 28 days), PA
REBIF INJ 44/0.5	4	QL (12 syringes / 28 days), PA
REBIF TITRTN SOL PACK	4	QL (12 syringes / 28 days), PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (120 tabs / 30 days), PA
<i>chlorzoxazone tab 500 mg</i>	1	PA
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA
<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	PA
<i>methocarbamol tab 500 mg</i>	1	PA
<i>methocarbamol tab 750 mg</i>	1	PA
<i>orphen cpd tab ds</i>	1	PA
<i>orphenadrine tab 100mg er</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	1	PA
ROBAXIN INJ 100MG/ML	2	
<i>tizanidine hcl tab 2 mg</i>	1	
<i>tizanidine hcl tab 4 mg</i>	1	

NARCOLEPSY/CATAPLEXY

NUVIGIL TAB 150MG	2	PA
NUVIGIL TAB 250MG	2	PA
NUVIGIL TAB 50MG	2	PA
XYREM SOL 500MG/ML	4	LA, PA

PSYCHOTHERAPEUTIC-MISCELLANEOUS

ANTABUSE TAB 250MG	2	
ANTABUSE TAB 500MG	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	PA
<i>buproban tab 150mg</i>	1	
CAMPRAL TAB 333MG	2	PA
CHANTIX PAK 0.5& 1MG	3	PA
CHANTIX TAB 0.5MG	3	PA
CHANTIX TAB 1MG	3	PA
<i>depade tab 50mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 1 mg/ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NICOTROL INH	3	PA
NICOTROL NS SPR 10MG/ML	3	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SUBOXONE MIS 2-0.5MG	2	PA
SUBOXONE MIS 8-2MG	2	PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TAB 50MG	4	PA
ANDRODERM DIS 2.5MG/24	2	QL (30 ea / 30 days), PA
ANDRODERM DIS 5MG/24HR	2	QL (30 ea / 30 days), PA
ANDROXY TAB 10MG	2	PA
<i>oxandrolone tab 10 mg</i>	4	PA
<i>oxandrolone tab 2.5 mg</i>	1	PA
TESTIM GEL 1%(50MG)	3	QL (300 gm / 30 days), PA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate im in oil 100 mg/ml</i>	1	
<i>testosterone enanthate im in oil 200 mg/ml</i>	1	

ANTIDIABETICS, INJECTABLE

ALCOHOL PREP PAD	2	
BYETTA INJ 10MCG	2	QL (1 pen / 30 days), PA
BYETTA INJ 5MCG	2	QL (1 pen / 30 days), PA
GAUZE PADS 2X2	2	
HUMULIN R INJ U-500	3	
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LANTUS INJ 100/ML	2	
LANTUS INJ SOLOSTAR	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXPEN	2	
NOVOLIN INJ 70/30	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SYMLIN INJ 600MCG	2	PA
SYMLINPEN 60 INJ 1000MCG	2	PA
SYMLINPEN 120 INJ 1000MCG	2	PA
VICTOZA INJ 18MG/3ML	2	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose tab 100 mg</i>	1	
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
ACTOPLUS MET TAB 15/500MG	2	QL (90 tabs / 30 days)
ACTOPLUS MET TAB 15/850MG	2	QL (90 tabs / 30 days)
ACTOS TAB 15MG	2	QL (90 tabs / 30 days)
ACTOS TAB 30MG	2	QL (45 tabs / 30 days)
ACTOS TAB 45MG	2	QL (30 tabs / 30 days)
DUETACT TAB 30-2MG	2	QL (30 tabs / 30 days)
DUETACT TAB 30-4MG	2	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab sr 24hr 10 mg</i>	1	QL (60 ea / 30 days)

PA - Prior Authorization under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab sr 24hr 2.5 mg</i>	1	QL (240 ea / 30 days)
<i>glipizide tab sr 24hr 5 mg</i>	1	QL (120 ea / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	QL (240 tabs / 30 days)
<i>glyburide micronized tab 3 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 6 mg</i>	1	QL (60 tabs / 30 days)
<i>glyburide tab 1.25 mg</i>	1	QL (480 tabs / 30 days)
<i>glyburide tab 2.5 mg</i>	1	QL (240 tabs / 30 days)
<i>glyburide tab 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
<i>glycron tab 1.5mg</i>	1	QL (240 tabs / 30 days)
<i>glycron tab 3mg</i>	1	QL (120 tabs / 30 days)
<i>glycron tab 6mg</i>	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	
JANUMET TAB 50-500MG	2	
JANUVIA TAB 100MG	2	
JANUVIA TAB 25MG	2	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	2	QL (30 tabs / 30 days)
KOMBIGLYZE TAB 2.5-1000	2	
KOMBIGLYZE TAB 5-1000MG	2	
KOMBIGLYZE TAB 5-500MG	2	
<i>metformin hcl tab 1000 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab sr 24hr 500 mg</i>	1	QL (120 ea / 30 days)
<i>metformin hcl tab sr 24hr 750 mg</i>	1	QL (90 ea / 30 days)
<i>nateglinide tab 120 mg</i>	1	
<i>nateglinide tab 60 mg</i>	1	
ONGLYZA TAB 2.5MG	2	QL (30 tabs / 30 days)
ONGLYZA TAB 5MG	2	
PRANDIN TAB 0.5MG	2	
PRANDIN TAB 1MG	2	
PRANDIN TAB 2MG	2	
BISPHOSPHONATES		
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tabs / 30 days)
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tabs / 30 days)
BONIVA INJ 3MG/3ML	2	B/D
BONIVA TAB 150MG	2	

Drug Name	Drug Tier	Requirements/Limits
ZOMETA INJ 4MG/100	4	B/D
ZOMETA INJ 4MG/5ML	4	B/D
CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
<i>fortical spr 200/act</i>	1	
MIACALCIN INJ 200/ML	2	B/D
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR TAB 30MG	2	
SENSIPAR TAB 60MG	4	
SENSIPAR TAB 90MG	4	
CHELATING AGENTS		
EXJADE TAB 125MG	2	PA
EXJADE TAB 250MG	4	PA
EXJADE TAB 500MG	4	PA
<i>kionex pow usp</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
SYPRINE CAP 250MG	2	
CONTRACEPTIVES		
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	
<i>aviane tab</i>	1	
<i>balziva tab</i>	1	
<i>camila tab 0.35mg</i>	1	
<i>cesia pak</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>enpresse-28 tab</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>jolivette tab 0.35mg</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<i>junel fe tab 1/20</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>leena tab</i>	1	
<i>lessina-28 tab</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
<i>low-ogestrel tab</i>	1	
<i>lutra tab</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL (1 vial / 90 days)
<i>microgestin tab 1.5/30</i>	1	
<i>microgestin tab 1/20</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin tab fe 1/20</i>	1	
<i>microgestin tab fe1.5/30</i>	1	
<i>mononessa tab</i>	1	
<i>necon 7/7/7 tab 28 day</i>	1	
<i>necon tab 0.5/35</i>	1	
<i>necon tab 1/35-28</i>	1	
NECON TAB 10/11-28	2	
<i>next choice tab 0.75mg</i>	1	
<i>nora-be tab 0.35mg</i>	1	
<i>nortrel (21) tab 1/35</i>	1	
<i>nortrel (28) tab 1/35</i>	1	
<i>nortrel 28 tab 0.5/35</i>	1	
<i>nortrel7/7/7 tab 28 days</i>	1	
NUVARING MIS	2	
<i>ocella tab 3-0.03mg</i>	1	
<i>ogestrel tab</i>	1	
ORTHO EVRA DIS WEEK	2	
ORTHO TRI- TAB CYCLN LO	2	
<i>portia-28 tab</i>	1	
<i>previfem tab</i>	1	
<i>quasense tab</i>	1	
<i>reclipsen tab</i>	1	
<i>solia tab</i>	1	
<i>sprintec 28 tab 28 day</i>	1	
<i>sronyx tab</i>	1	
<i>tri-legest tab fe</i>	1	
<i>tri-previfem tab</i>	1	
<i>tri-sprintec tab</i>	1	
<i>trinessa tab</i>	1	
<i>trivora-28 tab</i>	1	
<i>velivet pak</i>	1	
<i>zovia 1/35e tab</i>	1	
<i>zovia 1/50e tab</i>	1	
ENDOMETRIOSIS		
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>danazol cap 50 mg</i>	1	
SYNAREL SOL 2MG/ML	2	
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	4	PA
ALDURAZYME INJ 2.9MG/5M	4	PA
BUPHENYL TAB 500MG	4	
CEREZYME INJ 200UNIT	4	PA
CYSTADANE POW	4	
CYSTAGON CAP 150MG	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAP 50MG	2	
ELAPRASE INJ 6MG/3ML	4	PA
FABRAZYME INJ 35MG	4	PA
KUVAN TAB 100MG	4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	B/D
<i>levocarnitine tab 330 mg</i>	1	B/D
LUMIZYME INJ 50MG	4	PA
MYOZYME INJ 50MG	4	PA
NAGLAZYME INJ 1MG/ML	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
VPRIV INJ 400UNIT	4	PA
ZAVESCA CAP 100MG	4	PA

ESTROGEN/PROGESTINS

COMBIPATCH DIS .05/.14	3	
COMBIPATCH DIS .05/.25	3	
<i>jinteli tab 1mg-5mcg</i>	1	
PREMPHASE TAB	2	PA
PREMPRO TAB .625-2.5	2	PA
PREMPRO TAB 0.3-1.5	2	PA
PREMPRO TAB 0.45-1.5	2	PA
PREMPRO TAB 0.625-5	2	PA

ESTROGENS

ESTRADERM DIS 0.05MG	2	
ESTRADERM DIS 0.1MG	2	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estropipate tab 0.75 mg</i>	1	PA
<i>estropipate tab 1.5 mg</i>	1	PA
<i>estropipate tab 3 mg</i>	1	PA
<i>ortho-est tab 0.625</i>	1	PA
<i>ortho-est tab 1.25</i>	1	PA
PREMARIN INJ 25MG	2	
PREMARIN TAB 0.3MG	2	PA
PREMARIN TAB 0.45MG	2	PA
PREMARIN TAB 0.625MG	2	PA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.9MG	2	PA
PREMARIN TAB 1.25MG	2	PA
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
VIVELLE-DOT DIS 0.025MG	2	
VIVELLE-DOT DIS 0.0375MG	2	
VIVELLE-DOT DIS 0.05MG	2	
VIVELLE-DOT DIS 0.075MG	2	
VIVELLE-DOT DIS 0.1MG	2	

GLUCOCORTICOIDS

<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>a-methapred inj 40mg</i>	1	
<i>cortisone acetate tab 25 mg</i>	1	
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sodium succinate for inj 1000 mg</i>	1	
<i>methylprednisolone sodium succinate for inj 125 mg</i>	1	
<i>methylprednisolone sodium succinate for inj 40 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 4 mg dose pack</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
PREDNISONE CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
SOLU-CORTEF INJ 250MG	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
PROGLYCEM SUS 50MG/ML	2	
HUMAN GROWTH HORMONES		
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	1	
<i>chorionic gonadotropin for inj 10000 unit</i>	1	PA
INCRELEX INJ 40MG/4ML	4	PA
<i>novarel inj 10000unt</i>	1	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA
<i>pregnyl inj 10000unt</i>	1	PA
PROLIA SOL 60MG/ML	3	PA
SANDOSTATIN KIT LAR 10MG	4	PA
SANDOSTATIN KIT LAR 20MG	4	PA
SANDOSTATIN KIT LAR 30MG	4	PA
SOMATULINE INJ 120/.5ML	4	PA
SOMATULINE INJ 60/0.2ML	4	PA
SOMATULINE INJ 90/0.3ML	4	PA
SOMAVERT INJ 10MG	4	PA
SOMAVERT INJ 15MG	4	PA
SOMAVERT INJ 20MG	4	PA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
PARATHYROID HORMONES		
FORTEO SOL 600/2.4	4	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
FOSRENOL CHW 1000MG	2	
FOSRENOL CHW 500MG	2	
FOSRENOL CHW 750MG	2	
PHOSLO CAP 667MG	2	
PHOSLYRA SOL	2	
RENAGEL TAB 400MG	2	
RENAGEL TAB 800MG	2	
RENVELA PAK 0.8GM	2	
RENVELA PAK 2.4GM	2	
RENVELA TAB 800MG	2	
PROGESTINS		
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA TAB 60MG	2	
THYROID AGENTS		
<i>levothroid tab 100mcg</i>	1	
<i>levothroid tab 112mcg</i>	1	
<i>levothroid tab 125mcg</i>	1	
<i>levothroid tab 137mcg</i>	1	
<i>levothroid tab 150mcg</i>	1	
<i>levothroid tab 175mcg</i>	1	
<i>levothroid tab 200mcg</i>	1	
<i>levothroid tab 25mcg</i>	1	
<i>levothroid tab 300mcg</i>	1	
<i>levothroid tab 50mcg</i>	1	
<i>levothroid tab 75mcg</i>	1	
<i>levothroid tab 88mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 300MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 150mcg</i>	1	
<i>unithroid tab 175mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

GASTROINTESTINAL

ANTIEMETICS

<i>compro sup 25mg</i>	1	
<i>dronabinol cap 10 mg</i>	4	QL (60 caps / 30 days), PA
<i>dronabinol cap 2.5 mg</i>	2	QL (60 caps / 30 days), PA
<i>dronabinol cap 5 mg</i>	2	QL (60 caps / 30 days), PA
EMEND CAP 125MG	2	B/D, QL (2 caps / 30 days)
EMEND CAP 40MG	2	
EMEND CAP 80MG	2	B/D, QL (4 caps / 30 days)
EMEND PAK 80 & 125	2	B/D, QL (4 caps / 30 days)
<i>granisetron hcl inj 0.1 mg/ml</i>	1	B/D
<i>granisetron hcl inj 1 mg/ml</i>	1	B/D
<i>granisetron hcl tab 1 mg</i>	1	B/D
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl inj 5 mg/ml</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	B/D
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl tab 24 mg</i>	1	B/D
<i>ondansetron hcl tab 4 mg</i>	1	B/D
<i>ondansetron hcl tab 8 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	1	B/D
<i>phenadoz sup 12.5mg</i>	1	PA
<i>phenadoz sup 25mg</i>	1	PA
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	
<i>prochlorperazine maleate tab 10 mg</i>	1	
<i>prochlorperazine maleate tab 5 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	PA

PA - Prior Authorization under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl suppos 25 mg</i>	1	PA
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	PA
<i>promethazine hcl tab 12.5 mg</i>	1	PA
<i>promethazine hcl tab 25 mg</i>	1	PA
<i>promethazine hcl tab 50 mg</i>	1	PA
<i>promethegan sup 25mg</i>	1	PA
<i>promethegan sup 50mg</i>	1	PA
SANCUSO DIS 3.1MG	2	QL (4 ptch / 30 days), PA
TRANSDERM-SC DIS 1.5MG	2	QL (24 ea / year), PA
<i>trimethobenzamide hcl cap 300 mg</i>	1	PA
<i>trimethobenzamide hcl inj 100 mg/ml</i>	1	PA

ANTISPASMODICS

CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	PA
<i>dicyclomine hcl inj 10 mg/ml</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	PA
<i>dicyclomine hcl tab 20 mg</i>	1	PA
<i>glycopyrrolate inj 0.2 mg/ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine hcl inj 150 mg/ml</i>	1	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>famotidine inj 10 mg/ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>ranitidine hcl cap 150 mg</i>	1	
<i>ranitidine hcl cap 300 mg</i>	1	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	

INFLAMMATORY BOWEL DISEASE

APRISO CAP 0.375GM	2	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	2	
<i>colocort ene 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ENTOCORT EC CAP 3MG/24HR	4	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
LIALDA TAB 1.2GM	2	
<i>mesalamine enema 4 gm</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfazine ec tab 500mg</i>	1	

LAXATIVES

<i>constulose sol 10gm/15</i>	1	
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
RELISTOR INJ 12/0.6ML	2	PA
<i>trilyte sol</i>	1	

MISCELLANEOUS

AMITIZA CAP 24MCG	2	QL (60 caps / 30 days), ST
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days), ST
CARAFATE SUS 1GM/10ML	2	suspension
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	PA
GASTROCROM CON 100/5ML	4	
<i>loperamide hcl cap 2 mg</i>	1	
LOTRONEX TAB 0.5MG	2	
LOTRONEX TAB 1MG	2	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
XIFAXAN TAB 550MG	4	PA

PANCREATIC ENZYMES

CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 6000UNIT	3	
PANCREAZE CAP 10500UNT	2	
PANCREAZE CAP 16800UNT	2	
PANCREAZE CAP 21000UNT	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAP 4200UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 5000UNIT	2	

PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS

PREVPAC MIS	2	QL (1 box / year)
-------------	---	-------------------

PROTON PUMP INHIBITORS

DEXILANT CAP 30MG DR	2	QL (30 ea / 30 days)
DEXILANT CAP 60MG DR	2	QL (30 ea / 30 days)
NEXIUM CAP 20MG	2	QL (30 ea / 30 days)
NEXIUM CAP 40MG	2	QL (30 ea / 30 days)
NEXIUM GRA 10MG DR	2	QL (30 / 30 days)
NEXIUM GRA 20MG DR	2	QL (30 ea / 30 days)
NEXIUM GRA 40MG DR	2	QL (30 ea / 30 days)
NEXIUM I.V. INJ 20MG	2	
NEXIUM I.V. INJ 40MG	2	
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 ea / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

AVODART CAP 0.5MG	2	
<i>finasteride tab 5 mg</i>	1	
JALYN CAP	2	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	2	ST

MISCELLANEOUS

<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>potassium citrate tab cr 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab cr 5 meq (540 mg)</i>	1	

URINARY ANTISPASMODICS

DETROL LA CAP 2MG	2	QL (30 ea / 30 days)
DETROL LA CAP 4MG	2	
ENABLEX TAB 15MG	2	
ENABLEX TAB 7.5MG	2	QL (30 ea / 30 days)
GELNIQUE GEL 10%	2	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>trosipium chloride tab 20 mg</i>	1	
VESICARE TAB 10MG	2	
VESICARE TAB 5MG	2	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>vandazole gel 0.75%</i>	1	
<i>zazole cre 0.4%</i>	1	
<i>zazole cre 0.8%</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA SOL 10/0.8	4	QL (0.038 / 180 days)
ARIXTRA SOL 2.5/0.5	2	QL (60 syringes / 180 days)
ARIXTRA SOL 5.0/0.4	4	QL (75 syringes / 180 days)
ARIXTRA SOL 7.5/0.6	4	QL (50 syringes / 180 days)
COUMADIN TAB 10MG	2	
COUMADIN TAB 1MG	2	
COUMADIN TAB 2.5MG	2	
COUMADIN TAB 2MG	2	
COUMADIN TAB 3MG	2	
COUMADIN TAB 4MG	2	
COUMADIN TAB 5MG	2	
COUMADIN TAB 6MG	2	
COUMADIN TAB 7.5MG	2	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	QL (60 / 180 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	QL (0.075 / 180 days)
<i>enoxaparin sodium inj 150 mg/ml</i>	1	QL (60 / 180 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	QL (0.2 / 180 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	QL (0.15 / 180 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	QL (0.1 / 180 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	QL (0.075 / 180 days)
FRAGMIN INJ 10000/ML	4	QL (30 syringes / 180 days)
FRAGMIN INJ 12500UNT	4	QL (60 syringes / 180 days)
FRAGMIN INJ 15000UNT	4	QL (50 syringes / 180 days)
FRAGMIN INJ 18000UNT	4	QL (42 syringes / 180 days)

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 2500/0.2	2	QL (150 syringes / 180 days)
FRAGMIN INJ 25000/ML	2	QL (30mL / 180 days)
FRAGMIN INJ 5000/0.2	2	QL (150 syringes / 180 days)
FRAGMIN INJ 7500/0.3	4	QL (100 syringes / 180 days)
HEP SOD/NACL INJ 25000UNT	2	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
<i>heparin sodium (porcine) 100 unt/ml in sodium chloride 0.45%</i>	1	B/D
<i>heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9%</i>	1	B/D
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	1	B/D
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	B/D
<i>jantoven tab 10mg</i>	1	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
PRADAXA CAP 150MG	2	
PRADAXA CAP 75MG	2	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA

PA - Prior Authorization under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 25MCG	2	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 500MCG	4	PA
ARANESP INJ 60MCG	2	PA
LEUKINE INJ 250MCG	4	PA
LEUKINE INJ 500 MCG	4	PA
MOZOBIL INJ	4	PA
NEUPOGEN INJ 300/0.5	4	PA
NEUPOGEN INJ 480/0.8	4	PA
NEUPOGEN INJ 480MCG	4	PA
PROCRIT INJ 10000/ML	2	PA
PROCRIT INJ 2000/ML	2	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 3000/ML	2	PA
PROCRIT INJ 4000/ML	2	PA
PROCRIT INJ 40000/ML	4	PA

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	1	PA
<i>anagrelide hcl cap 1 mg</i>	1	PA
<i>cilostazol tab 100 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
CYKLOKAPRON INJ 100MG/ML	2	
<i>pentopak tab 400mg cr</i>	1	
<i>pentoxifylline tab cr 400 mg</i>	1	
PROMACTA TAB 25MG	4	PA
PROMACTA TAB 50MG	4	PA
PROMACTA TAB 75MG	4	PA

PLATELET AGGREGATION INHIBITORS

AGGRENOX CAP 25-200MG	2	
<i>dipyridamole tab 25 mg</i>	1	PA
<i>dipyridamole tab 50 mg</i>	1	PA
<i>dipyridamole tab 75 mg</i>	1	PA
EFFIENT TAB 10MG	2	
EFFIENT TAB 5MG	2	
PLAVIX TAB 300MG	2	QL (1 tabs / 30 days)
PLAVIX TAB 75MG	2	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA INJ 200/10ML	4	PA
ENBREL INJ 25/0.5ML	4	PA
ENBREL INJ 25MG	4	PA
ENBREL INJ 50MG/ML	4	PA
HUMIRA KIT 20MG/0.4	4	PA
HUMIRA KIT 40MG/0.8	4	PA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT CROHNS	4	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
REMICADE INJ 100MG	4	PA
RHEUMATREX TAB 2.5MG	2	
IMMUNOGLOBULINS		
GAMASTAN S/D INJ	2	B/D
GAMMAGARD INJ 2.5GM/25	4	PA
GAMUNEX INJ 10%	4	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	4	PA
ARCALYST INJ 220MG	4	PA
INFERGEN INJ 15MCG	4	PA
INTRON-A INJ 10MU	4	B/D
INTRON-A INJ 10MU PEN	4	B/D
INTRON-A INJ 18MU	4	B/D
INTRON-A INJ 3MU PEN	4	B/D
INTRON-A INJ 5MU PEN	4	B/D
PEG-INTRON KIT 120 RP	4	PA
PEG-INTRON KIT 150 RP	4	PA
PEG-INTRON KIT 50MCG	4	PA
PEG-INTRON KIT 50MCG RP	4	PA
PEG-INTRON KIT 80MCG RP	4	PA
PEGASYS INJ 180MCG/M	4	PA
PEGASYS KIT	4	PA
REVLIMID CAP 10MG	4	LA, PA
REVLIMID CAP 15MG	4	LA, PA
REVLIMID CAP 25MG	4	LA, PA
REVLIMID CAP 5MG	4	LA, PA
THALOMID CAP 100MG	4	PA
THALOMID CAP 150MG	4	PA
THALOMID CAP 200MG	4	PA
THALOMID CAP 50MG	4	PA
IMMUNOSUPPRESSANTS		
AZASAN TAB 100MG	2	B/D
AZASAN TAB 75 MG	2	B/D
<i>azathioprine sodium for inj 100 mg</i>	1	B/D
<i>azathioprine tab 50 mg</i>	1	B/D
CELLCEPT CAP 250MG	2	B/D
CELLCEPT SUS 200MG/ML	2	B/D
CELLCEPT TAB 500MG	2	B/D
<i>cyclosporine cap 100 mg</i>	1	B/D

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine cap 25 mg</i>	1	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	1	B/D
<i>cyclosporine modified cap 100 mg</i>	1	B/D
<i>cyclosporine modified cap 50 mg</i>	1	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	B/D
<i>gengraf cap 100mg</i>	1	B/D
<i>gengraf cap 25mg</i>	1	B/D
<i>gengraf sol 100mg/ml</i>	1	B/D
<i>mycophenolate mofetil cap 250 mg</i>	1	B/D
<i>mycophenolate mofetil tab 500 mg</i>	1	B/D
MYFORTIC TAB 180MG	2	B/D
MYFORTIC TAB 360MG	2	B/D
NEORAL CAP 100MG	2	B/D
NEORAL CAP 25MG	2	B/D
NEORAL SOL 100MG/ML	2	B/D
NULOJIX INJ 250MG	4	B/D
PROGRAF CAP 0.5MG	2	B/D
PROGRAF CAP 1MG	2	B/D
PROGRAF CAP 5MG	4	B/D
RAPAMUNE SOL 1MG/ML	2	B/D
RAPAMUNE TAB 0.5MG	2	B/D
RAPAMUNE TAB 1MG	2	B/D
RAPAMUNE TAB 2MG	2	B/D
SANDIMMUNE CAP 100MG	2	B/D
SANDIMMUNE CAP 25MG	2	B/D
SANDIMMUNE SOL 100MG/ML	2	B/D
<i>tacrolimus cap 0.5 mg</i>	1	B/D
<i>tacrolimus cap 1 mg</i>	1	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D
ZORTRESS TAB 0.25MG	2	B/D
ZORTRESS TAB 0.5MG	2	B/D
ZORTRESS TAB 0.75MG	4	B/D

VACCINES

ACTHIB INJ	2	
ADACEL INJ	2	
BOOSTRIX INJ	2	
CERVARIX INJ	2	
COMVAX INJ	2	
DAPTACEL INJ	2	
DECAVAC INJ 5-2LF	2	B/D
DIP/TET PED INJ 6.7-5LF	2	B/D
ENGERIX-B INJ 10/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL INJ	2	
HAVRIX INJ 1440UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INJ 720UNIT	2	
IMOVAX RABIE INJ 2.5/ML	2	
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
JE-VAX INJ	2	
M-M-R II INJ LIVE	2	
MENACTRA INJ	2	
MENOMUNE INJ A/C/Y/W	2	
MENVEO INJ	2	
PEDVAX HIB INJ	2	
PROQUAD INJ	2	
RABAVERT INJ	2	
RECOMBIVA HB INJ 10MCG/ML	2	B/D
RECOMBIVA-HB INJ 40MCG/ML	2	B/D
ROTATEQ SUS	2	
TET/DIP TOX INJ 2-2 LF	2	B/D
TETANUS TOX INJ 5LF ADS	2	B/D
TRIPEDIA SUS P/F	2	
TWINRIX INJ	2	
TYPHIM VI INJ	2	
VAQTA INJ 25/0.5ML	2	
VARIVAX INJ	2	
YF-VAX INJ	2	
ZOSTAVAX INJ	2	QL (1 vial in lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>ed k+10 tab 10meq cr</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
<i>klor-con 8 tab 8meq er</i>	1	
KLOR-CON M15 TAB	2	
<i>klor-con m20 tab 20meq er</i>	1	
<i>potassium chloride cap cr 10 meq</i>	1	
<i>potassium chloride cap cr 8 meq</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride microencapsulated crys 1 cr tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys 1 cr tab 20 meq</i>	1	
SOD FLUORIDE 2.2MG TAB	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>tpn electrol inj</i>	1	B/D

IV NUTRITION

AMINOSYN II INJ 10%	2	B/D
AMINOSYN II INJ 15%	2	B/D

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 3.5/D25	2	B/D
AMINOSYN II INJ 3.5/D5	2	B/D
AMINOSYN II INJ 4.25/D10	2	B/D
AMINOSYN II INJ 4.25/D20	2	B/D
AMINOSYN II INJ 4.25/D25	2	B/D
AMINOSYN II INJ 5/D25	2	B/D
AMINOSYN II INJ 7%	2	B/D
AMINOSYN II INJ 8.5%	2	B/D
<i>aminosyn ii inj 8.5/lyte</i>	1	B/D
AMINOSYN IIM INJ 3.5%/D5W	2	B/D
AMINOSYN INJ 10%	2	B/D
AMINOSYN INJ 3.5%	2	B/D
AMINOSYN INJ 5%	2	B/D
AMINOSYN INJ 7%	2	B/D
AMINOSYN INJ 8.5%	2	B/D
<i>aminosyn inj 8.5/lyte</i>	1	B/D
AMINOSYN M INJ 3.5%	2	B/D
AMINOSYN-HBC INJ 7%	2	B/D
<i>aminosyn-hf inj 8%</i>	1	B/D
AMINOSYN-PF INJ 10%	2	B/D
AMINOSYN-PF INJ 7%	2	B/D
AMINOSYN/D25 INJ II 3.5%	2	B/D
AMINOSYN/D25 INJ II 4.25%	2	B/D
CLINIMIX E INJ 2.75/D10	2	B/D
CLINIMIX E INJ 2.75/D5W	2	B/D
CLINIMIX E INJ 4.25/D25	2	B/D
CLINIMIX E INJ 4.25/D5W	2	B/D
CLINIMIX E INJ 5%/D15W	2	B/D
CLINIMIX E INJ 5%/D20W	2	B/D
CLINIMIX E INJ 5%/D25W	2	B/D
CLINIMIX INJ 2.75/D5W	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 4.25/D20	2	B/D
CLINIMIX INJ 4.25/D25	2	B/D
CLINIMIX INJ 4.25/D5W	2	B/D
CLINIMIX INJ 5%/D15W	2	B/D
CLINIMIX INJ 5%/D20W	2	B/D
CLINIMIX INJ 5%/D25W	2	B/D
<i>clinisol sf inj 15%</i>	1	B/D
FREAMINE III INJ 3%	2	B/D
<i>freamine iii inj 8.5%</i>	1	B/D
<i>hepatamine sol 8%</i>	1	B/D
HEPATASOL INJ 8%	2	B/D
<i>intralipid inj 20%</i>	1	B/D
INTRALIPID INJ 30%	2	B/D
LIPOSYN II INJ 10%	2	B/D

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
LIPOSYN II INJ 20%	2	B/D
LIPOSYN III INJ 10%	2	B/D
LIPOSYN III INJ 20%	2	B/D
<i>liposyn iii inj 30%</i>	1	B/D
NEPHRAMINE INJ 5.4%	2	B/D
PREMASOL SOL 10%	2	B/D
<i>premasol sol 6%</i>	1	B/D
PROCALAMINE INJ 3%	2	B/D
PROSOL INJ 20%	2	B/D
TRAVASOL INJ 10%	2	B/D
TROPHAMINE INJ 10%	2	B/D
TROPHAMINE INJ 6%	2	B/D

IV REPLACEMENT SOLUTIONS

D5W/LYTES INJ #48	2	
<i>dextrose 10% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose inj 10%</i>	1	
<i>dextrose inj 5%</i>	1	
IONOSOL-B/ INJ D5W	2	
IONOSOL-MB INJ /D5W	2	
IONOSOL-T INJ /D5W	2	
ISOLYTE-H INJ /D5W	2	
<i>isolyte-m inj /d5w</i>	1	
ISOLYTE-P INJ /D5W	2	
ISOLYTE-S INJ	2	
ISOLYTE-S INJ /D5W	2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.33% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
KCL/D10/NAACL INJ 0.15/0.2	2	
KCL/D5W INJ 0.075%	2	
KCL/D5W/LR INJ 0.15%	2	
KCL/D5W/NAACL INJ 0.15/0.2	2	
KCL/D5W/NAACL INJ 0.3/0.9%	2	
KCL/NAACL INJ 0.3-0.9	2	
<i>lactated ringer's solution</i>	1	
MG SO4/D5W INJ 10MG/ML	2	
<i>normosol -m inj /d5w</i>	1	
<i>normosol -r inj /d5w</i>	1	
NORMOSOL-R INJ PH 7.4	2	
PLASMA-LYTE INJ -148	2	
PLASMA-LYTE INJ -A	2	
<i>plasma-lyte inj -r</i>	1	
PLASMA-LYTE INJ /D5W	2	
PLASMA-LYTE INJ 56	2	
PLASMA-LYTE INJ 56/D5W	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>potassium chloride 30 meq/l (0.224%) in dextrose 5% inj</i>	1	
<i>potassium chloride 40 meq/l (0.3%) in d5w lactated ringers</i>	1	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	1	
<i>potassium chloride inj 10 meq/100 ml</i>	1	
<i>potassium chloride inj 10 meq/50 ml</i>	1	
<i>potassium chloride inj 20 meq/50 ml</i>	1	
<i>potassium chloride inj 30 meq/100 ml</i>	1	
<i>ringer's solution</i>	1	
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 5%</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
VITAMINS		
<i>calcitriol cap 0.25 mcg</i>	1	B/D
<i>calcitriol cap 0.5 mcg</i>	1	B/D
<i>calcitriol inj 1 mcg/ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>prenatal vitamins</i>	1	
ZEMPLAR CAP 1MCG	2	B/D
ZEMPLAR CAP 2MCG	2	B/D
ZEMPLAR CAP 4MCG	2	B/D
ZEMPLAR INJ 2MCG/ML	2	B/D
ZEMPLAR INJ 5MCG/ML	2	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

<i>ak-tob sol 0.3% op</i>	1	
AZASITE SOL 1%	2	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
CILOXAN OIN 0.3% OP	2	ointment
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>gentasol sol 0.3% op</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyxin b-gramicidin ophth soln</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>romycin oin op</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin sulfate ophth soln 0.3%</i>	1	
<i>tobrasol sol 0.3% op</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TOBEX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	2	
ZYMAR DRO 0.3%	2	
ZYMAXID SOL 0.5%	2	
ANTI-INFLAMMATORIES		
BROMDAY SOL 0.09%	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML OIN 0.1% OP	2	ointment
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
ANTIALLERGICS		
ALREX SUS 0.2%	2	
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	2	
<i>cromolyn sodium ophth soln 4%</i>	1	
PATADAY SOL 0.2%	2	
PATANOL SOL 0.1% OP	2	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>		
<i>latanoprost ophth soln 0.005%</i>	1	QL (2.5ml / 30 days)
<i>levobunolol hcl ophth soln 0.25%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	2	QL (2.5ml / 30 days)
LUMIGAN SOL 0.03%	2	QL (2.5ml / 30 days)
<i>metipranolol ophth soln 0.3%</i>	1	
PILOPINE HS GEL 4% OP	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	gel

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	gel
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
TRAVATAN Z DRO 0.004%	2	QL (2.5ml / 30 days)

MISCELLANEOUS

<i>ak-con sol 0.1% op</i>	1	
LACRISERT MIS 5MG OP	2	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS EMU 0.05%	2	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT AER	2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D

ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	2	QL (2 inhalers / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA CAP HANDIHLR	2	QL (30 caps / 30 days)

ANTI-HISTAMINES

ASTEPRO SPR 0.15%	2	QL (2 spray-bottles / 30 days)
<i>azelastine hcl nasal spray 137 mcg/spray (1 mg/ml)</i>	1	QL (2 bottles / 30 days)
<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	PA
<i>cyproheptadine hcl tab 4 mg</i>	1	PA
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>fexofenadine hcl tab 180 mg</i>	1	
<i>fexofenadine hcl tab 30 mg</i>	1	
<i>fexofenadine hcl tab 60 mg</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA
<i>hydroxyzine hcl tab 10 mg</i>	1	PA

PA - Prior Authorization under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 25 mg</i>	1	PA
<i>hydroxyzine hcl tab 50 mg</i>	1	PA
<i>hydroxyzine pamoate cap 100 mg</i>	1	PA
<i>hydroxyzine pamoate cap 25 mg</i>	1	PA
<i>hydroxyzine pamoate cap 50 mg</i>	1	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	

BETA AGONISTS

<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	B/D
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab sr 12hr 4 mg</i>	1	
<i>albuterol sulfate tab sr 12hr 8 mg</i>	1	
FORADIL CAP AEROLIZE	2	QL (60 caps / 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	B/D
PERFOROMIST NEB 20MCG	3	B/D
PROAIR HFA AER	2	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (1 inhaler / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
XOPENEX HFA AER	2	QL (2 inhalers / 30 days)

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR CHW 4MG	2	
SINGULAIR CHW 5MG	2	
SINGULAIR GRA 4MG	2	
SINGULAIR TAB 10MG	2	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	

MAST CELL STABILIZERS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	B/D
--	---	-----

MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	1	B/D
<i>acetylcysteine inhal soln 20%</i>	1	B/D
ARALAST NP INJ 400MG	4	PA
CAYSTON INH 75MG	4	PA

PA - Prior Authorization under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine hcl inj 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	
<i>prometh vc syp 6.25-5/5</i>	1	PA
PULMOZYME SOL 1MG/ML	4	B/D
TOBI NEB 300/5ML	4	B/D
XOLAIR SOL 150MG	4	PA

NASAL STEROIDS

<i>flunisolide nasal soln 0.025%</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 30 days)
NASACORT AQ AER 55MCG/AC	2	QL (1 inhaler / 30 days)

STEROID INHALANTS

ASMANEX 120 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 14 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 30 days)
ASMANEX 30 AER 220MCG	2	QL (2 inhalers / 30 days)
ASMANEX 60 AER 220MCG	2	QL (2 inhalers / 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	B/D
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	B/D
FLOVENT DISK AER 100MCG	2	QL (2 inhalers / 30 days)
FLOVENT DISK AER 250MCG	2	QL (2 inhalers / 30 days)
FLOVENT DISK AER 50MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 44MCG	2	QL (2 inhalers / 30 days)
QVAR AER 40MCG	2	QL (3 inhalers / 30 days)
QVAR AER 80MCG	2	QL (3 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	2	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 250/50	2	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 500/50	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
DULERA AER 100-5MCG	2	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	2	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	2	QL (1 inhaler / 30 days)
SYMBICORT AER 80-4.5	2	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	1	
<i>aminophylline tab 100 mg</i>	1	
<i>aminophylline tab 200 mg</i>	1	
ELIXOPHYLLIN ELX 80/15ML	2	
THEO-24 CAP 100MG CR	2	
THEO-24 CAP 200MG CR	2	
THEO-24 CAP 300MG CR	2	
THEO-24 CAP 400MG ER	2	
<i>theochron tab 100mg cr</i>	1	
<i>theochron tab 300mg cr</i>	1	
<i>theophylline tab sr 12hr 100 mg</i>	1	
<i>theophylline tab sr 12hr 200 mg</i>	1	
<i>theophylline tab sr 12hr 300 mg</i>	1	
<i>theophylline tab sr 12hr 450 mg</i>	1	
<i>theophylline tab sr 24hr 400 mg</i>	1	
<i>theophylline tab sr 24hr 600 mg</i>	1	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>amneesteem cap 10mg</i>	1	
<i>amneesteem cap 20mg</i>	1	
<i>amneesteem cap 40mg</i>	1	
<i>avita cre 0.025%</i>	1	
<i>avita gel 0.025%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>claravis cap 10mg</i>	1	
<i>claravis cap 20mg</i>	1	
<i>claravis cap 30mg</i>	1	
<i>claravis cap 40mg</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotret cap 10mg</i>	1	
<i>sotret cap 20mg</i>	1	
<i>sotret cap 30mg</i>	1	
<i>sotret cap 40mg</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin cream 0.05%</i>	1	
<i>tretinoin cream 0.1%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>CARAC CRE 0.5%</i>	2	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>SOLARAZE GEL 3% W/W</i>	2	
DERMATOLOGY, ANTIBIOTICS		
<i>BACTROBAN CRE 2%</i>	2	cream
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
<i>thermazene cre 1%</i>	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder</i>	1	
<i>nystop pow 100000</i>	1	
<i>pedi-dri pow 100000</i>	1	
DERMATOLOGY, ANTIPRURITIC		
<i>proctocream cre hc 2.5%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZONALON CRE 5%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
DOVONEX CRE 0.005%	2	cream
OXSORALEN-UL CAP 10MG	4	PA
TAZORAC CRE 0.05%	3	PA
TAZORAC CRE 0.1%	3	PA
TAZORAC GEL 0.05%	3	PA
TAZORAC GEL 0.1%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR CRE 1%	2	
ZOVIRAX CRE 5%	2	cream, ointment
ZOVIRAX OIN 5%	2	cream, ointment
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala cort cre 1%</i>	1	
<i>ala-cort lot 1%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate cream 0.1%</i>	1	
<i>betamethasone valerate lotion 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
<i>clobetasol e cre 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
DERMA-SMOOTH OIL /FS BODY	2	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone oint 0.25%</i>	1	
<i>diflorasone diacetate cream 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>lokara lot 0.05%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>procto-pak cre 1%</i>	1	
TACLONEX OIN	2	
TACLONEX SUS SCALP	2	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triderm cre 0.1%</i>	1	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL CRE 1%	2	PA
PROTOPIC OIN 0.03%	2	PA
PROTOPIC OIN 0.1%	2	PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
LIDODERM DIS 5%	2	QL (90 patch / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>imiquimod cream 5%</i>	1	
<i>laclotion lot 12%</i>	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
PANRETIN GEL 0.1%	4	
PENNSAID SOL 1.5%	2	
<i>podofilox soln 0.5%</i>	1	
TARGRETIN GEL 1%	4	
VOLTAREN GEL 1%	2	
ZYCLARA CRE 3.75%	2	
DERMATOLOGY, ROSACEA		
METROGEL GEL 1%	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>acticin cre 5%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	4	PA
SANTYL OIN 250/GM	2	
<i>sodium chloride irrigation soln 0.9%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
EVOXAC CAP 30MG	2	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	2	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetasol hc sol otic</i>	1	
<i>acetic acid otic soln 2%</i>	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

B/D - Covered

Drug Name	Drug Tier	Requirements/Limits
<i>cortomycin sol 1% otic</i>	1	
<i>cortomycin sus 1% otic</i>	1	
DERMOTIC OIL 0.01%	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

Index

A

ABILIFY DISC TAB 10MG.....	36	<i>adapalene cream 0.1%</i>	70
ABILIFY DISC TAB 15MG.....	36	<i>adapalene gel 0.1%</i>	70
ABILIFY INJ 9.75MG	36	ADCIRCA TAB 20MG	28
ABILIFY SOL 1MG/ML	36	<i>adriamycin inj 2mg/ml</i>	14
ABILIFY TAB 10MG.....	36	ADVAIR DISKU AER 100/50.....	69
ABILIFY TAB 15MG.....	36	ADVAIR DISKU AER 250/50.....	69
ABILIFY TAB 20MG.....	36	ADVAIR DISKU AER 500/50.....	69
ABILIFY TAB 2MG	36	ADVAIR HFA AER 115/21	69
ABILIFY TAB 30MG.....	36	ADVAIR HFA AER 230/21	69
ABILIFY TAB 5MG	36	ADVAIR HFA AER 45/21	70
<i>acarbose tab 100 mg</i>	43	<i>afeditab tab 30mg cr</i>	24
<i>acarbose tab 25 mg</i>	43	<i>afeditab tab 60mg cr</i>	24
<i>acarbose tab 50 mg</i>	43	AFINITOR TAB 10MG	16
<i>acebutolol hcl cap 200 mg</i>	23	AFINITOR TAB 2.5MG	16
<i>acebutolol hcl cap 400 mg</i>	23	AFINITOR TAB 5MG	16
<i>acetaminophen w/ codeine soln 120-12</i> <i>mg/5ml</i>	1	AGGRENOX CAP 25-200MG	58
<i>acetaminophen w/ codeine tab 300-15</i> <i>mg</i>	1	<i>a-hydrocort inj 100mg</i>	48
<i>acetaminophen w/ codeine tab 300-30</i> <i>mg</i>	1	<i>ak-con sol 0.1% op</i>	67
<i>acetaminophen w/ codeine tab 300-60</i> <i>mg</i>	1	<i>ak-tob sol 0.3% op</i>	65
<i>acetazolamide cap sr 12hr 500 mg</i>	26	<i>ala cort cre 1%</i>	72
<i>acetazolamide tab 125 mg</i>	27	<i>ala-cort lot 1%</i>	72
<i>acetazolamide tab 250 mg</i>	27	ALBENZA TAB 200MG	13
<i>acetic acid otic soln 2%</i>	74	<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	68
<i>acetylcysteine inhal soln 10%</i>	68	<i>albuterol sulfate soln nebu 0.5% (5</i> <i>mg/ml)</i>	68
<i>acetylcysteine inhal soln 20%</i>	68	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	68
ACTEMRA INJ 200/10ML	58	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	68
ACTHIB INJ	60	<i>albuterol sulfate syrup 2 mg/5ml</i>	68
<i>acticin cre 5%</i>	74	<i>albuterol sulfate tab 2 mg</i>	68
ACTIMMUNE INJ 2MU/0.5.....	59	<i>albuterol sulfate tab 4 mg</i>	68
ACTOPLUS MET TAB 15/500MG	43	<i>albuterol sulfate tab sr 12hr 4 mg</i>	68
ACTOPLUS MET TAB 15/850MG	43	<i>albuterol sulfate tab sr 12hr 8 mg</i>	68
ACTOS TAB 15MG	43	<i>alclometasone dipropionate cream 0.05%</i>	72
ACTOS TAB 30MG	43	<i>alclometasone dipropionate oint 0.05%</i>	72
ACTOS TAB 45MG	43	ALCOHOL PREP PAD	43
<i>acyclovir cap 200 mg</i>	12	ALDURAZYME INJ 2.9MG/5M	46
<i>acyclovir sodium for inj 500 mg</i>	12	<i>alendronate sodium tab 10 mg</i>	44
<i>acyclovir susp 200 mg/5ml</i>	12	<i>alendronate sodium tab 35 mg</i>	44
<i>acyclovir tab 400 mg</i>	12	<i>alendronate sodium tab 40 mg</i>	44
<i>acyclovir tab 800 mg</i>	12	<i>alendronate sodium tab 5 mg</i>	44
ADACEL INJ.....	60	<i>alendronate sodium tab 70 mg</i>	44
ADAGEN INJ 250/ML	46	ALIMTA INJ 500MG.....	15

ALINIA SUS 100MG/5M	13	<i>amiodarone hcl inj 150 mg/3ml (50</i>	<i>mg/ml)</i>	21
ALINIA TAB 500MG	13	<i>amiodarone hcl tab 200 mg</i>		21
<i>allopurinol sodium for inj 500 mg</i>	1	<i>amiodarone hcl tab 400 mg</i>		21
<i>allopurinol tab 100 mg</i>	1	AMITIZA CAP 24MCG		54
<i>allopurinol tab 300 mg</i>	1	AMITIZA CAP 8MCG		54
ALPHAGAN P SOL 0.1%	66	<i>amitriptyline hcl tab 10 mg</i>		32
ALREX SUS 0.2%	66	<i>amitriptyline hcl tab 100 mg</i>		32
<i>amantadine hcl cap 100 mg</i>	35	<i>amitriptyline hcl tab 150 mg</i>		32
<i>amantadine hcl syrup 50 mg/5ml</i>	35	<i>amitriptyline hcl tab 25 mg</i>		32
<i>amantadine hcl tab 100 mg</i>	35	<i>amitriptyline hcl tab 50 mg</i>		32
<i>a-methapred inj 125mg</i>	48	<i>amitriptyline hcl tab 75 mg</i>		32
<i>a-methapred inj 40mg</i>	48	<i>amlodipine besylate tab 10 mg</i>		24
<i>amifostine crystalline for inj 500 mg</i>	17	<i>amlodipine besylate tab 2.5 mg</i>		24
<i>amikacin sulfate inj 100 mg/2ml (50</i>		<i>amlodipine besylate tab 5 mg</i>		24
<i>mg/ml)</i>	5	<i>amlodipine besylate-benazepril hcl cap</i>		
<i>amikacin sulfate inj 500 mg/2ml (250</i>		<i>10-20 mg</i>		18
<i>mg/ml)</i>	5	<i>amlodipine besylate-benazepril hcl cap</i>		
<i>amiloride & hydrochlorothiazide tab 5-50</i>		<i>10-40 mg</i>		18
<i>mg</i>	27	<i>amlodipine besylate-benazepril hcl cap</i>		
<i>amiloride hcl tab 5 mg</i>	27	<i>2.5-10 mg</i>		18
<i>aminophylline inj 25 mg/ml</i>	70	<i>amlodipine besylate-benazepril hcl cap</i>		
<i>aminophylline tab 100 mg</i>	70	<i>5-10 mg</i>		18
<i>aminophylline tab 200 mg</i>	70	<i>amlodipine besylate-benazepril hcl cap</i>		
AMINOSYN II INJ 10%	61	<i>5-20 mg</i>		18
AMINOSYN II INJ 15%	61	<i>amlodipine besylate-benazepril hcl cap</i>		
AMINOSYN II INJ 3.5/D25	62	<i>5-40 mg</i>		18
AMINOSYN II INJ 3.5/D5	62	<i>amnestem cap 10mg</i>		70
AMINOSYN II INJ 4.25/D10	62	<i>amnestem cap 20mg</i>		70
AMINOSYN II INJ 4.25/D20	62	<i>amnestem cap 40mg</i>		70
AMINOSYN II INJ 4.25/D25	62	AMOXAPINE TAB 100MG		32
AMINOSYN II INJ 5/D25	62	AMOXAPINE TAB 150MG		32
AMINOSYN II INJ 7%	62	AMOXAPINE TAB 25MG		32
AMINOSYN II INJ 8.5%	62	AMOXAPINE TAB 50MG		32
<i>aminosyn ii inj 8.5/lyte</i>	62	<i>amoxicillin & k clavulanate chew tab</i>		
AMINOSYN IIM INJ 3.5%/D5W	62	<i>200-28.5 mg</i>		5
AMINOSYN INJ 10%	62	<i>amoxicillin & k clavulanate chew tab</i>		
AMINOSYN INJ 3.5%	62	<i>400-57 mg</i>		5
AMINOSYN INJ 5%	62	<i>amoxicillin & k clavulanate for susp</i>		
AMINOSYN INJ 7%	62	<i>200-28.5 mg/5ml</i>		5
AMINOSYN INJ 8.5%	62	<i>amoxicillin & k clavulanate for susp</i>		
<i>aminosyn inj 8.5/lyte</i>	62	<i>250-62.5 mg/5ml</i>		5
AMINOSYN M INJ 3.5%	62	<i>amoxicillin & k clavulanate for susp</i>		
AMINOSYN/D25 INJ II 3.5%	62	<i>400-57 mg/5ml</i>		5
AMINOSYN/D25 INJ II 4.25%	62	<i>amoxicillin & k clavulanate for susp</i>		
AMINOSYN-HBC INJ 7%	62	<i>600-42.9 mg/5ml</i>		6
<i>aminosyn-hf inj 8%</i>	62	<i>amoxicillin & k clavulanate tab 250-125</i>		
AMINOSYN-PF INJ 10%	62	<i>mg</i>		6
AMINOSYN-PF INJ 7%	62			

<i>amoxicillin & k clavulanate tab 500-125 mg</i>	6	<i>ampicillin sodium for inj 125 mg</i>	6
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	6	<i>ampicillin sodium for iv soln 10 gm</i>	6
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	6	AMPYRA TAB 10MG.....	41
<i>amoxicillin (trihydrate) cap 250 mg</i>	6	AMTURNIDE150 TAB -5-12.5	26
<i>amoxicillin (trihydrate) cap 500 mg</i>	6	AMTURNIDE300 TAB -10-12.5	26
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	6	AMTURNIDE300 TAB -10-25MG.....	26
<i>amoxicillin (trihydrate) chew tab 200 mg</i>	6	AMTURNIDE300 TAB -5-12.5	26
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	6	AMTURNIDE300 TAB -5-25MG	26
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	6	ANADROL-50 TAB 50MG.....	42
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	6	<i>anagrelide hcl cap 0.5 mg</i>	58
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	6	<i>anagrelide hcl cap 1 mg</i>	58
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	6	<i>anastrozole tab 1 mg</i>	15
<i>amoxicillin (trihydrate) tab 500 mg</i>	6	ANCOBON CAP 250MG	9
<i>amoxicillin (trihydrate) tab 875 mg</i>	6	ANCOBON CAP 500MG	9
<i>amphetamine-dextroamphetamine tab 10 mg</i>	39	ANDRODERM DIS 2.5MG/24	42
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	39	ANDRODERM DIS 5MG/24HR.....	42
<i>amphetamine-dextroamphetamine tab 15 mg</i>	39	ANDROXY TAB 10MG	42
<i>amphetamine-dextroamphetamine tab 20 mg</i>	39	ANTABUSE TAB 250MG	42
<i>amphetamine-dextroamphetamine tab 30 mg</i>	39	ANTABUSE TAB 500MG	42
<i>amphetamine-dextroamphetamine tab 5 mg</i>	39	ANTARA CAP 130MG.....	22
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	39	ANTARA CAP 43MG.....	22
<i>amphotericin b for inj 50 mg</i>	9	APOKYN INJ.....	35
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	6	<i>apri tab</i>	45
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	6	APRISO CAP 0.375GM.....	53
<i>ampicillin cap 250 mg</i>	6	APTIVUS CAP 250MG	10
<i>ampicillin cap 500 mg</i>	6	APTIVUS SOL.....	10
<i>ampicillin for susp 125 mg/5ml</i>	6	ARALAST NP INJ 400MG.....	68
<i>ampicillin for susp 250 mg/5ml</i>	6	<i>aranelle tab</i>	45
<i>ampicillin sodium for inj 1 gm</i>	6	ARANESP INJ 100MCG	57
		ARANESP INJ 150MCG	57
		ARANESP INJ 200MCG	57
		ARANESP INJ 25MCG	58
		ARANESP INJ 300MCG	58
		ARANESP INJ 40MCG	58
		ARANESP INJ 500MCG	58
		ARANESP INJ 60MCG	58
		ARCALYST INJ 220MG.....	59
		ARIXTRA SOL 10/0.8	56
		ARIXTRA SOL 2.5/0.5	56
		ARIXTRA SOL 5.0/0.4	56
		ARIXTRA SOL 7.5/0.6	56
		<i>ascomp/cod cap 30mg</i>	1
		ASMANEX 120 AER 220MCG	69
		ASMANEX 14 AER 220MCG	69
		ASMANEX 30 AER 110MCG	69
		ASMANEX 30 AER 220MCG	69
		ASMANEX 60 AER 220MCG	69
		ASTEPRO SPR 0.15%.....	67

<i>astramorph inj 10/10ml</i>	2	<i>baclofen tab 20 mg</i>	41
<i>astramorph inj 1mg/2ml</i>	2	BACTROBAN CRE 2%.....	71
<i>atenolol & chlorthalidone tab 100-25 mg</i>	23	<i>balsalazide disodium cap 750 mg</i>	53
<i>atenolol & chlorthalidone tab 50-25 mg</i>	23	<i>balziva tab</i>	45
<i>atenolol tab 100 mg</i>	23	BANZEL SUS 40MG/ML	29
<i>atenolol tab 25 mg</i>	23	BANZEL TAB 200MG	29
<i>atenolol tab 50 mg</i>	23	BANZEL TAB 400MG	29
ATRIPLA TAB.....	10	BARACLUDGE SOL .05MG/ML.....	12
ATROVENT HFA AER 17MCG.....	67	BARACLUDGE TAB 0.5MG.....	12
AVASTIN INJ	15	BARACLUDGE TAB 1MG.....	12
AVELOX ABC TAB 400MG	6	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	18
AVELOX INJ	6	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	18
AVELOX TAB 400MG.....	6	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	18
<i>aviane tab</i>	45	<i>benazepril & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	18
<i>avita cre 0.025%</i>	70	<i>benazepril hcl tab 10 mg</i>	19
<i>avita gel 0.025%</i>	70	<i>benazepril hcl tab 20 mg</i>	19
AVODART CAP 0.5MG	55	<i>benazepril hcl tab 40 mg</i>	19
AVONEX KIT 30MCG.....	41	<i>benazepril hcl tab 5 mg</i>	19
AVONEX PREFL KIT 30MCG	41	BENICAR HCT TAB 20-12.5.....	20
AZASAN TAB 100MG	59	BENICAR HCT TAB 40-12.5.....	20
AZASAN TAB 75 MG	59	BENICAR HCT TAB 40-25MG	20
AZASITE SOL 1%.....	65	BENICAR TAB 20MG	21
<i>azathioprine sodium for inj 100 mg</i>	59	BENICAR TAB 40MG	21
<i>azathioprine tab 50 mg</i>	59	BENICAR TAB 5MG	21
<i>azelastine hcl nasal spray 137 mcg/spray</i> <i>(1 mg/ml)</i>	67	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	70
<i>azelastine hcl ophth soln 0.05%</i>	66	<i>benztropine mesylate inj 1 mg/ml</i>	35
AZILECT TAB 0.5MG.....	35	<i>benztropine mesylate tab 0.5 mg</i>	35
AZILECT TAB 1MG.....	35	<i>benztropine mesylate tab 1 mg</i>	35
<i>azithromycin for susp 100 mg/5ml</i>	6	<i>benztropine mesylate tab 2 mg</i>	35
<i>azithromycin for susp 200 mg/5ml</i>	6	BEPREVE DRO 1.5%	66
<i>azithromycin iv for soln 500 mg</i>	6	<i>betamethasone dipropionate augmented</i> <i>cream 0.05%</i>	72
<i>azithromycin tab 250 mg</i>	6	<i>betamethasone dipropionate augmented</i> <i>lotion 0.05%</i>	72
<i>azithromycin tab 500 mg</i>	6	<i>betamethasone dipropionate augmented</i> <i>oint 0.05%</i>	72
<i>azithromycin tab 600 mg</i>	6	<i>betamethasone dipropionate cream</i> <i>0.05%</i>	72
AZOPT SUS 1% OP	66	<i>betamethasone dipropionate lotion</i> <i>0.05%</i>	72
AZOR TAB 10-20MG	20	<i>betamethasone dipropionate oint 0.05%</i>	72
AZOR TAB 10-40MG	20	<i>betamethasone valerate cream 0.1%</i> .	72
AZOR TAB 5-20MG.....	20		
AZOR TAB 5-40MG.....	20		
B			
<i>bacitracin ophth oint 500 unit/gm</i>	65		
<i>bacitracin-polymyxin b ophth oint</i>	65		
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i>	65		
<i>baclofen tab 10 mg</i>	41		

<i>betamethasone valerate lotion 0.1%</i> ...72	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> 42
<i>betamethasone valerate oint 0.1%</i>.....72	<i>buproban tab 150mg</i> 42
<i>betaxolol hcl ophth soln 0.5%</i> .....66	<i>bupropion hcl tab 100 mg</i> 32
<i>bethanechol chloride tab 10 mg</i>.....55	<i>bupropion hcl tab 75 mg</i> 32
<i>bethanechol chloride tab 25 mg</i>.....55	<i>bupropion hcl tab sr 12hr 100 mg</i> 32
<i>bethanechol chloride tab 5 mg</i>.....55	<i>bupropion hcl tab sr 12hr 150 mg</i> 32
<i>bethanechol chloride tab 50 mg</i>.....55	<i>bupropion hcl tab sr 12hr 200 mg</i> 32
BETOPTIC-S SUS 0.25% OP .....66	<i>buspirone hcl tab 10 mg</i> 29
<i>bicalutamide tab 50 mg</i> .....15	<i>buspirone hcl tab 15 mg</i> 29
BICILLIN C-R INJ 1200000..... 6	<i>buspirone hcl tab 30 mg</i> 29
BICILLIN C-R INJ 900/300 6	<i>buspirone hcl tab 5 mg</i> 29
BICILLIN L-A INJ 1200000 7	<i>buspirone hcl tab 7.5 mg</i> 29
BICILLIN L-A INJ 2400000 7	BUSULFEX INJ 6MG/ML 14
BICILLIN L-A INJ 600000 7	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> 1
BICNU INJ 100MG.....14	<i>butorphanol tartrate inj 1 mg/ml</i> 1
BIDIL TAB.....27	<i>butorphanol tartrate inj 2 mg/ml</i> 1
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>.....23	BYETTA INJ 10MCG 43
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>.....23	BYETTA INJ 5MCG 43
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> .....23	BYSTOLIC TAB 10MG 23
<i>bisoprolol fumarate tab 10 mg</i>.....23	BYSTOLIC TAB 2.5MG 23
<i>bisoprolol fumarate tab 5 mg</i> .....23	BYSTOLIC TAB 20MG 23
<i>bleomycin sulfate for inj 30 unit</i>.....14	BYSTOLIC TAB 5MG..... 23
BLEPHAMIDE OIN S.O.P.....65	C
BONIVA INJ 3MG/3ML .....44	<i>cabergoline tab 0.5 mg</i> 49
BONIVA TAB 150MG .....44	<i>calcipotriene oint 0.005%</i> 72
BOOSTRIX INJ.....60	<i>calcipotriene soln 0.005% (50 mcg/ml)</i> 72
<i>brimonidine tartrate ophth soln 0.2%</i> ..66	<i>calcitonin (salmon) nasal soln 200 unit/act</i> 45
BROMDAY SOL 0.09% .....66	<i>calcitriol cap 0.25 mcg</i> 64
<i>bromocriptine mesylate cap 5 mg</i> .....35	<i>calcitriol cap 0.5 mcg</i> 64
<i>bromocriptine mesylate tab 2.5 mg</i> ....35	<i>calcitriol inj 1 mcg/ml</i> 64
<i>budeprion tab 100mg sr</i> .....32	<i>calcitriol oral soln 1 mcg/ml</i> 65
<i>budeprion tab 150mg sr</i> .....32	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> 50
<i>budeprion xl tab 150mg</i>.....32	<i>camila tab 0.35mg</i> 45
<i>budeprion xl tab 300mg</i>.....32	CAMPATH INJ 30MG/ML 15
<i>budesonide inhalation susp 0.25 mg/2ml</i> .....69	CAMPRAL TAB 333MG 42
<i>budesonide inhalation susp 0.5 mg/2ml</i> .....69	CANASA SUP 1000MG..... 53
<i>bumetanide inj 0.25 mg/ml</i>.....27	CANCIDAS INJ 50MG 9
<i>bumetanide tab 0.5 mg</i> .....27	CANCIDAS INJ 70MG 9
<i>bumetanide tab 1 mg</i> .....27	CAPASTAT SUL INJ 1GM..... 11
<i>bumetanide tab 2 mg</i> .....27	<i>captopril & hydrochlorothiazide tab 25-15 mg</i> 18
BUPHENYL TAB 500MG .....46	<i>captopril & hydrochlorothiazide tab 25-25 mg</i> 18
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....42	

<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	18	<i>cefadroxil for susp 250 mg/5ml</i>	7
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	18	<i>cefadroxil for susp 500 mg/5ml</i>	7
<i>captopril tab 100 mg</i>	19	<i>cefadroxil tab 1 gm</i>	7
<i>captopril tab 12.5 mg</i>	19	CEFAZOLIN INJ 1GM/50ML.....	7
<i>captopril tab 25 mg</i>	19	<i>cefazolin sodium for inj 1 gm</i>	7
<i>captopril tab 50 mg</i>	19	<i>cefazolin sodium for inj 20 gm</i>	7
CARAC CRE 0.5%.....	71	<i>cefazolin sodium for inj 500 mg</i>	7
CARAFATE SUS 1GM/10ML.....	54	<i>cefdinir cap 300 mg</i>	7
<i>carbamazepine chew tab 100 mg</i>	29	<i>cefdinir for susp 125 mg/5ml</i>	7
<i>carbamazepine susp 100 mg/5ml</i>	29	<i>cefdinir for susp 250 mg/5ml</i>	7
<i>carbamazepine tab 200 mg</i>	29	<i>cefepime hcl for inj 1 gm</i>	7
<i>carbamazepine tab sr 12hr 200 mg</i>	29	<i>cefepime hcl for inj 2 gm</i>	7
<i>carbamazepine tab sr 12hr 400 mg</i>	29	<i>cefotaxime sodium for inj 1 gm</i>	7
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	35	<i>cefotaxime sodium for inj 10 gm</i>	7
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	35	<i>cefotaxime sodium for inj 2 gm</i>	7
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	35	<i>cefotaxime sodium for inj 500 mg</i>	7
<i>carbidopa & levodopa tab 10-100 mg</i>	35	<i>cefoxitin sodium for inj 1 gm</i>	7
<i>carbidopa & levodopa tab 25-100 mg</i>	35	<i>cefoxitin sodium for inj 10 gm</i>	7
<i>carbidopa & levodopa tab 25-250 mg</i>	35	<i>cefoxitin sodium for inj 2 gm</i>	7
<i>carbidopa & levodopa tab cr 25-100 mg</i>	35	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	7
<i>carbidopa & levodopa tab cr 50-200 mg</i>	35	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	7
<i>carboplatin iv soln 150 mg/15ml</i>	17	<i>cefpodoxime proxetil tab 100 mg</i>	7
CARDIZEM CD CAP 360MG/24.....	24	<i>cefpodoxime proxetil tab 200 mg</i>	7
<i>carisoprodol tab 350 mg</i>	41	<i>cefprozil for susp 125 mg/5ml</i>	7
<i>carteolol hcl ophth soln 1%</i>	66	<i>cefprozil for susp 250 mg/5ml</i>	7
<i>cartia xt cap 120/24hr</i>	24	<i>cefprozil tab 250 mg</i>	7
<i>cartia xt cap 180/24hr</i>	24	<i>cefprozil tab 500 mg</i>	7
<i>cartia xt cap 240/24hr</i>	24	<i>ceftriaxone sodium for inj 10 gm</i>	7
<i>cartia xt cap 300/24hr</i>	24	<i>ceftriaxone sodium for inj 250 mg</i>	7
<i>carvedilol tab 12.5 mg</i>	23	<i>ceftriaxone sodium for inj 500 mg</i>	7
<i>carvedilol tab 25 mg</i>	23	<i>cefuroxime axetil for susp 125 mg/5ml</i>	7
<i>carvedilol tab 3.125 mg</i>	23	<i>cefuroxime axetil tab 250 mg</i>	7
<i>carvedilol tab 6.25 mg</i>	23	<i>cefuroxime axetil tab 500 mg</i>	7
CAYSTON INH 75MG.....	68	<i>cefuroxime sodium for inj 1.5 gm</i>	7
CEENU CAP 100MG.....	14	<i>cefuroxime sodium for inj 750 mg</i>	7
CEENU CAP 10MG.....	14	CELEBREX CAP 100MG.....	4
CEENU CAP 40MG.....	14	CELEBREX CAP 200MG.....	4
<i>cefaclor cap 250 mg</i>	7	CELEBREX CAP 400MG.....	4
<i>cefaclor cap 500 mg</i>	7	CELEBREX CAP 50MG.....	4
CEFACLOR ER TAB 500MG.....	7	CELLCEPT CAP 250MG.....	59
<i>cefadroxil cap 500 mg</i>	7	CELLCEPT SUS 200MG/ML.....	59
		CELLCEPT TAB 500MG.....	59
		CELONTIN CAP 300MG.....	29
		<i>cephalexin cap 250 mg</i>	7
		<i>cephalexin cap 500 mg</i>	7
		<i>cephalexin for susp 125 mg/5ml</i>	7

<i>cephalexin for susp 250 mg/5ml</i>	7	.....	8
CEREZYME INJ 200UNIT	46	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	8
CERVARIX INJ	60	.....	8
<i>cesia pak</i>	45	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	8
<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	67	.....	8
.....	67	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	8
CHANTIX PAK 0.5& 1MG	42	<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	8
CHANTIX TAB 0.5MG	42	<i>1000 mg(base eq)</i>	8
CHANTIX TAB 1MG.....	42	<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	8
<i>chlorhexidine gluconate soln 0.12%</i>	74	<i>500 mg (base eq)</i>	8
<i>chloroquine phosphate tab 250 mg</i>	10	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> . 17	
<i>chloroquine phosphate tab 500 mg</i>	10	<i>citalopram hydrobromide oral soln 10</i>	
<i>chlorothiazide tab 250 mg</i>	27	<i>mg/5ml</i>	32
<i>chlorothiazide tab 500 mg</i>	27	<i>citalopram hydrobromide tab 10 mg</i>	
CHLORPROMAZ INJ 25MG/ML.....	36	<i>(base equiv)</i>	32
<i>chlorpromazine hcl tab 10 mg</i>	36	<i>citalopram hydrobromide tab 20 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	36	<i>(base equiv)</i>	32
<i>chlorpromazine hcl tab 200 mg</i>	36	<i>citalopram hydrobromide tab 40 mg</i>	
<i>chlorpromazine hcl tab 25 mg</i>	36	<i>(base equiv)</i>	32
<i>chlorpromazine hcl tab 50 mg</i>	36	<i>cladribine inj 1 mg/ml</i>	17
<i>chlorthalidone tab 25 mg</i>	27	<i>claravis cap 10mg</i>	70
<i>chlorthalidone tab 50 mg</i>	27	<i>claravis cap 20mg</i>	70
<i>chlorzoxazone tab 500 mg</i>	41	<i>claravis cap 30mg</i>	70
<i>cholestyramine light powder packets 4</i>		<i>claravis cap 40mg</i>	70
<i>gm</i>	22	<i>clarithromycin for susp 125 mg/5ml</i>	8
<i>chorionic gonadotropin for inj 10000 unit</i>	49	<i>clarithromycin for susp 250 mg/5ml</i>	8
.....	49	<i>clarithromycin tab 250 mg</i>	8
<i>ciclopirox gel 0.77%</i>	71	<i>clarithromycin tab 500 mg</i>	8
<i>ciclopirox olamine cream 0.77% (base</i>		<i>clarithromycin tab sr 24hr 500 mg</i>	8
<i>equiv)</i>	71	<i>clemastine fumarate syrup 0.67 mg/5ml</i>	
<i>ciclopirox olamine susp 0.77% (base</i>		<i>(0.5 mg/5ml base eq)</i>	67
<i>equiv)</i>	71	<i>clemastine fumarate tab 2.68 mg</i>	67
<i>ciclopirox shampoo 1%</i>	71	CLEOCIN CAP 75MG	13
<i>cilostazol tab 100 mg</i>	58	CLEOCIN PED SOL 75MG/5ML.....	13
<i>cilostazol tab 50 mg</i>	58	CLEOCIN SUP 100MG.....	56
CILOXAN OIN 0.3% OP.....	65	<i>clindamycin hcl cap 150 mg</i>	13
<i>cimetidine hcl inj 150 mg/ml</i>	53	<i>clindamycin hcl cap 300 mg</i>	13
<i>cimetidine hcl soln 300 mg/5ml</i>	53	<i>clindamycin phosphate gel 1%</i>	70
<i>cimetidine tab 200 mg</i>	53	<i>clindamycin phosphate iv soln 600</i>	
<i>cimetidine tab 300 mg</i>	53	<i>mg/4ml</i>	13
<i>cimetidine tab 400 mg</i>	53	<i>clindamycin phosphate lotion 1%</i>	70
<i>cimetidine tab 800 mg</i>	53	<i>clindamycin phosphate soln 1%</i>	70
CIPRO (10%) SUS 500MG/5.....	8	<i>clindamycin phosphate swab 1%</i>	70
CIPRO (5%) SUS 250MG/5	8	<i>clindamycin phosphate vaginal cream 2%</i>	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	65	.....	56
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	8	<i>clindamycin phosphate-benzoyl peroxide</i>	
.....	8	<i>gel 1-5%</i>	70
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		CLINIMIX E INJ 2.75/D10.....	62

CLINIMIX E INJ 2.75/D5W	62	COMBIPATCH DIS .05/.14	47
CLINIMIX E INJ 4.25/D25	62	COMBIPATCH DIS .05/.25	47
CLINIMIX E INJ 4.25/D5W	62	COMBIVENT AER.....	67
CLINIMIX E INJ 5%/D15W	62	COMBIVIR TAB	10
CLINIMIX E INJ 5%/D20W	62	COMPLERA TAB.....	10
CLINIMIX E INJ 5%/D25W	62	<i>compro sup 25mg</i>	52
CLINIMIX INJ 2.75/D5W	62	COMTAN TAB 200MG	35
CLINIMIX INJ 4.25/D10	62	COMVAX INJ.....	60
CLINIMIX INJ 4.25/D20	62	<i>constulose sol 10gm/15</i>	54
CLINIMIX INJ 4.25/D25	62	COPAXONE KIT 20MG/ML.....	41
CLINIMIX INJ 4.25/D5W	62	<i>cortisone acetate tab 25 mg</i>	48
CLINIMIX INJ 5%/D15W	62	<i>cortomycin sol 1% otic</i>	75
CLINIMIX INJ 5%/D20W	62	<i>cortomycin sus 1% otic</i>	75
CLINIMIX INJ 5%/D25W	62	COSMEGEN INJ 0.5MG	14
<i>clinisol sf inj 15%</i>	62	COUMADIN TAB 10MG	56
<i>clobetasol e cre 0.05%</i>	72	COUMADIN TAB 1MG	56
<i>clobetasol propionate gel 0.05%</i>	72	COUMADIN TAB 2.5MG	56
<i>clobetasol propionate oint 0.05%</i>	72	COUMADIN TAB 2MG	56
<i>clobetasol propionate soln 0.05%</i>	72	COUMADIN TAB 3MG	56
<i>clomipramine hcl cap 25 mg</i>	32	COUMADIN TAB 4MG	56
<i>clomipramine hcl cap 50 mg</i>	32	COUMADIN TAB 5MG	56
<i>clomipramine hcl cap 75 mg</i>	32	COUMADIN TAB 6MG	56
<i>clonidine hcl tab 0.1 mg</i>	19	COUMADIN TAB 7.5MG	56
<i>clonidine hcl tab 0.2 mg</i>	20	CREON CAP 12000UNT.....	54
<i>clonidine hcl tab 0.3 mg</i>	20	CREON CAP 24000UNT.....	54
<i>clonidine hcl td patch weekly 0.1</i> <i>mg/24hr</i>	20	CREON CAP 6000UNIT	54
<i>clonidine hcl td patch weekly 0.2</i> <i>mg/24hr</i>	20	CRESTOR TAB 10MG.....	22
<i>clonidine hcl td patch weekly 0.3</i> <i>mg/24hr</i>	20	CRESTOR TAB 20MG.....	22
<i>clotrimazole cream 1%</i>	71	CRESTOR TAB 40MG.....	22
<i>clotrimazole soln 1%</i>	71	CRESTOR TAB 5MG	22
<i>clotrimazole troche 10 mg</i>	9	CRIXIVAN CAP 100MG	10
<i>clozapine tab 100 mg</i>	36	CRIXIVAN CAP 200MG	10
<i>clozapine tab 200 mg</i>	36	CRIXIVAN CAP 400MG	10
<i>clozapine tab 25 mg</i>	36	<i>cromolyn sodium ophth soln 4%</i>	66
<i>clozapine tab 50 mg</i>	36	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	68
COARTEM TAB 20-120MG	10	<i>cryselle-28 tab 28 tabs</i>	45
<i>co-gesic tab 500-5mg</i>	1	CUBICIN SOL 500MG.....	13
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	CUVPOSA SOL 1MG/5ML	53
COLCRYS TAB 0.6MG.....	1	<i>cyclafem tab 1/35</i>	45
<i>colestipol hcl granules 5 gm</i>	22	<i>cyclafem tab 7/7/7</i>	45
<i>colestipol hcl tab 1 gm</i>	22	<i>cyclobenzaprine hcl tab 10 mg</i>	41
<i>colistimethate sodium for inj 150 mg</i> ...	13	<i>cyclobenzaprine hcl tab 5 mg</i>	41
<i>colocort ene 100mg</i>	53	<i>cyclophosphamide tab 25 mg</i>	14
COMBIGAN SOL 0.2/0.5%.....	66	<i>cyclophosphamide tab 50 mg</i>	14
		<i>cyclosporine cap 100 mg</i>	59
		<i>cyclosporine cap 25 mg</i>	60
		<i>cyclosporine iv soln 50 mg/ml</i>	60

cyclosporine modified cap 100 mg60
cyclosporine modified cap 50 mg60
cyclosporine modified oral soln 100 mg/ml60
 CYKLOKAPRON INJ 100MG/ML.....58
 CYMBALTA CAP 20MG.....32
 CYMBALTA CAP 30MG.....32
 CYMBALTA CAP 60MG.....32
cyproheptadine hcl syrup 2 mg/5ml67
cyproheptadine hcl tab 4 mg67
 CYSTADANE POW.....46
 CYSTAGON CAP 150MG46
 CYSTAGON CAP 50MG47
cytarabine for inj 500 mg.....15
cytarabine inj 20 mg/ml15

D

D5W/LYTES INJ #4863
dacarbazine for inj 200 mg14
danazol cap 100 mg46
danazol cap 200 mg46
danazol cap 50 mg46
dantrolene sodium cap 100 mg.....41
dantrolene sodium cap 25 mg41
dantrolene sodium cap 50 mg41
dapsone tab 100 mg13
dapsone tab 25 mg13
 DAPTACEL INJ60
 DARAPRIM TAB 25MG.....10
daunorubicin hcl for inj 20 mg14
 DAUNOXOME INJ 2MG/ML.....14
 DECAVAC INJ 5-2LF60
 DENAVIR CRE 1%72
depade tab 50mg.....42
 DEPO-PROVERA INJ 400/ML.....15
 DERMA-SMOOTH OIL /FS BODY.....72
 DERMOTIC OIL 0.01%75
desipramine hcl tab 10 mg.....32
desipramine hcl tab 100 mg32
desipramine hcl tab 150 mg32
desipramine hcl tab 25 mg.....32
desipramine hcl tab 50 mg.....33
desipramine hcl tab 75 mg.....33
desmopressin acetate inj 4 mcg/ml51
desmopressin acetate nasal soln 0.01% (refrigerated)51
desmopressin acetate nasal spray soln 0.01% (refrigerated)52
desmopressin acetate tab 0.1 mg52

desmopressin acetate tab 0.2 mg..... 52
desonide cream 0.05% 72
desonide lotion 0.05% 72
desonide oint 0.05%..... 72
desoximetasone cream 0.05% 72
desoximetasone cream 0.25% 72
desoximetasone gel 0.05%..... 72
desoximetasone oint 0.25% 73
 DETROL LA CAP 2MG 55
 DETROL LA CAP 4MG 55
 DEXAMETHASON CON 1MG/ML 48
dexamethasone elixir 0.5 mg/5ml 48
dexamethasone sodium phosphate inj 4 mg/ml 48
dexamethasone sodium phosphate ophth soln 0.1% 66
dexamethasone tab 0.5 mg 48
dexamethasone tab 0.75 mg 48
dexamethasone tab 1 mg..... 48
dexamethasone tab 1.5 mg 48
dexamethasone tab 2 mg..... 48
dexamethasone tab 4 mg..... 48
dexamethasone tab 6 mg..... 48
 DEXILANT CAP 30MG DR..... 55
 DEXILANT CAP 60MG DR..... 55
dexrazoxane for inj 500 mg..... 17
dextroamphetamine sulfate cap sr 24hr 10 mg..... 39
dextroamphetamine sulfate cap sr 24hr 15 mg..... 39
dextroamphetamine sulfate cap sr 24hr 5 mg 39
dextroamphetamine sulfate tab 10 mg 39
dextroamphetamine sulfate tab 5 mg . 39
dextrose 10% w/ sodium chloride 0.2% 63
dextrose 10% w/ sodium chloride 0.45% 63
dextrose 2.5% w/ sodium chloride 0.45% 63
dextrose 5% w/ sodium chloride 0.2% 63
dextrose 5% w/ sodium chloride 0.225% 63
dextrose 5% w/ sodium chloride 0.33% 63
dextrose 5% w/ sodium chloride 0.45% 63
dextrose 5% w/ sodium chloride 0.9% 63

<i>dextrose inj 10%</i>	63	<i>diltiazem hcl coated beads cap sr 24hr</i>	
<i>dextrose inj 5%</i>	63	<i>300 mg</i>	25
<i>diclofenac potassium tab 50 mg</i>	4	<i>diltiazem hcl coated beads tab sr 24hr</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	66	<i>240 mg</i>	25
<i>diclofenac sodium tab delayed release 25</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i>	4	<i>sr 24hr 360 mg</i>	25
<i>diclofenac sodium tab delayed release 50</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i>	4	<i>sr 24hr 420 mg</i>	25
<i>diclofenac sodium tab delayed release 75</i>		<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>mg</i>	4	<i>mg/ml)</i>	25
<i>diclofenac sodium tab sr 24hr 100 mg</i> ..	4	<i>diltiazem hcl tab 120 mg</i>	25
<i>dicloxacillin sodium cap 250 mg</i>	8	<i>diltiazem hcl tab 30 mg</i>	25
<i>dicloxacillin sodium cap 500 mg</i>	8	<i>diltiazem hcl tab 60 mg</i>	25
<i>dicyclomine hcl cap 10 mg</i>	53	<i>diltiazem hcl tab 90 mg</i>	25
<i>dicyclomine hcl inj 10 mg/ml</i>	53	<i>dilt-xr cap 180mg</i>	24
<i>dicyclomine hcl oral soln 10 mg/5ml</i> ..	53	<i>dilt-xr cap 240mg</i>	24
<i>dicyclomine hcl tab 20 mg</i>	53	<i>diltzac cap 120mg/24</i>	25
<i>didanosine delayed release capsule 125</i>		<i>diltzac cap 180mg/24</i>	25
<i>mg</i>	10	<i>diltzac cap 240mg/24</i>	25
<i>didanosine delayed release capsule 200</i>		<i>diltzac cap 300mg/24</i>	25
<i>mg</i>	10	DIOVAN HCT TAB 160/12.5	20
<i>didanosine delayed release capsule 250</i>		DIOVAN HCT TAB 160/25MG	20
<i>mg</i>	10	DIOVAN HCT TAB 320/12.5	20
<i>didanosine delayed release capsule 400</i>		DIOVAN HCT TAB 320/25MG	20
<i>mg</i>	10	DIOVAN HCT TAB 80/12.5	20
<i>diflorasone diacetate cream 0.05%</i>	73	DIOVAN TAB 160MG	21
<i>diflorasone diacetate oint 0.05%</i>	73	DIOVAN TAB 320MG	21
<i>diflunisal tab 500 mg</i>	4	DIOVAN TAB 40MG	21
<i>digoxin inj 0.25 mg/ml</i>	26	DIOVAN TAB 80MG	21
DIGOXIN SOL 50MCG/ML	26	DIP/TET PED INJ 6.7-5LF	60
<i>digoxin tab 0.125 mg</i>	26	<i>diphenhydramine hcl inj 50 mg/ml</i>	67
<i>digoxin tab 0.25 mg</i>	26	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>		<i>mg/5ml</i>	54
.....	40	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
DILANTIN CAP 100MG	29	<i>mg</i>	54
DILANTIN CAP 30MG	29	<i>dipyridamole tab 25 mg</i>	58
DILANTIN CHW 50MG	29	<i>dipyridamole tab 50 mg</i>	58
DILANTIN-125 SUS 125/5ML	29	<i>dipyridamole tab 75 mg</i>	58
DILAUDID-5 LIQ 1MG/ML	2	<i>disopyramide phosphate cap 100 mg</i> ..	21
<i>dilt-cd cap 120mg</i>	24	<i>disopyramide phosphate cap 150 mg</i> ..	21
<i>dilt-cd cap 300mg</i>	24	<i>divalproex sodium cap sprinkle 125 mg</i>	
<i>diltiazem hcl cap sr 12hr 120 mg</i>	24	.....	29
<i>diltiazem hcl cap sr 12hr 60 mg</i>	24	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl cap sr 12hr 90 mg</i>	24	<i>125 mg</i>	29
<i>diltiazem hcl coated beads cap sr 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>120 mg</i>	25	<i>250 mg</i>	29
<i>diltiazem hcl coated beads cap sr 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>240 mg</i>	25	<i>500 mg</i>	29

<i>divalproex sodium tab sr 24 hr 250 mg</i>	29	<i>econazole nitrate cream 1%</i>	71
<i>divalproex sodium tab sr 24 hr 500 mg</i>	29	<i>ed k+10 tab 10meq cr</i>	61
<i>donepezil hydrochloride orally</i>		EDURANT TAB 25MG	10
<i>disintegrating tab 10 mg</i>	31	EFFIENT TAB 10MG	58
<i>donepezil hydrochloride orally</i>		EFFIENT TAB 5MG	58
<i>disintegrating tab 5 mg</i>	31	ELAPRASE INJ 6MG/3ML	47
<i>donepezil hydrochloride tab 10 mg</i>	31	ELIDEL CRE 1%	73
<i>donepezil hydrochloride tab 5 mg</i>	31	ELITEK INJ 1.5MG	17
<i>dorzolamide hcl ophth soln 2%</i>	66	ELIXOPHYLLIN ELX 80/15ML	70
<i>dorzolamide hcl-timolol maleate ophth</i>		ELMIRON CAP 100MG	55
<i>soln 22.3-6.8 mg/ml</i>	66	ELSPAR INJ 10000UNT	17
DOVONEX CRE 0.005%	72	EMCYT CAP 140MG	14
<i>doxazosin mesylate tab 1 mg</i>	20	EMEND CAP 125MG	52
<i>doxazosin mesylate tab 2 mg</i>	20	EMEND CAP 40MG	52
<i>doxazosin mesylate tab 4 mg</i>	20	EMEND CAP 80MG	52
<i>doxazosin mesylate tab 8 mg</i>	20	EMEND PAK 80 & 125	52
<i>doxepin hcl cap 10 mg</i>	33	EMSAM DIS 12MG/24H	33
<i>doxepin hcl cap 100 mg</i>	33	EMSAM DIS 6MG/24HR	33
<i>doxepin hcl cap 150 mg</i>	33	EMSAM DIS 9MG/24HR	33
<i>doxepin hcl cap 25 mg</i>	33	EMTRIVA CAP 200MG	10
<i>doxepin hcl cap 50 mg</i>	33	EMTRIVA SOL 10MG/ML	10
<i>doxepin hcl cap 75 mg</i>	33	ENABLEX TAB 15MG	55
<i>doxepin hcl conc 10 mg/ml</i>	33	ENABLEX TAB 7.5MG	55
DOXIL INJ 2MG/ML	14	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>doxorubicin hcl inj 2 mg/ml</i>	14	<i>tab 10-25 mg</i>	18
<i>doxycycline hyclate cap 100 mg</i>	8	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>doxycycline hyclate cap 50 mg</i>	8	<i>tab 5-12.5 mg</i>	18
<i>doxycycline hyclate for inj 100 mg</i>	8	<i>enalapril maleate tab 10 mg</i>	19
<i>doxycycline hyclate tab 100 mg</i>	8	<i>enalapril maleate tab 2.5 mg</i>	19
<i>doxycycline hyclate tab 20 mg</i>	8	<i>enalapril maleate tab 20 mg</i>	19
<i>doxycycline monohydrate tab 150 mg</i>	8	<i>enalapril maleate tab 5 mg</i>	19
<i>doxycycline monohydrate tab 50 mg</i>	8	ENBREL INJ 25/0.5ML	58
<i>doxycycline monohydrate tab 75 mg</i>	8	ENBREL INJ 25MG	58
<i>dronabinol cap 10 mg</i>	52	ENBREL INJ 50MG/ML	58
<i>dronabinol cap 2.5 mg</i>	52	<i>endocet tab 10-325mg</i>	2
<i>dronabinol cap 5 mg</i>	52	<i>endocet tab 10-650mg</i>	2
DROXIA CAP 200MG	17	<i>endocet tab 5-325mg</i>	2
DROXIA CAP 300MG	17	<i>endocet tab 7.5-325m</i>	2
DROXIA CAP 400MG	17	<i>endocet tab 7.5-500m</i>	2
DUETACT TAB 30-2MG	43	<i>endodan tab</i>	2
DUETACT TAB 30-4MG	43	ENGERIX-B INJ 10/0.5ML	60
DULERA AER 100-5MCG	70	ENGERIX-B INJ 20MCG/ML	60
DULERA AER 200-5MCG	70	<i>enoxaparin sodium inj 100 mg/ml</i>	56
<i>duramorph inj 0.5mg/ml</i>	2	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	56
<i>duramorph inj 1mg/ml</i>	2	<i>enoxaparin sodium inj 150 mg/ml</i>	56
DUREZOL EMU 0.05%	66	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	56
E		<i>enoxaparin sodium inj 40 mg/0.4ml</i>	56
<i>e.e.s. 400 tab 400mg</i>	8	<i>enoxaparin sodium inj 60 mg/0.6ml</i>	56

<i>enoxaparin sodium inj 80 mg/0.8ml</i>	56	<i>estradiol td patch weekly 0.1 mg/24hr</i>	47
<i>enpresse-28 tab</i>	45	<i>estropipate tab 0.75 mg</i>	47
ENTOCORT EC CAP 3MG/24HR	54	<i>estropipate tab 1.5 mg</i>	47
<i>enulose sol 10gm/15</i>	54	<i>estropipate tab 3 mg</i>	47
<i>epinephrine hcl inj 0.1 mg/ml</i>	69	<i>ethambutol hcl tab 100 mg</i>	11
EPIPEN 2-PAK INJ 0.3MG	69	<i>ethambutol hcl tab 400 mg</i>	11
EPIPEN-JR INJ 2-PAK.....	69	<i>ethosuximide cap 250 mg</i>	29
<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	14	<i>ethosuximide soln 250 mg/5ml</i>	29
.....	14	<i>etodolac cap 200 mg</i>	4
<i>epitol tab 200mg</i>	29	<i>etodolac cap 300 mg</i>	4
EPIVIR HBV SOL 5MG/ML.....	12	<i>etodolac tab 400 mg</i>	4
EPIVIR HBV TAB 100MG	12	<i>etodolac tab 500 mg</i>	4
EPIVIR SOL 10MG/ML.....	10	<i>etodolac tab sr 24hr 400 mg</i>	4
EPIVIR TAB 150MG	10	<i>etodolac tab sr 24hr 500 mg</i>	4
EPIVIR TAB 300MG	10	<i>etodolac tab sr 24hr 600 mg</i>	4
<i>eplerenone tab 25 mg</i>	20	<i>etoposide inj 20 mg/ml</i>	17
<i>eplerenone tab 50 mg</i>	20	EVISTA TAB 60MG.....	50
EPZICOM TAB.....	10	EVOXAC CAP 30MG	74
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	40	EXALGO TAB 12MG.....	2
<i>errin tab 0.35mg</i>	45	EXALGO TAB 16MG.....	2
<i>ery pad 2%</i>	70	EXALGO TAB 8MG	2
ERYPED 200 SUS 200/5ML.....	8	EXELON DIS 4.6MG/24	31
ERYTHROCIN INJ 500MG	8	EXELON DIS 9.5MG/24	31
<i>erythrocine tab 250mg</i>	8	EXELON SOL 2MG/ML	31
<i>erythromycin ethylsuccinate tab 400 mg</i>	8	<i>exemestane tab 25 mg</i>	15
.....	8	EXFORGE TAB 10-160MG	20
<i>erythromycin gel 2%</i>	70	EXFORGE TAB 10-320MG	20
<i>erythromycin ophth oint 5 mg/gm</i>	65	EXFORGE TAB 5-160MG	20
<i>erythromycin soln 2%</i>	70	EXFORGE TAB 5-320MG	20
<i>erythromycin tab 250 mg</i>	8	EXFORGEH/10- TAB 160-12.5.....	20
<i>erythromycin tab 500 mg</i>	8	EXFORGEH/10- TAB 160-25.....	20
<i>erythromycin-sulfisoxazole for susp</i>		EXFORGEH/10- TAB 320-25.....	20
<i>200-600 mg/5ml</i>	13	EXFORGEH/5- TAB 160-12.5.....	21
ESTRADERM DIS 0.05MG.....	47	EXFORGEH/5- TAB 160-25	21
ESTRADERM DIS 0.1MG.....	47	EXJADE TAB 125MG.....	45
<i>estradiol tab 0.5 mg</i>	47	EXJADE TAB 250MG.....	45
<i>estradiol tab 1 mg</i>	47	EXJADE TAB 500MG.....	45
<i>estradiol tab 2 mg</i>	47	EXTAVIA INJ 0.3MG.....	41
<i>estradiol td patch weekly 0.025 mg/24hr</i>	47	F	
.....	47	FABRAZYME INJ 35MG	47
<i>estradiol td patch weekly 0.0375</i>		<i>famciclovir tab 125 mg</i>	12
<i>mg/24hr (37.5 mcg/24hr)</i>	47	<i>famciclovir tab 250 mg</i>	12
<i>estradiol td patch weekly 0.05 mg/24hr</i>	47	<i>famciclovir tab 500 mg</i>	12
.....	47	<i>famotidine for susp 40 mg/5ml</i>	53
<i>estradiol td patch weekly 0.06 mg/24hr</i>	47	<i>famotidine in nacl 0.9% iv soln 20</i>	
.....	47	<i>mg/50ml</i>	53
<i>estradiol td patch weekly 0.075 mg/24hr</i>	47	<i>famotidine inj 10 mg/ml</i>	53
.....	47	<i>famotidine tab 20 mg</i>	53

<i>famotidine tab 40 mg</i>	53	FLOVENT DISK AER 50MCG	69
FANAPT PAK	36	FLOVENT HFA AER 110MCG	69
FANAPT TAB 10MG	36	FLOVENT HFA AER 220MCG	69
FANAPT TAB 12MG	36	FLOVENT HFA AER 44MCG	69
FANAPT TAB 1MG	36	<i>fluconazole for susp 10 mg/ml</i>	9
FANAPT TAB 2MG	36	<i>fluconazole for susp 40 mg/ml</i>	9
FANAPT TAB 4MG	36	<i>fluconazole in dextrose inj 400</i>	
FANAPT TAB 6MG	36	<i>mg/200ml</i>	9
FANAPT TAB 8MG	36	<i>fluconazole tab 100 mg</i>	9
FARESTON TAB 60MG	15	<i>fluconazole tab 150 mg</i>	9
FASLODEX INJ 250MG	15	<i>fluconazole tab 200 mg</i>	9
FAZACLO TAB 100MG	36	<i>fluconazole tab 50 mg</i>	9
FAZACLO TAB 12.5MG	36	<i>fludarabine phosphate for inj 50 mg ...</i>	17
FAZACLO TAB 150MG	36	<i>fludrocortisone acetate tab 0.1 mg</i>	48
FAZACLO TAB 200MG	36	<i>flunisolide nasal soln 0.025%</i>	69
FAZACLO TAB 25MG	36	<i>fluocinolone acetonide cream 0.01%</i> ..	73
FELBATOL SUS 600/5ML	30	<i>fluocinolone acetonide cream 0.025%</i> ..	73
FELBATOL TAB 400MG	30	<i>fluocinolone acetonide oint 0.025%</i>	73
FELBATOL TAB 600MG	30	<i>fluocinolone acetonide soln 0.01%</i>	73
<i>felodipine tab sr 24hr 10 mg</i>	25	<i>fluocinonide emulsified base cream</i>	
<i>felodipine tab sr 24hr 2.5 mg</i>	25	<i>0.05%</i>	73
<i>felodipine tab sr 24hr 5 mg</i>	25	<i>fluocinonide gel 0.05%</i>	73
<i>fenofibrate micronized cap 134 mg</i>	22	<i>fluocinonide oint 0.05%</i>	73
<i>fenofibrate micronized cap 200 mg</i>	22	<i>fluocinonide soln 0.05%</i>	73
<i>fenofibrate micronized cap 67 mg</i>	22	<i>fluorometholone ophth susp 0.1%</i>	66
<i>fenofibrate tab 160 mg</i>	22	<i>fluorouracil cream 5%</i>	71
<i>fenofibrate tab 54 mg</i>	22	<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	
<i>fentanyl citrate inj 0.05 mg/ml</i>	2	.....	15
<i>fentanyl citrate lollipop 1200 mcg</i>	2	<i>fluorouracil soln 2%</i>	71
<i>fentanyl citrate lollipop 1600 mcg</i>	2	<i>fluorouracil soln 5%</i>	71
<i>fentanyl citrate lollipop 200 mcg</i>	2	<i>fluoxetine hcl cap 10 mg</i>	33
<i>fentanyl citrate lollipop 400 mcg</i>	2	<i>fluoxetine hcl cap 20 mg</i>	33
<i>fentanyl citrate lollipop 600 mcg</i>	2	<i>fluoxetine hcl cap 40 mg</i>	33
<i>fentanyl citrate lollipop 800 mcg</i>	2	<i>fluoxetine hcl solution 20 mg/5ml</i>	33
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>fluoxetine hcl tab 10 mg</i>	33
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>fluoxetine hcl tab 20 mg</i>	33
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fluphenazine decanoate inj 25 mg/ml</i> .	36
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	36
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	<i>fluphenazine hcl inj 2.5 mg/ml</i>	36
<i>fexofenadine hcl tab 180 mg</i>	67	<i>fluphenazine hcl oral conc 5 mg/ml</i>	36
<i>fexofenadine hcl tab 30 mg</i>	67	<i>fluphenazine hcl tab 1 mg</i>	36
<i>fexofenadine hcl tab 60 mg</i>	67	<i>fluphenazine hcl tab 10 mg</i>	36
<i>finasteride tab 5 mg</i>	55	<i>fluphenazine hcl tab 2.5 mg</i>	36
<i>flecainide acetate tab 100 mg</i>	21	<i>fluphenazine hcl tab 5 mg</i>	37
<i>flecainide acetate tab 150 mg</i>	21	<i>flurbiprofen sodium ophth soln 0.03%</i>	66
<i>flecainide acetate tab 50 mg</i>	21	<i>flurbiprofen tab 100 mg</i>	4
FLOVENT DISK AER 100MCG	69	<i>flurbiprofen tab 50 mg</i>	4
FLOVENT DISK AER 250MCG	69	<i>flutamide cap 125 mg</i>	15

<i>fluticasone propionate cream 0.05% ...</i>	73	<i>galantamine hydrobromide cap sr 24hr</i>	
<i>fluticasone propionate nasal susp 50</i>		<i>16 mg.....</i>	31
<i>mcg/act.....</i>	69	<i>galantamine hydrobromide cap sr 24hr</i>	
<i>fluticasone propionate oint 0.005%</i>	73	<i>24 mg.....</i>	31
<i>fluvoxamine maleate tab 100 mg.....</i>	29	<i>galantamine hydrobromide cap sr 24hr 8</i>	
<i>fluvoxamine maleate tab 25 mg.....</i>	29	<i>mg</i>	31
<i>fluvoxamine maleate tab 50 mg.....</i>	29	<i>galantamine hydrobromide oral soln 4</i>	
<i>FML OIN 0.1% OP</i>	66	<i>mg/ml</i>	31
<i>FORADIL CAP AEROLIZE</i>	68	<i>galantamine hydrobromide tab 12 mg</i>	31
<i>FORTEO SOL 600/2.4</i>	50	<i>galantamine hydrobromide tab 4 mg ..</i>	31
<i>fortical spr 200/act.....</i>	45	<i>galantamine hydrobromide tab 8 mg ..</i>	31
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>GAMASTAN S/D INJ.....</i>	59
<i>tab 10-12.5 mg</i>	18	<i>GAMMAGARD INJ 2.5GM/25</i>	59
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>GAMUNEX INJ 10%</i>	59
<i>tab 20-12.5 mg</i>	18	<i>ganciclovir cap 250 mg</i>	12
<i>fosinopril sodium tab 10 mg</i>	19	<i>ganciclovir cap 500 mg</i>	12
<i>fosinopril sodium tab 20 mg</i>	19	<i>ganciclovir sodium for inj 500 mg.....</i>	12
<i>fosinopril sodium tab 40 mg</i>	19	<i>GARDASIL INJ</i>	60
<i>FOSRENOL CHW 1000MG.....</i>	50	<i>GASTROCROM CON 100/5ML.....</i>	54
<i>FOSRENOL CHW 500MG</i>	50	<i>GAUZE PADS 2X2.....</i>	43
<i>FOSRENOL CHW 750MG</i>	50	<i>gavilyte-c sol</i>	54
<i>FRAGMIN INJ 10000/ML.....</i>	56	<i>gavilyte-g sol.....</i>	54
<i>FRAGMIN INJ 12500UNT</i>	56	<i>gavilyte-n sol flav pk</i>	54
<i>FRAGMIN INJ 15000UNT</i>	56	<i>GELNIQUE GEL 10%.....</i>	55
<i>FRAGMIN INJ 18000UNT</i>	56	<i>gemcitabine hcl for inj 1 gm</i>	15
<i>FRAGMIN INJ 2500/0.2.....</i>	57	<i>gemfibrozil tab 600 mg</i>	22
<i>FRAGMIN INJ 25000/ML.....</i>	57	<i>gengraf cap 100mg</i>	60
<i>FRAGMIN INJ 5000/0.2.....</i>	57	<i>gengraf cap 25mg</i>	60
<i>FRAGMIN INJ 7500/0.3.....</i>	57	<i>gengraf sol 100mg/ml</i>	60
<i>FREAMINE III INJ 3%</i>	62	<i>gentak oin 0.3% op.....</i>	65
<i>freamine iii inj 8.5%.....</i>	62	<i>gentamicin in saline inj 0.6 mg/ml.....</i>	8
<i>furosemide inj 10 mg/ml.....</i>	27	<i>gentamicin in saline inj 0.8 mg/ml.....</i>	8
<i>furosemide oral soln 10 mg/ml</i>	27	<i>gentamicin in saline inj 1 mg/ml</i>	8
<i>furosemide tab 20 mg</i>	27	<i>gentamicin in saline inj 1.2 mg/ml.....</i>	8
<i>furosemide tab 40 mg</i>	27	<i>gentamicin in saline inj 1.6 mg/ml.....</i>	8
<i>furosemide tab 80 mg</i>	27	<i>gentamicin sulfate cream 0.1%.....</i>	71
<i>FUZEON KIT</i>	10	<i>gentamicin sulfate inj 40 mg/ml.....</i>	8
G		<i>gentamicin sulfate iv soln 10 mg/ml</i>	8
<i>gabapentin cap 100 mg</i>	30	<i>gentamicin sulfate oint 0.1%</i>	71
<i>gabapentin cap 300 mg</i>	30	<i>gentamicin sulfate ophth soln 0.3%....</i>	65
<i>gabapentin cap 400 mg</i>	30	<i>gentasol sol 0.3% op</i>	65
<i>gabapentin oral soln 250 mg/5ml.....</i>	30	<i>GEODON CAP 20MG.....</i>	37
<i>gabapentin tab 600 mg</i>	30	<i>GEODON CAP 40MG.....</i>	37
<i>gabapentin tab 800 mg</i>	30	<i>GEODON CAP 60MG.....</i>	37
<i>GABITRIL TAB 12MG</i>	30	<i>GEODON CAP 80MG.....</i>	37
<i>GABITRIL TAB 16MG</i>	30	<i>GEODON INJ 20MG.....</i>	37
<i>GABITRIL TAB 2MG</i>	30	<i>GILENYA CAP 0.5MG.....</i>	41
<i>GABITRIL TAB 4MG</i>	30	<i>GLEEVEC TAB 100MG</i>	16

GLEEVEC TAB 400MG	16	<i>haloperidol lactate oral conc 2 mg/ml</i> .	37
<i>glimepiride tab 1 mg</i>	43	<i>haloperidol tab 0.5 mg</i>	37
<i>glimepiride tab 2 mg</i>	43	<i>haloperidol tab 1 mg</i>	37
<i>glimepiride tab 4 mg</i>	43	<i>haloperidol tab 10 mg</i>	37
<i>glipizide tab 10 mg</i>	43	<i>haloperidol tab 2 mg</i>	37
<i>glipizide tab 5 mg</i>	43	<i>haloperidol tab 20 mg</i>	37
<i>glipizide tab sr 24hr 10 mg</i>	43	<i>haloperidol tab 5 mg</i>	37
<i>glipizide tab sr 24hr 2.5 mg</i>	44	HAVRIX INJ 1440UNIT	60
<i>glipizide tab sr 24hr 5 mg</i>	44	HAVRIX INJ 720UNIT	61
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	44	HEP SOD/NAACL INJ 25000UNT	57
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	44	HEPARIN SOD INJ 2000/ML.....	57
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	44	<i>heparin sodium (porcine) 100 unt/ml in sodium chloride 0.45%</i>	57
GLUCAGEN INJ HYPOKIT.....	49	<i>heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9%</i>	57
GLUCAGON KIT 1MG	49	<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	57
<i>glyburide micronized tab 1.5 mg</i>	44	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	57
<i>glyburide micronized tab 3 mg</i>	44	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	57
<i>glyburide micronized tab 6 mg</i>	44	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	57
<i>glyburide tab 1.25 mg</i>	44	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	57
<i>glyburide tab 2.5 mg</i>	44	<i>hepatamine sol 8%</i>	62
<i>glyburide tab 5 mg</i>	44	HEPATASOL INJ 8%.....	62
<i>glyburide-metformin tab 1.25-250 mg</i>	44	HEPSERA TAB 10MG	12
<i>glyburide-metformin tab 2.5-500 mg</i> ..	44	HERCEPTIN INJ 440MG	15
<i>glyburide-metformin tab 5-500 mg</i>	44	HEXALEN CAP 50MG	14
<i>glycopyrrolate inj 0.2 mg/ml</i>	53	HUMIRA KIT 20MG/0.4	58
<i>glycopyrrolate tab 1 mg</i>	53	HUMIRA KIT 40MG/0.8	58
<i>glycopyrrolate tab 2 mg</i>	53	HUMIRA PEN KIT CROHNS.....	59
<i>glycron tab 1.5mg</i>	44	HUMULIN R INJ U-500	43
<i>glycron tab 3mg</i>	44	<i>hydralazine hcl inj 20 mg/ml</i>	28
<i>glycron tab 6mg</i>	44	<i>hydralazine hcl tab 10 mg</i>	28
<i>granisetron hcl inj 0.1 mg/ml</i>	52	<i>hydralazine hcl tab 100 mg</i>	28
<i>granisetron hcl inj 1 mg/ml</i>	52	<i>hydralazine hcl tab 25 mg</i>	28
<i>granisetron hcl tab 1 mg</i>	52	<i>hydralazine hcl tab 50 mg</i>	28
<i>griseofulvin microsize susp 125 mg/5ml</i>	9	<i>hydrochlorothiazide cap 12.5 mg</i>	27
GRIS-PEG TAB 125MG	9	<i>hydrochlorothiazide tab 12.5 mg</i>	27
GRIS-PEG TAB 250MG	9	<i>hydrochlorothiazide tab 25 mg</i>	27
<i>guanfacine hcl tab 1 mg</i>	20	<i>hydrochlorothiazide tab 50 mg</i>	27
<i>guanfacine hcl tab 2 mg</i>	20	<i>hydrocodone-acetaminophen soln 7.5-500 mg/15ml</i>	1
GUANIDINE TAB 125MG	40	<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1
H		<i>hydrocodone-acetaminophen tab 10-325</i>	
<i>halobetasol propionate cream 0.05%</i> ..	73		
<i>halobetasol propionate oint 0.05%</i>	73		
<i>haloperidol decanoate im soln 100 mg/ml</i>	37		
<i>haloperidol decanoate im soln 50 mg/ml</i>	37		
<i>haloperidol lactate inj 5 mg/ml</i>	37		

<i>mg</i>	1	<i>hydroxychloroquine sulfate tab 200 mg</i>	59
<i>hydrocodone-acetaminophen tab 10-500 mg</i>	1	<i>hydroxyurea cap 500 mg</i>	17
<i>hydrocodone-acetaminophen tab 10-650 mg</i>	1	<i>hydroxyzine hcl im soln 25 mg/ml</i>	67
<i>hydrocodone-acetaminophen tab 10-660 mg</i>	1	<i>hydroxyzine hcl im soln 50 mg/ml</i>	67
<i>hydrocodone-acetaminophen tab 10-750 mg</i>	1	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	67
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i>	1	<i>hydroxyzine hcl tab 10 mg</i>	67
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	<i>hydroxyzine hcl tab 25 mg</i>	68
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	<i>hydroxyzine hcl tab 50 mg</i>	68
<i>hydrocodone-acetaminophen tab 5-500 mg</i>	1	<i>hydroxyzine pamoate cap 100 mg</i>	68
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	<i>hydroxyzine pamoate cap 25 mg</i>	68
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	<i>hydroxyzine pamoate cap 50 mg</i>	68
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i>	2	I	
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i>	2	<i>ibuprofen susp 100 mg/5ml</i>	4
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i>	2	<i>ibuprofen tab 400 mg</i>	4
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> 2		<i>ibuprofen tab 600 mg</i>	4
<i>hydrocortisone butyrate cream 0.1%</i>	73	<i>ibuprofen tab 800 mg</i>	4
<i>hydrocortisone butyrate oint 0.1%</i>	73	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	14
<i>hydrocortisone butyrate soln 0.1%</i>	73	IFEX INJ 3GM	14
<i>hydrocortisone cream 1%</i>	73	<i>ifosfamide & mesna inj kit 1000-1000 mg</i>	17
<i>hydrocortisone cream 2.5%</i>	73	<i>ifosfamide & mesna inj kit 3000-1000 mg</i>	17
<i>hydrocortisone enema 100 mg/60ml</i> ...	54	<i>ifosfamide for inj 1 gm</i>	14
<i>hydrocortisone lotion 2.5%</i>	73	<i>imipramine hcl tab 10 mg</i>	33
<i>hydrocortisone oint 1%</i>	73	<i>imipramine hcl tab 25 mg</i>	33
<i>hydrocortisone oint 2.5%</i>	73	<i>imipramine hcl tab 50 mg</i>	33
<i>hydrocortisone tab 10 mg</i>	48	<i>imiquimod cream 5%</i>	74
<i>hydrocortisone tab 20 mg</i>	48	IMOVAX RABIE INJ 2.5/ML	61
<i>hydrocortisone tab 5 mg</i>	48	INCIVEK TAB 375MG	12
<i>hydrocortisone valerate cream 0.2%</i> ...	73	INCRELEX INJ 40MG/4ML.....	49
<i>hydrocortisone valerate oint 0.2%</i>	73	<i>indapamide tab 1.25 mg</i>	27
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	75	<i>indapamide tab 2.5 mg</i>	27
<i>hydromorphone hcl inj 10 mg/ml</i>	2	INDOCIN SUS 25MG/5ML.....	4
<i>hydromorphone hcl tab 2 mg</i>	3	<i>indomethacin cap 25 mg</i>	4
<i>hydromorphone hcl tab 4 mg</i>	3	<i>indomethacin cap 50 mg</i>	4
<i>hydromorphone hcl tab 8 mg</i>	3	<i>indomethacin cap cr 75 mg</i>	4
		INFANRIX INJ	61
		INFERGEN INJ 15MCG.....	59
		INSULIN PEN NEEDLES	43
		INSULIN SAFETY NEEDLES	43
		INSULIN SYRINGES.....	43
		INTELENCE TAB 100MG	10
		INTELENCE TAB 200MG	10
		<i>intralipid inj 20%</i>	62
		INTRALIPID INJ 30%	62
		INTRON-A INJ 10MU.....	59

INTRON-A INJ 10MU PEN	59	<i>isosorbide mononitrate tab 10 mg</i>	28
INTRON-A INJ 18MU	59	<i>isosorbide mononitrate tab 20 mg</i>	28
INTRON-A INJ 3MU PEN	59	<i>isosorbide mononitrate tab sr 24hr 120</i>	
INTRON-A INJ 5MU PEN	59	<i>mg</i>	28
INVANZ INJ 1GM	13	<i>isosorbide mononitrate tab sr 24hr 30</i>	
INVEGA SUST INJ 117/0.75	37	<i>mg</i>	28
INVEGA SUST INJ 156MG/ML	37	<i>isosorbide mononitrate tab sr 24hr 60</i>	
INVEGA SUST INJ 234/1.5	37	<i>mg</i>	28
INVEGA SUST INJ 39/0.25	37	<i>isradipine cap 2.5 mg</i>	25
INVEGA SUST INJ 78/0.5ML	37	<i>isradipine cap 5 mg</i>	25
INVEGA TAB 1.5MG	37	ISTODAX INJ 10MG	15
INVEGA TAB 3MG	37	<i>itraconazole cap 100 mg</i>	9
INVEGA TAB 6MG	37	IXIARO INJ	61
INVEGA TAB 9MG	37	J	
INVIRASE CAP 200MG	10	JALYN CAP	55
INVIRASE TAB 500MG	10	<i>jantoven tab 10mg</i>	57
IONOSOL-B/ INJ D5W	63	<i>jantoven tab 1mg</i>	57
IONOSOL-MB INJ /D5W	63	<i>jantoven tab 2.5mg</i>	57
IONOSOL-T INJ /D5W	63	<i>jantoven tab 2mg</i>	57
IPOL INJ INACTIVE	61	<i>jantoven tab 3mg</i>	57
<i>ipratropium bromide inhal soln 0.02% .67</i>		<i>jantoven tab 4mg</i>	57
<i>ipratropium bromide nasal soln 0.03%</i>		<i>jantoven tab 5mg</i>	57
<i>(21 mcg/spray)</i>	67	<i>jantoven tab 6mg</i>	57
<i>ipratropium bromide nasal soln 0.06%</i>		<i>jantoven tab 7.5mg</i>	57
<i>(42 mcg/spray)</i>	67	JANUMET TAB 50-1000	44
<i>ipratropium-albuterol nebu soln</i>		JANUMET TAB 50-500MG	44
<i>0.5-2.5(3) mg/3ml</i>	67	JANUVIA TAB 100MG	44
<i>irinotecan hcl inj 100 mg/5ml (20</i>		JANUVIA TAB 25MG	44
<i>mg/ml)</i>	17	JANUVIA TAB 50MG	44
ISENTRESS TAB 400MG	10	JE-VAX INJ	61
<i>isochron tab 40mg cr</i>	28	<i>jinteli tab 1mg-5mcg</i>	47
ISOLYTE-H INJ /D5W	63	<i>jolivette tab 0.35mg</i>	45
<i>isolyte-m inj /d5w</i>	63	<i>junel 1.5/30 tab</i>	45
ISOLYTE-P INJ /D5W	63	<i>junel 1/20 tab</i>	45
ISOLYTE-S INJ	63	<i>junel fe tab 1.5/30</i>	45
ISOLYTE-S INJ /D5W	63	<i>junel fe tab 1/20</i>	45
<i>isoniazid inj 100 mg/ml</i>	11	K	
<i>isoniazid syrup 50 mg/5ml</i>	12	KADIAN CAP 100MG CR	3
<i>isoniazid tab 100 mg</i>	12	KADIAN CAP 10MG CR	3
<i>isoniazid tab 300 mg</i>	12	KADIAN CAP 200MG CR	3
ISORDIL TAB 40MG	28	KADIAN CAP 20MG CR	3
<i>isosorbide dinitrate sl tab 2.5 mg</i>	28	KADIAN CAP 30MG CR	3
<i>isosorbide dinitrate sl tab 5 mg</i>	28	KADIAN CAP 50MG CR	3
<i>isosorbide dinitrate tab 10 mg</i>	28	KADIAN CAP 60MG CR	3
<i>isosorbide dinitrate tab 20 mg</i>	28	KADIAN CAP 80MG CR	3
<i>isosorbide dinitrate tab 30 mg</i>	28	KALETRA SOL	10
<i>isosorbide dinitrate tab 5 mg</i>	28	KALETRA TAB 100-25MG	10
<i>isosorbide dinitrate tab cr 40 mg</i>	28	KALETRA TAB 200-50MG	10

<i>kariva tab 28 day</i>	45	KOMBIGLYZE TAB 5-500MG.....	44
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.2% inj</i>	63	KUVAN TAB 100MG	47
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	63	L	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	63	<i>labetalol hcl iv soln 5 mg/ml</i>	23
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	63	<i>labetalol hcl tab 100 mg</i>	23
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	63	<i>labetalol hcl tab 200 mg</i>	24
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	63	<i>labetalol hcl tab 300 mg</i>	24
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	63	<i>laclotion lot 12%</i>	74
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	63	LACRISERT MIS 5MG OP	67
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.33% inj</i>	64	<i>lactated ringer's solution</i>	64
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	64	<i>lactic acid (ammonium lactate) cream 12%</i>	74
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.2% inj</i>	64	<i>lactic acid (ammonium lactate) lotion 12%</i>	74
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	64	<i>lactulose solution 10 gm/15ml</i>	54
KCL/D10/NAACL INJ 0.15/0.2.....	64	<i>lamotrigine tab 100 mg</i>	30
KCL/D5W INJ 0.075%	64	<i>lamotrigine tab 150 mg</i>	30
KCL/D5W/LR INJ 0.15%	64	<i>lamotrigine tab 200 mg</i>	30
KCL/D5W/NAACL INJ 0.15/0.2.....	64	<i>lamotrigine tab 25 mg</i>	30
KCL/D5W/NAACL INJ 0.3/0.9%	64	<i>lamotrigine tab chewable dispersible 25 mg</i>	30
KCL/NAACL INJ 0.3-0.9	64	<i>lamotrigine tab chewable dispersible 5 mg</i>	30
<i>kelnor tab 1/35</i>	45	LANOXIN TAB 0.125MG.....	26
<i>ketoconazole cream 2%</i>	71	LANOXIN TAB 0.25MG	26
<i>ketoconazole shampoo 2%</i>	72	LANTUS INJ 100/ML	43
<i>ketoconazole tab 200 mg</i>	9	LANTUS INJ SOLOSTAR.....	43
<i>ketoprofen cap 50 mg</i>	4	<i>latanoprost ophth soln 0.005%</i>	66
<i>ketoprofen cap 75 mg</i>	5	LATUDA TAB 40MG.....	37
<i>ketoprofen cap sr 24hr 200 mg</i>	5	LATUDA TAB 80MG.....	37
<i>ketorolac tromethamine ophth soln 0.4%</i>	66	<i>leena tab</i>	45
<i>ketorolac tromethamine ophth soln 0.5%</i>	66	<i>leflunomide tab 10 mg</i>	59
<i>kionex pow usp</i>	45	<i>leflunomide tab 20 mg</i>	59
<i>klor-con 10 tab 10meq er</i>	61	<i>lessina-28 tab</i>	45
<i>klor-con 8 tab 8meq er</i>	61	LETAIRIS TAB 10MG	29
KLOR-CON M15 TAB.....	61	LETAIRIS TAB 5MG.....	29
<i>klor-con m20 tab 20meq er</i>	61	<i>letrozole tab 2.5 mg</i>	15
KOMBIGLYZE TAB 2.5-1000	44	LEUCOVOR CA TAB 10MG.....	17
KOMBIGLYZE TAB 5-1000MG.....	44	LEUCOVOR CA TAB 15MG.....	17
		<i>leucovorin calcium for inj 100 mg</i>	17
		<i>leucovorin calcium for inj 350 mg</i>	17
		<i>leucovorin calcium tab 25 mg</i>	17
		<i>leucovorin calcium tab 5 mg</i>	17
		LEUKERAN TAB 2MG.....	14
		LEUKINE INJ 250MCG	58
		LEUKINE INJ 500 MCG	58
		<i>leuprolide acetate inj kit 5 mg/ml</i>	15
		<i>levalbuterol hcl soln nebu conc 1.25</i>	

<i>mg/0.5ml (base equiv)</i>	68	<i>levoxyl tab 25mcg</i>	51
LEVEMIR INJ	43	<i>levoxyl tab 50mcg</i>	51
LEVEMIR INJ FLEXPEN	43	<i>levoxyl tab 75mcg</i>	51
<i>levetiracetam inj 500 mg/5ml (100</i>		<i>levoxyl tab 88mcg</i>	51
<i>mg/ml)</i>	30	LEXAPRO SOL 5MG/5ML	33
<i>levetiracetam oral soln 100 mg/ml</i>	30	LEXAPRO TAB 10MG	33
<i>levetiracetam tab 1000 mg</i>	30	LEXAPRO TAB 20MG	33
<i>levetiracetam tab 250 mg</i>	30	LEXAPRO TAB 5MG	33
<i>levetiracetam tab 500 mg</i>	30	LEXIVA SUS 50MG/ML	10
<i>levetiracetam tab 750 mg</i>	30	LEXIVA TAB 700MG	11
<i>levobunolol hcl ophth soln 0.25%</i>	66	LIALDA TAB 1.2GM	54
<i>levobunolol hcl ophth soln 0.5%</i>	66	<i>lidocaine hcl gel 2%</i>	74
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>		<i>lidocaine hcl local inj 0.5%</i>	5
.....	47	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levocarnitine tab 330 mg</i>	47	<i>inj 1%</i>	5
<i>levocetirizine dihydrochloride tab 5 mg</i>	68	<i>lidocaine hcl soln 4%</i>	74
<i>levora-28 tab 0.15/30</i>	45	<i>lidocaine hcl viscous soln 2%</i>	74
<i>levothroid tab 100mcg</i>	50	<i>lidocaine oint 5%</i>	74
<i>levothroid tab 112mcg</i>	50	<i>lidocaine-prilocaine cream 2.5-2.5%</i> ...	74
<i>levothroid tab 125mcg</i>	50	LIDODERM DIS 5%	74
<i>levothroid tab 137mcg</i>	50	<i>liothyronine sodium tab 25 mcg</i>	51
<i>levothroid tab 150mcg</i>	50	<i>liothyronine sodium tab 5 mcg</i>	51
<i>levothroid tab 175mcg</i>	50	<i>liothyronine sodium tab 50 mcg</i>	51
<i>levothroid tab 200mcg</i>	50	LIPITOR TAB 10MG	22
<i>levothroid tab 25mcg</i>	50	LIPITOR TAB 20MG	22
<i>levothroid tab 300mcg</i>	50	LIPITOR TAB 40MG	22
<i>levothroid tab 50mcg</i>	50	LIPITOR TAB 80MG	22
<i>levothroid tab 75mcg</i>	50	LIPOFEN CAP 150MG	23
<i>levothroid tab 88mcg</i>	50	LIPOFEN CAP 50MG	23
<i>levothyroxine sodium tab 100 mcg</i>	50	LIPOSYN II INJ 10%	62
<i>levothyroxine sodium tab 112 mcg</i>	50	LIPOSYN II INJ 20%	63
<i>levothyroxine sodium tab 125 mcg</i>	50	LIPOSYN III INJ 10%	63
<i>levothyroxine sodium tab 137 mcg</i>	50	LIPOSYN III INJ 20%	63
<i>levothyroxine sodium tab 150 mcg</i>	50	<i>liposyn iii inj 30%</i>	63
<i>levothyroxine sodium tab 175 mcg</i>	50	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 200 mcg</i>	50	<i>10-12.5 mg</i>	18
<i>levothyroxine sodium tab 25 mcg</i>	50	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 300 mcg</i>	50	<i>20-12.5 mg</i>	18
<i>levothyroxine sodium tab 50 mcg</i>	50	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>levothyroxine sodium tab 75 mcg</i>	51	<i>mg</i>	18
<i>levothyroxine sodium tab 88 mcg</i>	51	<i>lisinopril tab 10 mg</i>	19
<i>levoxyl tab 100mcg</i>	51	<i>lisinopril tab 2.5 mg</i>	19
<i>levoxyl tab 112mcg</i>	51	<i>lisinopril tab 20 mg</i>	19
<i>levoxyl tab 125mcg</i>	51	<i>lisinopril tab 30 mg</i>	19
<i>levoxyl tab 137mcg</i>	51	<i>lisinopril tab 40 mg</i>	19
<i>levoxyl tab 150mcg</i>	51	<i>lisinopril tab 5 mg</i>	19
<i>levoxyl tab 175mcg</i>	51	LITHIUM CARB TAB 300MG	40
<i>levoxyl tab 200mcg</i>	51	<i>lithium carbonate cap 150 mg</i>	40

<i>lithium carbonate cap 300 mg</i>	40
<i>lithium carbonate cap 600 mg</i>	40
<i>lithium carbonate tab cr 300 mg</i>	40
<i>lithium carbonate tab cr 450 mg</i>	40
LITHIUM CITR SYP 8MEQ/5ML	40
<i>lokara lot 0.05%</i>	73
<i>loperamide hcl cap 2 mg</i>	54
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	21
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	21
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	21
<i>losartan potassium tab 100 mg</i>	21
<i>losartan potassium tab 25 mg</i>	21
<i>losartan potassium tab 50 mg</i>	21
LOTRONEX TAB 0.5MG	54
LOTRONEX TAB 1MG	54
<i>lovastatin tab 10 mg</i>	22
<i>lovastatin tab 20 mg</i>	22
<i>lovastatin tab 40 mg</i>	22
<i>low-ogestrel tab</i>	45
<i>loxapine succinate cap 10 mg</i>	37
<i>loxapine succinate cap 25 mg</i>	37
<i>loxapine succinate cap 5 mg</i>	37
<i>loxapine succinate cap 50 mg</i>	37
LUMIGAN SOL 0.01%	66
LUMIGAN SOL 0.03%	66
LUMIZYME INJ 50MG	47
LUPR DEP-PED INJ 11.25MG.....	15
LUPR DEP-PED INJ 15MG	15
LUPR DEP-PED INJ 30MG	15
LUPR DEP-PED INJ 7.5MG	15
LUPRON DEPOT INJ 11.25MG	16
LUPRON DEPOT INJ 22.5MG	16
LUPRON DEPOT INJ 3.75MG	16
LUPRON DEPOT INJ 30MG.....	16
LUPRON DEPOT INJ 7.5MG.....	16
<i>luterab tab</i>	45
LYRICA CAP 100MG.....	30
LYRICA CAP 150MG.....	30
LYRICA CAP 200MG.....	30
LYRICA CAP 225MG.....	30
LYRICA CAP 25MG	30
LYRICA CAP 300MG.....	30
LYRICA CAP 50MG	30
LYRICA CAP 75MG	30
LYSODREN TAB 500MG.....	17

M

MACRODANTIN CAP 25MG.....	13
MALARONE TAB 250-100.....	10
MALARONE TAB 62.5-25	10
<i>malathion lotion 0.5%</i>	74
<i>maprotiline hcl tab 25 mg</i>	33
<i>maprotiline hcl tab 50 mg</i>	33
<i>maprotiline hcl tab 75 mg</i>	33
<i>margesic-h cap 500-5mg</i>	2
MARPLAN TAB 10MG.....	33
MATULANE CAP 50MG.....	17
<i>matzim la tab 180mg/24</i>	25
<i>matzim la tab 300mg/24</i>	25
<i>matzim la tab 360mg/24</i>	25
<i>matzim la tab 420mg/24</i>	25
MAXALT TAB 10MG.....	40
MAXALT TAB 5MG	40
MAXALT-MLT TAB 10MG.....	40
MAXALT-MLT TAB 5MG.....	40
<i>mebendazole chew tab 100 mg</i>	13
<i>meclizine hcl tab 12.5 mg</i>	52
<i>meclizine hcl tab 25 mg</i>	52
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	45
<i>medroxyprogesterone acetate tab 10 mg</i>	50
<i>medroxyprogesterone acetate tab 2.5 mg</i>	50
<i>medroxyprogesterone acetate tab 5 mg</i>	50
<i>mefloquine hcl tab 250 mg</i>	10
MEGACE ES SUS	16
<i>megestrol acetate susp 40 mg/ml</i>	16
<i>megestrol acetate tab 20 mg</i>	16
<i>megestrol acetate tab 40 mg</i>	16
<i>meloxicam susp 7.5 mg/5ml</i>	5
<i>meloxicam tab 15 mg</i>	5
<i>meloxicam tab 7.5 mg</i>	5
<i>melphalan hcl for inj 50 mg (base equiv)</i>	14
MENACTRA INJ.....	61
MENOMUNE INJ A/C/Y/W	61
MENVEO INJ	61
MEPRON SUS.....	13
<i>mercaptapurine tab 50 mg</i>	15
<i>mesalamine enema 4 gm</i>	54
<i>mesna inj 100 mg/ml</i>	17
MESNEX TAB 400MG	17

MESTINON SYP 60MG/5ML.....	40	<i>methylprednisolone sodium succinate for inj 40 mg</i>	48
MESTINON TAB TIMESPAN	41	<i>methylprednisolone tab 16 mg</i>	48
<i>metadate tab 20mg er</i>	39	<i>methylprednisolone tab 32 mg</i>	48
<i>metaxalone tab 800 mg</i>	41	<i>methylprednisolone tab 4 mg</i>	48
<i>metformin hcl tab 1000 mg</i>	44	<i>methylprednisolone tab 4 mg dose pack</i>	48
<i>metformin hcl tab 500 mg</i>	44	<i>methylprednisolone tab 8 mg</i>	48
<i>metformin hcl tab 850 mg</i>	44	<i>metipranolol ophth soln 0.3%</i>	66
<i>metformin hcl tab sr 24hr 500 mg</i>	44	<i>metoclopramide hcl inj 5 mg/ml</i>	52
<i>metformin hcl tab sr 24hr 750 mg</i>	44	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	52
<i>methadone hcl conc 10 mg/ml</i>	3	<i>metoclopramide hcl tab 10 mg</i>	52
<i>methadone hcl soln 10 mg/5ml</i>	3	<i>metoclopramide hcl tab 5 mg</i>	52
<i>methadone hcl soln 5 mg/5ml</i>	3	<i>metolazone tab 10 mg</i>	27
<i>methadone hcl tab 10 mg</i>	3	<i>metolazone tab 2.5 mg</i>	27
<i>methadone hcl tab 5 mg</i>	3	<i>metolazone tab 5 mg</i>	27
<i>methadose tab 10mg</i>	3	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	23
<i>methadose tab 5mg</i>	3	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	23
<i>methazolamide tab 25 mg</i>	27	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	23
<i>methazolamide tab 50 mg</i>	27	<i>metoprolol succinate tab sr 24hr 100 mg</i>	24
<i>methenamine hippurate tab 1 gm</i>	13	<i>metoprolol succinate tab sr 24hr 200 mg</i>	24
<i>methimazole tab 10 mg</i>	51	<i>metoprolol succinate tab sr 24hr 25 mg</i>	24
<i>methimazole tab 5 mg</i>	51	<i>metoprolol succinate tab sr 24hr 50 mg</i>	24
<i>methocarbamol tab 500 mg</i>	41	<i>metoprolol tartrate inj 1 mg/ml</i>	24
<i>methocarbamol tab 750 mg</i>	41	<i>metoprolol tartrate tab 100 mg</i>	24
<i>methotrexate sodium for inj 1 gm</i>	15	<i>metoprolol tartrate tab 25 mg</i>	24
<i>methotrexate sodium inj 25 mg/ml</i>	15	<i>metoprolol tartrate tab 50 mg</i>	24
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	59	METROGEL GEL 1%	74
<i>methyldopa tab 250 mg</i>	28	<i>metronidazole cap 375 mg</i>	13
<i>methyldopa tab 500 mg</i>	28	<i>metronidazole cream 0.75%</i>	74
<i>methylin er tab 10mg</i>	39	<i>metronidazole gel 0.75%</i>	74
<i>methylin er tab 20mg</i>	39	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	13
<i>methylin tab 10mg</i>	39	<i>metronidazole lotion 0.75%</i>	74
<i>methylin tab 20mg</i>	39	<i>metronidazole tab 250 mg</i>	13
<i>methylin tab 5mg</i>	39	<i>metronidazole tab 500 mg</i>	13
<i>methylphenidate hcl soln 10 mg/5ml</i>	40	<i>metronidazole vaginal gel 0.75%</i>	56
<i>methylphenidate hcl soln 5 mg/5ml</i>	40	<i>mexiletine hcl cap 150 mg</i>	21
<i>methylphenidate hcl tab 10 mg</i>	40	<i>mexiletine hcl cap 200 mg</i>	21
<i>methylphenidate hcl tab 20 mg</i>	40	<i>mexiletine hcl cap 250 mg</i>	21
<i>methylphenidate hcl tab 5 mg</i>	40		
<i>methylphenidate hcl tab cr 20 mg</i>	40		
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	48		
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	48		
<i>methylprednisolone sodium succinate for inj 1000 mg</i>	48		
<i>methylprednisolone sodium succinate for inj 125 mg</i>	48		

MG SO4/D5W INJ 10MG/ML	64
MIACALCIN INJ 200/ML	45
<i>microgestin tab 1.5/30</i>	45
<i>microgestin tab 1/20</i>	45
<i>microgestin tab fe 1/20</i>	46
<i>microgestin tab fe1.5/30</i>	46
<i>midodrine hcl tab 10 mg</i>	28
<i>midodrine hcl tab 2.5 mg</i>	28
<i>midodrine hcl tab 5 mg</i>	28
MIGERGOT SUP 2/100	40
<i>minitran dis 0.1mg/hr</i>	28
<i>minitran dis 0.2mg/hr</i>	28
<i>minitran dis 0.4mg/hr</i>	28
<i>minitran dis 0.6mg/hr</i>	28
<i>minocycline hcl cap 100 mg</i>	8
<i>minocycline hcl cap 50 mg</i>	8
<i>minocycline hcl cap 75 mg</i>	8
<i>minocycline hcl tab 100 mg</i>	8
<i>minocycline hcl tab 50 mg</i>	8
<i>minocycline hcl tab 75 mg</i>	8
<i>minoxidil tab 10 mg</i>	28
<i>minoxidil tab 2.5 mg</i>	28
<i>mirtazapine orally disintegrating tab 15</i> <i>mg</i>	33
<i>mirtazapine orally disintegrating tab 30</i> <i>mg</i>	33
<i>mirtazapine orally disintegrating tab 45</i> <i>mg</i>	33
<i>mirtazapine tab 15 mg</i>	33
<i>mirtazapine tab 30 mg</i>	33
<i>mirtazapine tab 45 mg</i>	33
<i>mirtazapine tab 7.5 mg</i>	33
<i>misoprostol tab 100 mcg</i>	54
<i>misoprostol tab 200 mcg</i>	54
<i>mitomycin for inj 20 mg</i>	14
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i> <i>(2 mg/ml)</i>	17
M-M-R II INJ LIVE.....	61
<i>moexipril hcl tab 15 mg</i>	19
<i>moexipril hcl tab 7.5 mg</i>	19
<i>moexipril-hydrochlorothiazide tab</i> <i>15-12.5 mg</i>	18
<i>moexipril-hydrochlorothiazide tab 15-25</i> <i>mg</i>	18
<i>moexipril-hydrochlorothiazide tab</i> <i>7.5-12.5 mg</i>	18
<i>mometasone furoate cream 0.1%</i>	73
<i>mometasone furoate oint 0.1%</i>	73

<i>mometasone furoate solution 0.1%</i> <i>(lotion)</i>	73
<i>mononessa tab</i>	46
MORPHINE SUL SOL 10MG/5ML	3
MORPHINE SUL SOL 20MG/5ML	3
MORPHINE SUL SOL 20MG/ML.....	3
MORPHINE SUL TAB 15MG	3
MORPHINE SUL TAB 30MG	3
<i>morphine sulfate inj pf 0.5 mg/ml</i>	3
<i>morphine sulfate inj pf 1 mg/ml</i>	3
<i>morphine sulfate tab sr 12hr 100 mg</i>	3
<i>morphine sulfate tab sr 12hr 15 mg</i>	3
<i>morphine sulfate tab sr 12hr 200 mg</i>	3
<i>morphine sulfate tab sr 12hr 30 mg</i>	3
<i>morphine sulfate tab sr 12hr 60 mg</i>	3
MOZOBIL INJ.....	58
MULTAQ TAB 400MG.....	21
<i>mupirocin oint 2%</i>	71
MUSTARGEN INJ 10MG	14
MYCOBUTIN CAP 150MG	12
<i>mycophenolate mofetil cap 250 mg</i>	60
<i>mycophenolate mofetil tab 500 mg</i>	60
MYFORTIC TAB 180MG.....	60
MYFORTIC TAB 360MG.....	60
MYOZYME INJ 50MG	47

N

<i>nabumetone tab 500 mg</i>	5
<i>nabumetone tab 750 mg</i>	5
<i>nadolol tab 20 mg</i>	24
<i>nadolol tab 40 mg</i>	24
<i>nadolol tab 80 mg</i>	24
<i>nafcillin sodium for inj 1 gm</i>	9
<i>nafcillin sodium for inj 10 gm</i>	9
NAGLAZYME INJ 1MG/ML	47
<i>naloxone hcl inj 0.4 mg/ml</i>	42
<i>naloxone hcl inj 1 mg/ml</i>	42
<i>naltrexone hcl tab 50 mg</i>	42
NAMENDA SOL 10MG/5ML.....	32
NAMENDA TAB 10MG.....	32
NAMENDA TAB 5-10MG	32
NAMENDA TAB 5MG.....	32
<i>naproxen sodium tab 275 mg</i>	5
<i>naproxen sodium tab 550 mg</i>	5
<i>naproxen susp 125 mg/5ml</i>	5
<i>naproxen tab 250 mg</i>	5
<i>naproxen tab 375 mg</i>	5
<i>naproxen tab ec 375 mg</i>	5
<i>naproxen tab ec 500 mg</i>	5

<i>naratriptan hcl tab 1 mg (base equiv)</i> ..40	NICOTROL INH 42
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> .....40	NICOTROL NS SPR 10MG/ML 42
NASACORT AQ AER 55MCG/AC .....69	<i>nifediac cc tab 30mg er</i> 25
NATACYN SUS 5% OP .....65	<i>nifediac cc tab 60mg er</i> 25
<i>nateglinide tab 120 mg</i>.....44	<i>nifediac cc tab 90mg er</i> 25
<i>nateglinide tab 60 mg</i> .....44	<i>nifedical xl tab 30mg</i> 25
<i>necon 7/7/7 tab 28 day</i> .....46	<i>nifedical xl tab 60mg</i> 25
<i>necon tab 0.5/35</i> .....46	<i>nifedipine tab sr 24hr osmotic 30 mg</i> .. 25
<i>necon tab 1/35-28</i> .....46	<i>nifedipine tab sr 24hr osmotic 60 mg</i> .. 25
NECON TAB 10/11-28.....46	<i>nifedipine tab sr 24hr osmotic 90 mg</i> .. 25
<i>nefazodone hcl tab 100 mg</i> .....33	NILANDRON TAB 150MG 16
<i>nefazodone hcl tab 150 mg</i> .....33	<i>nimodipine cap 30 mg</i> 25
<i>nefazodone hcl tab 200 mg</i> .....33	<i>nisoldipine tab sr 24hr 17 mg</i> 25
<i>nefazodone hcl tab 250 mg</i> .....33	<i>nisoldipine tab sr 24hr 20 mg</i> 25
<i>nefazodone hcl tab 50 mg</i>.....33	<i>nisoldipine tab sr 24hr 25.5 mg</i> 25
<i>neomycin sulfate tab 500 mg</i> 9	<i>nisoldipine tab sr 24hr 30 mg</i> 25
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> ....65	<i>nisoldipine tab sr 24hr 34 mg</i> 25
<i>neomycin-polymyxin b-gramicidin ophth</i> <i>soln</i>.....65	<i>nisoldipine tab sr 24hr 40 mg</i> 25
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i> .....65	<i>nisoldipine tab sr 24hr 8.5 mg</i> 25
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i> .....65	NITRO-DUR DIS 0.3MG/HR..... 28
<i>neomycin-polymyxin-hc ophth susp</i> ....65	NITRO-DUR DIS 0.8MG/HR..... 28
<i>neomycin-polymyxin-hc otic soln 1%</i> ..75	<i>nitrofurantoin macrocrystalline cap 50</i> <i>mg</i> 13
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i> .....75	<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i> 13
NEORAL CAP 100MG.....60	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> . 28
NEORAL CAP 25MG .....60	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> . 28
NEORAL SOL 100MG/ML .....60	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> . 28
NEPHRAMINE INJ 5.4% .....63	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> . 28
NEUPOGEN INJ 300/0.5 .....58	NITROLINGUAL SPR PUMPSRA 28
NEUPOGEN INJ 480/0.8 .....58	NITROSTAT SUB 0.3MG 28
NEUPOGEN INJ 480MCG .....58	NITROSTAT SUB 0.4MG 28
NEXAVAR TAB 200MG.....16	NITROSTAT SUB 0.6MG 28
NEXIUM CAP 20MG .....55	<i>nora-be tab 0.35mg</i> 46
NEXIUM CAP 40MG .....55	NORDITROPIN INJ 10/1.5ML..... 49
NEXIUM GRA 10MG DR.....55	NORDITROPIN INJ 15/1.5ML..... 49
NEXIUM GRA 20MG DR.....55	NORDITROPIN INJ 30/3ML 49
NEXIUM GRA 40MG DR.....55	NORDITROPIN INJ 5/1.5ML 49
NEXIUM I.V. INJ 20MG .....55	<i>norethindrone acetate tab 5 mg</i> 50
NEXIUM I.V. INJ 40MG .....55	<i>normosol -m inj /d5w</i> 64
<i>next choice tab 0.75mg</i> .....46	<i>normosol -r inj /d5w</i> 64
NIASPAN TAB 1000 ER .....23	NORMOSOL-R INJ PH 7.4 64
NIASPAN TAB 500MG ER.....23	NORPACE CAP 100MG CR..... 21
NIASPAN TAB 750MG ER.....23	<i>nortrel (21) tab 1/35</i> 46
	<i>nortrel (28) tab 1/35</i> 46
	<i>nortrel 28 tab 0.5/35</i> 46
	<i>nortrel7/7/7 tab 28 days</i> 46
	<i>nortriptyline hcl cap 10 mg</i> 33

<i>nortriptyline hcl cap 25 mg</i>	33	<i>olanzapine orally disintegrating tab 20 mg</i>	37
<i>nortriptyline hcl cap 50 mg</i>	34	<i>olanzapine orally disintegrating tab 5 mg</i>	37
<i>nortriptyline hcl cap 75 mg</i>	34	<i>olanzapine tab 10 mg</i>	37
<i>nortriptyline hcl soln 10 mg/5ml</i>	34	<i>olanzapine tab 15 mg</i>	37
NORVIR CAP 100MG	11	<i>olanzapine tab 2.5 mg</i>	37
NORVIR SOL 80MG/ML	11	<i>olanzapine tab 20 mg</i>	37
NORVIR TAB 100MG	11	<i>olanzapine tab 5 mg</i>	37
<i>novarel inj 10000unt</i>	49	<i>olanzapine tab 7.5 mg</i>	37
NOVOLIN INJ 70/30	43	<i>omeprazole cap delayed release 10 mg</i>	55
NOVOLIN N INJ U-100	43	<i>omeprazole cap delayed release 20 mg</i>	55
NOVOLIN R INJ U-100	43	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	52
NOVOLOG INJ 100/ML	43	.....	52
NOVOLOG INJ FLEXPEN	43	<i>ondansetron hcl oral soln 4 mg/5ml</i>	52
NOVOLOG MIX INJ 70/30	43	<i>ondansetron hcl tab 24 mg</i>	52
NOVOLOG MIX INJ FLEXPEN	43	<i>ondansetron hcl tab 4 mg</i>	52
NOXAFIL SUS 40MG/ML	9	<i>ondansetron hcl tab 8 mg</i>	52
NUDEXTA CAP 20-10MG	41	<i>ondansetron orally disintegrating tab 4 mg</i>	52
NULOJIX INJ 250MG	60	.....	52
NUVARING MIS	46	<i>ondansetron orally disintegrating tab 8 mg</i>	52
NUVIGIL TAB 150MG	42	.....	52
NUVIGIL TAB 250MG	42	ONGLYZA TAB 2.5MG	44
NUVIGIL TAB 50MG	42	ONGLYZA TAB 5MG	44
<i>nyamyc pow 100000</i>	71	ONTAK INJ 150/ML	15
<i>nystatin cream 100000 unit/gm</i>	71	ORACEA CAP 40MG	74
<i>nystatin oint 100000 unit/gm</i>	71	ORAP TAB 1MG	37
<i>nystatin susp 100000 unit/ml</i>	74	ORAP TAB 2MG	37
<i>nystatin tab 500000 unit</i>	9	ORAVIG TAB 50MG	74
<i>nystatin topical powder</i>	71	ORFADIN CAP 10MG	47
<i>nystop pow 100000</i>	71	ORFADIN CAP 2MG	47
O		ORFADIN CAP 5MG	47
<i>ocella tab 3-0.03mg</i>	46	<i>orphen cpd tab ds</i>	41
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	49	<i>orphenadrine tab 100mg er</i>	41
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	49	<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	42
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	49	ORTHO EVRA DIS WEEK	46
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	49	ORTHO TRI- TAB CYCLN LO	46
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	49	<i>ortho-est tab 0.625</i>	47
<i>ofloxacin ophth soln 0.3%</i>	65	<i>ortho-est tab 1.25</i>	47
<i>ofloxacin otic soln 0.3%</i>	75	<i>oxaliplatin iv soln 100 mg/20ml</i>	17
<i>ogestrel tab</i>	46	<i>oxandrolone tab 10 mg</i>	42
<i>olanzapine orally disintegrating tab 10 mg</i>	37	<i>oxandrolone tab 2.5 mg</i>	42
<i>olanzapine orally disintegrating tab 15 mg</i>	37	<i>oxaprozin tab 600 mg</i>	5
		<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	30
		<i>oxcarbazepine tab 150 mg</i>	30
		<i>oxcarbazepine tab 300 mg</i>	30

<i>oxcarbazepine tab 600 mg</i>	30	PATADAY SOL 0.2%	66
OXSORALEN-UL CAP 10MG	72	PATANOL SOL 0.1% OP.....	66
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	55	<i>pedi-dri pow 100000</i>	71
<i>oxybutynin chloride tab 5 mg</i>	55	PEDVAX HIB INJ.....	61
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	55	PEGANONE TAB 250MG.....	30
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	55	PEGASYS INJ 180MCG/M.....	59
<i>oxybutynin chloride tab sr 24hr 5 mg</i> ..	55	PEGASYS KIT	59
OXYCODONE CAP 5MG	3	PEG-INTRON KIT 120 RP.....	59
OXYCODONE CON 20MG/ML.....	3	PEG-INTRON KIT 150 RP.....	59
<i>oxycodone hcl tab 15 mg</i>	3	PEG-INTRON KIT 50MCG.....	59
<i>oxycodone hcl tab 30 mg</i>	3	PEG-INTRON KIT 50MCG RP	59
<i>oxycodone hcl tab 5 mg</i>	3	PEG-INTRON KIT 80MCG RP	59
<i>oxycodone w/ acetaminophen cap 5-500</i>		PEN G PROC INJ 600000	9
<i>mg</i>	3	<i>penicillin g potassium for inj 5000000</i>	
<i>oxycodone w/ acetaminophen tab 10-325</i>		<i>unit</i>	9
<i>mg</i>	3	<i>penicillin v potassium for soln 125</i>	
<i>oxycodone w/ acetaminophen tab 10-650</i>		<i>mg/5ml</i>	9
<i>mg</i>	3	<i>penicillin v potassium for soln 250</i>	
<i>oxycodone w/ acetaminophen tab</i>		<i>mg/5ml</i>	9
<i>2.5-325 mg</i>	4	<i>penicillin v potassium tab 250 mg</i>	9
<i>oxycodone w/ acetaminophen tab 5-325</i>		<i>penicillin v potassium tab 500 mg</i>	9
<i>mg</i>	4	PENNSAID SOL 1.5%.....	74
<i>oxycodone w/ acetaminophen tab</i>		PENTASA CAP 250MG CR	54
<i>7.5-325 mg</i>	4	PENTASA CAP 500MG CR	54
<i>oxycodone w/ acetaminophen tab</i>		<i>pentopak tab 400mg cr</i>	58
<i>7.5-500 mg</i>	4	<i>pentostatin for inj 10 mg</i>	15
<i>oxycodone-aspirin tab 4.8355-325 mg</i> .	4	<i>pentoxifylline tab cr 400 mg</i>	58
P		PERFOROMIST NEB 20MCG	68
PACERONE TAB 100MG.....	21	<i>perindopril erbumine tab 2 mg</i>	19
<i>pacerone tab 200mg</i>	21	<i>perindopril erbumine tab 4 mg</i>	19
<i>paclitaxel iv conc 300 mg/50ml (6</i>		<i>perindopril erbumine tab 8 mg</i>	19
<i>mg/ml)</i>	15	<i>periogard sol 0.12%</i>	74
PANCREAZE CAP 10500UNT	54	<i>permethrin cream 5%</i>	74
PANCREAZE CAP 16800UNT	54	<i>perphenazine tab 16 mg</i>	37
PANCREAZE CAP 21000UNT	54	<i>perphenazine tab 2 mg</i>	38
PANCREAZE CAP 4200UNIT.....	55	<i>perphenazine tab 4 mg</i>	38
PANRETIN GEL 0.1%	74	<i>perphenazine tab 8 mg</i>	38
<i>paromomycin sulfate cap 250 mg</i>	9	<i>perphenazine-amitriptyline tab 2-10 mg</i>	
<i>paroxetine hcl oral susp 10 mg/5ml</i>		.....	42
<i>(base equiv)</i>	34	<i>perphenazine-amitriptyline tab 2-25 mg</i>	
<i>paroxetine hcl tab 10 mg</i>	34	.....	42
<i>paroxetine hcl tab 20 mg</i>	34	<i>perphenazine-amitriptyline tab 4-10 mg</i>	
<i>paroxetine hcl tab 30 mg</i>	34	.....	42
<i>paroxetine hcl tab 40 mg</i>	34	<i>perphenazine-amitriptyline tab 4-25 mg</i>	
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	34	.....	42
<i>paroxetine hcl tab sr 24hr 25 mg</i>	34	<i>perphenazine-amitriptyline tab 4-50 mg</i>	
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	34	.....	42
PASER GRA 4GM.....	12	<i>phenadoz sup 12.5mg</i>	52

<i>phenadoz sup 25mg</i>	52	<i>potassium chloride inj 10 meq/50 ml</i> ..	64
<i>phenelzine sulfate tab 15 mg</i>	34	<i>potassium chloride inj 2 meq/ml</i>	61
<i>phenytoin sodium extended cap 100 mg</i>	30	<i>potassium chloride inj 20 meq/50 ml</i> ..	64
<i>phenytoin sodium extended cap 200 mg</i>	30	<i>potassium chloride inj 30 meq/100 ml</i>	64
<i>phenytoin sodium extended cap 300 mg</i>	30	<i>potassium chloride microencapsulated</i> <i>crys cr tab 10 meq</i>	61
<i>phenytoin sodium inj 50 mg/ml</i>	30	<i>potassium chloride microencapsulated</i> <i>crys cr tab 20 meq</i>	61
<i>phenytoin susp 125 mg/5ml</i>	30	<i>potassium citrate tab cr 10 meq (1080</i> <i>mg)</i>	55
PHOSLO CAP 667MG	50	<i>potassium citrate tab cr 5 meq (540 mg)</i>	55
PHOSLYRA SOL.....	50	PRADAXA CAP 150MG	57
PHOTOFRIN INJ 75MG	17	PRADAXA CAP 75MG.....	57
<i>pilocarpine hcl tab 5 mg</i>	74	<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	35
<i>pilocarpine hcl tab 7.5 mg</i>	74	<i>pramipexole dihydrochloride tab 0.25 mg</i>	35
PILOPINE HS GEL 4% OP	66	<i>pramipexole dihydrochloride tab 0.5 mg</i>	35
<i>pindolol tab 10 mg</i>	24	<i>pramipexole dihydrochloride tab 0.75 mg</i>	35
<i>pindolol tab 5 mg</i>	24	<i>pramipexole dihydrochloride tab 1 mg</i>	35
<i>piperacillin sodium-tazobactam sodium</i> <i>for inj 3-0.375 gm</i>	9	<i>pramipexole dihydrochloride tab 1.5 mg</i>	35
<i>piroxicam cap 10 mg</i>	5	PRANDIN TAB 0.5MG	44
<i>piroxicam cap 20 mg</i>	5	PRANDIN TAB 1MG.....	44
PLASMA-LYTE INJ /D5W.....	64	PRANDIN TAB 2MG.....	44
PLASMA-LYTE INJ -148.....	64	<i>pravastatin sodium tab 10 mg</i>	22
PLASMA-LYTE INJ 56.....	64	<i>pravastatin sodium tab 20 mg</i>	22
PLASMA-LYTE INJ 56/D5W	64	<i>pravastatin sodium tab 40 mg</i>	22
PLASMA-LYTE INJ -A	64	<i>pravastatin sodium tab 80 mg</i>	22
<i>plasma-lyte inj -r</i>	64	<i>prazosin hcl cap 1 mg</i>	20
PLAVIX TAB 300MG.....	58	<i>prazosin hcl cap 2 mg</i>	20
PLAVIX TAB 75MG.....	58	<i>prazosin hcl cap 5 mg</i>	20
<i>podofilox soln 0.5%</i>	74	PRED SOD PHO SOL 1% OP.....	66
<i>poly-dex oin 0.1% op</i>	65	<i>prednisolone acetate ophth susp 1%</i> ..	66
<i>poly-dex sus 0.1% op</i>	65	<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	48
<i>polyethylene glycol 3350 oral powder</i> ..	54	<i>prednisolone sod phosphate oral soln 15</i> <i>mg/5ml (base equiv)</i>	49
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	65	PREDNISONE CON 5MG/ML	49
<i>portia-28 tab</i>	46	<i>prednisone oral soln 5 mg/5ml</i>	49
<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i>	64	<i>prednisone tab 1 mg</i>	49
<i>potassium chloride 30 meq/l (0.224%) in</i> <i>dextrose 5% inj</i>	64	<i>prednisone tab 10 mg</i>	49
<i>potassium chloride 40 meq/l (0.3%) in</i> <i>d5w lactated ringers</i>	64	<i>prednisone tab 2.5 mg</i>	49
<i>potassium chloride 40 meq/l (0.3%) in</i> <i>dextrose 5% inj</i>	64	<i>prednisone tab 20 mg</i>	49
<i>potassium chloride cap cr 10 meq</i>	61	<i>prednisone tab 5 mg</i>	49
<i>potassium chloride cap cr 8 meq</i>	61		
<i>potassium chloride inj 10 meq/100 ml</i>	64		

<i>prednisone tab 50 mg</i>	49	<i>proctozone cre -hc 2.5%</i>	71
<i>pregnyl inj 10000unt</i>	49	PROGLYCEM SUS 50MG/ML	49
PREMARIN INJ 25MG	47	PROGRAF CAP 0.5MG	60
PREMARIN TAB 0.3MG	47	PROGRAF CAP 1MG	60
PREMARIN TAB 0.45MG	47	PROGRAF CAP 5MG	60
PREMARIN TAB 0.625MG	47	PROLEUKIN INJ 22MU	15
PREMARIN TAB 0.9MG	48	PROLIA SOL 60MG/ML	49
PREMARIN TAB 1.25MG	48	PROMACTA TAB 25MG	58
PREMARIN VAG CRE 0.625MG	48	PROMACTA TAB 50MG	58
PREMASOL SOL 10%	63	PROMACTA TAB 75MG	58
<i>premasol sol 6%</i>	63	<i>prometh vc syp 6.25-5/5</i>	69
PREMPHASE TAB	47	<i>promethazine hcl inj 25 mg/ml</i>	52
PREMPRO TAB .625-2.5	47	<i>promethazine hcl inj 50 mg/ml</i>	52
PREMPRO TAB 0.3-1.5	47	<i>promethazine hcl suppos 12.5 mg</i>	52
PREMPRO TAB 0.45-1.5	47	<i>promethazine hcl suppos 25 mg</i>	53
PREMPRO TAB 0.625-5	47	<i>promethazine hcl syrup 6.25 mg/5ml.</i>	53
<i>prenatal vitamins</i>	65	<i>promethazine hcl tab 12.5 mg</i>	53
<i>prevalite pow 4gm</i>	23	<i>promethazine hcl tab 25 mg</i>	53
<i>previfem tab</i>	46	<i>promethazine hcl tab 50 mg</i>	53
PREVPAC MIS	55	<i>promethegan sup 25mg</i>	53
PREZISTA TAB 150MG	11	<i>promethegan sup 50mg</i>	53
PREZISTA TAB 400MG	11	<i>propafenone hcl cap sr 12hr 225 mg</i> ..	21
PREZISTA TAB 600MG	11	<i>propafenone hcl cap sr 12hr 325 mg</i> ..	21
PREZISTA TAB 75MG	11	<i>propafenone hcl cap sr 12hr 425 mg</i> ..	21
PRIFTIN TAB 150MG	12	<i>propafenone hcl tab 150 mg</i>	21
PRIMAXIN IM INJ 500MG	13	<i>propafenone hcl tab 225 mg</i>	21
PRIMAXIN IV INJ 250MG	13	<i>propafenone hcl tab 300 mg</i>	21
PRIMAXIN IV INJ 500MG	13	<i>proparacaine hcl ophth soln 0.5%</i>	67
<i>primidone tab 250 mg</i>	31	<i>propranolol hcl cap sr 24hr 120 mg</i>	24
<i>primidone tab 50 mg</i>	31	<i>propranolol hcl cap sr 24hr 160 mg</i>	24
PRISTIQ TAB 100MG	34	<i>propranolol hcl cap sr 24hr 60 mg</i>	24
PRISTIQ TAB 50MG	34	<i>propranolol hcl cap sr 24hr 80 mg</i>	24
PROAIR HFA AER	68	<i>propranolol hcl inj 1 mg/ml</i>	24
<i>probenecid tab 500 mg</i>	1	<i>propranolol hcl oral soln 20 mg/5ml</i> ...	24
PROCALAMINE INJ 3%	63	<i>propranolol hcl oral soln 40 mg/5ml</i> ...	24
<i>prochlorperazine edisylate inj 5 mg/ml</i> ..	52	<i>propranolol hcl tab 10 mg</i>	24
<i>prochlorperazine maleate tab 10 mg</i> ...	52	<i>propranolol hcl tab 20 mg</i>	24
<i>prochlorperazine maleate tab 5 mg</i>	52	<i>propranolol hcl tab 40 mg</i>	24
<i>prochlorperazine suppos 25 mg</i>	52	<i>propranolol hcl tab 60 mg</i>	24
PROCRIT INJ 10000/ML	58	<i>propranolol hcl tab 80 mg</i>	24
PROCRIT INJ 2000/ML	58	<i>propylthiouracil tab 50 mg</i>	51
PROCRIT INJ 20000/ML	58	PROQUAD INJ	61
PROCRIT INJ 3000/ML	58	PROSOL INJ 20%	63
PROCRIT INJ 4000/ML	58	PROTOPIC OIN 0.03%	73
PROCRIT INJ 40000/ML	58	PROTOPIC OIN 0.1%	73
<i>proctocream cre hc 2.5%</i>	71	<i>protriptyline hcl tab 10 mg</i>	34
<i>procto-pak cre 1%</i>	73	<i>protriptyline hcl tab 5 mg</i>	34
<i>proctosol hc cre 2.5%</i>	71	PULMOZYME SOL 1MG/ML	69

<i>pyrazinamide tab 500 mg</i>	12	REGRANEX GEL 0.01%	74
<i>pyridostigmine bromide tab 60 mg</i>	41	RELENZA MIS DISKHALE	12
Q		RELISTOR INJ 12/0.6ML.....	54
<i>quasense tab</i>	46	REMICADE INJ 100MG	59
<i>quinapril hcl tab 10 mg</i>	19	REMODULIN INJ 10MG/ML.....	29
<i>quinapril hcl tab 20 mg</i>	19	REMODULIN INJ 1MG/ML	29
<i>quinapril hcl tab 40 mg</i>	19	REMODULIN INJ 2.5MG/ML.....	29
<i>quinapril hcl tab 5 mg</i>	19	REMODULIN INJ 5MG/ML	29
<i>quinapril-hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	19	RENAGEL TAB 400MG	50
<i>quinapril-hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	19	RENAGEL TAB 800MG	50
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	19	REVELA PAK 0.8GM	50
<i>quinidine gluconate tab cr 324 mg</i>	21	REVELA PAK 2.4GM	50
<i>quinidine sulfate tab 200 mg</i>	21	REVELA TAB 800MG	50
<i>quinidine sulfate tab 300 mg</i>	21	RESCRIPTOR TAB 100 MG	11
<i>quinidine sulfate tab cr 300 mg</i>	22	RESCRIPTOR TAB 200MG	11
QVAR AER 40MCG.....	69	RESTASIS EMU 0.05%.....	67
QVAR AER 80MCG.....	69	RETROVIR INJ 10MG/ML	11
R		REVATIO TAB 20MG	29
RABAVERT INJ.....	61	REVLIMID CAP 10MG	59
<i>ramipril cap 1.25 mg</i>	19	REVLIMID CAP 15MG	59
<i>ramipril cap 10 mg</i>	19	REVLIMID CAP 25MG	59
<i>ramipril cap 2.5 mg</i>	19	REVLIMID CAP 5MG.....	59
<i>ramipril cap 5 mg</i>	19	REYATAZ CAP 100MG	11
RANEXA TAB 1000MG.....	28	REYATAZ CAP 150MG	11
RANEXA TAB 500MG	28	REYATAZ CAP 200MG	11
<i>ranitidine hcl cap 150 mg</i>	53	REYATAZ CAP 300MG	11
<i>ranitidine hcl cap 300 mg</i>	53	RHEUMATREX TAB 2.5MG.....	59
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	53	<i>ribapak pak 1000/day</i>	12
<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i>	53	<i>ribapak pak 1200/day</i>	12
<i>ranitidine hcl tab 150 mg</i>	53	<i>ribapak pak 800/day</i>	12
<i>ranitidine hcl tab 300 mg</i>	53	<i>ribasphere cap 200mg</i>	12
RAPAMUNE SOL 1MG/ML.....	60	<i>ribasphere tab 200mg</i>	12
RAPAMUNE TAB 0.5MG	60	<i>ribasphere tab 400mg</i>	12
RAPAMUNE TAB 1MG.....	60	<i>ribasphere tab 600mg</i>	12
RAPAMUNE TAB 2MG.....	60	<i>ribavirin cap 200 mg</i>	12
REBETOL SOL 40MG/ML.....	12	<i>ribavirin tab 200 mg</i>	12
REBIF INJ 22/0.5	41	<i>rifampin cap 150 mg</i>	12
REBIF INJ 44/0.5	41	<i>rifampin cap 300 mg</i>	12
REBIF TITRTN SOL PACK	41	<i>rifampin for inj 600 mg</i>	12
<i>reclipsen tab</i>	46	RILUTEK TAB 50MG.....	41
RECOMBIVA HB INJ 10MCG/ML.....	61	<i>rimantadine hydrochloride tab 100 mg</i> 12	
RECOMBIVA-HB INJ 40MCG/ML	61	<i>ringer's solution</i>	64
REGONOL INJ 5MG/ML	41	RISPERDAL INJ 12.5MG	38
		RISPERDAL INJ 25MG	38
		RISPERDAL INJ 37.5MG	38
		RISPERDAL INJ 50MG	38
		<i>risperidone orally disintegrating tab 0.25</i> <i>mg</i>	38

<i>risperidone orally disintegrating tab 0.5 mg</i>	38	SAVELLA TAB 100MG.....	41
<i>risperidone orally disintegrating tab 1 mg</i>	38	SAVELLA TAB 12.5MG.....	41
<i>risperidone orally disintegrating tab 2 mg</i>	38	SAVELLA TAB 25MG.....	41
<i>risperidone orally disintegrating tab 3 mg</i>	38	SAVELLA TAB 50MG.....	41
<i>risperidone orally disintegrating tab 4 mg</i>	38	<i>selegiline hcl cap 5 mg</i>	35
<i>risperidone soln 1 mg/ml</i>	38	<i>selegiline hcl tab 5 mg</i>	35
<i>risperidone tab 0.25 mg</i>	38	<i>selenium sulfide lotion 2.5%</i>	72
<i>risperidone tab 0.5 mg</i>	38	SELZENTRY TAB 150MG.....	11
<i>risperidone tab 1 mg</i>	38	SELZENTRY TAB 300MG.....	11
<i>risperidone tab 2 mg</i>	38	SENSIPAR TAB 30MG.....	45
<i>risperidone tab 3 mg</i>	38	SENSIPAR TAB 60MG.....	45
<i>risperidone tab 4 mg</i>	38	SENSIPAR TAB 90MG.....	45
RITUXAN INJ 500MG.....	15	SEREVENT DIS AER 50MCG.....	68
<i>rivastigmine tartrate cap 1.5 mg</i>	32	SEROMYCIN CAP 250MG.....	12
<i>rivastigmine tartrate cap 3 mg</i>	32	SEROQUEL TAB 100MG.....	38
<i>rivastigmine tartrate cap 4.5 mg</i>	32	SEROQUEL TAB 200MG.....	38
<i>rivastigmine tartrate cap 6 mg</i>	32	SEROQUEL TAB 25MG.....	38
ROBAXIN INJ 100MG/ML.....	42	SEROQUEL TAB 300MG.....	38
<i>romycin oin op</i>	65	SEROQUEL TAB 400MG.....	38
<i>ropinirole hydrochloride tab 0.25 mg</i>	35	SEROQUEL TAB 50MG.....	38
<i>ropinirole hydrochloride tab 0.5 mg</i>	35	SEROQUEL XR TAB 150MG.....	38
<i>ropinirole hydrochloride tab 1 mg</i>	35	SEROQUEL XR TAB 200MG.....	38
<i>ropinirole hydrochloride tab 2 mg</i>	35	SEROQUEL XR TAB 300MG.....	38
<i>ropinirole hydrochloride tab 3 mg</i>	35	SEROQUEL XR TAB 400MG.....	38
<i>ropinirole hydrochloride tab 4 mg</i>	35	SEROQUEL XR TAB 50MG.....	38
<i>ropinirole hydrochloride tab 5 mg</i>	35	<i>sertraline hcl oral conc 20 mg/ml</i>	34
ROTATEQ SUS.....	61	<i>sertraline hcl tab 100 mg</i>	34
ROXICET SOL 5-325/5.....	4	<i>sertraline hcl tab 25 mg</i>	34
<i>roxicet tab 5-325mg</i>	4	<i>sertraline hcl tab 50 mg</i>	34
S		SILENOR TAB 3MG.....	40
SABRIL POW 500MG.....	31	SILENOR TAB 6MG.....	40
SABRIL TAB 500MG.....	31	<i>silver sulfadiazine cream 1%</i>	71
SANCUSO DIS 3.1MG.....	53	<i>simvastatin tab 10 mg</i>	22
SANDIMMUNE CAP 100MG.....	60	<i>simvastatin tab 20 mg</i>	22
SANDIMMUNE CAP 25MG.....	60	<i>simvastatin tab 40 mg</i>	22
SANDIMMUNE SOL 100MG/ML.....	60	<i>simvastatin tab 5 mg</i>	22
SANDOSTATIN KIT LAR 10MG.....	49	<i>simvastatin tab 80 mg</i>	22
SANDOSTATIN KIT LAR 20MG.....	49	SINGULAIR CHW 4MG.....	68
SANDOSTATIN KIT LAR 30MG.....	49	SINGULAIR CHW 5MG.....	68
SANTYL OIN 250/GM.....	74	SINGULAIR GRA 4MG.....	68
SAPHRIS SUB 10MG.....	38	SINGULAIR TAB 10MG.....	68
SAPHRIS SUB 5MG.....	38	SOD FLUORIDE 2.2MG TAB.....	61
SAVELLA MIS TITR PAK.....	41	<i>sodium chloride inj 0.45%</i>	64
		<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	61
		<i>sodium chloride inj 3%</i>	64
		<i>sodium chloride inj 5%</i>	64
		<i>sodium chloride irrigation soln 0.9%</i> ... 74	

<i>sodium chloride iv soln 0.9%</i>	64	<i>stavudine cap 40 mg</i>	11
<i>sodium polystyrene sulfonate powder</i> ..	45	<i>stavudine for oral soln 1 mg/ml</i>	11
SOLARAZE GEL 3% W/W	71	STRATTERA CAP 100MG.....	40
<i>solia tab</i>	46	STRATTERA CAP 10MG.....	40
SOLU-CORTEF INJ 250MG	49	STRATTERA CAP 18MG.....	40
SOMATULINE INJ 120/.5ML.....	49	STRATTERA CAP 25MG.....	40
SOMATULINE INJ 60/0.2ML.....	49	STRATTERA CAP 40MG.....	40
SOMATULINE INJ 90/0.3ML.....	49	STRATTERA CAP 60MG.....	40
SOMAVERT INJ 10MG	49	STRATTERA CAP 80MG.....	40
SOMAVERT INJ 15MG	49	<i>streptomycin sulfate for inj 1 gm</i>	9
SOMAVERT INJ 20MG	49	SUBOXONE MIS 2-0.5MG	42
<i>sorine tab 120mg</i>	22	SUBOXONE MIS 8-2MG	42
<i>sorine tab 160mg</i>	22	<i>sucralfate tab 1 gm</i>	54
<i>sorine tab 240mg</i>	22	<i>sulfacetamide sodium lotion 10% (acne)</i>	71
<i>sorine tab 80mg</i>	22	.....	71
<i>sotalol hcl tab 120 mg</i>	22	<i>sulfacetamide sodium ophth soln 10%</i>	65
<i>sotalol hcl tab 160 mg</i>	22	<i>sulfacetamide sodium-prednisolone</i>	65
<i>sotalol hcl tab 240 mg</i>	22	<i>ophth soln 10-0.23(0.25)%</i>	65
<i>sotalol hcl tab 80 mg</i>	22	SULFADIAZINE TAB 500MG	9
<i>sotret cap 10mg</i>	71	<i>sulfamethoxazole-trimethoprim iv soln</i>	13
<i>sotret cap 20mg</i>	71	<i>400-80 mg/5ml</i>	13
<i>sotret cap 30mg</i>	71	<i>sulfamethoxazole-trimethoprim susp</i>	13
<i>sotret cap 40mg</i>	71	<i>200-40 mg/5ml</i>	13
SPIRIVA CAP HANDHLR	67	<i>sulfamethoxazole-trimethoprim tab</i>	14
<i>spironolactone & hydrochlorothiazide tab</i>	27	<i>400-80 mg</i>	14
<i>25-25 mg</i>	27	<i>sulfamethoxazole-trimethoprim tab</i>	14
<i>spironolactone tab 100 mg</i>	20	<i>800-160 mg</i>	14
<i>spironolactone tab 25 mg</i>	20	<i>sulfasalazine tab 500 mg</i>	54
<i>spironolactone tab 50 mg</i>	20	<i>sulfazine ec tab 500mg</i>	54
<i>sprintec 28 tab 28 day</i>	46	<i>sulindac tab 150 mg</i>	5
SPRYCEL TAB 100MG	16	<i>sulindac tab 200 mg</i>	5
SPRYCEL TAB 140MG	16	<i>sumatriptan succinate inj 4 mg/0.5ml</i> .	40
SPRYCEL TAB 20MG	16	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .	40
SPRYCEL TAB 50MG	16	<i>sumatriptan succinate tab 100 mg</i>	40
SPRYCEL TAB 70MG	16	<i>sumatriptan succinate tab 25 mg</i>	40
SPRYCEL TAB 80MG	16	<i>sumatriptan succinate tab 50 mg</i>	40
<i>sronyx tab</i>	46	SUPRAX SUS 100/5ML	9
<i>ssd cre 1%</i>	71	SUPRAX SUS 200/5ML	9
<i>stagesic cap 500-5mg</i>	2	SURMONTIL CAP 100MG	34
STALEVO 100 TAB.....	35	SUSTIVA CAP 200MG.....	11
STALEVO 125 TAB.....	35	SUSTIVA CAP 50MG.....	11
STALEVO 150 TAB.....	35	SUSTIVA TAB 600MG.....	11
STALEVO 200 TAB.....	35	SUTENT CAP 12.5MG	16
STALEVO 50 TAB	35	SUTENT CAP 25MG.....	16
STALEVO 75 TAB	36	SUTENT CAP 50MG.....	16
<i>stavudine cap 15 mg</i>	11	SYLATRON KIT 296MCG	17
<i>stavudine cap 20 mg</i>	11	SYLATRON KIT 444MCG	17
<i>stavudine cap 30 mg</i>	11	SYLATRON KIT 888MCG	17

SYMBICORT AER 160-4.5.....	70	TAZORAC GEL 0.1%	72
SYMBICORT AER 80-4.5.....	70	<i>taztia xt cap 120mg/24</i>	26
SYMLIN INJ 600MCG	43	<i>taztia xt cap 180mg/24</i>	26
SYMLINPEN 60 INJ 1000MCG	43	<i>taztia xt cap 240mg/24</i>	26
SYMLNPEN 120 INJ 1000MCG.....	43	<i>taztia xt cap 300mg/24</i>	26
SYNAREL SOL 2MG/ML	46	<i>taztia xt cap 360mg/24</i>	26
SYNTHROID TAB 100MCG	51	TEGRETOL XR TAB 100MG.....	31
SYNTHROID TAB 112MCG	51	TEKAMLO TAB 150-10MG	26
SYNTHROID TAB 125MCG	51	TEKAMLO TAB 150-5MG.....	26
SYNTHROID TAB 137MCG	51	TEKAMLO TAB 300-10MG	26
SYNTHROID TAB 150MCG	51	TEKAMLO TAB 300-5MG.....	26
SYNTHROID TAB 175MCG	51	TEKURNA HCT TAB 150-12.5	26
SYNTHROID TAB 200MCG	51	TEKURNA HCT TAB 150-25MG.....	26
SYNTHROID TAB 25MCG.....	51	TEKURNA HCT TAB 300-12.5	26
SYNTHROID TAB 300MCG	51	TEKURNA HCT TAB 300-25MG.....	26
SYNTHROID TAB 50MCG.....	51	TEKURNA TAB 150MG	26
SYNTHROID TAB 75MCG.....	51	TEKURNA TAB 300MG	26
SYNTHROID TAB 88MCG.....	51	<i>terazosin hcl cap 1 mg</i>	20
SYPRINE CAP 250MG.....	45	<i>terazosin hcl cap 10 mg</i>	20
T		<i>terazosin hcl cap 2 mg</i>	20
TABLOID TAB 40MG	15	<i>terazosin hcl cap 5 mg</i>	20
TACLONEX OIN.....	73	<i>terbinafine hcl tab 250 mg</i>	9
TACLONEX SUS SCALP	73	<i>terbutaline sulfate inj 1 mg/ml</i>	68
<i>tacrolimus cap 0.5 mg</i>	60	<i>terbutaline sulfate tab 2.5 mg</i>	68
<i>tacrolimus cap 1 mg</i>	60	<i>terbutaline sulfate tab 5 mg</i>	68
<i>tacrolimus cap 5 mg</i>	60	<i>terconazole vaginal cream 0.4%</i>	56
TAMIFLU CAP 30MG	12	<i>terconazole vaginal cream 0.8%</i>	56
TAMIFLU CAP 45MG	12	<i>terconazole vaginal suppos 80 mg</i>	56
TAMIFLU CAP 75MG	13	TESTIM GEL 1%(50MG)	42
TAMIFLU SUS 12MG/ML.....	13	<i>testosterone cypionate im in oil 100</i>	
TAMIFLU SUS 6MG/ML.....	13	<i>mg/ml</i>	43
<i>tamoxifen citrate tab 10 mg (base</i>		<i>testosterone enanthate im in oil 200</i>	
<i>equivalent)</i>	16	<i>mg/ml</i>	43
<i>tamoxifen citrate tab 20 mg (base</i>		TET/DIP TOX INJ 2-2 LF.....	61
<i>equivalent)</i>	16	TETANUS TOX INJ 5LF ADS	61
<i>tamsulosin hcl cap 0.4 mg</i>	55	<i>tetracycline hcl cap 250 mg</i>	9
TARCEVA TAB 100MG.....	16	<i>tetracycline hcl cap 500 mg</i>	9
TARCEVA TAB 150MG.....	16	THALOMID CAP 100MG	59
TARCEVA TAB 25MG.....	16	THALOMID CAP 150MG	59
TARGRETIN CAP 75MG	17	THALOMID CAP 200MG	59
TARGRETIN GEL 1%.....	74	THALOMID CAP 50MG.....	59
TASIGNA CAP 150MG	16	THEO-24 CAP 100MG CR.....	70
TASIGNA CAP 200MG	16	THEO-24 CAP 200MG CR.....	70
TAXOTERE INJ 80MG/2ML.....	15	THEO-24 CAP 300MG CR.....	70
TAXOTERE INJ 80MG/4ML.....	15	THEO-24 CAP 400MG ER.....	70
TAZORAC CRE 0.05%.....	72	<i>theochron tab 100mg cr</i>	70
TAZORAC CRE 0.1%.....	72	<i>theochron tab 300mg cr</i>	70
TAZORAC GEL 0.05%.....	72	<i>theophylline tab sr 12hr 100 mg</i>	70

<i>theophylline tab sr 12hr 200 mg</i>	70	<i>torse mide tab 20 mg</i>	27
<i>theophylline tab sr 12hr 300 mg</i>	70	<i>torse mide tab 5 mg</i>	27
<i>theophylline tab sr 12hr 450 mg</i>	70	<i>tpn electrol inj</i>	61
<i>theophylline tab sr 24hr 400 mg</i>	70	TRACLEER TAB 125MG.....	29
<i>theophylline tab sr 24hr 600 mg</i>	70	TRACLEER TAB 62.5MG.....	29
<i>thermazene cre 1%</i>	71	<i>tramadol hcl tab 50 mg</i>	4
<i>thioridazine hcl tab 10 mg</i>	38	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>thioridazine hcl tab 100 mg</i>	38	<i>mg</i>	4
<i>thioridazine hcl tab 25 mg</i>	38	<i>trandolapril tab 1 mg</i>	19
<i>thioridazine hcl tab 50 mg</i>	38	<i>trandolapril tab 2 mg</i>	19
<i>thiothixene cap 1 mg</i>	38	<i>trandolapril tab 4 mg</i>	19
<i>thiothixene cap 10 mg</i>	39	TRANSDERM-SC DIS 1.5MG.....	53
<i>thiothixene cap 2 mg</i>	39	<i>tranylcypramine sulfate tab 10 mg</i>	34
<i>thiothixene cap 5 mg</i>	39	TRAVASOL INJ 10%.....	63
TIKOSYN CAP 125MCG	22	TRAVATAN Z DRO 0.004%	67
TIKOSYN CAP 250MCG	22	<i>trazodone hcl tab 100 mg</i>	34
TIKOSYN CAP 500MCG	22	<i>trazodone hcl tab 150 mg</i>	34
<i>timolol maleate ophth gel forming soln</i>		<i>trazodone hcl tab 300 mg</i>	34
<i>0.25%</i>	66	<i>trazodone hcl tab 50 mg</i>	34
<i>timolol maleate ophth gel forming soln</i>		TREANDA INJ 100MG.....	14
<i>0.5%</i>	67	TRECTOR TAB 250MG	12
<i>timolol maleate ophth soln 0.25%</i>	67	TRELSTAR DEP INJ 3.75MG	16
<i>timolol maleate ophth soln 0.5%</i>	67	TRELSTAR LA INJ 11.25MG.....	16
<i>tizanidine hcl tab 2 mg</i>	42	TRELSTAR MIX INJ 22.5MG	16
<i>tizanidine hcl tab 4 mg</i>	42	TRETINOIN CAP 10MG	17
TOBI NEB 300/5ML	69	<i>tretinoin cream 0.025%</i>	71
<i>tobramycin sulfate inj 10 mg/ml</i>	9	<i>tretinoin cream 0.05%</i>	71
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		<i>tretinoin cream 0.1%</i>	71
<i>mg/ml)</i>	9	<i>tretinoin gel 0.01%</i>	71
<i>tobramycin sulfate ophth soln 0.3%</i>	65	<i>tretinoin gel 0.025%</i>	71
<i>tobramycin-dexamethasone ophth susp</i>		<i>triamcinolone acetonide cream 0.025%</i>	
<i>0.3-0.1%</i>	65	.....	73
<i>tobrasol sol 0.3% op</i>	65	<i>triamcinolone acetonide cream 0.1%</i> ..	73
TOBREX OIN 0.3% OP	66	<i>triamcinolone acetonide cream 0.5%</i> ..	73
<i>tolmetin sodium cap 400 mg</i>	5	<i>triamcinolone acetonide dental paste</i>	
<i>tolmetin sodium tab 200 mg</i>	5	<i>0.1%</i>	74
<i>tolmetin sodium tab 600 mg</i>	5	<i>triamcinolone acetonide lotion 0.025%</i>	73
<i>topiramate sprinkle cap 15 mg</i>	31	<i>triamcinolone acetonide lotion 0.1%</i> ...	73
<i>topiramate sprinkle cap 25 mg</i>	31	<i>triamcinolone acetonide oint 0.025%</i> ..	73
<i>topiramate tab 100 mg</i>	31	<i>triamcinolone acetonide oint 0.1%</i>	73
<i>topiramate tab 200 mg</i>	31	<i>triamcinolone acetonide oint 0.5%</i>	73
<i>topiramate tab 25 mg</i>	31	<i>triamterene & hydrochlorothiazide cap</i>	
<i>topiramate tab 50 mg</i>	31	<i>37.5-25 mg</i>	27
<i>toposar inj 1gm/50ml</i>	17	<i>triamterene & hydrochlorothiazide cap</i>	
<i>topotecan hcl for inj 4 mg</i>	17	<i>50-25 mg</i>	27
TORSEMIDE INJ 20MG/2ML.....	27	<i>triamterene & hydrochlorothiazide tab</i>	
<i>torse mide tab 10 mg</i>	27	<i>37.5-25 mg</i>	27
<i>torse mide tab 100 mg</i>	27	<i>triamterene & hydrochlorothiazide tab</i>	

75-50 mg	27	<i>unithroid tab 300mcg</i>	51
TRIBENZOR TAB	21	<i>unithroid tab 50mcg</i>	51
TRICOR TAB 145MG	23	<i>unithroid tab 75mcg</i>	51
TRICOR TAB 48MG	23	<i>unithroid tab 88mcg</i>	51
<i>triderm cre 0.1%</i>	73	UROXATRAL TAB 10MG	55
<i>trifluoperazine hcl tab 1 mg</i>	39	<i>ursodiol cap 300 mg</i>	54
<i>trifluoperazine hcl tab 10 mg</i>	39	<i>ursodiol tab 250 mg</i>	54
<i>trifluoperazine hcl tab 2 mg</i>	39	<i>ursodiol tab 500 mg</i>	54
<i>trifluoperazine hcl tab 5 mg</i>	39	V	
<i>trifluridine ophth soln 1%</i>	66	VAGIFEM TAB 10MCG	48
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	36	<i>valacyclovir hcl tab 1 gm</i>	13
<i>trihexyphenidyl hcl tab 2 mg</i>	36	<i>valacyclovir hcl tab 500 mg</i>	13
<i>trihexyphenidyl hcl tab 5 mg</i>	36	VALCYTE SOL 50MG/ML	13
<i>tri-legest tab fe</i>	46	VALCYTE TAB 450MG.....	13
TRILIPIX CAP 135MG.....	23	<i>valproate sodium inj 100 mg/ml</i>	31
TRILIPIX CAP 45MG	23	<i>valproate sodium syrup 250 mg/5ml</i>	
<i>trilyte sol</i>	54	<i>(base equiv)</i>	31
<i>trimethobenzamide hcl cap 300 mg</i>	53	<i>valproic acid cap 250 mg</i>	31
<i>trimethobenzamide hcl inj 100 mg/ml</i> .	53	VALTURNA TAB 150-160	26
<i>trimethoprim tab 100 mg</i>	14	VALTURNA TAB 300-320	26
<i>trinessa tab</i>	46	VANCOCIN HCL CAP 125MG.....	14
TRIPEDIA SUS P/F	61	VANCOCIN HCL CAP 250MG.....	14
<i>tri-previfem tab</i>	46	<i>vancomycin hcl for inj 10 gm</i>	14
TRISENOX SOL 10MG/10M.....	17	<i>vancomycin hcl for inj 1000 mg</i>	14
<i>tri-sprintec tab</i>	46	<i>vancomycin hcl for inj 500 mg</i>	14
<i>trivora-28 tab</i>	46	<i>vandazole gel 0.75%</i>	56
TRIZIVIR TAB.....	11	VANDETANIB TAB 100MG.....	16
TROPHAMINE INJ 10%	63	VANDETANIB TAB 300MG.....	16
TROPHAMINE INJ 6%	63	VAQTA INJ 25/0.5ML	61
<i>tropicamide ophth soln 0.5%</i>	67	VARIVAX INJ	61
<i>tropicamide ophth soln 1%</i>	67	VELCADE INJ 3.5MG	15
<i>trospium chloride tab 20 mg</i>	56	<i>velivet pak</i>	46
TRUVADA TAB	11	<i>venlafaxine hcl cap sr 24hr 150 mg (base</i>	
TWINRIX INJ	61	<i>equivalent)</i>	34
TYGACIL INJ 50MG.....	14	<i>venlafaxine hcl cap sr 24hr 37.5 mg</i>	
TYKERB TAB 250MG	16	<i>(base equivalent)</i>	34
TYPHIM VI INJ	61	<i>venlafaxine hcl cap sr 24hr 75 mg (base</i>	
TYZEKA TAB 600MG	13	<i>equivalent)</i>	34
U		<i>venlafaxine hcl tab 100 mg</i>	34
ULORIC TAB 40MG	1	<i>venlafaxine hcl tab 25 mg</i>	34
ULORIC TAB 80MG	1	<i>venlafaxine hcl tab 37.5 mg</i>	34
<i>unithroid tab 100mcg</i>	51	<i>venlafaxine hcl tab 50 mg</i>	34
<i>unithroid tab 112mcg</i>	51	<i>venlafaxine hcl tab 75 mg</i>	34
<i>unithroid tab 125mcg</i>	51	<i>venlafaxine hcl tab sr 24hr 150 mg (base</i>	
<i>unithroid tab 150mcg</i>	51	<i>equivalent)</i>	34
<i>unithroid tab 175mcg</i>	51	<i>venlafaxine hcl tab sr 24hr 37.5 mg</i>	
<i>unithroid tab 200mcg</i>	51	<i>(base equivalent)</i>	34
<i>unithroid tab 25mcg</i>	51	<i>venlafaxine hcl tab sr 24hr 75 mg (base</i>	

<i>equivalent</i>)	34	VIVELLE-DOT DIS 0.0375MG	48
<i>verapamil hcl cap sr 24hr 100 mg</i>	26	VIVELLE-DOT DIS 0.05MG	48
<i>verapamil hcl cap sr 24hr 120 mg</i>	26	VIVELLE-DOT DIS 0.075MG	48
<i>verapamil hcl cap sr 24hr 180 mg</i>	26	VIVELLE-DOT DIS 0.1MG	48
<i>verapamil hcl cap sr 24hr 200 mg</i>	26	VOLTAREN GEL 1%	74
<i>verapamil hcl cap sr 24hr 240 mg</i>	26	<i>voriconazole tab 200 mg</i>	10
<i>verapamil hcl cap sr 24hr 300 mg</i>	26	<i>voriconazole tab 50 mg</i>	10
<i>verapamil hcl iv soln 2.5 mg/ml</i>	26	VOTRIENT TAB 200MG	16
<i>verapamil hcl tab 120 mg</i>	26	VPRIV INJ 400UNIT	47
<i>verapamil hcl tab 40 mg</i>	26	W	
<i>verapamil hcl tab 80 mg</i>	26	<i>warfarin sodium tab 1 mg</i>	57
<i>verapamil hcl tab cr 120 mg</i>	26	<i>warfarin sodium tab 10 mg</i>	57
<i>verapamil hcl tab cr 180 mg</i>	26	<i>warfarin sodium tab 2 mg</i>	57
<i>verapamil hcl tab cr 240 mg</i>	26	<i>warfarin sodium tab 2.5 mg</i>	57
VESICARE TAB 10MG	56	<i>warfarin sodium tab 3 mg</i>	57
VESICARE TAB 5MG	56	<i>warfarin sodium tab 4 mg</i>	57
VFEND IV INJ 200MG	10	<i>warfarin sodium tab 5 mg</i>	57
VFEND SUS 40MG/ML	10	<i>warfarin sodium tab 6 mg</i>	57
<i>vicodin hp tab 10-660mg</i>	2	<i>warfarin sodium tab 7.5 mg</i>	57
VICTOZA INJ 18MG/3ML	43	WELCHOL PAK 3.75GM	23
VICTRELIS CAP 200MG	13	WELCHOL TAB 625MG	23
VIDAZA INJ 100MG	15	X	
VIDEX SOL 2GM	11	XALKORI CAP 200MG	16
VIGAMOX DRO 0.5%	66	XALKORI CAP 250MG	16
VIIIBRYD TAB 10MG	34	XARELTO TAB 10MG	57
VIIIBRYD TAB 20MG	34	XARELTO TAB 15MG	57
VIIIBRYD TAB 40MG	35	XARELTO TAB 20MG	57
VIMOVO TAB 375-20MG	5	XENAZINE TAB 12.5MG	41
VIMOVO TAB 500-20MG	5	XENAZINE TAB 25MG	41
VIMPAT INJ 200MG/20	31	XIFAXAN TAB 550MG	54
VIMPAT SOL 10MG/ML	31	XOLAIR SOL 150MG	69
VIMPAT TAB 100MG	31	XOPENEX HFA AER	68
VIMPAT TAB 150MG	31	XYREM SOL 500MG/ML	42
VIMPAT TAB 200MG	31	Y	
VIMPAT TAB 50MG	31	YF-VAX INJ	61
VINBLASTINE INJ 10MG	15	Z	
<i>vincasar pfs inj 1mg/ml</i>	15	<i>zafirlukast tab 10 mg</i>	68
<i>vincristine sulfate iv soln 1 mg/ml</i>	15	<i>zafirlukast tab 20 mg</i>	68
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml)</i>	15	<i>zaleplon cap 10 mg</i>	40
VIRACEPT POW 50MG/GM	11	<i>zaleplon cap 5 mg</i>	40
VIRACEPT TAB 250MG	11	ZAVESCA CAP 100MG	47
VIRACEPT TAB 625MG	11	<i>zazole cre 0.4%</i>	56
VIRAMUNE SUS 50MG/5ML	11	<i>zazole cre 0.8%</i>	56
VIRAMUNE TAB 200MG	11	ZELBORAF TAB 240MG	16
VIRAMUNE XR TAB	11	ZEMPLAR CAP 1MCG	65
VIREAD TAB 300MG	11	ZEMPLAR CAP 2MCG	65
VIVELLE-DOT DIS 0.025MG	48	ZEMPLAR CAP 4MCG	65
		ZEMPLAR INJ 2MCG/ML	65

ZEMPLAR INJ 5MCG/ML	65	ZOSYN SOL 2-0.25GM	9
ZENPEP CAP 10000UNT	55	ZOSYN SOL 3-0.375G	9
ZENPEP CAP 15000UNT	55	<i>zovia 1/35e tab</i>	46
ZENPEP CAP 20000UNT	55	<i>zovia 1/50e tab</i>	46
ZENPEP CAP 5000UNIT	55	ZOVIRAX CRE 5%	72
ZETIA TAB 10MG	23	ZOVIRAX OIN 5%	72
ZIAGEN SOL 20MG/ML	11	ZYCLARA CRE 3.75%.....	74
ZIAGEN TAB 300MG	11	ZYMAR DRO 0.3%	66
<i>zidovudine cap 100 mg</i>	11	ZYMAXID SOL 0.5%	66
<i>zidovudine syrup 10 mg/ml</i>	11	ZYPREXA INJ 10MG	39
<i>zidovudine tab 300 mg</i>	11	ZYPREXA TAB 10MG	39
ZMAX SUS 2GM	9	ZYPREXA TAB 15MG	39
ZOLINZA CAP 100MG	15	ZYPREXA TAB 2.5MG	39
<i>zolpidem tartrate tab 10 mg</i>	40	ZYPREXA TAB 20MG	39
<i>zolpidem tartrate tab 5 mg</i>	40	ZYPREXA TAB 5MG	39
ZOMETA INJ 4MG/100	45	ZYPREXA TAB 7.5MG	39
ZOMETA INJ 4MG/5ML.....	45	ZYPREXA ZYDI TAB 10MG	39
ZONALON CRE 5%	72	ZYPREXA ZYDI TAB 15MG	39
<i>zonisamide cap 100 mg</i>	31	ZYPREXA ZYDI TAB 20MG	39
<i>zonisamide cap 25 mg</i>	31	ZYPREXA ZYDI TAB 5MG	39
<i>zonisamide cap 50 mg</i>	31	ZYTIGA TAB 250MG.....	16
ZORTRESS TAB 0.25MG.....	60	ZYVOX SOL 2MG/ML.....	14
ZORTRESS TAB 0.5MG	60	ZYVOX SUS 100MG/5M	14
ZORTRESS TAB 0.75MG.....	60	ZYVOX TAB 600MG.....	14
ZOSTAVAX INJ	61		