

2012

# Formulary/ Formulario

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



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Florida Molina Medicare Options HMO  
Florida Molina Medicare Options Plus HMO SNP  
Texas Molina Medicare Options Plus HMO SNP



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 (FL) 1-866-553-9494; (TX) 1-866-440-0012, 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.

## **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](http://www.molinamedicare.com) or call Member Services at (FL) 1-866-553-9494; (TX) 1-866-440-0012, 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 81. 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](http://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 (FL) 1-866-553-9494; (TX) 1-866-440-0012, 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](http://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](http://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 81.

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 (FL) 1-866-553-9494; (TX) 1-866-440-0012, 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](http://www.molinamedicare.com).*

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



**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: (FL) 1-866-553-9494; (TX) 1-866-440-0012, 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 cubiertos por Molina Medicare, visite nuestro sitio web en [www.molinamedicare.com](http://www.molinamedicare.com) o llame al Departamento de servicios para miembros al (FL) 1-866-553-9494; (TX) 1-866-440-0012, 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 81. 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 medicamentos 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](http://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, comuníquese con el Departamento de servicios para miembros al (FL) 1-866-553-9494; (TX) 1-866-440-0012, 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](http://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](http://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 81.

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 (FL) 1-866-553-9494; (TX) 1-866-440-0012, 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.medicare.com](http://www.medicare.com).*

- Brindamos cobertura adicional de este medicamento recetado en la brecha de cobertura. Consulte nuestra Evidencia de cobertura para obtener más información acerca de esta cobertura.

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	GC
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i>	1	GC
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i>	1	GC
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i>	1	GC
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	GC
<i>margesic-h cap 500-5mg</i>	1	GC
<i>stagesic cap 500-5mg</i>	1	GC
<i>vicodin hp tab 10-660mg</i>	1	GC

### **NARCOTIC ANALGESICS, CII**

<i>astramorph inj 10/10ml</i>	1	GC, B/D
<i>astramorph inj 1mg/2ml</i>	1	GC, B/D
DILAUDID-5 LIQ 1MG/ML	2	
<i>duramorph inj 0.5mg/ml</i>	1	GC, B/D
<i>duramorph inj 1mg/ml</i>	1	GC, B/D
<i>endocet tab 10-325mg</i>	1	GC
<i>endocet tab 10-650mg</i>	1	GC
<i>endocet tab 5-325mg</i>	1	GC
<i>endocet tab 7.5-325m</i>	1	GC
<i>endocet tab 7.5-500m</i>	1	GC
<i>endodan tab</i>	1	GC
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	GC, 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	GC, QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	GC, QL (10 ea / 30 days)

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<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	GC, QL (10 ea / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	GC, QL (10 ea / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	GC, QL (10 ea / 30 days), PA
<i>hydromorphone hcl inj 10 mg/ml</i>	1	GC, B/D
<i>hydromorphone hcl tab 2 mg</i>	1	GC
<i>hydromorphone hcl tab 4 mg</i>	1	GC
<i>hydromorphone hcl tab 8 mg</i>	1	GC
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	GC
<i>methadone hcl soln 10 mg/5ml</i>	1	GC
<i>methadone hcl soln 5 mg/5ml</i>	1	GC
<i>methadone hcl tab 10 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>methadone hcl tab 5 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>methadose tab 10mg</i>	1	GC, QL (240 tabs / 30 days)
<i>methadose tab 5mg</i>	1	GC, 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	GC; oral solution
MORPHINE SUL TAB 15MG	1	GC
MORPHINE SUL TAB 30MG	1	GC
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	GC, B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	1	GC, B/D
<i>morphine sulfate tab sr 12hr 100 mg</i>	1	GC, QL (90 ea / 30 days); ext rel
<i>morphine sulfate tab sr 12hr 15 mg</i>	1	GC, QL (90 ea / 30 days); ext rel
<i>morphine sulfate tab sr 12hr 200 mg</i>	1	GC, QL (60 ea / 30 days)
<i>morphine sulfate tab sr 12hr 30 mg</i>	1	GC, QL (90 ea / 30 days); ext rel

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<i>morphine sulfate tab sr 12hr 60 mg</i>	1	GC, QL (90 ea / 30 days); ext rel
OXYCODONE CAP 5MG	1	GC
OXYCODONE CON 20MG/ML	1	GC
<i>oxycodone hcl tab 15 mg</i>	1	GC
<i>oxycodone hcl tab 30 mg</i>	1	GC
<i>oxycodone hcl tab 5 mg</i>	1	GC
<i>oxycodone w/ acetaminophen cap 5-500 mg</i>	1	GC
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	GC
<i>oxycodone w/ acetaminophen tab 10-650 mg</i>	1	GC
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	GC
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	GC
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	GC
<i>oxycodone w/ acetaminophen tab 7.5-500 mg</i>	1	GC
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	GC
ROXICET SOL 5-325/5	2	
<i>roxicet tab 5-325mg</i>	1	GC
<b>NON-NARCOTIC ANALGESICS</b>		
<i>tramadol hcl tab 50 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	GC, QL (240 tabs / 30 days)
<b>NSAIDS</b>		
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	GC
<i>diclofenac sodium tab delayed release 25 mg</i>	1	GC
<i>diclofenac sodium tab delayed release 50 mg</i>	1	GC
<i>diclofenac sodium tab delayed release 75 mg</i>	1	GC
<i>diclofenac sodium tab sr 24hr 100 mg</i>	1	GC
<i>diflunisal tab 500 mg</i>	1	GC
<i>etodolac cap 200 mg</i>	1	GC
<i>etodolac cap 300 mg</i>	1	GC

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<i>etodolac tab 400 mg</i>	1	GC
<i>etodolac tab 500 mg</i>	1	GC
<i>etodolac tab sr 24hr 400 mg</i>	1	GC
<i>etodolac tab sr 24hr 500 mg</i>	1	GC
<i>etodolac tab sr 24hr 600 mg</i>	1	GC
<i>flurbiprofen tab 100 mg</i>	1	GC
<i>flurbiprofen tab 50 mg</i>	1	GC
<i>ibuprofen susp 100 mg/5ml</i>	1	GC
<i>ibuprofen tab 400 mg</i>	1	GC
<i>ibuprofen tab 600 mg</i>	1	GC
<i>ibuprofen tab 800 mg</i>	1	GC
INDOCIN SUS 25MG/5ML	2	suspension
<i>indomethacin cap 25 mg</i>	1	GC
<i>indomethacin cap 50 mg</i>	1	GC
<i>indomethacin cap cr 75 mg</i>	1	GC
<i>ketoprofen cap 50 mg</i>	1	GC
<i>ketoprofen cap 75 mg</i>	1	GC
<i>ketoprofen cap sr 24hr 200 mg</i>	1	GC
<i>meloxicam susp 7.5 mg/5ml</i>	1	GC
<i>meloxicam tab 15 mg</i>	1	GC
<i>meloxicam tab 7.5 mg</i>	1	GC
<i>nabumetone tab 500 mg</i>	1	GC
<i>nabumetone tab 750 mg</i>	1	GC
<i>naproxen sodium tab 275 mg</i>	1	GC
<i>naproxen sodium tab 550 mg</i>	1	GC
<i>naproxen susp 125 mg/5ml</i>	1	GC
<i>naproxen tab 250 mg</i>	1	GC
<i>naproxen tab 375 mg</i>	1	GC
<i>naproxen tab ec 375 mg</i>	1	GC
<i>naproxen tab ec 500 mg</i>	1	GC
<i>oxaprozin tab 600 mg</i>	1	GC
<i>piroxicam cap 10 mg</i>	1	GC
<i>piroxicam cap 20 mg</i>	1	GC
<i>sulindac tab 150 mg</i>	1	GC
<i>sulindac tab 200 mg</i>	1	GC
<i>tolmetin sodium cap 400 mg</i>	1	GC
<i>tolmetin sodium tab 200 mg</i>	1	GC
<i>tolmetin sodium tab 600 mg</i>	1	GC
VIMOVO TAB 375-20MG	2	
VIMOVO TAB 500-20MG	2	

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-INFECTIVES**

### **ANTIBACTERIALS**

<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	1	GC
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	GC
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	GC
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	GC
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	GC
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	GC
<i>amoxicillin &amp; k clavulanate for susp 400-571 mg/5ml</i>	1	GC
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	GC
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	GC
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	GC
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	GC
<i>amoxicillin &amp; k clavulanate tab sr 12hr 1000-62.5 mg</i>	1	GC
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	GC
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	GC
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	GC
<i>amoxicillin (trihydrate) chew tab 200 mg</i>	1	GC
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	GC
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	GC
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	GC
<i>ampicillin &amp; sulbactam sodium for inj 2-1 gm</i>	1	GC

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<i>ampicillin &amp; sulbactam sodium for iv soln 10-5 gm</i>	1	GC
<i>ampicillin cap 250 mg</i>	1	GC
<i>ampicillin cap 500 mg</i>	1	GC
<i>ampicillin for susp 125 mg/5ml</i>	1	GC
<i>ampicillin for susp 250 mg/5ml</i>	1	GC
<i>ampicillin sodium for inj 1 gm</i>	1	GC
<i>ampicillin sodium for inj 125 mg</i>	1	GC
<i>ampicillin sodium for iv soln 10 gm</i>	1	GC
AVELOX ABC TAB 400MG	2	
AVELOX INJ	2	
AVELOX TAB 400MG	2	
<i>azithromycin for susp 100 mg/5ml</i>	1	GC
<i>azithromycin for susp 200 mg/5ml</i>	1	GC
<i>azithromycin iv for soln 500 mg</i>	1	GC
<i>azithromycin tab 250 mg</i>	1	GC
<i>azithromycin tab 500 mg</i>	1	GC
<i>azithromycin tab 600 mg</i>	1	GC
BICILLIN C-R INJ 1200000	2	
BICILLIN C-R INJ 900/300	2	
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	GC
<i>cefaclor cap 500 mg</i>	1	GC
CEFACLOR ER TAB 500MG	2	
<i>cefadroxil cap 500 mg</i>	1	GC
<i>cefadroxil for susp 250 mg/5ml</i>	1	GC
<i>cefadroxil for susp 500 mg/5ml</i>	1	GC
<i>cefadroxil tab 1 gm</i>	1	GC
CEFAZOLIN INJ 1GM/50ML	2	
<i>cefazolin sodium for inj 1 gm</i>	1	GC
<i>cefazolin sodium for inj 20 gm</i>	1	GC
<i>cefazolin sodium for inj 500 mg</i>	1	GC
<i>cefdinir cap 300 mg</i>	1	GC
<i>cefdinir for susp 125 mg/5ml</i>	1	GC
<i>cefdinir for susp 250 mg/5ml</i>	1	GC
<i>cefepime hcl for inj 1 gm</i>	1	GC
<i>cefepime hcl for inj 2 gm</i>	1	GC
<i>cefotaxime sodium for inj 1 gm</i>	1	GC
<i>cefotaxime sodium for inj 10 gm</i>	1	GC
<i>cefotaxime sodium for inj 2 gm</i>	1	GC
<i>cefotaxime sodium for inj 500 mg</i>	1	GC
<i>cefoxitin sodium for inj 1 gm</i>	1	GC

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<i>cefoxitin sodium for inj 10 gm</i>	1	GC
<i>cefoxitin sodium for inj 2 gm</i>	1	GC
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	GC
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	GC
<i>cefpodoxime proxetil tab 100 mg</i>	1	GC
<i>cefpodoxime proxetil tab 200 mg</i>	1	GC
<i>cefprozil for susp 125 mg/5ml</i>	1	GC
<i>cefprozil for susp 250 mg/5ml</i>	1	GC
<i>cefprozil tab 250 mg</i>	1	GC
<i>cefprozil tab 500 mg</i>	1	GC
<i>ceftriaxone sodium for inj 10 gm</i>	1	GC
<i>ceftriaxone sodium for inj 250 mg</i>	1	GC
<i>ceftriaxone sodium for inj 500 mg</i>	1	GC
<i>cefuroxime axetil for susp 125 mg/5ml</i>	1	GC
<i>cefuroxime axetil tab 250 mg</i>	1	GC
<i>cefuroxime axetil tab 500 mg</i>	1	GC
<i>cefuroxime sodium for inj 1.5 gm</i>	1	GC
<i>cefuroxime sodium for inj 750 mg</i>	1	GC
<i>cephalexin cap 250 mg</i>	1	GC
<i>cephalexin cap 500 mg</i>	1	GC
<i>cephalexin for susp 125 mg/5ml</i>	1	GC
<i>cephalexin for susp 250 mg/5ml</i>	1	GC
CIPRO (10%) SUS 500MG/5	2	suspension
CIPRO (5%) SUS 250MG/5	2	suspension
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	GC
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	GC
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	GC
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	GC
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	1	GC
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)</i>	1	GC
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	1	GC
<i>clarithromycin for susp 125 mg/5ml</i>	1	GC
<i>clarithromycin for susp 250 mg/5ml</i>	1	GC
<i>clarithromycin tab 250 mg</i>	1	GC
<i>clarithromycin tab 500 mg</i>	1	GC
<i>clarithromycin tab sr 24hr 500 mg</i>	1	GC
<i>dicloxacillin sodium cap 250 mg</i>	1	GC
<i>dicloxacillin sodium cap 500 mg</i>	1	GC
<i>doxycycline hyclate cap 100 mg</i>	1	GC
<i>doxycycline hyclate cap 50 mg</i>	1	GC
<i>doxycycline hyclate for inj 100 mg</i>	1	GC
<i>doxycycline hyclate tab 100 mg</i>	1	GC

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<i>doxycycline hyclate tab 20 mg</i>	1	GC
<i>doxycycline monohydrate tab 150 mg</i>	1	GC
<i>doxycycline monohydrate tab 50 mg</i>	1	GC
<i>doxycycline monohydrate tab 75 mg</i>	1	GC
<i>e.e.s. 400 tab 400mg</i>	1	GC
ERYPED 200 SUS 200/5ML	2	
ERYTHROCIN INJ 500MG	2	
<i>erythrocin tab 250mg</i>	1	GC
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	GC
<i>erythromycin tab 250 mg</i>	1	GC
<i>erythromycin tab 500 mg</i>	1	GC
<i>gentamicin in saline inj 0.6 mg/ml</i>	1	GC
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	GC
<i>gentamicin in saline inj 1 mg/ml</i>	1	GC
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	GC
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	GC
<i>gentamicin sulfate inj 40 mg/ml</i>	1	GC
<i>gentamicin sulfate iv soln 10 mg/ml</i>	1	GC
<i>minocycline hcl cap 100 mg</i>	1	GC
<i>minocycline hcl cap 50 mg</i>	1	GC
<i>minocycline hcl cap 75 mg</i>	1	GC
<i>minocycline hcl tab 100 mg</i>	1	GC
<i>minocycline hcl tab 50 mg</i>	1	GC
<i>minocycline hcl tab 75 mg</i>	1	GC
<i>nafcillin sodium for inj 1 gm</i>	1	GC
<i>nafcillin sodium for inj 10 gm</i>	1	GC
<i>neomycin sulfate tab 500 mg</i>	1	GC
<i>paromomycin sulfate cap 250 mg</i>	1	GC
PEN G PROC INJ 600000	2	
<i>penicillin g potassium for inj 5000000 unit</i>	1	GC
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	GC
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	GC
<i>penicillin v potassium tab 250 mg</i>	1	GC
<i>penicillin v potassium tab 500 mg</i>	1	GC
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	1	GC
<i>streptomycin sulfate for inj 1 gm</i>	1	GC
SULFADIAZINE TAB 500MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
<i>tetracycline hcl cap 250 mg</i>	1	GC
<i>tetracycline hcl cap 500 mg</i>	1	GC
<i>tobramycin sulfate inj 10 mg/ml</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	1	GC
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	GC, 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	GC
<i>fluconazole for susp 10 mg/ml</i>	1	GC
<i>fluconazole for susp 40 mg/ml</i>	1	GC
<i>fluconazole in dextrose inj 400 mg/200ml</i>	1	GC
<i>fluconazole tab 100 mg</i>	1	GC
<i>fluconazole tab 150 mg</i>	1	GC
<i>fluconazole tab 200 mg</i>	1	GC
<i>fluconazole tab 50 mg</i>	1	GC
GRIS-PEG TAB 125MG	2	
GRIS-PEG TAB 250MG	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	GC
<i>itraconazole cap 100 mg</i>	1	GC, PA
<i>ketoconazole tab 200 mg</i>	1	GC
NOXAFIL SUS 40MG/ML	4	
<i>nystatin tab 500000 unit</i>	1	GC
<i>terbinafine hcl tab 250 mg</i>	1	GC, QL (90 tabs / year)
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	GC
<i>chloroquine phosphate tab 500 mg</i>	1	GC
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	GC

### **ANTIRETROVIRAL AGENTS**

APTIVUS CAP 250MG	2	
APTIVUS SOL	2	
ATRIPLA TAB	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	GC
<i>didanosine delayed release capsule 200 mg</i>	1	GC
<i>didanosine delayed release capsule 250 mg</i>	1	GC
<i>didanosine delayed release capsule 400 mg</i>	1	GC
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REYATAZ CAP 300MG	2	
SELZENTRY TAB 150MG	4	
SELZENTRY TAB 300MG	4	
<i>stavudine cap 15 mg</i>	1	GC
<i>stavudine cap 20 mg</i>	1	GC
<i>stavudine cap 30 mg</i>	1	GC
<i>stavudine cap 40 mg</i>	1	GC
<i>stavudine for oral soln 1 mg/ml</i>	1	GC
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	GC
<i>zidovudine syrup 10 mg/ml</i>	1	GC
<i>zidovudine tab 300 mg</i>	1	GC
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SUL INJ 1GM	3	
<i>ethambutol hcl tab 100 mg</i>	1	GC
<i>ethambutol hcl tab 400 mg</i>	1	GC
<i>isoniazid inj 100 mg/ml</i>	1	GC
<i>isoniazid syrup 50 mg/5ml</i>	1	GC
<i>isoniazid tab 100 mg</i>	1	GC
<i>isoniazid tab 300 mg</i>	1	GC
MYCOBUTIN CAP 150MG	2	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	GC
<i>rifampin cap 150 mg</i>	1	GC
<i>rifampin cap 300 mg</i>	1	GC
<i>rifampin for inj 600 mg</i>	1	GC
SEROMYCIN CAP 250MG	3	
TRECTOR TAB 250MG	3	

### **ANTIVIRALS**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acyclovir cap 200 mg</i>	1	GC
<i>acyclovir sodium for inj 500 mg</i>	1	GC
<i>acyclovir susp 200 mg/5ml</i>	1	GC
<i>acyclovir tab 400 mg</i>	1	GC
<i>acyclovir tab 800 mg</i>	1	GC
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	GC
<i>famciclovir tab 250 mg</i>	1	GC
<i>famciclovir tab 500 mg</i>	1	GC
<i>ganciclovir cap 250 mg</i>	1	GC
<i>ganciclovir cap 500 mg</i>	4	
<i>ganciclovir sodium for inj 500 mg</i>	1	GC, 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	GC, PA
<i>ribasphere tab 200mg</i>	1	GC, PA
<i>ribasphere tab 400mg</i>	4	PA
<i>ribasphere tab 600mg</i>	4	PA
<i>ribavirin cap 200 mg</i>	1	GC, PA
<i>ribavirin tab 200 mg</i>	1	GC, PA
<i>rimantadine hydrochloride tab 100 mg</i>	1	GC
TAMIFLU CAP 30MG	2	QL (84 caps / 180 days)
TAMIFLU CAP 45MG	2	QL (42 caps / 180 days)
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	GC
<i>valacyclovir hcl tab 500 mg</i>	1	GC
VALCYTE SOL 50MG/ML	4	
VALCYTE TAB 450MG	4	
VICTRELIS CAP 200MG	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
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	GC
<i>clindamycin hcl cap 300 mg</i>	1	GC
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	GC
<i>colistimethate sodium for inj 150 mg</i>	1	GC, B/D
CUBICIN SOL 500MG	4	B/D
<i>dapsone tab 100 mg</i>	1	GC
<i>dapsone tab 25 mg</i>	1	GC
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	1	GC
INVANZ INJ 1GM	2	
MACRODANTIN CAP 25MG	2	
<i>mebendazole chew tab 100 mg</i>	1	GC
MEPRON SUS	4	
<i>methenamine hippurate tab 1 gm</i>	1	GC
<i>metronidazole cap 375 mg</i>	1	GC
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	GC
<i>metronidazole tab 250 mg</i>	1	GC
<i>metronidazole tab 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	GC
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	GC
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	GC
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	GC
<i>sulfamethoxazole-trimethoprim tab 400-801 mg</i>	1	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	GC
<i>trimethoprim tab 100 mg</i>	1	GC
TYGACIL INJ 50MG	3	
VANCOCIN HCL CAP 125MG	4	
VANCOCIN HCL CAP 250MG	4	
<i>vancomycin hcl for inj 10 gm</i>	1	GC, B/D

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<i>vancomycin hcl for inj 1000 mg</i>	1	GC, B/D
<i>vancomycin hcl for inj 500 mg</i>	1	GC, 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	GC, B/D
<i>cyclophosphamide tab 50 mg</i>	1	GC, B/D
<i>dacarbazine for inj 200 mg</i>	1	GC, 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	GC, B/D
MUSTARGEN INJ 10MG	2	B/D
TREANDA INJ 100MG	4	B/D

### **ANTHRACYCLINES**

<i>adriamycin inj 2mg/ml</i>	1	GC, B/D
<i>daunorubicin hcl for inj 20 mg</i>	1	GC, 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	GC, 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	GC, B/D

### **ANTIBIOTICS**

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

### **ANTIMETABOLITES**

ALIMTA INJ 500MG	4	B/D
<i>cytarabine for inj 500 mg</i>	1	GC, B/D
<i>cytarabine inj 20 mg/ml</i>	1	GC, B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	1	GC, B/D
<i>gemcitabine hcl for inj 1 gm</i>	4	B/D
<i>mercaptopurine tab 50 mg</i>	1	GC
<i>methotrexate sodium for inj 1 gm</i>	1	GC, B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium inj 25 mg/ml</i>	1	GC, B/D
<i>pentostatin for inj 10 mg</i>	1	GC, B/D
TABLOID TAB 40MG	2	
VIDAZA INJ 100MG	4	B/D
<b>ANTIMITOTIC, TAXOIDS</b>		
<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
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
VINBLASTINE INJ 10MG	2	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	GC, B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	GC, B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	1	GC, B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
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	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole tab 1 mg</i>	1	GC
<i>bicalutamide tab 50 mg</i>	1	GC
DEPO-PROVERA INJ 400/ML	2	B/D
<i>exemestane tab 25 mg</i>	1	GC
FARESTON TAB 60MG	2	
FASLODEX INJ 250MG	4	B/D
<i>flutamide cap 125 mg</i>	1	GC
<i>letrozole tab 2.5 mg</i>	1	GC
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	GC, 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
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

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MEGACE ES SUS	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	GC
<i>megestrol acetate tab 20 mg</i>	1	GC
<i>megestrol acetate tab 40 mg</i>	1	GC
NILANDRON TAB 150MG	2	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	GC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	GC
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
<b>KINASE INHIBITORS</b>		
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
<b>MISCELLANEOUS</b>		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	

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DROXIA CAP 400MG	2	
ELSPAR INJ 10000UNT	2	B/D
<i>hydroxyurea cap 500 mg</i>	1	GC
<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>	1	GC, 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
<b>NUCLEOSIDE ANALOGS</b>		
<i>cladribine inj 1 mg/ml</i>	1	GC, B/D
<i>fludarabine phosphate for inj 50 mg</i>	4	B/D
<b>PLATINUM COORDINATION COMPLEX</b>		
<i>carboplatin iv soln 150 mg/15ml</i>	1	GC, B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	GC, B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D
<b>PROTECTIVE AGENTS</b>		
<i>amifostine crystalline for inj 500 mg</i>	4	B/D
<i>dexrazoxane for inj 500 mg</i>	1	GC, B/D
ELITEK INJ 1.5MG	4	B/D
<i>ifosfamide &amp; mesna inj kit 1000-1000 mg</i>	1	GC, B/D
<i>ifosfamide &amp; mesna inj kit 3000-1000 mg</i>	1	GC, B/D
LEUCOVOR CA TAB 10MG	2	
LEUCOVOR CA TAB 15MG	2	
<i>leucovorin calcium for inj 100 mg</i>	1	GC, B/D
<i>leucovorin calcium for inj 350 mg</i>	1	GC, B/D
<i>leucovorin calcium tab 25 mg</i>	1	GC
<i>leucovorin calcium tab 5 mg</i>	1	GC
<i>mesna inj 100 mg/ml</i>	1	GC, B/D
MESNEX TAB 400MG	4	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide inj 20 mg/ml</i>	1	GC, B/D
<i>toposar inj 1gm/50ml</i>	1	GC, B/D
<i>topotecan hcl for inj 4 mg</i>	4	B/D

## **CARDIOVASCULAR**

### **ACE INHIBITOR COMBINATIONS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC

**ACE INHIBITORS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trandolapril tab 2 mg</i>	1	GC
<i>trandolapril tab 4 mg</i>	1	GC
<b>ADRENOLYTICS, CENTRAL</b>		
<i>clonidine hcl tab 0.1 mg</i>	1	GC
<i>clonidine hcl tab 0.2 mg</i>	1	GC
<i>clonidine hcl tab 0.3 mg</i>	1	GC
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	1	GC
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	1	GC
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	1	GC
<i>guanfacine hcl tab 1 mg</i>	1	GC
<i>guanfacine hcl tab 2 mg</i>	1	GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone tab 25 mg</i>	1	GC, PA
<i>eplerenone tab 50 mg</i>	1	GC, PA
<i>spironolactone tab 100 mg</i>	1	GC
<i>spironolactone tab 25 mg</i>	1	GC
<i>spironolactone tab 50 mg</i>	1	GC
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate tab 1 mg</i>	1	GC
<i>doxazosin mesylate tab 2 mg</i>	1	GC
<i>doxazosin mesylate tab 4 mg</i>	1	GC
<i>doxazosin mesylate tab 8 mg</i>	1	GC
<i>prazosin hcl cap 1 mg</i>	1	GC
<i>prazosin hcl cap 2 mg</i>	1	GC
<i>prazosin hcl cap 5 mg</i>	1	GC
<i>terazosin hcl cap 1 mg</i>	1	GC
<i>terazosin hcl cap 10 mg</i>	1	GC
<i>terazosin hcl cap 2 mg</i>	1	GC
<i>terazosin hcl cap 5 mg</i>	1	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
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	

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

### **ANTIARRHYTHMICS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propafenone hcl cap sr 12hr 325 mg</i>	1	GC
<i>propafenone hcl cap sr 12hr 425 mg</i>	1	GC
<i>propafenone hcl tab 150 mg</i>	1	GC
<i>propafenone hcl tab 225 mg</i>	1	GC
<i>propafenone hcl tab 300 mg</i>	1	GC
<i>quinidine gluconate tab cr 324 mg</i>	1	GC
<i>quinidine sulfate tab 200 mg</i>	1	GC
<i>quinidine sulfate tab 300 mg</i>	1	GC
<i>quinidine sulfate tab cr 300 mg</i>	1	GC
<i>sorine tab 120mg</i>	1	GC
<i>sorine tab 160mg</i>	1	GC
<i>sorine tab 240mg</i>	1	GC
<i>sorine tab 80mg</i>	1	GC
<i>sotalol hcl tab 120 mg</i>	1	GC
<i>sotalol hcl tab 160 mg</i>	1	GC
<i>sotalol hcl tab 240 mg</i>	1	GC
<i>sotalol hcl tab 80 mg</i>	1	GC
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	GC
<i>lovastatin tab 20 mg</i>	1	GC
<i>lovastatin tab 40 mg</i>	1	GC
<i>pravastatin sodium tab 10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	1	GC
<i>simvastatin tab 10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	GC, QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>simvastatin tab 40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	GC

### **ANTILIPEMICS, MISCELLANEOUS**

ANTARA CAP 130MG	2	
ANTARA CAP 43MG	2	
<i>cholestyramine light powder packets 4 gm</i>	1	GC
<i>colestipol hcl granules 5 gm</i>	1	GC
<i>colestipol hcl tab 1 gm</i>	1	GC
<i>fenofibrate micronized cap 134 mg</i>	1	GC
<i>fenofibrate micronized cap 200 mg</i>	1	GC
<i>fenofibrate micronized cap 67 mg</i>	1	GC
<i>fenofibrate tab 160 mg</i>	1	GC
<i>fenofibrate tab 54 mg</i>	1	GC
<i>gemfibrozil tab 600 mg</i>	1	GC
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	GC
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 &amp; chlorthalidone tab 100-25 mg</i>	1	GC
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.251 mg</i>	1	GC
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	GC

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<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	GC
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl cap 200 mg</i>	1	GC
<i>acebutolol hcl cap 400 mg</i>	1	GC
<i>atenolol tab 100 mg</i>	1	GC
<i>atenolol tab 25 mg</i>	1	GC
<i>atenolol tab 50 mg</i>	1	GC
<i>bisoprolol fumarate tab 10 mg</i>	1	GC
<i>bisoprolol fumarate tab 5 mg</i>	1	GC
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	GC
<i>carvedilol tab 25 mg</i>	1	GC
<i>carvedilol tab 3.125 mg</i>	1	GC
<i>carvedilol tab 6.25 mg</i>	1	GC
<i>labetalol hcl iv soln 5 mg/ml</i>	1	GC
<i>labetalol hcl tab 100 mg</i>	1	GC
<i>labetalol hcl tab 200 mg</i>	1	GC
<i>labetalol hcl tab 300 mg</i>	1	GC
<i>metoprolol succinate tab sr 24hr 100 mg</i>	1	GC
<i>metoprolol succinate tab sr 24hr 200 mg</i>	1	GC
<i>metoprolol succinate tab sr 24hr 25 mg</i>	1	GC
<i>metoprolol succinate tab sr 24hr 50 mg</i>	1	GC
<i>metoprolol tartrate inj 1 mg/ml</i>	1	GC
<i>metoprolol tartrate tab 100 mg</i>	1	GC
<i>metoprolol tartrate tab 25 mg</i>	1	GC
<i>metoprolol tartrate tab 50 mg</i>	1	GC
<i>nadolol tab 20 mg</i>	1	GC
<i>nadolol tab 40 mg</i>	1	GC
<i>nadolol tab 80 mg</i>	1	GC
<i>pindolol tab 10 mg</i>	1	GC
<i>pindolol tab 5 mg</i>	1	GC
<i>propranolol hcl cap sr 24hr 120 mg</i>	1	GC
<i>propranolol hcl cap sr 24hr 160 mg</i>	1	GC
<i>propranolol hcl cap sr 24hr 60 mg</i>	1	GC
<i>propranolol hcl cap sr 24hr 80 mg</i>	1	GC
<i>propranolol hcl inj 1 mg/ml</i>	1	GC
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	GC
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	GC
<i>propranolol hcl tab 10 mg</i>	1	GC
<i>propranolol hcl tab 20 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl tab 40 mg</i>	1	GC
<i>propranolol hcl tab 60 mg</i>	1	GC
<i>propranolol hcl tab 80 mg</i>	1	GC
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab tab 30mg cr</i>	1	GC
<i>afeditab tab 60mg cr</i>	1	GC
<i>amlodipine besylate tab 10 mg</i>	1	GC
<i>amlodipine besylate tab 2.5 mg</i>	1	GC
<i>amlodipine besylate tab 5 mg</i>	1	GC
CARDIZEM CD CAP 360MG/24	2	
<i>cartia xt cap 120/24hr</i>	1	GC
<i>cartia xt cap 180/24hr</i>	1	GC
<i>cartia xt cap 240/24hr</i>	1	GC
<i>cartia xt cap 300/24hr</i>	1	GC
<i>dilt-cd cap 120mg</i>	1	GC
<i>dilt-cd cap 300mg</i>	1	GC
<i>dilt-xr cap 180mg</i>	1	GC
<i>dilt-xr cap 240mg</i>	1	GC
<i>diltiazem hcl cap sr 12hr 120 mg</i>	1	GC
<i>diltiazem hcl cap sr 12hr 60 mg</i>	1	GC
<i>diltiazem hcl cap sr 12hr 90 mg</i>	1	GC
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	1	GC
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	1	GC
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	1	GC
<i>diltiazem hcl coated beads tab sr 24hr 240 mg</i>	1	GC
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	1	GC
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	1	GC
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	GC
<i>diltiazem hcl tab 120 mg</i>	1	GC
<i>diltiazem hcl tab 30 mg</i>	1	GC
<i>diltiazem hcl tab 60 mg</i>	1	GC
<i>diltiazem hcl tab 90 mg</i>	1	GC
<i>diltzac cap 120mg/24</i>	1	GC
<i>diltzac cap 180mg/24</i>	1	GC
<i>diltzac cap 240mg/24</i>	1	GC
<i>diltzac cap 300mg/24</i>	1	GC
<i>felodipine tab sr 24hr 10 mg</i>	1	GC
<i>felodipine tab sr 24hr 2.5 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>felodipine tab sr 24hr 5 mg</i>	1	GC
<i>isradipine cap 2.5 mg</i>	1	GC
<i>isradipine cap 5 mg</i>	1	GC
<i>matzim la tab 180mg/24</i>	1	GC
<i>matzim la tab 300mg/24</i>	1	GC
<i>matzim la tab 360mg/24</i>	1	GC
<i>matzim la tab 420mg/24</i>	1	GC
<i>nifediac cc tab 30mg er</i>	1	GC
<i>nifediac cc tab 60mg er</i>	1	GC
<i>nifediac cc tab 90mg er</i>	1	GC
<i>nifedical xl tab 30mg</i>	1	GC
<i>nifedical xl tab 60mg</i>	1	GC
<i>nifedipine tab sr 24hr osmotic 30 mg</i>	1	GC
<i>nifedipine tab sr 24hr osmotic 60 mg</i>	1	GC
<i>nifedipine tab sr 24hr osmotic 90 mg</i>	1	GC
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab sr 24hr 17 mg</i>	1	GC
<i>nisoldipine tab sr 24hr 20 mg</i>	1	GC
<i>nisoldipine tab sr 24hr 25.5 mg</i>	1	GC
<i>nisoldipine tab sr 24hr 30 mg</i>	1	GC
<i>nisoldipine tab sr 24hr 34 mg</i>	1	GC
<i>nisoldipine tab sr 24hr 40 mg</i>	1	GC
<i>nisoldipine tab sr 24hr 8.5 mg</i>	1	GC
<i>taztia xt cap 120mg/24</i>	1	GC
<i>taztia xt cap 180mg/24</i>	1	GC
<i>taztia xt cap 240mg/24</i>	1	GC
<i>taztia xt cap 300mg/24</i>	1	GC
<i>taztia xt cap 360mg/24</i>	1	GC
<i>verapamil hcl cap sr 24hr 100 mg</i>	1	GC
<i>verapamil hcl cap sr 24hr 120 mg</i>	1	GC
<i>verapamil hcl cap sr 24hr 180 mg</i>	1	GC
<i>verapamil hcl cap sr 24hr 200 mg</i>	1	GC
<i>verapamil hcl cap sr 24hr 240 mg</i>	1	GC
<i>verapamil hcl cap sr 24hr 300 mg</i>	1	GC
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	GC
<i>verapamil hcl tab 120 mg</i>	1	GC
<i>verapamil hcl tab 40 mg</i>	1	GC
<i>verapamil hcl tab 80 mg</i>	1	GC
<i>verapamil hcl tab cr 120 mg</i>	1	GC
<i>verapamil hcl tab cr 180 mg</i>	1	GC
<i>verapamil hcl tab cr 240 mg</i>	1	GC
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin inj 0.25 mg/ml</i>	1	GC
DIGOXIN SOL 50MCG/ML	1	GC

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<i>digoxin tab 0.125 mg</i>	1	GC
<i>digoxin tab 0.25 mg</i>	1	GC
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	GC
<i>acetazolamide tab 125 mg</i>	1	GC
<i>acetazolamide tab 250 mg</i>	1	GC
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	GC
<i>amiloride hcl tab 5 mg</i>	1	GC
<i>bumetanide inj 0.25 mg/ml</i>	1	GC
<i>bumetanide tab 0.5 mg</i>	1	GC
<i>bumetanide tab 1 mg</i>	1	GC
<i>bumetanide tab 2 mg</i>	1	GC
<i>chlorothiazide tab 250 mg</i>	1	GC
<i>chlorothiazide tab 500 mg</i>	1	GC
<i>chlorthalidone tab 25 mg</i>	1	GC
<i>chlorthalidone tab 50 mg</i>	1	GC
<i>furosemide inj 10 mg/ml</i>	1	GC
<i>furosemide oral soln 10 mg/ml</i>	1	GC
<i>furosemide tab 20 mg</i>	1	GC
<i>furosemide tab 40 mg</i>	1	GC
<i>furosemide tab 80 mg</i>	1	GC
<i>hydrochlorothiazide cap 12.5 mg</i>	1	GC
<i>hydrochlorothiazide tab 12.5 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrochlorothiazide tab 25 mg</i>	1	GC
<i>hydrochlorothiazide tab 50 mg</i>	1	GC
<i>indapamide tab 1.25 mg</i>	1	GC
<i>indapamide tab 2.5 mg</i>	1	GC
<i>methazolamide tab 25 mg</i>	1	GC
<i>methazolamide tab 50 mg</i>	1	GC
<i>metolazone tab 10 mg</i>	1	GC
<i>metolazone tab 2.5 mg</i>	1	GC
<i>metolazone tab 5 mg</i>	1	GC
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	GC
TORSEMIDE INJ 20MG/2ML	2	
<i>toremide tab 10 mg</i>	1	GC
<i>toremide tab 100 mg</i>	1	GC
<i>toremide tab 20 mg</i>	1	GC
<i>toremide tab 5 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide cap 50-25 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	GC
<b>MISCELLANEOUS</b>		
BIDIL TAB	2	
<i>hydralazine hcl inj 20 mg/ml</i>	1	GC
<i>hydralazine hcl tab 10 mg</i>	1	GC
<i>hydralazine hcl tab 100 mg</i>	1	GC
<i>hydralazine hcl tab 25 mg</i>	1	GC
<i>hydralazine hcl tab 50 mg</i>	1	GC
<i>methyldopa tab 250 mg</i>	1	GC
<i>methyldopa tab 500 mg</i>	1	GC
<i>midodrine hcl tab 10 mg</i>	1	GC
<i>midodrine hcl tab 2.5 mg</i>	1	GC
<i>midodrine hcl tab 5 mg</i>	1	GC
<i>minoxidil tab 10 mg</i>	1	GC
<i>minoxidil tab 2.5 mg</i>	1	GC
RANEXA TAB 1000MG	2	PA
RANEXA TAB 500MG	2	PA
<b>NITRATES</b>		
<i>isochron tab 40mg cr</i>	1	GC
ISORDIL TAB 40MG	2	
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	GC

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more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide dinitrate sl tab 5 mg</i>	1	GC
<i>isosorbide dinitrate tab 10 mg</i>	1	GC
<i>isosorbide dinitrate tab 20 mg</i>	1	GC
<i>isosorbide dinitrate tab 30 mg</i>	1	GC
<i>isosorbide dinitrate tab 5 mg</i>	1	GC
<i>isosorbide dinitrate tab cr 40 mg</i>	1	GC
<i>isosorbide mononitrate tab 10 mg</i>	1	GC
<i>isosorbide mononitrate tab 20 mg</i>	1	GC
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	1	GC
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	1	GC
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	1	GC
<i>minitran dis 0.1mg/hr</i>	1	GC; patch
<i>minitran dis 0.2mg/hr</i>	1	GC; patch
<i>minitran dis 0.4mg/hr</i>	1	GC; patch
<i>minitran dis 0.6mg/hr</i>	1	GC; 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	GC; patch
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	GC; patch
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	GC; patch
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	GC; 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
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	GC
<i>bupirone hcl tab 15 mg</i>	1	GC
<i>bupirone hcl tab 30 mg</i>	1	GC
<i>bupirone hcl tab 5 mg</i>	1	GC
<i>bupirone hcl tab 7.5 mg</i>	1	GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate tab 100 mg</i>	1	GC
<i>fluvoxamine maleate tab 25 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	1	GC, 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	GC
<i>carbamazepine susp 100 mg/5ml</i>	1	GC
<i>carbamazepine tab 200 mg</i>	1	GC
<i>carbamazepine tab sr 12hr 200 mg</i>	1	GC
<i>carbamazepine tab sr 12hr 400 mg</i>	1	GC
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	GC
<i>divalproex sodium tab delayed release 125 mg</i>	1	GC
<i>divalproex sodium tab delayed release 250 mg</i>	1	GC
<i>divalproex sodium tab delayed release 500 mg</i>	1	GC
<i>divalproex sodium tab sr 24 hr 250 mg</i>	1	GC
<i>divalproex sodium tab sr 24 hr 500 mg</i>	1	GC
<i>epitol tab 200mg</i>	1	GC
<i>ethosuximide cap 250 mg</i>	1	GC
<i>ethosuximide soln 250 mg/5ml</i>	1	GC
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
<i>gabapentin cap 100 mg</i>	1	GC, QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	GC, QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	GC, QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	GC, QL (5 bottles / 30 days)
<i>gabapentin tab 600 mg</i>	1	GC, QL (180 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin tab 800 mg</i>	1	GC, 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	GC
<i>lamotrigine tab 150 mg</i>	1	GC
<i>lamotrigine tab 200 mg</i>	1	GC
<i>lamotrigine tab 25 mg</i>	1	GC
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	GC
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	GC
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	GC
<i>levetiracetam oral soln 100 mg/ml</i>	1	GC
<i>levetiracetam tab 1000 mg</i>	1	GC
<i>levetiracetam tab 250 mg</i>	1	GC
<i>levetiracetam tab 500 mg</i>	1	GC
<i>levetiracetam tab 750 mg</i>	1	GC
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	GC
<i>oxcarbazepine tab 150 mg</i>	1	GC
<i>oxcarbazepine tab 300 mg</i>	1	GC
<i>oxcarbazepine tab 600 mg</i>	1	GC
PEGANONE TAB 250MG	2	
<i>phenytoin sodium extended cap 100 mg</i>	1	GC
<i>phenytoin sodium extended cap 200 mg</i>	1	GC
<i>phenytoin sodium extended cap 300 mg</i>	1	GC
<i>phenytoin sodium inj 50 mg/ml</i>	1	GC
<i>phenytoin susp 125 mg/5ml</i>	1	GC
<i>primidone tab 250 mg</i>	1	GC
<i>primidone tab 50 mg</i>	1	GC
SABRIL POW 500MG	4	PA
SABRIL TAB 500MG	4	PA
TEGRETOL XR TAB 100MG	2	
<i>topiramate sprinkle cap 15 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topiramate sprinkle cap 25 mg</i>	1	GC
<i>topiramate tab 100 mg</i>	1	GC
<i>topiramate tab 200 mg</i>	1	GC
<i>topiramate tab 25 mg</i>	1	GC
<i>topiramate tab 50 mg</i>	1	GC
<i>valproate sodium inj 100 mg/ml</i>	1	GC
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	1	GC
<i>valproic acid cap 250 mg</i>	1	GC
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	GC
<i>zonisamide cap 25 mg</i>	1	GC
<i>zonisamide cap 50 mg</i>	1	GC
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	GC
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	GC, QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	GC
<i>donepezil hydrochloride tab 5 mg</i>	1	GC, 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	GC
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	1	GC
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	1	GC, QL (30 ea / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	GC
<i>galantamine hydrobromide tab 12 mg</i>	1	GC
<i>galantamine hydrobromide tab 4 mg</i>	1	GC
<i>galantamine hydrobromide tab 8 mg</i>	1	GC
NAMENDA SOL 10MG/5ML	2	
NAMENDA TAB 10MG	2	
NAMENDA TAB 5-10MG	2	
NAMENDA TAB 5MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate cap 1.5 mg</i>	1	GC, QL (240 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg</i>	1	GC, QL (120 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg</i>	1	GC, QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg</i>	1	GC, QL (60 caps / 30 days)

### **ANTIDEPRESSANTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tab 150 mg</i>	1	GC
<i>desipramine hcl tab 25 mg</i>	1	GC
<i>desipramine hcl tab 50 mg</i>	1	GC
<i>desipramine hcl tab 75 mg</i>	1	GC
<i>doxepin hcl cap 10 mg</i>	1	GC
<i>doxepin hcl cap 100 mg</i>	1	GC
<i>doxepin hcl cap 150 mg</i>	1	GC
<i>doxepin hcl cap 25 mg</i>	1	GC
<i>doxepin hcl cap 50 mg</i>	1	GC
<i>doxepin hcl cap 75 mg</i>	1	GC
<i>doxepin hcl conc 10 mg/ml</i>	1	GC
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	GC, QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	GC
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	GC
<i>fluoxetine hcl tab 10 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	1	GC
<i>imipramine hcl tab 10 mg</i>	1	GC
<i>imipramine hcl tab 25 mg</i>	1	GC
<i>imipramine hcl tab 50 mg</i>	1	GC
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	GC
<i>maprotiline hcl tab 50 mg</i>	1	GC
<i>maprotiline hcl tab 75 mg</i>	1	GC
MARPLAN TAB 10MG	2	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	GC, QL (45 ea / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	GC
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	GC
<i>mirtazapine tab 15 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	1	GC
<i>mirtazapine tab 45 mg</i>	1	GC

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more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine tab 7.5 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>nefazodone hcl tab 100 mg</i>	1	GC
<i>nefazodone hcl tab 150 mg</i>	1	GC
<i>nefazodone hcl tab 200 mg</i>	1	GC
<i>nefazodone hcl tab 250 mg</i>	1	GC
<i>nefazodone hcl tab 50 mg</i>	1	GC
<i>nortriptyline hcl cap 10 mg</i>	1	GC
<i>nortriptyline hcl cap 25 mg</i>	1	GC
<i>nortriptyline hcl cap 50 mg</i>	1	GC
<i>nortriptyline hcl cap 75 mg</i>	1	GC
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	GC
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	GC
<i>paroxetine hcl tab 10 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	1	GC
<i>paroxetine hcl tab 40 mg</i>	1	GC
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	1	GC, QL (30 ea / 30 days)
<i>paroxetine hcl tab sr 24hr 25 mg</i>	1	GC
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	1	GC
<i>phenelzine sulfate tab 15 mg</i>	1	GC
PRISTIQ TAB 100MG	2	
PRISTIQ TAB 50MG	2	QL (30 ea / 30 days)
<i>protriptyline hcl tab 10 mg</i>	1	GC
<i>protriptyline hcl tab 5 mg</i>	1	GC
<i>sertraline hcl oral conc 20 mg/ml</i>	1	GC
<i>sertraline hcl tab 100 mg</i>	1	GC
<i>sertraline hcl tab 25 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	1	GC, QL (45 tabs / 30 days)
SURMONTIL CAP 100MG	2	
<i>tranylcypromine sulfate tab 10 mg</i>	1	GC
<i>trazodone hcl tab 100 mg</i>	1	GC
<i>trazodone hcl tab 150 mg</i>	1	GC
<i>trazodone hcl tab 300 mg</i>	1	GC
<i>trazodone hcl tab 50 mg</i>	1	GC
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	1	GC
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	1	GC, QL (30 ea / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	1	GC, QL (30 ea / 30 days)
<i>venlafaxine hcl tab 100 mg</i>	1	GC
<i>venlafaxine hcl tab 25 mg</i>	1	GC
<i>venlafaxine hcl tab 37.5 mg</i>	1	GC
<i>venlafaxine hcl tab 50 mg</i>	1	GC
<i>venlafaxine hcl tab 75 mg</i>	1	GC
<i>venlafaxine hcl tab sr 24hr 150 mg (base equivalent)</i>	1	GC
<i>venlafaxine hcl tab sr 24hr 37.5 mg (base equivalent)</i>	1	GC, QL (30 ea / 30 days)
<i>venlafaxine hcl tab sr 24hr 75 mg (base equivalent)</i>	1	GC, QL (30 ea / 30 days)
VIIBRYD TAB 10MG	3	ST
VIIBRYD TAB 20MG	3	ST
VIIBRYD TAB 40MG	3	ST

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl cap 100 mg</i>	1	GC
<i>amantadine hcl syrup 50 mg/5ml</i>	1	GC
<i>amantadine hcl tab 100 mg</i>	1	GC
APOKYN INJ	4	
AZILECT TAB 0.5MG	2	
AZILECT TAB 1MG	2	
<i>benztropine mesylate inj 1 mg/ml</i>	1	GC
<i>benztropine mesylate tab 0.5 mg</i>	1	GC
<i>benztropine mesylate tab 1 mg</i>	1	GC
<i>benztropine mesylate tab 2 mg</i>	1	GC
<i>bromocriptine mesylate cap 5 mg</i>	1	GC
<i>bromocriptine mesylate tab 2.5 mg</i>	1	GC
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	GC
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	GC
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	GC
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	GC
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	GC
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	GC
<i>carbidopa &amp; levodopa tab cr 25-100 mg</i>	1	GC
<i>carbidopa &amp; levodopa tab cr 50-200 mg</i>	1	GC
COMTAN TAB 200MG	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	GC
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	GC
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	GC
<i>pramipexole dihydrochloride tab 1 mg</i>	1	GC
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	GC
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	GC
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	GC
<i>ropinirole hydrochloride tab 1 mg</i>	1	GC
<i>ropinirole hydrochloride tab 2 mg</i>	1	GC
<i>ropinirole hydrochloride tab 3 mg</i>	1	GC
<i>ropinirole hydrochloride tab 4 mg</i>	1	GC
<i>ropinirole hydrochloride tab 5 mg</i>	1	GC
<i>selegiline hcl cap 5 mg</i>	1	GC
<i>selegiline hcl tab 5 mg</i>	1	GC
STALEVO 100 TAB	2	
STALEVO 125 TAB	2	
STALEVO 150 TAB	2	
STALEVO 200 TAB	2	
STALEVO 50 TAB	2	
STALEVO 75 TAB	2	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	GC
<i>trihexyphenidyl hcl tab 2 mg</i>	1	GC
<i>trihexyphenidyl hcl tab 5 mg</i>	1	GC
<b>ANTIPSYCHOTICS</b>		
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	GC
<i>chlorpromazine hcl tab 100 mg</i>	1	GC
<i>chlorpromazine hcl tab 200 mg</i>	1	GC
<i>chlorpromazine hcl tab 25 mg</i>	1	GC
<i>chlorpromazine hcl tab 50 mg</i>	1	GC
<i>clozapine tab 100 mg</i>	1	GC
<i>clozapine tab 200 mg</i>	1	GC
<i>clozapine tab 25 mg</i>	1	GC
<i>clozapine tab 50 mg</i>	1	GC
FANAPT PAK	3	ST
FANAPT TAB 10MG	3	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	GC
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	GC
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	GC
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	GC
<i>fluphenazine hcl tab 1 mg</i>	1	GC
<i>fluphenazine hcl tab 10 mg</i>	1	GC
<i>fluphenazine hcl tab 2.5 mg</i>	1	GC
<i>fluphenazine hcl tab 5 mg</i>	1	GC
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	GC
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	GC
<i>haloperidol lactate inj 5 mg/ml</i>	1	GC
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	GC
<i>haloperidol tab 0.5 mg</i>	1	GC
<i>haloperidol tab 1 mg</i>	1	GC
<i>haloperidol tab 10 mg</i>	1	GC
<i>haloperidol tab 2 mg</i>	1	GC
<i>haloperidol tab 20 mg</i>	1	GC
<i>haloperidol tab 5 mg</i>	1	GC
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TAB 9MG	3	ST
LATUDA TAB 40MG	3	ST
LATUDA TAB 80MG	3	ST
<i>loxapine succinate cap 10 mg</i>	1	GC
<i>loxapine succinate cap 25 mg</i>	1	GC
<i>loxapine succinate cap 5 mg</i>	1	GC
<i>loxapine succinate cap 50 mg</i>	1	GC
<i>olanzapine orally disintegrating tab 10 mg</i>	1	GC
<i>olanzapine orally disintegrating tab 15 mg</i>	1	GC
<i>olanzapine orally disintegrating tab 20 mg</i>	1	GC
<i>olanzapine orally disintegrating tab 5 mg</i>	1	GC, QL (30 / 30 days)
<i>olanzapine tab 10 mg</i>	1	GC
<i>olanzapine tab 15 mg</i>	1	GC
<i>olanzapine tab 2.5 mg</i>	1	GC, QL (30 / 30 days)
<i>olanzapine tab 20 mg</i>	1	GC
<i>olanzapine tab 5 mg</i>	1	GC, QL (30 / 30 days)
<i>olanzapine tab 7.5 mg</i>	1	GC, QL (30 / 30 days)
ORAP TAB 1MG	2	
ORAP TAB 2MG	2	
<i>perphenazine tab 16 mg</i>	1	GC
<i>perphenazine tab 2 mg</i>	1	GC
<i>perphenazine tab 4 mg</i>	1	GC
<i>perphenazine tab 8 mg</i>	1	GC
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	GC, QL (90 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	GC, QL (90 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 1 mg</i>	1	GC, QL (60 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 2 mg</i>	1	GC, QL (60 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 3 mg</i>	1	GC, QL (60 ea / 30 days); ODT
<i>risperidone orally disintegrating tab 4 mg</i>	1	GC
<i>risperidone soln 1 mg/ml</i>	1	GC
<i>risperidone tab 0.25 mg</i>	1	GC, QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone tab 0.5 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	1	GC
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	GC, PA
<i>thioridazine hcl tab 100 mg</i>	1	GC, PA
<i>thioridazine hcl tab 25 mg</i>	1	GC, PA
<i>thioridazine hcl tab 50 mg</i>	1	GC, PA
<i>thiothixene cap 1 mg</i>	1	GC
<i>thiothixene cap 10 mg</i>	1	GC
<i>thiothixene cap 2 mg</i>	1	GC
<i>thiothixene cap 5 mg</i>	1	GC
<i>trifluoperazine hcl tab 1 mg</i>	1	GC
<i>trifluoperazine hcl tab 10 mg</i>	1	GC
<i>trifluoperazine hcl tab 2 mg</i>	1	GC
<i>trifluoperazine hcl tab 5 mg</i>	1	GC
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYPREXA ZYDI TAB 5MG	3	QL (30 ea / 30 days)

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	GC, PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	GC, PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	GC, PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	GC, PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	GC, PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	GC, PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	GC, PA
<i>dextroamphetamine sulfate cap sr 24hr 10 mg</i>	1	GC, PA
<i>dextroamphetamine sulfate cap sr 24hr 15 mg</i>	1	GC, PA
<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i>	1	GC, PA
<i>dextroamphetamine sulfate tab 10 mg</i>	1	GC, PA
<i>dextroamphetamine sulfate tab 5 mg</i>	1	GC, PA
<i>metadate tab 20mg er</i>	1	GC, PA
<i>methylin er tab 10mg</i>	1	GC; ext rel
<i>methylin er tab 20mg</i>	1	GC; ext rel
<i>methylin tab 10mg</i>	1	GC, PA
<i>methylin tab 20mg</i>	1	GC, PA
<i>methylin tab 5mg</i>	1	GC, PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	GC, PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	GC, PA
<i>methylphenidate hcl tab 10 mg</i>	1	GC, PA
<i>methylphenidate hcl tab 20 mg</i>	1	GC, PA
<i>methylphenidate hcl tab 5 mg</i>	1	GC, PA
<i>methylphenidate hcl tab cr 20 mg</i>	1	GC, 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	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SILENOR TAB 6MG	2	
<i>zaleplon cap 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>zaleplon cap 5 mg</i>	1	GC, QL (30 caps / 30 days)
<i>zolpidem tartrate tab 10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>zolpidem tartrate tab 5 mg</i>	1	GC, QL (30 tabs / 30 days)

### **MIGRAINE**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	GC
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	GC
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	GC, QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	GC, QL (9 tabs / 30 days)
<i>sumatriptan succinate inj 4 mg/0.5ml</i>	1	GC, QL (20 vials 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	GC, QL (20 vials 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	GC, QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	GC, QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	GC, QL (9 tabs / 30 days)

### **MISCELLANEOUS**

GUANIDINE TAB 125MG	2	
LITHIUM CARB TAB 300MG	1	GC
<i>lithium carbonate cap 150 mg</i>	1	GC
<i>lithium carbonate cap 300 mg</i>	1	GC
<i>lithium carbonate cap 600 mg</i>	1	GC
<i>lithium carbonate tab cr 300 mg</i>	1	GC
<i>lithium carbonate tab cr 450 mg</i>	1	GC
LITHIUM CITR SYP 8MEQ/5ML	2	
MESTINON SYP 60MG/5ML	2	
MESTINON TAB TIMESPAN	2	
NUEDEXTA CAP 20-10MG	3	PA
<i>pyridostigmine bromide tab 60 mg</i>	1	GC
REGONOL INJ 5MG/ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	GC
<i>baclofen tab 20 mg</i>	1	GC
<i>carisoprodol tab 350 mg</i>	1	GC, QL (120 tabs / 30 days), PA
<i>chlorzoxazone tab 500 mg</i>	1	GC, PA
<i>cyclobenzaprine hcl tab 10 mg</i>	1	GC, PA
<i>cyclobenzaprine hcl tab 5 mg</i>	1	GC, PA
<i>dantrolene sodium cap 100 mg</i>	1	GC
<i>dantrolene sodium cap 25 mg</i>	1	GC
<i>dantrolene sodium cap 50 mg</i>	1	GC
<i>metaxalone tab 800 mg</i>	1	GC, PA
<i>methocarbamol tab 500 mg</i>	1	GC, PA
<i>methocarbamol tab 750 mg</i>	1	GC, PA
<i>orphen cpd tab ds</i>	1	GC, PA
<i>orphenadrine tab 100mg er</i>	1	GC, PA
<i>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg</i>	1	GC, PA
ROBAXIN INJ 100MG/ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tizanidine hcl tab 2 mg</i>	1	GC
<i>tizanidine hcl tab 4 mg</i>	1	GC

### **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	GC, PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	GC, PA
<i>buproban tab 150mg</i>	1	GC
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	GC
<i>naloxone hcl inj 0.4 mg/ml</i>	1	GC
<i>naloxone hcl inj 1 mg/ml</i>	1	GC
<i>naltrexone hcl tab 50 mg</i>	1	GC
NICOTROL INH	3	PA
NICOTROL NS SPR 10MG/ML	3	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	GC
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	GC
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	GC
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	GC
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	GC
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	GC, PA
TESTIM GEL 1%(50MG)	3	QL (300 gm / 30 days), PA
<i>testosterone cypionate im in oil 100 mg/ml</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone enanthate im in oil 200 mg/ml</i>	1	GC
<b>ANTIDIABETICS, INJECTABLE</b>		
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)
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose tab 100 mg</i>	1	GC
<i>acarbose tab 25 mg</i>	1	GC
<i>acarbose tab 50 mg</i>	1	GC
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	GC, QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	GC, QL (120 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glimepiride tab 4 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide tab sr 24hr 10 mg</i>	1	GC, QL (60 ea / 30 days)
<i>glipizide tab sr 24hr 2.5 mg</i>	1	GC, QL (240 ea / 30 days)
<i>glipizide tab sr 24hr 5 mg</i>	1	GC, QL (120 ea / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC
<i>glyburide micronized tab 1.5 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glyburide micronized tab 3 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glyburide micronized tab 6 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glyburide tab 1.25 mg</i>	1	GC, QL (480 tabs / 30 days)
<i>glyburide tab 2.5 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glyburide tab 5 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glyburide-metformin tab 1.25-250 mg</i>	1	GC
<i>glyburide-metformin tab 2.5-500 mg</i>	1	GC
<i>glyburide-metformin tab 5-500 mg</i>	1	GC
<i>glycron tab 1.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glycron tab 3mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glycron tab 6mg</i>	1	GC, 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	GC, QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metformin hcl tab 500 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl tab sr 24hr 500 mg</i>	1	GC, QL (120 ea / 30 days)
<i>metformin hcl tab sr 24hr 750 mg</i>	1	GC, QL (90 ea / 30 days)
<i>nateglinide tab 120 mg</i>	1	GC
<i>nateglinide tab 60 mg</i>	1	GC
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	GC
<i>alendronate sodium tab 35 mg</i>	1	GC, QL (4 tabs / 30 days)
<i>alendronate sodium tab 40 mg</i>	1	GC
<i>alendronate sodium tab 5 mg</i>	1	GC
<i>alendronate sodium tab 70 mg</i>	1	GC, QL (4 tabs / 30 days)
BONIVA INJ 3MG/3ML	2	B/D
BONIVA TAB 150MG	2	
ZOMETETA INJ 4MG/100	4	B/D
ZOMETETA INJ 4MG/5ML	4	B/D

### **CALCITONINS**

<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	GC
<i>fortical spr 200/act</i>	1	GC
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	GC
<i>sodium polystyrene sulfonate powder</i>	1	GC
SYPRINE CAP 250MG	2	

### **CONTRACEPTIVES**

<i>apri tab</i>	1	GC
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aranelle tab</i>	1	GC
<i>aviane tab</i>	1	GC
<i>balziva tab</i>	1	GC
<i>camila tab 0.35mg</i>	1	GC
<i>cesia pak</i>	1	GC
<i>cryselle-28 tab 28 tabs</i>	1	GC
<i>cyclafem tab 1/35</i>	1	GC
<i>cyclafem tab 7/7/7</i>	1	GC
<i>enpresse-28 tab</i>	1	GC
<i>errin tab 0.35mg</i>	1	GC
<i>jolivette tab 0.35mg</i>	1	GC
<i>junel 1.5/30 tab</i>	1	GC
<i>junel 1/20 tab</i>	1	GC
<i>junel fe tab 1.5/30</i>	1	GC
<i>junel fe tab 1/20</i>	1	GC
<i>kariva tab 28 day</i>	1	GC
<i>kelnor tab 1/35</i>	1	GC
<i>leena tab</i>	1	GC
<i>lessina-28 tab</i>	1	GC
<i>levora-28 tab 0.15/30</i>	1	GC
<i>low-ogestrel tab</i>	1	GC
<i>lutura tab</i>	1	GC
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	GC, QL (1 vial / 90 days)
<i>microgestin tab 1.5/30</i>	1	GC
<i>microgestin tab 1/20</i>	1	GC
<i>microgestin tab fe 1/20</i>	1	GC
<i>microgestin tab fe1.5/30</i>	1	GC
<i>mononessa tab</i>	1	GC
<i>necon 7/7/7 tab 28 day</i>	1	GC
<i>necon tab 0.5/35</i>	1	GC
<i>necon tab 1/35-28</i>	1	GC
NECON TAB 10/11-28	2	
<i>next choice tab 0.75mg</i>	1	GC
<i>nora-be tab 0.35mg</i>	1	GC
<i>nortrel (21) tab 1/35</i>	1	GC
<i>nortrel (28) tab 1/35</i>	1	GC
<i>nortrel 28 tab 0.5/35</i>	1	GC
<i>nortrel7/7/7 tab 28 days</i>	1	GC
NUVARING MIS	2	
<i>ocella tab 3-0.03mg</i>	1	GC
<i>ogestrel tab</i>	1	GC
ORTHO EVRA DIS WEEK	2	
ORTHO TRI- TAB CYCLN LO	2	

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more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>portia-28 tab</i>	1	GC
<i>previfem tab</i>	1	GC
<i>quasense tab</i>	1	GC
<i>reclipsen tab</i>	1	GC
<i>solia tab</i>	1	GC
<i>sprintec 28 tab 28 day</i>	1	GC
<i>sronyx tab</i>	1	GC
<i>tri-legest tab fe</i>	1	GC
<i>tri-previfem tab</i>	1	GC
<i>tri-sprintec tab</i>	1	GC
<i>trinessa tab</i>	1	GC
<i>trivora-28 tab</i>	1	GC
<i>velivet pak</i>	1	GC
<i>zovia 1/35e tab</i>	1	GC
<i>zovia 1/50e tab</i>	1	GC

**ENDOMETRIOSIS**

<i>danazol cap 100 mg</i>	1	GC
<i>danazol cap 200 mg</i>	1	GC
<i>danazol cap 50 mg</i>	1	GC
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	
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	GC, B/D
<i>levocarnitine tab 330 mg</i>	1	GC, 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	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMBIPATCH DIS .05/.25	3	
<i>jinteli tab 1mg-5mcg</i>	1	GC
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	GC
<i>estradiol tab 1 mg</i>	1	GC
<i>estradiol tab 2 mg</i>	1	GC
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	GC
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	GC
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	GC
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	GC
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	GC
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	GC
<i>estropipate tab 0.75 mg</i>	1	GC, PA
<i>estropipate tab 1.5 mg</i>	1	GC, PA
<i>estropipate tab 3 mg</i>	1	GC, PA
<i>ortho-est tab 0.625</i>	1	GC, PA
<i>ortho-est tab 1.25</i>	1	GC, PA
PREMARIN INJ 25MG	2	
PREMARIN TAB 0.3MG	2	PA
PREMARIN TAB 0.45MG	2	PA
PREMARIN TAB 0.625MG	2	PA
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	GC
<i>a-methapred inj 125mg</i>	1	GC
<i>a-methapred inj 40mg</i>	1	GC
<i>cortisone acetate tab 25 mg</i>	1	GC
DEXAMETHASON CON 1MG/ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	GC
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	GC
<i>dexamethasone tab 0.5 mg</i>	1	GC
<i>dexamethasone tab 0.75 mg</i>	1	GC
<i>dexamethasone tab 1 mg</i>	1	GC
<i>dexamethasone tab 1.5 mg</i>	1	GC
<i>dexamethasone tab 2 mg</i>	1	GC
<i>dexamethasone tab 4 mg</i>	1	GC
<i>dexamethasone tab 6 mg</i>	1	GC
<i>fludrocortisone acetate tab 0.1 mg</i>	1	GC
<i>hydrocortisone tab 10 mg</i>	1	GC
<i>hydrocortisone tab 20 mg</i>	1	GC
<i>hydrocortisone tab 5 mg</i>	1	GC
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	GC
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	GC
<i>methylprednisolone sodium succinate for inj 1000 mg</i>	1	GC
<i>methylprednisolone sodium succinate for inj 125 mg</i>	1	GC
<i>methylprednisolone sodium succinate for inj 40 mg</i>	1	GC
<i>methylprednisolone tab 16 mg</i>	1	GC
<i>methylprednisolone tab 32 mg</i>	1	GC
<i>methylprednisolone tab 4 mg</i>	1	GC
<i>methylprednisolone tab 4 mg dose pack</i>	1	GC
<i>methylprednisolone tab 8 mg</i>	1	GC
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	GC
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	GC
PREDNISON CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	GC
<i>prednisone tab 1 mg</i>	1	GC
<i>prednisone tab 10 mg</i>	1	GC
<i>prednisone tab 2.5 mg</i>	1	GC
<i>prednisone tab 20 mg</i>	1	GC
<i>prednisone tab 5 mg</i>	1	GC
<i>prednisone tab 50 mg</i>	1	GC
SOLU-CORTEF INJ 250MG	2	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN INJ HYPOKIT	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCAGON KIT 1MG	2	
PROGLYCEM SUS 50MG/ML	2	
<b>HUMAN GROWTH HORMONES</b>		
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
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	1	GC
<i>chorionic gonadotropin for inj 10000 unit</i>	1	GC, PA
INCRELEX INJ 40MG/4ML	4	PA
<i>novarel inj 10000unt</i>	1	GC, 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	GC, 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
<b>PARATHYROID HORMONES</b>		
FORTEO SOL 600/2.4	4	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	GC
FOSRENOL CHW 1000MG	2	
FOSRENOL CHW 500MG	2	
FOSRENOL CHW 750MG	2	
PHOSLO CAP 667MG	2	
PHOSLYRA SOL	2	
RENAGEL TAB 400MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	GC
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	GC
<i>medroxyprogesterone acetate tab 5 mg</i>	1	GC
<i>norethindrone acetate tab 5 mg</i>	1	GC

### **SELECTIVE ESTROGEN RECEPTOR MODULATORS**

EVISTA TAB 60MG	2	
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### **THYROID AGENTS**

<i>levothroid tab 100mcg</i>	1	GC
<i>levothroid tab 112mcg</i>	1	GC
<i>levothroid tab 125mcg</i>	1	GC
<i>levothroid tab 137mcg</i>	1	GC
<i>levothroid tab 150mcg</i>	1	GC
<i>levothroid tab 175mcg</i>	1	GC
<i>levothroid tab 200mcg</i>	1	GC
<i>levothroid tab 25mcg</i>	1	GC
<i>levothroid tab 300mcg</i>	1	GC
<i>levothroid tab 50mcg</i>	1	GC
<i>levothroid tab 75mcg</i>	1	GC
<i>levothroid tab 88mcg</i>	1	GC
<i>levothyroxine sodium tab 100 mcg</i>	1	GC
<i>levothyroxine sodium tab 112 mcg</i>	1	GC
<i>levothyroxine sodium tab 125 mcg</i>	1	GC
<i>levothyroxine sodium tab 137 mcg</i>	1	GC
<i>levothyroxine sodium tab 150 mcg</i>	1	GC
<i>levothyroxine sodium tab 175 mcg</i>	1	GC
<i>levothyroxine sodium tab 200 mcg</i>	1	GC
<i>levothyroxine sodium tab 25 mcg</i>	1	GC
<i>levothyroxine sodium tab 300 mcg</i>	1	GC
<i>levothyroxine sodium tab 50 mcg</i>	1	GC
<i>levothyroxine sodium tab 75 mcg</i>	1	GC
<i>levothyroxine sodium tab 88 mcg</i>	1	GC
<i>levoxyl tab 100mcg</i>	1	GC
<i>levoxyl tab 112mcg</i>	1	GC
<i>levoxyl tab 125mcg</i>	1	GC
<i>levoxyl tab 137mcg</i>	1	GC
<i>levoxyl tab 150mcg</i>	1	GC
<i>levoxyl tab 175mcg</i>	1	GC
<i>levoxyl tab 200mcg</i>	1	GC

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<i>levoxyl tab 25mcg</i>	1	GC
<i>levoxyl tab 50mcg</i>	1	GC
<i>levoxyl tab 75mcg</i>	1	GC
<i>levoxyl tab 88mcg</i>	1	GC
<i>liothyronine sodium tab 25 mcg</i>	1	GC
<i>liothyronine sodium tab 5 mcg</i>	1	GC
<i>liothyronine sodium tab 50 mcg</i>	1	GC
<i>methimazole tab 10 mg</i>	1	GC
<i>methimazole tab 5 mg</i>	1	GC
<i>propylthiouracil tab 50 mg</i>	1	GC
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	GC
<i>unithroid tab 112mcg</i>	1	GC
<i>unithroid tab 125mcg</i>	1	GC
<i>unithroid tab 150mcg</i>	1	GC
<i>unithroid tab 175mcg</i>	1	GC
<i>unithroid tab 200mcg</i>	1	GC
<i>unithroid tab 25mcg</i>	1	GC
<i>unithroid tab 300mcg</i>	1	GC
<i>unithroid tab 50mcg</i>	1	GC
<i>unithroid tab 75mcg</i>	1	GC
<i>unithroid tab 88mcg</i>	1	GC

### **VASOPRESSINS**

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

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

<i>compro sup 25mg</i>	1	GC
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	GC, B/D
<i>granisetron hcl inj 1 mg/ml</i>	1	GC, B/D
<i>granisetron hcl tab 1 mg</i>	1	GC, B/D
<i>meclizine hcl tab 12.5 mg</i>	1	GC
<i>meclizine hcl tab 25 mg</i>	1	GC
<i>metoclopramide hcl inj 5 mg/ml</i>	1	GC
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	GC
<i>metoclopramide hcl tab 10 mg</i>	1	GC
<i>metoclopramide hcl tab 5 mg</i>	1	GC
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	GC, B/D
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	GC, B/D
<i>ondansetron hcl tab 24 mg</i>	1	GC, B/D
<i>ondansetron hcl tab 4 mg</i>	1	GC, B/D
<i>ondansetron hcl tab 8 mg</i>	1	GC, B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	1	GC, B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	1	GC, B/D
<i>phenadoz sup 12.5mg</i>	1	GC, PA
<i>phenadoz sup 25mg</i>	1	GC, PA
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	GC
<i>prochlorperazine maleate tab 10 mg</i>	1	GC
<i>prochlorperazine maleate tab 5 mg</i>	1	GC
<i>prochlorperazine suppos 25 mg</i>	1	GC
<i>promethazine hcl inj 25 mg/ml</i>	1	GC
<i>promethazine hcl inj 50 mg/ml</i>	1	GC
<i>promethazine hcl suppos 12.5 mg</i>	1	GC, PA
<i>promethazine hcl suppos 25 mg</i>	1	GC, PA
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	GC, PA
<i>promethazine hcl tab 12.5 mg</i>	1	GC, PA
<i>promethazine hcl tab 25 mg</i>	1	GC, PA
<i>promethazine hcl tab 50 mg</i>	1	GC, PA
<i>promethegan sup 25mg</i>	1	GC, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethegan sup 50mg</i>	1	GC, 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	GC, PA
<i>trimethobenzamide hcl inj 100 mg/ml</i>	1	GC, PA

### **ANTISPASMODICS**

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

### **H2-RECEPTOR ANTAGONISTS**

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

### **INFLAMMATORY BOWEL DISEASE**

APRISO CAP 0.375GM	2	
<i>balsalazide disodium cap 750 mg</i>	1	GC
CANASA SUP 1000MG	2	
<i>colocort ene 100mg</i>	1	GC
ENTOCORT EC CAP 3MG/24HR	4	
<i>hydrocortisone enema 100 mg/60ml</i>	1	GC
LIALDA TAB 1.2GM	2	
<i>mesalamine enema 4 gm</i>	1	GC
PENTASA CAP 250MG CR	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PENTASA CAP 500MG CR	2	
<i>sulfasalazine tab 500 mg</i>	1	GC
<i>sulfazine ec tab 500mg</i>	1	GC
<b>LAXATIVES</b>		
<i>constulose sol 10gm/15</i>	1	GC
<i>enulose sol 10gm/15</i>	1	GC
<i>gavilyte-c sol</i>	1	GC
<i>gavilyte-g sol</i>	1	GC
<i>gavilyte-n sol flav pk</i>	1	GC
<i>lactulose solution 10 gm/15ml</i>	1	GC
<i>polyethylene glycol 3350 oral powder</i>	1	GC
RELISTOR INJ 12/0.6ML	2	PA
<i>trilyte sol</i>	1	GC
<b>MISCELLANEOUS</b>		
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	GC, PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	GC, PA
GASTROCROM CON 100/5ML	4	
<i>loperamide hcl cap 2 mg</i>	1	GC
LOTRONEX TAB 0.5MG	2	
LOTRONEX TAB 1MG	2	
<i>misoprostol tab 100 mcg</i>	1	GC
<i>misoprostol tab 200 mcg</i>	1	GC
<i>sucralfate tab 1 gm</i>	1	GC
<i>ursodiol cap 300 mg</i>	1	GC
<i>ursodiol tab 250 mg</i>	1	GC
<i>ursodiol tab 500 mg</i>	1	GC
XIFAXAN TAB 550MG	4	PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 6000UNIT	3	
PANCREAZE CAP 10500UNT	2	
PANCREAZE CAP 16800UNT	2	
PANCREAZE CAP 21000UNT	2	
PANCREAZE CAP 4200UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 5000UNIT	2	

### **PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS**

PREVPAC MIS	2	QL (1 box / year)
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### **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	GC, QL (30 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	GC, QL (60 ea / 30 days)

## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

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

### **MISCELLANEOUS**

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

### **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	GC
<i>oxybutynin chloride tab 5 mg</i>	1	GC
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	1	GC
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	1	GC
<i>trospium chloride tab 20 mg</i>	1	GC
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	GC
<i>metronidazole vaginal gel 0.75%</i>	1	GC
<i>terconazole vaginal cream 0.4%</i>	1	GC
<i>terconazole vaginal cream 0.8%</i>	1	GC
<i>terconazole vaginal suppos 80 mg</i>	1	GC
<i>vandazole gel 0.75%</i>	1	GC
<i>zazole cre 0.4%</i>	1	GC
<i>zazole cre 0.8%</i>	1	GC

### **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	GC, QL (60 / 180 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	GC, QL (0.075 / 180 days)
<i>enoxaparin sodium inj 150 mg/ml</i>	1	GC, QL (60 / 180 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	GC, QL (0.2 / 180 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	GC, QL (0.15 / 180 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	GC, QL (0.1 / 180 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	GC, 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)
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/NAACL 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	GC, B/D
<i>heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9%</i>	1	GC, B/D
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	1	GC, B/D
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	GC, B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	GC, B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	GC, B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	GC, B/D
<i>jantoven tab 10mg</i>	1	GC
<i>jantoven tab 1mg</i>	1	GC
<i>jantoven tab 2.5mg</i>	1	GC
<i>jantoven tab 2mg</i>	1	GC
<i>jantoven tab 3mg</i>	1	GC
<i>jantoven tab 4mg</i>	1	GC
<i>jantoven tab 5mg</i>	1	GC
<i>jantoven tab 6mg</i>	1	GC
<i>jantoven tab 7.5mg</i>	1	GC
PRADAXA CAP 150MG	2	
PRADAXA CAP 75MG	2	
<i>warfarin sodium tab 1 mg</i>	1	GC
<i>warfarin sodium tab 10 mg</i>	1	GC
<i>warfarin sodium tab 2 mg</i>	1	GC
<i>warfarin sodium tab 2.5 mg</i>	1	GC
<i>warfarin sodium tab 3 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>warfarin sodium tab 4 mg</i>	1	GC
<i>warfarin sodium tab 5 mg</i>	1	GC
<i>warfarin sodium tab 6 mg</i>	1	GC
<i>warfarin sodium tab 7.5 mg</i>	1	GC
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
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	GC, PA
<i>anagrelide hcl cap 1 mg</i>	1	GC, PA
<i>cilostazol tab 100 mg</i>	1	GC
<i>cilostazol tab 50 mg</i>	1	GC
CYKLOKAPRON INJ 100MG/ML	2	
<i>pentopak tab 400mg cr</i>	1	GC
<i>pentoxifylline tab cr 400 mg</i>	1	GC
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	GC, PA
<i>dipyridamole tab 50 mg</i>	1	GC, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dipyridamole tab 75 mg</i>	1	GC, 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
HUMIRA PEN KIT CROHNS	4	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	GC
<i>leflunomide tab 10 mg</i>	1	GC
<i>leflunomide tab 20 mg</i>	1	GC
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	GC
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	GC, B/D
<i>azathioprine tab 50 mg</i>	1	GC, 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	GC, B/D
<i>cyclosporine cap 25 mg</i>	1	GC, B/D
<i>cyclosporine iv soln 50 mg/ml</i>	1	GC, B/D
<i>cyclosporine modified cap 100 mg</i>	1	GC, B/D
<i>cyclosporine modified cap 50 mg</i>	1	GC, B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	GC, B/D
<i>engraf cap 100mg</i>	1	GC, B/D
<i>engraf cap 25mg</i>	1	GC, B/D
<i>engraf sol 100mg/ml</i>	1	GC, B/D
<i>mycophenolate mofetil cap 250 mg</i>	1	GC, B/D
<i>mycophenolate mofetil tab 500 mg</i>	1	GC, 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	GC, B/D
<i>tacrolimus cap 1 mg</i>	1	GC, B/D
<i>tacrolimus cap 5 mg</i>	4	B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
HAVRIX INJ 720UNIT	2	
IMOVAX RABIE INJ 2.5/ML	2	
INFANRIX INJ	2	
IPOLE 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**

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

#### **IV NUTRITION**

AMINOSYN II INJ 10%	2	B/D
AMINOSYN II INJ 15%	2	B/D
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	GC, 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	GC, B/D
AMINOSYN M INJ 3.5%	2	B/D
AMINOSYN-HBC INJ 7%	2	B/D
<i>aminosyn-hf inj 8%</i>	1	GC, 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

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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	GC, B/D
FREAMINE III INJ 3%	2	B/D
<i>freamine iii inj 8.5%</i>	1	GC, B/D
<i>hepatamine sol 8%</i>	1	GC, B/D
HEPATASOL INJ 8%	2	B/D
<i>intralipid inj 20%</i>	1	GC, B/D
INTRALIPID INJ 30%	2	B/D
LIPOSYN II INJ 10%	2	B/D
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	GC, B/D
NEPHRAMINE INJ 5.4%	2	B/D
PREMASOL SOL 10%	2	B/D
<i>premasol sol 6%</i>	1	GC, 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	GC
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	GC
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	GC
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	GC
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	GC
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	GC
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	GC
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	GC
<i>dextrose inj 10%</i>	1	GC
<i>dextrose inj 5%</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	GC
ISOLYTE-P INJ /D5W	2	
ISOLYTE-S INJ	2	
ISOLYTE-S INJ /D5W	2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	GC
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i>	1	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	GC
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.33% inj</i>	1	GC
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	GC
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	GC
MG SO4/D5W INJ 10MG/ML	2	
<i>normosol -m inj /d5w</i>	1	GC
<i>normosol -r inj /d5w</i>	1	GC
NORMOSOL-R INJ PH 7.4	2	
PLASMA-LYTE INJ -148	2	
PLASMA-LYTE INJ -A	2	
<i>plasma-lyte inj -r</i>	1	GC
PLASMA-LYTE INJ /D5W	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	GC
<i>potassium chloride 30 meq/l (0.224%) in dextrose 5% inj</i>	1	GC
<i>potassium chloride 40 meq/l (0.3%) in d5w lactated ringers</i>	1	GC
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	1	GC
<i>potassium chloride inj 10 meq/100 ml</i>	1	GC
<i>potassium chloride inj 10 meq/50 ml</i>	1	GC
<i>potassium chloride inj 20 meq/50 ml</i>	1	GC
<i>potassium chloride inj 30 meq/100 ml</i>	1	GC
<i>ringer's solution</i>	1	GC
<i>sodium chloride inj 0.45%</i>	1	GC
<i>sodium chloride inj 3%</i>	1	GC
<i>sodium chloride inj 5%</i>	1	GC
<i>sodium chloride iv soln 0.9%</i>	1	GC

### **VITAMINS**

<i>calcitriol cap 0.25 mcg</i>	1	GC, B/D
<i>calcitriol cap 0.5 mcg</i>	1	GC, B/D
<i>calcitriol inj 1 mcg/ml</i>	1	GC, B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	GC, B/D
<i>prenatal vitamins</i>	1	GC
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	GC
BLEPHAMIDE OIN S.O.P.	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	GC
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	GC
<i>neomycin-polymyxin-hc ophth susp</i>	1	GC
<i>poly-dex oin 0.1% op</i>	1	GC
<i>poly-dex sus 0.1% op</i>	1	GC
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	GC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	GC
<b>ANTI-INFECTIVES</b>		
<i>ak-tob sol 0.3% op</i>	1	GC
AZASITE SOL 1%	2	
<i>bacitracin ophth oint 500 unit/gm</i>	1	GC
<i>bacitracin-polymyxin b ophth oint</i>	1	GC
CILOXAN OIN 0.3% OP	2	ointment
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	GC
<i>erythromycin ophth oint 5 mg/gm</i>	1	GC
<i>gentak oin 0.3% op</i>	1	GC
<i>gentamicin sulfate ophth soln 0.3%</i>	1	GC
<i>gentsol sol 0.3% op</i>	1	GC
NATACYN SUS 5% OP	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	GC
<i>neomycin-polymyxin b-gramicidin ophth soln</i>	1	GC
<i>ofloxacin ophth soln 0.3%</i>	1	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>romycin oin op</i>	1	GC
<i>sulfacetamide sodium ophth soln 10%</i>	1	GC
<i>tobramycin sulfate ophth soln 0.3%</i>	1	GC
<i>tobrasol sol 0.3% op</i>	1	GC
TOBEX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	GC
VIGAMOX DRO 0.5%	2	
ZYMAR DRO 0.3%	2	
ZYMAXID SOL 0.5%	2	
<b>ANTI-INFLAMMATORIES</b>		
BROMDAY SOL 0.09%	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	GC
<i>diclofenac sodium ophth soln 0.1%</i>	1	GC
DUREZOL EMU 0.05%	2	
<i>fluorometholone ophth susp 0.1%</i>	1	GC
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	GC
FML OIN 0.1% OP	2	ointment
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	GC
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	GC
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	GC
<b>ANTIALLERGICS</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALREX SUS 0.2%	2	
<i>azelastine hcl ophth soln 0.05%</i>	1	GC
BEPREVE DRO 1.5%	2	
<i>cromolyn sodium ophth soln 4%</i>	1	GC
PATADAY SOL 0.2%	2	
PATANOL SOL 0.1% OP	2	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	2	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	GC
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	GC
<i>carteolol hcl ophth soln 1%</i>	1	GC
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	GC
<i>dorzolamide hcl-timolol maleate ophth soln 1 22.3-6.8 mg/ml</i>	1	GC
<i>latanoprost ophth soln 0.005%</i>	1	GC, QL (2.5ml / 30 days)
<i>levobunolol hcl ophth soln 0.25%</i>	1	GC
<i>levobunolol hcl ophth soln 0.5%</i>	1	GC
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	GC
PILOPINE HS GEL 4% OP	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	GC; gel
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	GC; gel
<i>timolol maleate ophth soln 0.25%</i>	1	GC
<i>timolol maleate ophth soln 0.5%</i>	1	GC
TRAVATAN Z DRO 0.004%	2	QL (2.5ml / 30 days)
<b>MISCELLANEOUS</b>		
<i>ak-con sol 0.1% op</i>	1	GC
LACRISERT MIS 5MG OP	2	
<i>proparacaine hcl ophth soln 0.5%</i>	1	GC
RESTASIS EMU 0.05%	2	
<i>tropicamide ophth soln 0.5%</i>	1	GC
<i>tropicamide ophth soln 1%</i>	1	GC
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
COMBIVENT AER	2	QL (2 inhalers / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	GC, B/D
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG	2	QL (2 inhalers / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	GC, B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	GC
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	GC
SPIRIVA CAP HANDIHLR	2	QL (30 caps / 30 days)
<b>ANTI-HISTAMINES</b>		
ASTEPRO SPR 0.15%	2	QL (2 spray-bottles / 30 days)
<i>azelastine hcl nasal spray 137 mcg/spray (1 mg/ml)</i>	1	GC, QL (2 bottles / 30 days)
<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	1	GC
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	GC
<i>clemastine fumarate tab 2.68 mg</i>	1	GC
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	GC, PA
<i>cyproheptadine hcl tab 4 mg</i>	1	GC, PA
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	GC
<i>fexofenadine hcl tab 180 mg</i>	1	GC
<i>fexofenadine hcl tab 30 mg</i>	1	GC
<i>fexofenadine hcl tab 60 mg</i>	1	GC
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	GC
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	GC
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	GC, PA
<i>hydroxyzine hcl tab 10 mg</i>	1	GC, PA
<i>hydroxyzine hcl tab 25 mg</i>	1	GC, PA
<i>hydroxyzine hcl tab 50 mg</i>	1	GC, PA
<i>hydroxyzine pamoate cap 100 mg</i>	1	GC, PA
<i>hydroxyzine pamoate cap 25 mg</i>	1	GC, PA
<i>hydroxyzine pamoate cap 50 mg</i>	1	GC, PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	GC
<b>BETA AGONISTS</b>		
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	GC, B/D
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	GC, B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	GC, B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	GC, B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	GC
<i>albuterol sulfate tab 2 mg</i>	1	GC
<i>albuterol sulfate tab 4 mg</i>	1	GC
<i>albuterol sulfate tab sr 12hr 4 mg</i>	1	GC
<i>albuterol sulfate tab sr 12hr 8 mg</i>	1	GC
FORADIL CAP AEROLIZE	2	QL (60 caps / 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	GC, 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	GC
<i>terbutaline sulfate tab 2.5 mg</i>	1	GC
<i>terbutaline sulfate tab 5 mg</i>	1	GC
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	GC
<i>zafirlukast tab 20 mg</i>	1	GC

### **MAST CELL STABILIZERS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	GC, B/D
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### **MISCELLANEOUS**

<i>acetylcysteine inhal soln 10%</i>	1	GC, B/D
<i>acetylcysteine inhal soln 20%</i>	1	GC, B/D
ARALAST NP INJ 400MG	4	PA
CAYSTON INH 75MG	4	PA
<i>epinephrine hcl inj 0.1 mg/ml</i>	1	GC
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	
<i>prometh vc syp 6.25-5/5</i>	1	GC, 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	GC, QL (2 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	GC, QL (1 bottle / 30 days)
NASACORT AQ AER 55MCG/AC	2	QL (1 inhaler / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>STEROID INHALANTS</b>		
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	GC, B/D
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	GC, 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)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
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)
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)
<b>XANTHINES</b>		
<i>aminophylline inj 25 mg/ml</i>	1	GC
<i>aminophylline tab 100 mg</i>	1	GC
<i>aminophylline tab 200 mg</i>	1	GC
ELIXOPHYLLIN ELX 80/15ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	GC
<i>theochron tab 300mg cr</i>	1	GC
<i>theophylline tab sr 12hr 100 mg</i>	1	GC
<i>theophylline tab sr 12hr 200 mg</i>	1	GC
<i>theophylline tab sr 12hr 300 mg</i>	1	GC
<i>theophylline tab sr 12hr 450 mg</i>	1	GC
<i>theophylline tab sr 24hr 400 mg</i>	1	GC
<i>theophylline tab sr 24hr 600 mg</i>	1	GC

## TOPICAL

### DERMATOLOGY, ACNE

<i>adapalene cream 0.1%</i>	1	GC
<i>adapalene gel 0.1%</i>	1	GC
<i>amneesteem cap 10mg</i>	1	GC
<i>amneesteem cap 20mg</i>	1	GC
<i>amneesteem cap 40mg</i>	1	GC
<i>avita cre 0.025%</i>	1	GC
<i>avita gel 0.025%</i>	1	GC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	GC
<i>claravis cap 10mg</i>	1	GC
<i>claravis cap 20mg</i>	1	GC
<i>claravis cap 30mg</i>	1	GC
<i>claravis cap 40mg</i>	1	GC
<i>clindamycin phosphate gel 1%</i>	1	GC
<i>clindamycin phosphate lotion 1%</i>	1	GC
<i>clindamycin phosphate soln 1%</i>	1	GC
<i>clindamycin phosphate swab 1%</i>	1	GC
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	GC
<i>ery pad 2%</i>	1	GC
<i>erythromycin gel 2%</i>	1	GC
<i>erythromycin soln 2%</i>	1	GC
<i>sotret cap 10mg</i>	1	GC
<i>sotret cap 20mg</i>	1	GC
<i>sotret cap 30mg</i>	1	GC
<i>sotret cap 40mg</i>	1	GC
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	GC
<i>tretinoin cream 0.025%</i>	1	GC
<i>tretinoin cream 0.05%</i>	1	GC
<i>tretinoin cream 0.1%</i>	1	GC
<i>tretinoin gel 0.01%</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin gel 0.025%</i>	1	GC
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
CARAC CRE 0.5%	2	
<i>fluorouracil cream 5%</i>	1	GC
<i>fluorouracil soln 2%</i>	1	GC
<i>fluorouracil soln 5%</i>	1	GC
SOLARAZE GEL 3% W/W	2	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
BACTROBAN CRE 2%	2	cream
<i>gentamicin sulfate cream 0.1%</i>	1	GC
<i>gentamicin sulfate oint 0.1%</i>	1	GC
<i>mupirocin oint 2%</i>	1	GC
<i>silver sulfadiazine cream 1%</i>	1	GC
<i>ssd cre 1%</i>	1	GC
<i>thermazene cre 1%</i>	1	GC
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel 0.77%</i>	1	GC
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	GC
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	GC
<i>ciclopirox shampoo 1%</i>	1	GC
<i>clotrimazole cream 1%</i>	1	GC
<i>clotrimazole soln 1%</i>	1	GC
<i>econazole nitrate cream 1%</i>	1	GC
<i>ketoconazole cream 2%</i>	1	GC
<i>nyamyc pow 100000</i>	1	GC
<i>nystatin cream 100000 unit/gm</i>	1	GC
<i>nystatin oint 100000 unit/gm</i>	1	GC
<i>nystatin topical powder</i>	1	GC
<i>nystop pow 100000</i>	1	GC
<i>pedi-dri pow 100000</i>	1	GC
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>proctocream cre hc 2.5%</i>	1	GC
<i>proctosol hc cre 2.5%</i>	1	GC
<i>proctozone cre -hc 2.5%</i>	1	GC
ZONALON CRE 5%	2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>calcipotriene oint 0.005%</i>	1	GC
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	GC
DOVONEX CRE 0.005%	2	cream
OXSORALEN-UL CAP 10MG	4	PA
TAZORAC CRE 0.05%	3	PA

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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	GC
<i>selenium sulfide lotion 2.5%</i>	1	GC

**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	GC
<i>ala-cort lot 1%</i>	1	GC
<i>alclometasone dipropionate cream 0.05%</i>	1	GC
<i>alclometasone dipropionate oint 0.05%</i>	1	GC
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	GC
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	GC
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	GC
<i>betamethasone dipropionate cream 0.05%</i>	1	GC
<i>betamethasone dipropionate lotion 0.05%</i>	1	GC
<i>betamethasone dipropionate oint 0.05%</i>	1	GC
<i>betamethasone valerate cream 0.1%</i>	1	GC
<i>betamethasone valerate lotion 0.1%</i>	1	GC
<i>betamethasone valerate oint 0.1%</i>	1	GC
<i>clobetasol e cre 0.05%</i>	1	GC
<i>clobetasol propionate gel 0.05%</i>	1	GC
<i>clobetasol propionate oint 0.05%</i>	1	GC
<i>clobetasol propionate soln 0.05%</i>	1	GC
DERMA-SMOOTH OIL /FS BODY	2	
<i>desonide cream 0.05%</i>	1	GC
<i>desonide lotion 0.05%</i>	1	GC
<i>desonide oint 0.05%</i>	1	GC
<i>desoximetasone cream 0.05%</i>	1	GC
<i>desoximetasone cream 0.25%</i>	1	GC
<i>desoximetasone gel 0.05%</i>	1	GC
<i>desoximetasone oint 0.25%</i>	1	GC
<i>diflorasone diacetate cream 0.05%</i>	1	GC
<i>diflorasone diacetate oint 0.05%</i>	1	GC
<i>fluocinolone acetonide cream 0.01%</i>	1	GC
<i>fluocinolone acetonide cream 0.025%</i>	1	GC
<i>fluocinolone acetonide oint 0.025%</i>	1	GC

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<i>fluocinolone acetonide soln 0.01%</i>	1	GC
<i>fluocinonide emulsified base cream 0.05%</i>	1	GC
<i>fluocinonide gel 0.05%</i>	1	GC
<i>fluocinonide oint 0.05%</i>	1	GC
<i>fluocinonide soln 0.05%</i>	1	GC
<i>fluticasone propionate cream 0.05%</i>	1	GC
<i>fluticasone propionate oint 0.005%</i>	1	GC
<i>halobetasol propionate cream 0.05%</i>	1	GC
<i>halobetasol propionate oint 0.05%</i>	1	GC
<i>hydrocortisone butyrate cream 0.1%</i>	1	GC
<i>hydrocortisone butyrate oint 0.1%</i>	1	GC
<i>hydrocortisone butyrate soln 0.1%</i>	1	GC
<i>hydrocortisone cream 1%</i>	1	GC
<i>hydrocortisone cream 2.5%</i>	1	GC
<i>hydrocortisone lotion 2.5%</i>	1	GC
<i>hydrocortisone oint 1%</i>	1	GC
<i>hydrocortisone oint 2.5%</i>	1	GC
<i>hydrocortisone valerate cream 0.2%</i>	1	GC
<i>hydrocortisone valerate oint 0.2%</i>	1	GC
<i>lokara lot 0.05%</i>	1	GC
<i>mometasone furoate cream 0.1%</i>	1	GC
<i>mometasone furoate oint 0.1%</i>	1	GC
<i>mometasone furoate solution 0.1% (lotion)</i>	1	GC
<i>procto-pak cre 1%</i>	1	GC
TACLONEX OIN	2	
TACLONEX SUS SCALP	2	
<i>triamcinolone acetonide cream 0.025%</i>	1	GC
<i>triamcinolone acetonide cream 0.1%</i>	1	GC
<i>triamcinolone acetonide cream 0.5%</i>	1	GC
<i>triamcinolone acetonide lotion 0.025%</i>	1	GC
<i>triamcinolone acetonide lotion 0.1%</i>	1	GC
<i>triamcinolone acetonide oint 0.025%</i>	1	GC
<i>triamcinolone acetonide oint 0.1%</i>	1	GC
<i>triamcinolone acetonide oint 0.5%</i>	1	GC
<i>triderm cre 0.1%</i>	1	GC
<b>DERMATOLOGY, IMMUNOMODULATORS</b>		
ELIDEL CRE 1%	2	PA
PROTOPIC OIN 0.03%	2	PA
PROTOPIC OIN 0.1%	2	PA
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl gel 2%</i>	1	GC
<i>lidocaine hcl soln 4%</i>	1	GC
<i>lidocaine oint 5%</i>	1	GC

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

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DERMOTIC OIL 0.01%	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	GC
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	GC
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	GC
<i>ofloxacin otic soln 0.3%</i>	1	GC

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<i>aminosyn ii inj 8.5/lyte .....</i>	66	<i>amoxicillin &amp; k clavulanate for susp</i>	<i>250-62.5 mg/5ml .....</i>	6
AMINOSYN IIM INJ 3.5%/D5W .....	66	<i>amoxicillin &amp; k clavulanate for susp</i>	<i>400-57 mg/5ml .....</i>	6
AMINOSYN INJ 10% .....	66	<i>amoxicillin &amp; k clavulanate for susp</i>	<i>600-42.9 mg/5ml .....</i>	6
AMINOSYN INJ 3.5% .....	66	<i>amoxicillin &amp; k clavulanate tab 250-125</i>	<i>mg .....</i>	6
AMINOSYN INJ 5% .....	66			
AMINOSYN INJ 7% .....	66			
AMINOSYN INJ 8.5% .....	66			
<i>aminosyn inj 8.5/lyte .....</i>	66			
AMINOSYN M INJ 3.5% .....	66			
AMINOSYN/D25 INJ II 3.5% .....	66			
AMINOSYN/D25 INJ II 4.25% .....	66			
AMINOSYN-HBC INJ 7% .....	66			
<i>aminosyn-hf inj 8% .....</i>	66			
AMINOSYN-PF INJ 10% .....	66			
AMINOSYN-PF INJ 7% .....	66			

<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	6	<i>ampicillin sodium for inj 125 mg</i> .....	7
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	6	<i>ampicillin sodium for iv soln 10 gm</i> .....	7
<i>amoxicillin &amp; k clavulanate tab sr 12hr 1000-62.5 mg</i> .....	6	AMPYRA TAB 10MG.....	44
<i>amoxicillin (trihydrate) cap 250 mg</i> .....	6	AMTURNIDE150 TAB -5-12.5 .....	28
<i>amoxicillin (trihydrate) cap 500 mg</i> .....	6	AMTURNIDE300 TAB -10-12.5 .....	28
<i>amoxicillin (trihydrate) chew tab 125 mg</i> .....	6	AMTURNIDE300 TAB -10-25MG.....	28
<i>amoxicillin (trihydrate) chew tab 200 mg</i> .....	6	AMTURNIDE300 TAB -5-12.5 .....	28
<i>amoxicillin (trihydrate) chew tab 250 mg</i> .....	6	AMTURNIDE300 TAB -5-25MG .....	28
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> .....	6	ANADROL-50 TAB 50MG.....	45
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> .....	6	<i>anagrelide hcl cap 0.5 mg</i> .....	62
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> .....	6	<i>anagrelide hcl cap 1 mg</i> .....	62
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> .....	6	<i>anastrozole tab 1 mg</i> .....	16
<i>amoxicillin (trihydrate) tab 500 mg</i> .....	6	ANCOBON CAP 250MG .....	10
<i>amoxicillin (trihydrate) tab 875 mg</i> .....	6	ANCOBON CAP 500MG .....	10
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	42	ANDRODERM DIS 2.5MG/24 .....	45
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	42	ANDRODERM DIS 5MG/24HR.....	45
<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	42	ANDROXY TAB 10MG .....	45
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	42	ANTABUSE TAB 250MG .....	45
<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	42	ANTABUSE TAB 500MG .....	45
<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	42	ANTARA CAP 130MG.....	24
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	42	ANTARA CAP 43MG.....	24
<i>amphotericin b for inj 50 mg</i> .....	10	APOKYN INJ.....	37
<i>ampicillin &amp; sulbactam sodium for inj 2-1 gm</i> .....	6	<i>apri tab</i> .....	48
<i>ampicillin &amp; sulbactam sodium for iv soln 10-5 gm</i> .....	7	APRISO CAP 0.375GM.....	57
<i>ampicillin cap 250 mg</i> .....	7	APTIVUS CAP 250MG .....	10
<i>ampicillin cap 500 mg</i> .....	7	APTIVUS SOL.....	10
<i>ampicillin for susp 125 mg/5ml</i> .....	7	ARALAST NP INJ 400MG.....	73
<i>ampicillin for susp 250 mg/5ml</i> .....	7	<i>aranelle tab</i> .....	49
<i>ampicillin sodium for inj 1 gm</i> .....	7	ARANESP INJ 100MCG .....	62
		ARANESP INJ 150MCG .....	62
		ARANESP INJ 200MCG .....	62
		ARANESP INJ 25MCG .....	62
		ARANESP INJ 300MCG .....	62
		ARANESP INJ 40MCG .....	62
		ARANESP INJ 500MCG .....	62
		ARANESP INJ 60MCG .....	62
		ARCALYST INJ 220MG.....	63
		ARIXTRA SOL 10/0.8 .....	60
		ARIXTRA SOL 2.5/0.5 .....	60
		ARIXTRA SOL 5.0/0.4 .....	60
		ARIXTRA SOL 7.5/0.6 .....	60
		<i>ascomp/cod cap 30mg</i> .....	1
		ASMANEX 120 AER 220MCG .....	74
		ASMANEX 14 AER 220MCG .....	74
		ASMANEX 30 AER 110MCG .....	74
		ASMANEX 30 AER 220MCG .....	74
		ASMANEX 60 AER 220MCG .....	74
		ASTEPRO SPR 0.15%.....	72

<i>astramorph inj 10/10ml</i> .....	2	<i>baclofen tab 20 mg</i> .....	44
<i>astramorph inj 1mg/2ml</i> .....	2	BACTROBAN CRE 2%.....	76
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	24	<i>balsalazide disodium cap 750 mg</i> .....	57
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	24	<i>balziva tab</i> .....	49
<i>atenolol tab 100 mg</i> .....	25	BANZEL SUS 40MG/ML .....	31
<i>atenolol tab 25 mg</i> .....	25	BANZEL TAB 200MG .....	31
<i>atenolol tab 50 mg</i> .....	25	BANZEL TAB 400MG .....	31
ATRIPLA TAB.....	10	BARACLUDGE SOL .05MG/ML.....	13
ATROVENT HFA AER 17MCG.....	72	BARACLUDGE TAB 0.5MG.....	13
AVASTIN INJ .....	16	BARACLUDGE TAB 1MG.....	13
AVELOX ABC TAB 400MG .....	7	<i>benazepril &amp; hydrochlorothiazide tab</i> <i>10-12.5 mg</i> .....	19
AVELOX INJ .....	7	<i>benazepril &amp; hydrochlorothiazide tab</i> <i>20-12.5 mg</i> .....	19
AVELOX TAB 400MG.....	7	<i>benazepril &amp; hydrochlorothiazide tab</i> <i>20-25 mg</i> .....	19
<i>aviane tab</i> .....	49	<i>benazepril &amp; hydrochlorothiazide tab</i> <i>5-6.25 mg</i> .....	19
<i>avita cre 0.025%</i> .....	75	<i>benazepril hcl tab 10 mg</i> .....	20
<i>avita gel 0.025%</i> .....	75	<i>benazepril hcl tab 20 mg</i> .....	20
AVODART CAP 0.5MG .....	59	<i>benazepril hcl tab 40 mg</i> .....	20
AVONEX KIT 30MCG.....	44	<i>benazepril hcl tab 5 mg</i> .....	20
AVONEX PREFL KIT 30MCG .....	44	BENICAR HCT TAB 20-12.5.....	21
AZASAN TAB 100MG .....	64	BENICAR HCT TAB 40-12.5.....	21
AZASAN TAB 75 MG .....	64	BENICAR HCT TAB 40-25MG .....	21
AZASITE SOL 1%.....	70	BENICAR TAB 20MG .....	22
<i>azathioprine sodium for inj 100 mg</i> ....	64	BENICAR TAB 40MG .....	22
<i>azathioprine tab 50 mg</i> .....	64	BENICAR TAB 5MG .....	22
<i>azelastine hcl nasal spray 137 mcg/spray</i> <i>(1 mg/ml)</i> .....	72	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	75
<i>azelastine hcl ophth soln 0.05%</i> .....	71	<i>benztropine mesylate inj 1 mg/ml</i> .....	37
AZILECT TAB 0.5MG.....	37	<i>benztropine mesylate tab 0.5 mg</i> .....	37
AZILECT TAB 1MG.....	37	<i>benztropine mesylate tab 1 mg</i> .....	37
<i>azithromycin for susp 100 mg/5ml</i> .....	7	<i>benztropine mesylate tab 2 mg</i> .....	37
<i>azithromycin for susp 200 mg/5ml</i> .....	7	BEPREVE DRO 1.5% .....	71
<i>azithromycin iv for soln 500 mg</i> .....	7	<i>betamethasone dipropionate augmented</i> <i>cream 0.05%</i> .....	77
<i>azithromycin tab 250 mg</i> .....	7	<i>betamethasone dipropionate augmented</i> <i>lotion 0.05%</i> .....	77
<i>azithromycin tab 500 mg</i> .....	7	<i>betamethasone dipropionate augmented</i> <i>oint 0.05%</i> .....	77
<i>azithromycin tab 600 mg</i> .....	7	<i>betamethasone dipropionate cream</i> <i>0.05%</i> .....	77
AZOPT SUS 1% OP .....	71	<i>betamethasone dipropionate lotion</i> <i>0.05%</i> .....	77
AZOR TAB 10-20MG .....	21	<i>betamethasone dipropionate oint 0.05%</i> .....	77
AZOR TAB 10-40MG .....	21	<i>betamethasone valerate cream 0.1%</i> .	77
AZOR TAB 5-20MG.....	21		
AZOR TAB 5-40MG.....	21		
<b>B</b>			
<i>bacitracin ophth oint 500 unit/gm</i> .....	70		
<i>bacitracin-polymyxin b ophth oint</i> .....	70		
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i> .....	69		
<i>baclofen tab 10 mg</i> .....	44		

<i>betamethasone valerate lotion 0.1%</i> ...77	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> ..... 45
<i>betamethasone valerate oint 0.1%</i> .....77	<i>buproban tab 150mg</i> ..... 45
<i>betaxolol hcl ophth soln 0.5%</i> .....71	<i>bupropion hcl tab 100 mg</i> ..... 34
<i>bethanechol chloride tab 10 mg</i> .....59	<i>bupropion hcl tab 75 mg</i> ..... 34
<i>bethanechol chloride tab 25 mg</i> .....59	<i>bupropion hcl tab sr 12hr 100 mg</i> ..... 34
<i>bethanechol chloride tab 5 mg</i> .....59	<i>bupropion hcl tab sr 12hr 150 mg</i> ..... 34
<i>bethanechol chloride tab 50 mg</i> .....59	<i>bupropion hcl tab sr 12hr 200 mg</i> ..... 34
BETOPTIC-S SUS 0.25% OP .....71	<i>buspirone hcl tab 10 mg</i> ..... 30
<i>bicalutamide tab 50 mg</i> .....16	<i>buspirone hcl tab 15 mg</i> ..... 30
BICILLIN C-R INJ 1200000..... 7	<i>buspirone hcl tab 30 mg</i> ..... 30
BICILLIN C-R INJ 900/300 ..... 7	<i>buspirone hcl tab 5 mg</i> ..... 30
BICILLIN L-A INJ 1200000 ..... 7	<i>buspirone hcl tab 7.5 mg</i> ..... 30
BICILLIN L-A INJ 2400000 ..... 7	BUSULFEX INJ 6MG/ML ..... 15
BICILLIN L-A INJ 600000 ..... 7	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> ..... 1
BICNU INJ 100MG.....15	<i>butorphanol tartrate inj 1 mg/ml</i> ..... 1
BIDIL TAB.....29	<i>butorphanol tartrate inj 2 mg/ml</i> ..... 1
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....24	BYETTA INJ 10MCG ..... 46
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....24	BYETTA INJ 5MCG ..... 46
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....24	BYSTOLIC TAB 10MG ..... 25
<i>bisoprolol fumarate tab 10 mg</i> .....25	BYSTOLIC TAB 2.5MG ..... 25
<i>bisoprolol fumarate tab 5 mg</i> .....25	BYSTOLIC TAB 20MG ..... 25
<i>bleomycin sulfate for inj 30 unit</i> .....15	BYSTOLIC TAB 5MG..... 25
BLEPHAMIDE OIN S.O.P.....69	<b>C</b>
BONIVA INJ 3MG/3ML .....48	<i>cabergoline tab 0.5 mg</i> ..... 53
BONIVA TAB 150MG .....48	<i>calcipotriene oint 0.005%</i> ..... 76
BOOSTRIX INJ.....65	<i>calcipotriene soln 0.005% (50 mcg/ml)</i> ..... 76
<i>brimonidine tartrate ophth soln 0.2%</i> ..71	<i>calcitonin (salmon) nasal soln 200 unit/act</i> ..... 48
BROMDAY SOL 0.09% .....70	<i>calcitriol cap 0.25 mcg</i> ..... 69
<i>bromocriptine mesylate cap 5 mg</i> .....37	<i>calcitriol cap 0.5 mcg</i> ..... 69
<i>bromocriptine mesylate tab 2.5 mg</i> .....37	<i>calcitriol inj 1 mcg/ml</i> ..... 69
<i>budeprion tab 100mg sr</i> .....34	<i>calcitriol oral soln 1 mcg/ml</i> ..... 69
<i>budeprion tab 150mg sr</i> .....34	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> ..... 53
<i>budeprion xl tab 150mg</i> .....34	<i>camila tab 0.35mg</i> ..... 49
<i>budeprion xl tab 300mg</i> .....34	CAMPATH INJ 30MG/ML ..... 16
<i>budesonide inhalation susp 0.25 mg/2ml</i> .....74	CAMPRAL TAB 333MG ..... 45
<i>budesonide inhalation susp 0.5 mg/2ml</i> .....74	CANASA SUP 1000MG..... 57
<i>bumetanide inj 0.25 mg/ml</i> .....28	CANCIDAS INJ 50MG ..... 10
<i>bumetanide tab 0.5 mg</i> .....28	CANCIDAS INJ 70MG ..... 10
<i>bumetanide tab 1 mg</i> .....28	CAPASTAT SUL INJ 1GM..... 12
<i>bumetanide tab 2 mg</i> .....28	<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i> ..... 19
BUPHENYL TAB 500MG .....50	<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> ..... 19
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....45	

<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> .....	19	<i>cefadroxil for susp 250 mg/5ml</i> .....	7
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> .....	19	<i>cefadroxil for susp 500 mg/5ml</i> .....	7
<i>captopril tab 100 mg</i> .....	20	<i>cefadroxil tab 1 gm</i> .....	7
<i>captopril tab 12.5 mg</i> .....	20	CEFAZOLIN INJ 1GM/50ML.....	7
<i>captopril tab 25 mg</i> .....	20	<i>cefazolin sodium for inj 1 gm</i> .....	7
<i>captopril tab 50 mg</i> .....	20	<i>cefazolin sodium for inj 20 gm</i> .....	7
CARAC CRE 0.5%.....	76	<i>cefazolin sodium for inj 500 mg</i> .....	7
CARAFATE SUS 1GM/10ML.....	58	<i>cefdinir cap 300 mg</i> .....	7
<i>carbamazepine chew tab 100 mg</i> .....	31	<i>cefdinir for susp 125 mg/5ml</i> .....	7
<i>carbamazepine susp 100 mg/5ml</i> .....	31	<i>cefdinir for susp 250 mg/5ml</i> .....	7
<i>carbamazepine tab 200 mg</i> .....	31	<i>cefepime hcl for inj 1 gm</i> .....	7
<i>carbamazepine tab sr 12hr 200 mg</i> .....	31	<i>cefepime hcl for inj 2 gm</i> .....	7
<i>carbamazepine tab sr 12hr 400 mg</i> .....	31	<i>cefotaxime sodium for inj 1 gm</i> .....	7
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> .....	37	<i>cefotaxime sodium for inj 10 gm</i> .....	7
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> .....	37	<i>cefotaxime sodium for inj 2 gm</i> .....	7
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> .....	37	<i>cefotaxime sodium for inj 500 mg</i> .....	7
<i>carbidopa &amp; levodopa tab 10-100 mg</i> ..	37	<i>cefoxitin sodium for inj 1 gm</i> .....	7
<i>carbidopa &amp; levodopa tab 25-100 mg</i> ..	37	<i>cefoxitin sodium for inj 10 gm</i> .....	8
<i>carbidopa &amp; levodopa tab 25-250 mg</i> ..	37	<i>cefoxitin sodium for inj 2 gm</i> .....	8
<i>carbidopa &amp; levodopa tab cr 25-100 mg</i> .....	37	<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	8
<i>carbidopa &amp; levodopa tab cr 50-200 mg</i> .....	37	<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	8
<i>carboplatin iv soln 150 mg/15ml</i> .....	18	<i>cefpodoxime proxetil tab 100 mg</i> .....	8
CARDIZEM CD CAP 360MG/24.....	26	<i>cefpodoxime proxetil tab 200 mg</i> .....	8
<i>carisoprodol tab 350 mg</i> .....	44	<i>cefprozil for susp 125 mg/5ml</i> .....	8
<i>carteolol hcl ophth soln 1%</i> .....	71	<i>cefprozil for susp 250 mg/5ml</i> .....	8
<i>cartia xt cap 120/24hr</i> .....	26	<i>cefprozil tab 250 mg</i> .....	8
<i>cartia xt cap 180/24hr</i> .....	26	<i>cefprozil tab 500 mg</i> .....	8
<i>cartia xt cap 240/24hr</i> .....	26	<i>ceftriaxone sodium for inj 10 gm</i> .....	8
<i>cartia xt cap 300/24hr</i> .....	26	<i>ceftriaxone sodium for inj 250 mg</i> .....	8
<i>carvedilol tab 12.5 mg</i> .....	25	<i>ceftriaxone sodium for inj 500 mg</i> .....	8
<i>carvedilol tab 25 mg</i> .....	25	<i>cefuroxime axetil for susp 125 mg/5ml</i> ..	8
<i>carvedilol tab 3.125 mg</i> .....	25	<i>cefuroxime axetil tab 250 mg</i> .....	8
<i>carvedilol tab 6.25 mg</i> .....	25	<i>cefuroxime axetil tab 500 mg</i> .....	8
CAYSTON INH 75MG.....	73	<i>cefuroxime sodium for inj 1.5 gm</i> .....	8
CEENU CAP 100MG.....	15	<i>cefuroxime sodium for inj 750 mg</i> .....	8
CEENU CAP 10MG.....	15	CELEBREX CAP 100MG.....	4
CEENU CAP 40MG.....	15	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.....	64
<i>cefadroxil cap 500 mg</i> .....	7	CELLCEPT SUS 200MG/ML.....	64
		CELLCEPT TAB 500MG.....	64
		CELONTIN CAP 300MG.....	31
		<i>cephalexin cap 250 mg</i> .....	8
		<i>cephalexin cap 500 mg</i> .....	8
		<i>cephalexin for susp 125 mg/5ml</i> .....	8

<i>cephalexin for susp 250 mg/5ml</i> .....	8	.....	8
CEREZYME INJ 200UNIT .....	50	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	8
CERVARIX INJ .....	65	.....	8
<i>cesia pak</i> .....	49	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	8
<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	72	.....	8
.....	72	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	8
CHANTIX PAK 0.5& 1MG .....	45	<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	1000 mg(base eq).....
CHANTIX TAB 0.5MG .....	45	.....	8
CHANTIX TAB 1MG.....	45	<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	500 mg (base eq) .....
<i>chlorhexidine gluconate soln 0.12%</i> ....	79	.....	8
<i>chloroquine phosphate tab 250 mg</i> ....	10	<i>cisplatin inj 100 mg/100ml (1 mg/ml).</i>	18
<i>chloroquine phosphate tab 500 mg</i> ....	10	<i>citalopram hydrobromide oral soln 10</i>	mg/5ml.....
<i>chlorothiazide tab 250 mg</i> .....	28	.....	34
<i>chlorothiazide tab 500 mg</i> .....	28	<i>citalopram hydrobromide tab 10 mg</i>	(base equiv) .....
CHLORPROMAZ INJ 25MG/ML.....	38	.....	34
<i>chlorpromazine hcl tab 10 mg</i> .....	38	<i>citalopram hydrobromide tab 20 mg</i>	(base equiv) .....
<i>chlorpromazine hcl tab 100 mg</i> .....	38	.....	34
<i>chlorpromazine hcl tab 200 mg</i> .....	38	<i>citalopram hydrobromide tab 40 mg</i>	(base equiv) .....
<i>chlorpromazine hcl tab 25 mg</i> .....	38	.....	34
<i>chlorpromazine hcl tab 50 mg</i> .....	38	<i>cladribine inj 1 mg/ml</i> .....	18
<i>chlorthalidone tab 25 mg</i> .....	28	<i>claravis cap 10mg</i> .....	75
<i>chlorthalidone tab 50 mg</i> .....	28	<i>claravis cap 20mg</i> .....	75
<i>chlorzoxazone tab 500 mg</i> .....	44	<i>claravis cap 30mg</i> .....	75
<i>cholestyramine light powder packets 4</i>	gm.....	<i>claravis cap 40mg</i> .....	75
.....	24	<i>clarithromycin for susp 125 mg/5ml</i> ....	8
<i>chorionic gonadotropin for inj 10000 unit</i>	53	<i>clarithromycin for susp 250 mg/5ml</i> ....	8
.....	53	<i>clarithromycin tab 250 mg</i> .....	8
<i>ciclopirox gel 0.77%</i> .....	76	<i>clarithromycin tab 500 mg</i> .....	8
<i>ciclopirox olamine cream 0.77% (base</i>	equiv) .....	<i>clarithromycin tab sr 24hr 500 mg</i> .....	8
.....	76	<i>clemastine fumarate syrup 0.67 mg/5ml</i>	(0.5 mg/5ml base eq).....
<i>ciclopirox olamine susp 0.77% (base</i>	equiv) .....	.....	72
.....	76	<i>clemastine fumarate tab 2.68 mg</i> .....	72
<i>ciclopirox shampoo 1%</i> .....	76	CLEOCIN CAP 75MG .....	14
<i>cilostazol tab 100 mg</i> .....	62	CLEOCIN PED SOL 75MG/5ML.....	14
<i>cilostazol tab 50 mg</i> .....	62	CLEOCIN SUP 100MG.....	60
CILOXAN OIN 0.3% OP.....	70	<i>clindamycin hcl cap 150 mg</i> .....	14
<i>cimetidine hcl inj 150 mg/ml</i> .....	57	<i>clindamycin hcl cap 300 mg</i> .....	14
<i>cimetidine hcl soln 300 mg/5ml</i> .....	57	<i>clindamycin phosphate gel 1%</i> .....	75
<i>cimetidine tab 200 mg</i> .....	57	<i>clindamycin phosphate iv soln 600</i>	mg/4ml.....
<i>cimetidine tab 300 mg</i> .....	57	.....	14
<i>cimetidine tab 400 mg</i> .....	57	<i>clindamycin phosphate lotion 1%</i> .....	75
<i>cimetidine tab 800 mg</i> .....	57	<i>clindamycin phosphate soln 1%</i> .....	75
CIPRO (10%) SUS 500MG/5.....	8	<i>clindamycin phosphate swab 1%</i> .....	75
CIPRO (5%) SUS 250MG/5 .....	8	.....	60
<i>ciprofloxacin hcl ophth soln 0.3%</i> .....	70	<i>clindamycin phosphate-benzoyl peroxide</i>	gel 1-5%.....
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	8	.....	75
.....	8	CLINIMIX E INJ 2.75/D10.....	66
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	8		

CLINIMIX E INJ 2.75/D5W .....	66	COMBIPATCH DIS .05/.14 .....	50
CLINIMIX E INJ 4.25/D25 .....	66	COMBIPATCH DIS .05/.25 .....	51
CLINIMIX E INJ 4.25/D5W .....	67	COMBIVENT AER.....	71
CLINIMIX E INJ 5%/D15W .....	67	COMBIVIR TAB .....	11
CLINIMIX E INJ 5%/D20W .....	67	COMPLERA TAB.....	11
CLINIMIX E INJ 5%/D25W .....	67	<i>compro sup 25mg</i> .....	55
CLINIMIX INJ 2.75/D5W .....	67	COMTAN TAB 200MG .....	37
CLINIMIX INJ 4.25/D10 .....	67	COMVAX INJ.....	65
CLINIMIX INJ 4.25/D20 .....	67	<i>constulose sol 10gm/15</i> .....	58
CLINIMIX INJ 4.25/D25 .....	67	COPAXONE KIT 20MG/ML.....	44
CLINIMIX INJ 4.25/D5W .....	67	<i>cortisone acetate tab 25 mg</i> .....	51
CLINIMIX INJ 5%/D15W .....	67	<i>cortomycin sol 1% otic</i> .....	79
CLINIMIX INJ 5%/D20W .....	67	<i>cortomycin sus 1% otic</i> .....	79
CLINIMIX INJ 5%/D25W .....	67	COSMEGEN INJ 0.5MG .....	15
<i>clinisol sf inj 15%</i> .....	67	COUMADIN TAB 10MG .....	60
<i>clobetasol e cre 0.05%</i> .....	77	COUMADIN TAB 1MG .....	60
<i>clobetasol propionate gel 0.05%</i> .....	77	COUMADIN TAB 2.5MG .....	60
<i>clobetasol propionate oint 0.05%</i> .....	77	COUMADIN TAB 2MG .....	60
<i>clobetasol propionate soln 0.05%</i> .....	77	COUMADIN TAB 3MG .....	60
<i>clomipramine hcl cap 25 mg</i> .....	34	COUMADIN TAB 4MG .....	60
<i>clomipramine hcl cap 50 mg</i> .....	34	COUMADIN TAB 5MG .....	60
<i>clomipramine hcl cap 75 mg</i> .....	34	COUMADIN TAB 6MG .....	60
<i>clonidine hcl tab 0.1 mg</i> .....	21	COUMADIN TAB 7.5MG .....	60
<i>clonidine hcl tab 0.2 mg</i> .....	21	CREON CAP 12000UNT.....	58
<i>clonidine hcl tab 0.3 mg</i> .....	21	CREON CAP 24000UNT.....	58
<i>clonidine hcl td patch weekly 0.1</i> <i>mg/24hr</i> .....	21	CREON CAP 6000UNIT .....	58
<i>clonidine hcl td patch weekly 0.2</i> <i>mg/24hr</i> .....	21	CRESTOR TAB 10MG.....	23
<i>clonidine hcl td patch weekly 0.3</i> <i>mg/24hr</i> .....	21	CRESTOR TAB 20MG.....	23
<i>clotrimazole cream 1%</i> .....	76	CRESTOR TAB 40MG.....	23
<i>clotrimazole soln 1%</i> .....	76	CRESTOR TAB 5MG .....	23
<i>clotrimazole troche 10 mg</i> .....	10	CRIXIVAN CAP 100MG .....	11
<i>clozapine tab 100 mg</i> .....	38	CRIXIVAN CAP 200MG .....	11
<i>clozapine tab 200 mg</i> .....	38	CRIXIVAN CAP 400MG .....	11
<i>clozapine tab 25 mg</i> .....	38	<i>cromolyn sodium ophth soln 4%</i> .....	71
<i>clozapine tab 50 mg</i> .....	38	<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	73
COARTEM TAB 20-120MG .....	10	<i>cryselle-28 tab 28 tabs</i> .....	49
<i>co-gesic tab 500-5mg</i> .....	1	CUBICIN SOL 500MG.....	14
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	1	CUVPOSA SOL 1MG/5ML .....	57
COLCRYS TAB 0.6MG.....	1	<i>cyclafem tab 1/35</i> .....	49
<i>colestipol hcl granules 5 gm</i> .....	24	<i>cyclafem tab 7/7/7</i> .....	49
<i>colestipol hcl tab 1 gm</i> .....	24	<i>cyclobenzaprine hcl tab 10 mg</i> .....	44
<i>colistimethate sodium for inj 150 mg</i> ...	14	<i>cyclobenzaprine hcl tab 5 mg</i> .....	44
<i>colocort ene 100mg</i> .....	57	<i>cyclophosphamide tab 25 mg</i> .....	15
COMBIGAN SOL 0.2/0.5%.....	71	<i>cyclophosphamide tab 50 mg</i> .....	15
		<i>cyclosporine cap 100 mg</i> .....	64
		<i>cyclosporine cap 25 mg</i> .....	64
		<i>cyclosporine iv soln 50 mg/ml</i> .....	64

<i>cyclosporine modified cap 100 mg</i> .....	64
<i>cyclosporine modified cap 50 mg</i> .....	64
<i>cyclosporine modified oral soln 100 mg/ml</i> .....	64
CYKLOKAPRON INJ 100MG/ML .....	62
CYMBALTA CAP 20MG .....	34
CYMBALTA CAP 30MG .....	34
CYMBALTA CAP 60MG .....	34
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ....	72
<i>cyproheptadine hcl tab 4 mg</i> .....	72
CYSTADANE POW .....	50
CYSTAGON CAP 150MG .....	50
CYSTAGON CAP 50MG .....	50
<i>cytarabine for inj 500 mg</i> .....	15
<i>cytarabine inj 20 mg/ml</i> .....	15

**D**

D5W/LYTES INJ #48 .....	67
<i>dacarbazine for inj 200 mg</i> .....	15
<i>danazol cap 100 mg</i> .....	50
<i>danazol cap 200 mg</i> .....	50
<i>danazol cap 50 mg</i> .....	50
<i>dantrolene sodium cap 100 mg</i> .....	44
<i>dantrolene sodium cap 25 mg</i> .....	44
<i>dantrolene sodium cap 50 mg</i> .....	44
<i>dapsone tab 100 mg</i> .....	14
<i>dapsone tab 25 mg</i> .....	14
DAPTACEL INJ .....	65
DARAPRIM TAB 25MG .....	10
<i>daunorubicin hcl for inj 20 mg</i> .....	15
DAUNOXOME INJ 2MG/ML .....	15
DECAVAC INJ 5-2LF .....	65
DENAVIR CRE 1% .....	77
<i>depade tab 50mg</i> .....	45
DEPO-PROVERA INJ 400/ML .....	16
DERMA-SMOOTH OIL /FS BODY .....	77
DERMOTIC OIL 0.01% .....	80
<i>desipramine hcl tab 10 mg</i> .....	34
<i>desipramine hcl tab 100 mg</i> .....	34
<i>desipramine hcl tab 150 mg</i> .....	35
<i>desipramine hcl tab 25 mg</i> .....	35
<i>desipramine hcl tab 50 mg</i> .....	35
<i>desipramine hcl tab 75 mg</i> .....	35
<i>desmopressin acetate inj 4 mcg/ml</i> .....	55
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i> .....	55
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> .....	55
<i>desmopressin acetate tab 0.1 mg</i> .....	55

<i>desmopressin acetate tab 0.2 mg</i> .....	55
<i>desonide cream 0.05%</i> .....	77
<i>desonide lotion 0.05%</i> .....	77
<i>desonide oint 0.05%</i> .....	77
<i>desoximetasone cream 0.05%</i> .....	77
<i>desoximetasone cream 0.25%</i> .....	77
<i>desoximetasone gel 0.05%</i> .....	77
<i>desoximetasone oint 0.25%</i> .....	77
DETROL LA CAP 2MG .....	59
DETROL LA CAP 4MG .....	59
DEXAMETHASON CON 1MG/ML .....	51
<i>dexamethasone elixir 0.5 mg/5ml</i> .....	52
<i>dexamethasone sodium phosphate inj 4 mg/ml</i> .....	52
<i>dexamethasone sodium phosphate ophth soln 0.1%</i> .....	70
<i>dexamethasone tab 0.5 mg</i> .....	52
<i>dexamethasone tab 0.75 mg</i> .....	52
<i>dexamethasone tab 1 mg</i> .....	52
<i>dexamethasone tab 1.5 mg</i> .....	52
<i>dexamethasone tab 2 mg</i> .....	52
<i>dexamethasone tab 4 mg</i> .....	52
<i>dexamethasone tab 6 mg</i> .....	52
DEXILANT CAP 30MG DR .....	59
DEXILANT CAP 60MG DR .....	59
<i>dexrazoxane for inj 500 mg</i> .....	18
<i>dextroamphetamine sulfate cap sr 24hr 10 mg</i> .....	42
<i>dextroamphetamine sulfate cap sr 24hr 15 mg</i> .....	42
<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i> .....	42
<i>dextroamphetamine sulfate tab 10 mg</i> .....	42
<i>dextroamphetamine sulfate tab 5 mg</i> .....	42
<i>dextrose 10% w/ sodium chloride 0.2%</i> .....	67
<i>dextrose 10% w/ sodium chloride 0.45%</i> .....	67
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> .....	67
<i>dextrose 5% w/ sodium chloride 0.2%</i> .....	67
<i>dextrose 5% w/ sodium chloride 0.225%</i> .....	67
<i>dextrose 5% w/ sodium chloride 0.33%</i> .....	67
<i>dextrose 5% w/ sodium chloride 0.45%</i> .....	67
<i>dextrose 5% w/ sodium chloride 0.9%</i> .....	67

<i>dextrose inj 10%</i> .....	67	<i>diltiazem hcl coated beads cap sr 24hr</i>	
<i>dextrose inj 5%</i> .....	67	<i>300 mg</i> .....	26
<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> .....	70	<i>240 mg</i> .....	26
<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> .....	26
<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> .....	26
<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> .....	26
<i>diclofenac sodium tab sr 24hr 100 mg</i> ..	4	<i>diltiazem hcl tab 120 mg</i> .....	26
<i>dicloxacillin sodium cap 250 mg</i> .....	8	<i>diltiazem hcl tab 30 mg</i> .....	26
<i>dicloxacillin sodium cap 500 mg</i> .....	8	<i>diltiazem hcl tab 60 mg</i> .....	26
<i>dicyclomine hcl cap 10 mg</i> .....	57	<i>diltiazem hcl tab 90 mg</i> .....	26
<i>dicyclomine hcl inj 10 mg/ml</i> .....	57	<i>dilt-xr cap 180mg</i> .....	26
<i>dicyclomine hcl oral soln 10 mg/5ml</i> ..	57	<i>dilt-xr cap 240mg</i> .....	26
<i>dicyclomine hcl tab 20 mg</i> .....	57	<i>diltzac cap 120mg/24</i> .....	26
<i>didanosine delayed release capsule 125</i>		<i>diltzac cap 180mg/24</i> .....	26
<i>mg</i> .....	11	<i>diltzac cap 240mg/24</i> .....	26
<i>didanosine delayed release capsule 200</i>		<i>diltzac cap 300mg/24</i> .....	26
<i>mg</i> .....	11	DIOVAN HCT TAB 160/12.5 .....	21
<i>didanosine delayed release capsule 250</i>		DIOVAN HCT TAB 160/25MG .....	21
<i>mg</i> .....	11	DIOVAN HCT TAB 320/12.5 .....	21
<i>didanosine delayed release capsule 400</i>		DIOVAN HCT TAB 320/25MG .....	21
<i>mg</i> .....	11	DIOVAN HCT TAB 80/12.5 .....	21
<i>diflorasone diacetate cream 0.05%</i> .....	77	DIOVAN TAB 160MG .....	22
<i>diflorasone diacetate oint 0.05%</i> .....	77	DIOVAN TAB 320MG .....	22
<i>diflunisal tab 500 mg</i> .....	4	DIOVAN TAB 40MG .....	22
<i>digoxin inj 0.25 mg/ml</i> .....	27	DIOVAN TAB 80MG .....	22
DIGOXIN SOL 50MCG/ML .....	27	DIP/TET PED INJ 6.7-5LF .....	65
<i>digoxin tab 0.125 mg</i> .....	28	<i>diphenhydramine hcl inj 50 mg/ml</i> .....	72
<i>digoxin tab 0.25 mg</i> .....	28	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>		<i>mg/5ml</i> .....	58
.....	43	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
DILANTIN CAP 100MG .....	31	<i>mg</i> .....	58
DILANTIN CAP 30MG .....	31	<i>dipyridamole tab 25 mg</i> .....	62
DILANTIN CHW 50MG .....	31	<i>dipyridamole tab 50 mg</i> .....	62
DILANTIN-125 SUS 125/5ML .....	31	<i>dipyridamole tab 75 mg</i> .....	63
DILAUDID-5 LIQ 1MG/ML .....	2	<i>disopyramide phosphate cap 100 mg</i> ..	22
<i>dilt-cd cap 120mg</i> .....	26	<i>disopyramide phosphate cap 150 mg</i> ..	22
<i>dilt-cd cap 300mg</i> .....	26	<i>divalproex sodium cap sprinkle 125 mg</i>	
<i>diltiazem hcl cap sr 12hr 120 mg</i> .....	26	.....	31
<i>diltiazem hcl cap sr 12hr 60 mg</i> .....	26	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl cap sr 12hr 90 mg</i> .....	26	<i>125 mg</i> .....	31
<i>diltiazem hcl coated beads cap sr 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>120 mg</i> .....	26	<i>250 mg</i> .....	31
<i>diltiazem hcl coated beads cap sr 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>240 mg</i> .....	26	<i>500 mg</i> .....	31

<i>divalproex sodium tab sr 24 hr 250 mg</i>	31
<i>divalproex sodium tab sr 24 hr 500 mg</i>	31
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 10 mg</i>	33
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 5 mg</i>	33
<i>donepezil hydrochloride tab 10 mg</i>	33
<i>donepezil hydrochloride tab 5 mg</i>	33
<i>dorzolamide hcl ophth soln 2%</i>	71
<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>soln 22.3-6.8 mg/ml</i>	71
DOVONEX CRE 0.005%	76
<i>doxazosin mesylate tab 1 mg</i>	21
<i>doxazosin mesylate tab 2 mg</i>	21
<i>doxazosin mesylate tab 4 mg</i>	21
<i>doxazosin mesylate tab 8 mg</i>	21
<i>doxepin hcl cap 10 mg</i>	35
<i>doxepin hcl cap 100 mg</i>	35
<i>doxepin hcl cap 150 mg</i>	35
<i>doxepin hcl cap 25 mg</i>	35
<i>doxepin hcl cap 50 mg</i>	35
<i>doxepin hcl cap 75 mg</i>	35
<i>doxepin hcl conc 10 mg/ml</i>	35
DOXIL INJ 2MG/ML	15
<i>doxorubicin hcl inj 2 mg/ml</i>	15
<i>doxycycline hyclate cap 100 mg</i>	8
<i>doxycycline hyclate cap 50 mg</i>	8
<i>doxycycline hyclate for inj 100 mg</i>	8
<i>doxycycline hyclate tab 100 mg</i>	8
<i>doxycycline hyclate tab 20 mg</i>	9
<i>doxycycline monohydrate tab 150 mg</i>	9
<i>doxycycline monohydrate tab 50 mg</i>	9
<i>doxycycline monohydrate tab 75 mg</i>	9
<i>dronabinol cap 10 mg</i>	56
<i>dronabinol cap 2.5 mg</i>	56
<i>dronabinol cap 5 mg</i>	56
DROXIA CAP 200MG	17
DROXIA CAP 300MG	17
DROXIA CAP 400MG	18
DUETACT TAB 30-2MG	46
DUETACT TAB 30-4MG	46
DULERA AER 100-5MCG	74
DULERA AER 200-5MCG	74
<i>duramorph inj 0.5mg/ml</i>	2
<i>duramorph inj 1mg/ml</i>	2
DUREZOL EMU 0.05%	70

**E**

<i>e.e.s. 400 tab 400mg</i>	9
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<i>econazole nitrate cream 1%</i>	76
<i>ed k+10 tab 10meq cr</i>	66
EDURANT TAB 25MG	11
EFFIENT TAB 10MG	63
EFFIENT TAB 5MG	63
ELAPRASE INJ 6MG/3ML	50
ELIDEL CRE 1%	78
ELITEK INJ 1.5MG	18
ELIXOPHYLLIN ELX 80/15ML	74
ELMIRON CAP 100MG	59
ELSPAR INJ 10000UNT	18
EMCYT CAP 140MG	15
EMEND CAP 125MG	56
EMEND CAP 40MG	56
EMEND CAP 80MG	56
EMEND PAK 80 & 125	56
EMSAM DIS 12MG/24H	35
EMSAM DIS 6MG/24HR	35
EMSAM DIS 9MG/24HR	35
EMTRIVA CAP 200MG	11
EMTRIVA SOL 10MG/ML	11
ENABLEX TAB 15MG	59
ENABLEX TAB 7.5MG	59
<i>enalapril maleate &amp; hydrochlorothiazide</i>	
<i>tab 10-25 mg</i>	19
<i>enalapril maleate &amp; hydrochlorothiazide</i>	
<i>tab 5-12.5 mg</i>	19
<i>enalapril maleate tab 10 mg</i>	20
<i>enalapril maleate tab 2.5 mg</i>	20
<i>enalapril maleate tab 20 mg</i>	20
<i>enalapril maleate tab 5 mg</i>	20
ENBREL INJ 25/0.5ML	63
ENBREL INJ 25MG	63
ENBREL INJ 50MG/ML	63
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 10-650mg</i>	2
<i>endocet tab 5-325mg</i>	2
<i>endocet tab 7.5-325m</i>	2
<i>endocet tab 7.5-500m</i>	2
<i>endodan tab</i>	2
ENGERIX-B INJ 10/0.5ML	65
ENGERIX-B INJ 20MCG/ML	65
<i>enoxaparin sodium inj 100 mg/ml</i>	60
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	60
<i>enoxaparin sodium inj 150 mg/ml</i>	60
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	60
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	60
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	60

<i>enoxaparin sodium inj 80 mg/0.8ml</i> ....	61	<i>estradiol td patch weekly 0.1 mg/24hr</i>	51
<i>enpresse-28 tab</i> .....	49	<i>estropipate tab 0.75 mg</i> .....	51
ENTOCORT EC CAP 3MG/24HR .....	57	<i>estropipate tab 1.5 mg</i> .....	51
<i>enulose sol 10gm/15</i> .....	58	<i>estropipate tab 3 mg</i> .....	51
<i>epinephrine hcl inj 0.1 mg/ml</i> .....	73	<i>ethambutol hcl tab 100 mg</i> .....	12
EPIPEN 2-PAK INJ 0.3MG .....	73	<i>ethambutol hcl tab 400 mg</i> .....	12
EPIPEN-JR INJ 2-PAK.....	73	<i>ethosuximide cap 250 mg</i> .....	31
<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	15	<i>ethosuximide soln 250 mg/5ml</i> .....	31
.....	15	<i>etodolac cap 200 mg</i> .....	4
<i>epitol tab 200mg</i> .....	31	<i>etodolac cap 300 mg</i> .....	4
EPIVIR HBV SOL 5MG/ML.....	13	<i>etodolac tab 400 mg</i> .....	5
EPIVIR HBV TAB 100MG .....	13	<i>etodolac tab 500 mg</i> .....	5
EPIVIR SOL 10MG/ML.....	11	<i>etodolac tab sr 24hr 400 mg</i> .....	5
EPIVIR TAB 150MG .....	11	<i>etodolac tab sr 24hr 500 mg</i> .....	5
EPIVIR TAB 300MG .....	11	<i>etodolac tab sr 24hr 600 mg</i> .....	5
<i>eplerenone tab 25 mg</i> .....	21	<i>etoposide inj 20 mg/ml</i> .....	18
<i>eplerenone tab 50 mg</i> .....	21	EVISTA TAB 60MG.....	54
EPZICOM TAB.....	11	EVOXAC CAP 30MG .....	79
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	43	EXALGO TAB 12MG.....	2
<i>errin tab 0.35mg</i> .....	49	EXALGO TAB 16MG.....	2
<i>ery pad 2%</i> .....	75	EXALGO TAB 8MG .....	2
ERYPED 200 SUS 200/5ML.....	9	EXELON DIS 4.6MG/24 .....	33
ERYTHROCIN INJ 500MG .....	9	EXELON DIS 9.5MG/24 .....	33
<i>erythrocine tab 250mg</i> .....	9	EXELON SOL 2MG/ML .....	33
<i>erythromycin ethylsuccinate tab 400 mg</i>	9	<i>exemestane tab 25 mg</i> .....	16
.....	9	EXFORGE TAB 10-160MG .....	21
<i>erythromycin gel 2%</i> .....	75	EXFORGE TAB 10-320MG .....	22
<i>erythromycin ophth oint 5 mg/gm</i> .....	70	EXFORGE TAB 5-160MG .....	22
<i>erythromycin soln 2%</i> .....	75	EXFORGE TAB 5-320MG .....	22
<i>erythromycin tab 250 mg</i> .....	9	EXFORGEH/10- TAB 160-12.5.....	22
<i>erythromycin tab 500 mg</i> .....	9	EXFORGEH/10- TAB 160-25.....	22
<i>erythromycin-sulfisoxazole for susp</i>		EXFORGEH/10- TAB 320-25.....	22
<i>200-600 mg/5ml</i> .....	14	EXFORGEH/5- TAB 160-12.5.....	22
ESTRADERM DIS 0.05MG.....	51	EXFORGEH/5- TAB 160-25 .....	22
ESTRADERM DIS 0.1MG.....	51	EXJADE TAB 125MG.....	48
<i>estradiol tab 0.5 mg</i> .....	51	EXJADE TAB 250MG.....	48
<i>estradiol tab 1 mg</i> .....	51	EXJADE TAB 500MG.....	48
<i>estradiol tab 2 mg</i> .....	51	EXTAVIA INJ 0.3MG.....	44
<i>estradiol td patch weekly 0.025 mg/24hr</i>	51	<b>F</b>	
.....	51	FABRAZYME INJ 35MG .....	50
<i>estradiol td patch weekly 0.0375</i>		<i>famciclovir tab 125 mg</i> .....	13
<i>mg/24hr (37.5 mcg/24hr)</i> .....	51	<i>famciclovir tab 250 mg</i> .....	13
<i>estradiol td patch weekly 0.05 mg/24hr</i>	51	<i>famciclovir tab 500 mg</i> .....	13
.....	51	<i>famotidine for susp 40 mg/5ml</i> .....	57
<i>estradiol td patch weekly 0.06 mg/24hr</i>	51	<i>famotidine in nacl 0.9% iv soln 20</i>	
.....	51	<i>mg/50ml</i> .....	57
<i>estradiol td patch weekly 0.075 mg/24hr</i>	51	<i>famotidine inj 10 mg/ml</i> .....	57
.....	51	<i>famotidine tab 20 mg</i> .....	57

<i>famotidine tab 40 mg</i> .....	57	FLOVENT DISK AER 50MCG .....	74
FANAPT PAK .....	38	FLOVENT HFA AER 110MCG .....	74
FANAPT TAB 10MG .....	38	FLOVENT HFA AER 220MCG .....	74
FANAPT TAB 12MG .....	39	FLOVENT HFA AER 44MCG .....	74
FANAPT TAB 1MG .....	39	<i>fluconazole for susp 10 mg/ml</i> .....	10
FANAPT TAB 2MG .....	39	<i>fluconazole for susp 40 mg/ml</i> .....	10
FANAPT TAB 4MG .....	39	<i>fluconazole in dextrose inj 400</i>	
FANAPT TAB 6MG .....	39	<i>mg/200ml</i> .....	10
FANAPT TAB 8MG .....	39	<i>fluconazole tab 100 mg</i> .....	10
FARESTON TAB 60MG .....	16	<i>fluconazole tab 150 mg</i> .....	10
FASLODEX INJ 250MG .....	16	<i>fluconazole tab 200 mg</i> .....	10
FAZACLO TAB 100MG .....	39	<i>fluconazole tab 50 mg</i> .....	10
FAZACLO TAB 12.5MG .....	39	<i>fludarabine phosphate for inj 50 mg ...</i>	18
FAZACLO TAB 150MG .....	39	<i>fludrocortisone acetate tab 0.1 mg</i> .....	52
FAZACLO TAB 200MG .....	39	<i>flunisolide nasal soln 0.025%</i> .....	73
FAZACLO TAB 25MG .....	39	<i>fluocinolone acetonide cream 0.01%</i> ..	77
FELBATOL SUS 600/5ML .....	31	<i>fluocinolone acetonide cream 0.025%</i> ..	77
FELBATOL TAB 400MG .....	31	<i>fluocinolone acetonide oint 0.025%</i> ....	77
FELBATOL TAB 600MG .....	31	<i>fluocinolone acetonide soln 0.01%</i> .....	78
<i>felodipine tab sr 24hr 10 mg</i> .....	26	<i>fluocinonide emulsified base cream</i>	
<i>felodipine tab sr 24hr 2.5 mg</i> .....	26	<i>0.05%</i> .....	78
<i>felodipine tab sr 24hr 5 mg</i> .....	27	<i>fluocinonide gel 0.05%</i> .....	78
<i>fenofibrate micronized cap 134 mg</i> .....	24	<i>fluocinonide oint 0.05%</i> .....	78
<i>fenofibrate micronized cap 200 mg</i> .....	24	<i>fluocinonide soln 0.05%</i> .....	78
<i>fenofibrate micronized cap 67 mg</i> .....	24	<i>fluorometholone ophth susp 0.1%</i> .....	70
<i>fenofibrate tab 160 mg</i> .....	24	<i>fluorouracil cream 5%</i> .....	76
<i>fenofibrate tab 54 mg</i> .....	24	<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> .....	76
<i>fentanyl citrate lollipop 1600 mcg</i> .....	2	<i>fluorouracil soln 5%</i> .....	76
<i>fentanyl citrate lollipop 200 mcg</i> .....	2	<i>fluoxetine hcl cap 10 mg</i> .....	35
<i>fentanyl citrate lollipop 400 mcg</i> .....	2	<i>fluoxetine hcl cap 20 mg</i> .....	35
<i>fentanyl citrate lollipop 600 mcg</i> .....	2	<i>fluoxetine hcl cap 40 mg</i> .....	35
<i>fentanyl citrate lollipop 800 mcg</i> .....	2	<i>fluoxetine hcl solution 20 mg/5ml</i> .....	35
<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	2	<i>fluoxetine hcl tab 10 mg</i> .....	35
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	2	<i>fluoxetine hcl tab 20 mg</i> .....	35
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	3	<i>fluphenazine decanoate inj 25 mg/ml</i> .	39
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	3	<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....	39
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	3	<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	39
<i>fexofenadine hcl tab 180 mg</i> .....	72	<i>fluphenazine hcl oral conc 5 mg/ml</i> ....	39
<i>fexofenadine hcl tab 30 mg</i> .....	72	<i>fluphenazine hcl tab 1 mg</i> .....	39
<i>fexofenadine hcl tab 60 mg</i> .....	72	<i>fluphenazine hcl tab 10 mg</i> .....	39
<i>finasteride tab 5 mg</i> .....	59	<i>fluphenazine hcl tab 2.5 mg</i> .....	39
<i>flecainide acetate tab 100 mg</i> .....	22	<i>fluphenazine hcl tab 5 mg</i> .....	39
<i>flecainide acetate tab 150 mg</i> .....	22	<i>flurbiprofen sodium ophth soln 0.03%</i>	70
<i>flecainide acetate tab 50 mg</i> .....	22	<i>flurbiprofen tab 100 mg</i> .....	5
FLOVENT DISK AER 100MCG .....	74	<i>flurbiprofen tab 50 mg</i> .....	5
FLOVENT DISK AER 250MCG .....	74	<i>flutamide cap 125 mg</i> .....	16

<i>fluticasone propionate cream 0.05% ...</i>	78	<i>galantamine hydrobromide cap sr 24hr</i>	
<i>fluticasone propionate nasal susp 50</i>		<i>16 mg.....</i>	33
<i>mcg/act.....</i>	73	<i>galantamine hydrobromide cap sr 24hr</i>	
<i>fluticasone propionate oint 0.005% .....</i>	78	<i>24 mg.....</i>	33
<i>fluvoxamine maleate tab 100 mg.....</i>	31	<i>galantamine hydrobromide cap sr 24hr 8</i>	
<i>fluvoxamine maleate tab 25 mg.....</i>	31	<i>mg .....</i>	33
<i>fluvoxamine maleate tab 50 mg.....</i>	31	<i>galantamine hydrobromide oral soln 4</i>	
<i>FML OIN 0.1% OP .....</i>	70	<i>mg/ml .....</i>	33
<i>FORADIL CAP AEROLIZE .....</i>	73	<i>galantamine hydrobromide tab 12 mg</i>	33
<i>FORTEO SOL 600/2.4 .....</i>	53	<i>galantamine hydrobromide tab 4 mg ..</i>	33
<i>fortical spr 200/act.....</i>	48	<i>galantamine hydrobromide tab 8 mg ..</i>	33
<i>fosinopril sodium &amp; hydrochlorothiazide</i>		<i>GAMASTAN S/D INJ.....</i>	63
<i>tab 10-12.5 mg .....</i>	19	<i>GAMMAGARD INJ 2.5GM/25 .....</i>	63
<i>fosinopril sodium &amp; hydrochlorothiazide</i>		<i>GAMUNEX INJ 10% .....</i>	63
<i>tab 20-12.5 mg .....</i>	19	<i>ganciclovir cap 250 mg .....</i>	13
<i>fosinopril sodium tab 10 mg .....</i>	20	<i>ganciclovir cap 500 mg .....</i>	13
<i>fosinopril sodium tab 20 mg .....</i>	20	<i>ganciclovir sodium for inj 500 mg.....</i>	13
<i>fosinopril sodium tab 40 mg .....</i>	20	<i>GARDASIL INJ .....</i>	65
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<i>FRAGMIN INJ 10000/ML.....</i>	61	<i>gavilyte-g sol.....</i>	58
<i>FRAGMIN INJ 12500UNT .....</i>	61	<i>gavilyte-n sol flav pk .....</i>	58
<i>FRAGMIN INJ 15000UNT .....</i>	61	<i>GELNIQUE GEL 10%.....</i>	59
<i>FRAGMIN INJ 18000UNT .....</i>	61	<i>gemcitabine hcl for inj 1 gm .....</i>	15
<i>FRAGMIN INJ 2500/0.2.....</i>	61	<i>gemfibrozil tab 600 mg .....</i>	24
<i>FRAGMIN INJ 25000/ML.....</i>	61	<i>gengraf cap 100mg .....</i>	64
<i>FRAGMIN INJ 5000/0.2.....</i>	61	<i>gengraf cap 25mg .....</i>	64
<i>FRAGMIN INJ 7500/0.3.....</i>	61	<i>gengraf sol 100mg/ml .....</i>	64
<i>FREAMINE III INJ 3% .....</i>	67	<i>gentak oin 0.3% op.....</i>	70
<i>freamine iii inj 8.5%.....</i>	67	<i>gentamicin in saline inj 0.6 mg/ml.....</i>	9
<i>furosemide inj 10 mg/ml.....</i>	28	<i>gentamicin in saline inj 0.8 mg/ml.....</i>	9
<i>furosemide oral soln 10 mg/ml .....</i>	28	<i>gentamicin in saline inj 1 mg/ml .....</i>	9
<i>furosemide tab 20 mg .....</i>	28	<i>gentamicin in saline inj 1.2 mg/ml.....</i>	9
<i>furosemide tab 40 mg .....</i>	28	<i>gentamicin in saline inj 1.6 mg/ml.....</i>	9
<i>furosemide tab 80 mg .....</i>	28	<i>gentamicin sulfate cream 0.1%.....</i>	76
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<i>gabapentin cap 100 mg .....</i>	31	<i>gentamicin sulfate oint 0.1% .....</i>	76
<i>gabapentin cap 300 mg .....</i>	31	<i>gentamicin sulfate ophth soln 0.3%....</i>	70
<i>gabapentin cap 400 mg .....</i>	31	<i>gentasol sol 0.3% op .....</i>	70
<i>gabapentin oral soln 250 mg/5ml.....</i>	31	<i>GEODON CAP 20MG.....</i>	39
<i>gabapentin tab 600 mg .....</i>	31	<i>GEODON CAP 40MG.....</i>	39
<i>gabapentin tab 800 mg .....</i>	32	<i>GEODON CAP 60MG.....</i>	39
<i>GABITRIL TAB 12MG .....</i>	32	<i>GEODON CAP 80MG.....</i>	39
<i>GABITRIL TAB 16MG .....</i>	32	<i>GEODON INJ 20MG.....</i>	39
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<i>glipizide tab 10 mg .....</i>	<i>47</i>
<i>glipizide tab 5 mg .....</i>	<i>47</i>
<i>glipizide tab sr 24hr 10 mg .....</i>	<i>47</i>
<i>glipizide tab sr 24hr 2.5 mg .....</i>	<i>47</i>
<i>glipizide tab sr 24hr 5 mg .....</i>	<i>47</i>
<i>glipizide-metformin hcl tab 2.5-250 mg .....</i>	<i>47</i>
<i>glipizide-metformin hcl tab 2.5-500 mg .....</i>	<i>47</i>
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<i>glyburide micronized tab 6 mg .....</i>	<i>47</i>
<i>glyburide tab 1.25 mg .....</i>	<i>47</i>
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<i>glyburide tab 5 mg.....</i>	<i>47</i>
<i>glyburide-metformin tab 1.25-250 mg.</i>	<i>47</i>
<i>glyburide-metformin tab 2.5-500 mg ..</i>	<i>47</i>
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<i>glycopyrrolate inj 0.2 mg/ml .....</i>	<i>57</i>
<i>glycopyrrolate tab 1 mg.....</i>	<i>57</i>
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<i>glycron tab 6mg .....</i>	<i>47</i>
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<i>haloperidol tab 10 mg.....</i>	<i>39</i>
<i>haloperidol tab 2 mg.....</i>	<i>39</i>
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<i>hydralazine hcl tab 25 mg .....</i>	<i>29</i>
<i>hydralazine hcl tab 50 mg .....</i>	<i>29</i>
<i>hydrochlorothiazide cap 12.5 mg.....</i>	<i>28</i>
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<i>hydrocodone-acetaminophen tab 10-300 mg .....</i>	<i>1</i>

<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	1	<i>hydromorphone hcl tab 8 mg</i> .....	3
<i>hydrocodone-acetaminophen tab 10-500 mg</i> .....	1	<i>hydroxychloroquine sulfate tab 200 mg</i> .....	63
<i>hydrocodone-acetaminophen tab 10-650 mg</i> .....	1	<i>hydroxyurea cap 500 mg</i> .....	18
<i>hydrocodone-acetaminophen tab 10-660 mg</i> .....	1	<i>hydroxyzine hcl im soln 25 mg/ml</i> .....	72
<i>hydrocodone-acetaminophen tab 10-750 mg</i> .....	1	<i>hydroxyzine hcl im soln 50 mg/ml</i> .....	72
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i> .....	1	<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	72
<i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	1	<i>hydroxyzine hcl tab 10 mg</i> .....	72
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	1	<i>hydroxyzine hcl tab 25 mg</i> .....	72
<i>hydrocodone-acetaminophen tab 5-500 mg</i> .....	1	<i>hydroxyzine hcl tab 50 mg</i> .....	72
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> .....	1	<i>hydroxyzine pamoate cap 100 mg</i> .....	72
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	2	<i>hydroxyzine pamoate cap 25 mg</i> .....	72
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i> .....	2	<i>hydroxyzine pamoate cap 50 mg</i> .....	72
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i> .....	2	<b>I</b>	
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i> .....	2	<i>ibuprofen susp 100 mg/5ml</i> .....	5
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	2	<i>ibuprofen tab 400 mg</i> .....	5
<i>hydrocortisone butyrate cream 0.1%</i> .....	78	<i>ibuprofen tab 600 mg</i> .....	5
<i>hydrocortisone butyrate oint 0.1%</i> .....	78	<i>ibuprofen tab 800 mg</i> .....	5
<i>hydrocortisone butyrate soln 0.1%</i> .....	78	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> .....	15
<i>hydrocortisone cream 1%</i> .....	78	<i>IFEX INJ 3GM</i> .....	15
<i>hydrocortisone cream 2.5%</i> .....	78	<i>ifosfamide &amp; mesna inj kit 1000-1000 mg</i> .....	18
<i>hydrocortisone enema 100 mg/60ml</i> .....	57	<i>ifosfamide &amp; mesna inj kit 3000-1000 mg</i> .....	18
<i>hydrocortisone lotion 2.5%</i> .....	78	<i>ifosfamide for inj 1 gm</i> .....	15
<i>hydrocortisone oint 1%</i> .....	78	<i>imipramine hcl tab 10 mg</i> .....	35
<i>hydrocortisone oint 2.5%</i> .....	78	<i>imipramine hcl tab 25 mg</i> .....	35
<i>hydrocortisone tab 10 mg</i> .....	52	<i>imipramine hcl tab 50 mg</i> .....	35
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<i>hydrocortisone tab 5 mg</i> .....	52	<i>IMOVAX RABIE INJ 2.5/ML</i> .....	65
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<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....	80	<i>indapamide tab 1.25 mg</i> .....	29
<i>hydromorphone hcl inj 10 mg/ml</i> .....	3	<i>indapamide tab 2.5 mg</i> .....	29
<i>hydromorphone hcl tab 2 mg</i> .....	3	<i>INDOCIN SUS 25MG/5ML</i> .....	5
<i>hydromorphone hcl tab 4 mg</i> .....	3	<i>indomethacin cap 25 mg</i> .....	5
		<i>indomethacin cap 50 mg</i> .....	5
		<i>indomethacin cap cr 75 mg</i> .....	5
		<i>INFANRIX INJ</i> .....	65
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		<i>INTRALIPID INJ 30%</i> .....	67

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INTRON-A INJ 18MU .....	63	<i>isosorbide mononitrate tab 20 mg</i> .....	30
INTRON-A INJ 3MU PEN.....	63	<i>isosorbide mononitrate tab sr 24hr 120</i>	
INTRON-A INJ 5MU PEN.....	63	<i>mg</i> .....	30
INVANZ INJ 1GM .....	14	<i>isosorbide mononitrate tab sr 24hr 30</i>	
INVEGA SUST INJ 117/0.75 .....	39	<i>mg</i> .....	30
INVEGA SUST INJ 156MG/ML .....	39	<i>isosorbide mononitrate tab sr 24hr 60</i>	
INVEGA SUST INJ 234/1.5 .....	39	<i>mg</i> .....	30
INVEGA SUST INJ 39/0.25 .....	39	<i>isradipine cap 2.5 mg</i> .....	27
INVEGA SUST INJ 78/0.5ML.....	39	<i>isradipine cap 5 mg</i> .....	27
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INVIRASE TAB 500MG .....	11	<i>jantoven tab 10mg</i> .....	61
IONOSOL-B/ INJ D5W .....	68	<i>jantoven tab 1mg</i> .....	61
IONOSOL-MB INJ /D5W .....	68	<i>jantoven tab 2.5mg</i> .....	61
IONOSOL-T INJ /D5W.....	68	<i>jantoven tab 2mg</i> .....	61
IPOL INJ INACTIVE.....	65	<i>jantoven tab 3mg</i> .....	61
<i>ipratropium bromide inhal soln 0.02%</i>	72	<i>jantoven tab 4mg</i> .....	61
<i>ipratropium bromide nasal soln 0.03%</i>		<i>jantoven tab 5mg</i> .....	61
<i>(21 mcg/spray)</i> .....	72	<i>jantoven tab 6mg</i> .....	61
<i>ipratropium bromide nasal soln 0.06%</i>		<i>jantoven tab 7.5mg</i> .....	61
<i>(42 mcg/spray)</i> .....	72	JANUMET TAB 50-1000 .....	47
<i>ipratropium-albuterol nebu soln</i>		JANUMET TAB 50-500MG .....	47
<i>0.5-2.5(3) mg/3ml</i> .....	72	JANUVIA TAB 100MG .....	47
<i>irinotecan hcl inj 100 mg/5ml (20</i>		JANUVIA TAB 25MG.....	47
<i>mg/ml)</i> .....	18	JANUVIA TAB 50MG.....	47
ISENTRESS TAB 400MG.....	11	JE-VAX INJ .....	65
<i>isochron tab 40mg cr</i> .....	29	<i>jinteli tab 1mg-5mcg</i> .....	51
ISOLYTE-H INJ /D5W .....	68	<i>jolivette tab 0.35mg</i> .....	49
<i>isolyte-m inj /d5w</i> .....	68	<i>junel 1.5/30 tab</i> .....	49
ISOLYTE-P INJ /D5W .....	68	<i>junel 1/20 tab</i> .....	49
ISOLYTE-S INJ.....	68	<i>junel fe tab 1.5/30</i> .....	49
ISOLYTE-S INJ /D5W.....	68	<i>junel fe tab 1/20</i> .....	49
<i>isoniazid inj 100 mg/ml</i> .....	12	<b>K</b>	
<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.....	29	KADIAN CAP 20MG CR .....	3
<i>isosorbide dinitrate sl tab 2.5 mg</i> .....	29	KADIAN CAP 30MG CR .....	3
<i>isosorbide dinitrate sl tab 5 mg</i> .....	30	KADIAN CAP 50MG CR .....	3
<i>isosorbide dinitrate tab 10 mg</i> .....	30	KADIAN CAP 60MG CR .....	3
<i>isosorbide dinitrate tab 20 mg</i> .....	30	KADIAN CAP 80MG CR .....	3
<i>isosorbide dinitrate tab 30 mg</i> .....	30	KALETRA SOL .....	11
<i>isosorbide dinitrate tab 5 mg</i> .....	30	KALETRA TAB 100-25MG.....	11

KALETRA TAB 200-50MG .....	11
<i>kariva tab 28 day</i> .....	49
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	68
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	68
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	68
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.33% inj</i> .....	68
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	68
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
KCL/D10/NAACL INJ 0.15/0.2.....	68
KCL/D5W INJ 0.075% .....	68
KCL/D5W/LR INJ 0.15% .....	68
KCL/D5W/NAACL INJ 0.15/0.2.....	68
KCL/D5W/NAACL INJ 0.3/0.9% .....	68
KCL/NAACL INJ 0.3-0.9 .....	68
<i>kelnor tab 1/35</i> .....	49
<i>ketoconazole cream 2%</i> .....	76
<i>ketoconazole shampoo 2%</i> .....	77
<i>ketoconazole tab 200 mg</i> .....	10
<i>ketoprofen cap 50 mg</i> .....	5
<i>ketoprofen cap 75 mg</i> .....	5
<i>ketoprofen cap sr 24hr 200 mg</i> .....	5
<i>ketorolac tromethamine ophth soln 0.4%</i> .....	70
<i>ketorolac tromethamine ophth soln 0.5%</i> .....	70
<i>kionex pow usp</i> .....	48
<i>klor-con 10 tab 10meq er</i> .....	66
<i>klor-con 8 tab 8meq er</i> .....	66
KLOR-CON M15 TAB.....	66
<i>klor-con m20 tab 20meq er</i> .....	66
KOMBIGLYZE TAB 2.5-1000 .....	47

KOMBIGLYZE TAB 5-1000MG.....	47
KOMBIGLYZE TAB 5-500MG.....	47
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<b>L</b>	
<i>labetalol hcl iv soln 5 mg/ml</i> .....	25
<i>labetalol hcl tab 100 mg</i> .....	25
<i>labetalol hcl tab 200 mg</i> .....	25
<i>labetalol hcl tab 300 mg</i> .....	25
<i>laclotion lot 12%</i> .....	79
LACRISERT MIS 5MG OP .....	71
<i>lactated ringer's solution</i> .....	68
<i>lactic acid (ammonium lactate) cream 12%</i> .....	79
<i>lactic acid (ammonium lactate) lotion 12%</i> .....	79
<i>lactulose solution 10 gm/15ml</i> .....	58
<i>lamotrigine tab 100 mg</i> .....	32
<i>lamotrigine tab 150 mg</i> .....	32
<i>lamotrigine tab 200 mg</i> .....	32
<i>lamotrigine tab 25 mg</i> .....	32
<i>lamotrigine tab chewable dispersible 25 mg</i> .....	32
<i>lamotrigine tab chewable dispersible 5 mg</i> .....	32
LANOXIN TAB 0.125MG.....	28
LANOXIN TAB 0.25MG .....	28
LANTUS INJ 100/ML .....	46
LANTUS INJ SOLOSTAR.....	46
<i>latanoprost ophth soln 0.005%</i> .....	71
LATUDA TAB 40MG.....	40
LATUDA TAB 80MG.....	40
<i>leena tab</i> .....	49
<i>leflunomide tab 10 mg</i> .....	63
<i>leflunomide tab 20 mg</i> .....	63
<i>lessina-28 tab</i> .....	49
LETAIRIS TAB 10MG.....	30
LETAIRIS TAB 5MG.....	30
<i>letrozole tab 2.5 mg</i> .....	16
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LEUCOVOR CA TAB 15MG.....	18
<i>leucovorin calcium for inj 100 mg</i> .....	18
<i>leucovorin calcium for inj 350 mg</i> .....	18
<i>leucovorin calcium tab 25 mg</i> .....	18
<i>leucovorin calcium tab 5 mg</i> .....	18
LEUKERAN TAB 2MG.....	15
LEUKINE INJ 250MCG .....	62
LEUKINE INJ 500 MCG .....	62
<i>leuprolide acetate inj kit 5 mg/ml</i> .....	16

<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i> .....	73	<i>levoxyl tab 200mcg</i> .....	54
LEVEMIR INJ .....	46	<i>levoxyl tab 25mcg</i> .....	55
LEVEMIR INJ FLEXPEN .....	46	<i>levoxyl tab 50mcg</i> .....	55
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> .....	32	<i>levoxyl tab 75mcg</i> .....	55
<i>levetiracetam oral soln 100 mg/ml</i> .....	32	<i>levoxyl tab 88mcg</i> .....	55
<i>levetiracetam tab 1000 mg</i> .....	32	LEXAPRO SOL 5MG/5ML .....	35
<i>levetiracetam tab 250 mg</i> .....	32	LEXAPRO TAB 10MG .....	35
<i>levetiracetam tab 500 mg</i> .....	32	LEXAPRO TAB 20MG .....	35
<i>levetiracetam tab 750 mg</i> .....	32	LEXAPRO TAB 5MG .....	35
<i>levobunolol hcl ophth soln 0.25%</i> .....	71	LEXIVA SUS 50MG/ML .....	11
<i>levobunolol hcl ophth soln 0.5%</i> .....	71	LEXIVA TAB 700MG .....	11
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> .....	50	LIALDA TAB 1.2GM .....	57
<i>levocarnitine tab 330 mg</i> .....	50	<i>lidocaine hcl gel 2%</i> .....	78
<i>levocetirizine dihydrochloride tab 5 mg</i> .....	72	<i>lidocaine hcl local inj 0.5%</i> .....	5
<i>levora-28 tab 0.15/30</i> .....	49	<i>lidocaine hcl local preservative free (pf) inj 1%</i> .....	6
<i>levothroid tab 100mcg</i> .....	54	<i>lidocaine hcl soln 4%</i> .....	78
<i>levothroid tab 112mcg</i> .....	54	<i>lidocaine hcl viscous soln 2%</i> .....	79
<i>levothroid tab 125mcg</i> .....	54	<i>lidocaine oint 5%</i> .....	78
<i>levothroid tab 137mcg</i> .....	54	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	79
<i>levothroid tab 150mcg</i> .....	54	LIDODERM DIS 5% .....	79
<i>levothroid tab 175mcg</i> .....	54	<i>liothyronine sodium tab 25 mcg</i> .....	55
<i>levothroid tab 200mcg</i> .....	54	<i>liothyronine sodium tab 5 mcg</i> .....	55
<i>levothroid tab 25mcg</i> .....	54	<i>liothyronine sodium tab 50 mcg</i> .....	55
<i>levothroid tab 300mcg</i> .....	54	LIPITOR TAB 10MG .....	23
<i>levothroid tab 50mcg</i> .....	54	LIPITOR TAB 20MG .....	23
<i>levothroid tab 75mcg</i> .....	54	LIPITOR TAB 40MG .....	23
<i>levothroid tab 88mcg</i> .....	54	LIPITOR TAB 80MG .....	23
<i>levothyroxine sodium tab 100 mcg</i> .....	54	LIPOFEN CAP 150MG .....	24
<i>levothyroxine sodium tab 112 mcg</i> .....	54	LIPOFEN CAP 50MG .....	24
<i>levothyroxine sodium tab 125 mcg</i> .....	54	LIPOSYN II INJ 10% .....	67
<i>levothyroxine sodium tab 137 mcg</i> .....	54	LIPOSYN II INJ 20% .....	67
<i>levothyroxine sodium tab 150 mcg</i> .....	54	LIPOSYN III INJ 10% .....	67
<i>levothyroxine sodium tab 175 mcg</i> .....	54	LIPOSYN III INJ 20% .....	67
<i>levothyroxine sodium tab 200 mcg</i> .....	54	<i>liposyn iii inj 30%</i> .....	67
<i>levothyroxine sodium tab 25 mcg</i> .....	54	<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	19
<i>levothyroxine sodium tab 300 mcg</i> .....	54	<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	19
<i>levothyroxine sodium tab 50 mcg</i> .....	54	<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	19
<i>levothyroxine sodium tab 75 mcg</i> .....	54	<i>lisinopril tab 10 mg</i> .....	20
<i>levothyroxine sodium tab 88 mcg</i> .....	54	<i>lisinopril tab 2.5 mg</i> .....	20
<i>levoxyl tab 100mcg</i> .....	54	<i>lisinopril tab 20 mg</i> .....	20
<i>levoxyl tab 112mcg</i> .....	54	<i>lisinopril tab 30 mg</i> .....	20
<i>levoxyl tab 125mcg</i> .....	54	<i>lisinopril tab 40 mg</i> .....	20
<i>levoxyl tab 137mcg</i> .....	54	<i>lisinopril tab 5 mg</i> .....	20
<i>levoxyl tab 150mcg</i> .....	54	LITHIUM CARB TAB 300MG .....	43
<i>levoxyl tab 175mcg</i> .....	54		

<i>lithium carbonate cap 150 mg</i> .....	43	LYSODREN TAB 500MG .....	18
<i>lithium carbonate cap 300 mg</i> .....	43	<b>M</b>	
<i>lithium carbonate cap 600 mg</i> .....	43	MACRODANTIN CAP 25MG .....	14
<i>lithium carbonate tab cr 300 mg</i> .....	43	MALARONE TAB 250-100 .....	10
<i>lithium carbonate tab cr 450 mg</i> .....	43	MALARONE TAB 62.5-25 .....	10
LITHIUM CITR SYP 8MEQ/5ML .....	43	<i>malathion lotion 0.5%</i> .....	79
<i>lokara lot 0.05%</i> .....	78	<i>maprotiline hcl tab 25 mg</i> .....	35
<i>loperamide hcl cap 2 mg</i> .....	58	<i>maprotiline hcl tab 50 mg</i> .....	35
<i>losartan potassium &amp; hydrochlorothiazide</i> <i>tab 100-12.5 mg</i> .....	22	<i>maprotiline hcl tab 75 mg</i> .....	35
<i>losartan potassium &amp; hydrochlorothiazide</i> <i>tab 100-25 mg</i> .....	22	<i>margesic-h cap 500-5mg</i> .....	2
<i>losartan potassium &amp; hydrochlorothiazide</i> <i>tab 50-12.5 mg</i> .....	22	MARPLAN TAB 10MG .....	35
<i>losartan potassium tab 100 mg</i> .....	22	MATULANE CAP 50MG .....	18
<i>losartan potassium tab 25 mg</i> .....	22	<i>matzim la tab 180mg/24</i> .....	27
<i>losartan potassium tab 50 mg</i> .....	22	<i>matzim la tab 300mg/24</i> .....	27
LOTRONEX TAB 0.5MG .....	58	<i>matzim la tab 360mg/24</i> .....	27
LOTRONEX TAB 1MG .....	58	<i>matzim la tab 420mg/24</i> .....	27
<i>lovastatin tab 10 mg</i> .....	23	MAXALT TAB 10MG .....	43
<i>lovastatin tab 20 mg</i> .....	23	MAXALT TAB 5MG .....	43
<i>lovastatin tab 40 mg</i> .....	23	MAXALT-MLT TAB 10MG .....	43
<i>low-ogestrel tab</i> .....	49	MAXALT-MLT TAB 5MG .....	43
<i>loxapine succinate cap 10 mg</i> .....	40	<i>mebendazole chew tab 100 mg</i> .....	14
<i>loxapine succinate cap 25 mg</i> .....	40	<i>meclizine hcl tab 12.5 mg</i> .....	56
<i>loxapine succinate cap 5 mg</i> .....	40	<i>meclizine hcl tab 25 mg</i> .....	56
<i>loxapine succinate cap 50 mg</i> .....	40	<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i> .....	49
LUMIGAN SOL 0.01% .....	71	<i>medroxyprogesterone acetate tab 10 mg</i> .....	54
LUMIGAN SOL 0.03% .....	71	<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i> .....	54
LUMIZYME INJ 50MG .....	50	<i>medroxyprogesterone acetate tab 5 mg</i> .....	54
LUPR DEP-PED INJ 11.25MG .....	16	<i>mefloquine hcl tab 250 mg</i> .....	10
LUPR DEP-PED INJ 15MG .....	16	MEGACE ES SUS .....	17
LUPR DEP-PED INJ 30MG .....	16	<i>megestrol acetate susp 40 mg/ml</i> .....	17
LUPR DEP-PED INJ 7.5MG .....	16	<i>megestrol acetate tab 20 mg</i> .....	17
LUPRON DEPOT INJ 11.25MG .....	16	<i>megestrol acetate tab 40 mg</i> .....	17
LUPRON DEPOT INJ 22.5MG .....	16	<i>meloxicam susp 7.5 mg/5ml</i> .....	5
LUPRON DEPOT INJ 3.75MG .....	16	<i>meloxicam tab 15 mg</i> .....	5
LUPRON DEPOT INJ 30MG .....	16	<i>meloxicam tab 7.5 mg</i> .....	5
LUPRON DEPOT INJ 7.5MG .....	16	<i>melphalan hcl for inj 50 mg (base equiv)</i> .....	15
<i>lutera tab</i> .....	49	MENACTRA INJ .....	65
LYRICA CAP 100MG .....	32	MENOMUNE INJ A/C/Y/W .....	65
LYRICA CAP 150MG .....	32	MENVEO INJ .....	65
LYRICA CAP 200MG .....	32	MEPRON SUS .....	14
LYRICA CAP 225MG .....	32	<i>mercaptapurine tab 50 mg</i> .....	15
LYRICA CAP 25MG .....	32	<i>mesalamine enema 4 gm</i> .....	57
LYRICA CAP 300MG .....	32	<i>mesna inj 100 mg/ml</i> .....	18
LYRICA CAP 50MG .....	32		
LYRICA CAP 75MG .....	32		

MESNEX TAB 400MG .....	18	<i>inj 125 mg .....</i>	52
MESTINON SYP 60MG/5ML.....	43	<i>methylprednisolone sodium succinate for</i>	
MESTINON TAB TIMESPAN .....	43	<i>inj 40 mg .....</i>	52
<i>metadate tab 20mg er .....</i>	42	<i>methylprednisolone tab 16 mg.....</i>	52
<i>metaxalone tab 800 mg.....</i>	44	<i>methylprednisolone tab 32 mg.....</i>	52
<i>metformin hcl tab 1000 mg.....</i>	47	<i>methylprednisolone tab 4 mg .....</i>	52
<i>metformin hcl tab 500 mg.....</i>	48	<i>methylprednisolone tab 4 mg dose pack</i>	
<i>metformin hcl tab 850 mg.....</i>	48	<i>.....</i>	52
<i>metformin hcl tab sr 24hr 500 mg .....</i>	48	<i>methylprednisolone tab 8 mg .....</i>	52
<i>metformin hcl tab sr 24hr 750 mg .....</i>	48	<i>metipranolol ophth soln 0.3%.....</i>	71
<i>methadone hcl conc 10 mg/ml.....</i>	3	<i>metoclopramide hcl inj 5 mg/ml.....</i>	56
<i>methadone hcl soln 10 mg/5ml .....</i>	3	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methadone hcl soln 5 mg/5ml .....</i>	3	<i>mg/10ml).....</i>	56
<i>methadone hcl tab 10 mg .....</i>	3	<i>metoclopramide hcl tab 10 mg.....</i>	56
<i>methadone hcl tab 5 mg .....</i>	3	<i>metoclopramide hcl tab 5 mg .....</i>	56
<i>methadose tab 10mg .....</i>	3	<i>metolazone tab 10 mg.....</i>	29
<i>methadose tab 5mg .....</i>	3	<i>metolazone tab 2.5 mg .....</i>	29
<i>methazolamide tab 25 mg .....</i>	29	<i>metolazone tab 5 mg.....</i>	29
<i>methazolamide tab 50 mg .....</i>	29	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
<i>methenamine hippurate tab 1 gm .....</i>	14	<i>100-25 mg .....</i>	24
<i>methimazole tab 10 mg .....</i>	55	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
<i>methimazole tab 5 mg.....</i>	55	<i>100-50 mg .....</i>	24
<i>methocarbamol tab 500 mg .....</i>	44	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
<i>methocarbamol tab 750 mg .....</i>	44	<i>50-25 mg.....</i>	25
<i>methotrexate sodium for inj 1 gm.....</i>	15	<i>metoprolol succinate tab sr 24hr 100 mg</i>	
<i>methotrexate sodium inj 25 mg/ml .....</i>	16	<i>.....</i>	25
<i>methotrexate sodium tab 2.5 mg (base</i>		<i>metoprolol succinate tab sr 24hr 200 mg</i>	
<i>equiv) .....</i>	63	<i>.....</i>	25
<i>methyldopa tab 250 mg.....</i>	29	<i>metoprolol succinate tab sr 24hr 25 mg</i>	
<i>methyldopa tab 500 mg.....</i>	29	<i>.....</i>	25
<i>methylin er tab 10mg.....</i>	42	<i>metoprolol succinate tab sr 24hr 50 mg</i>	
<i>methylin er tab 20mg.....</i>	42	<i>.....</i>	25
<i>methylin tab 10mg.....</i>	42	<i>metoprolol tartrate inj 1 mg/ml.....</i>	25
<i>methylin tab 20mg.....</i>	42	<i>metoprolol tartrate tab 100 mg.....</i>	25
<i>methylin tab 5mg .....</i>	42	<i>metoprolol tartrate tab 25 mg.....</i>	25
<i>methylphenidate hcl soln 10 mg/5ml...42</i>		<i>metoprolol tartrate tab 50 mg.....</i>	25
<i>methylphenidate hcl soln 5 mg/5ml....42</i>		METROGEL GEL 1%.....	79
<i>methylphenidate hcl tab 10 mg .....</i>	42	<i>metronidazole cap 375 mg .....</i>	14
<i>methylphenidate hcl tab 20 mg .....</i>	42	<i>metronidazole cream 0.75%.....</i>	79
<i>methylphenidate hcl tab 5 mg .....</i>	42	<i>metronidazole gel 0.75% .....</i>	79
<i>methylphenidate hcl tab cr 20 mg .....</i>	42	<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>methylprednisolone acetate inj susp 40</i>		<i>mg/100ml .....</i>	14
<i>mg/ml .....</i>	52	<i>metronidazole lotion 0.75%.....</i>	79
<i>methylprednisolone acetate inj susp 80</i>		<i>metronidazole tab 250 mg.....</i>	14
<i>mg/ml .....</i>	52	<i>metronidazole tab 500 mg.....</i>	14
<i>methylprednisolone sodium succinate for</i>		<i>metronidazole vaginal gel 0.75% .....</i>	60
<i>inj 1000 mg .....</i>	52	<i>mexiletine hcl cap 150 mg.....</i>	22
<i>methylprednisolone sodium succinate for</i>		<i>mexiletine hcl cap 200 mg.....</i>	22

<i>mexiletine hcl cap 250 mg</i> .....	22	<i>mometasone furoate oint 0.1%</i> .....	78
MG SO4/D5W INJ 10MG/ML .....	68	<i>mometasone furoate solution 0.1%</i>	
MIACALCIN INJ 200/ML .....	48	( <i>lotion</i> ) .....	78
<i>microgestin tab 1.5/30</i> .....	49	<i>mononessa tab</i> .....	49
<i>microgestin tab 1/20</i> .....	49	MORPHINE SUL SOL 10MG/5ML .....	3
<i>microgestin tab fe 1/20</i> .....	49	MORPHINE SUL SOL 20MG/5ML .....	3
<i>microgestin tab fe1.5/30</i> .....	49	MORPHINE SUL SOL 20MG/ML .....	3
<i>midodrine hcl tab 10 mg</i> .....	29	MORPHINE SUL TAB 15MG .....	3
<i>midodrine hcl tab 2.5 mg</i> .....	29	MORPHINE SUL TAB 30MG .....	3
<i>midodrine hcl tab 5 mg</i> .....	29	<i>morphine sulfate inj pf 0.5 mg/ml</i> .....	3
MIGERGOT SUP 2/100 .....	43	<i>morphine sulfate inj pf 1 mg/ml</i> .....	3
<i>minitran dis 0.1mg/hr</i> .....	30	<i>morphine sulfate tab sr 12hr 100 mg</i> ....	3
<i>minitran dis 0.2mg/hr</i> .....	30	<i>morphine sulfate tab sr 12hr 15 mg</i> .....	3
<i>minitran dis 0.4mg/hr</i> .....	30	<i>morphine sulfate tab sr 12hr 200 mg</i> ....	3
<i>minitran dis 0.6mg/hr</i> .....	30	<i>morphine sulfate tab sr 12hr 30 mg</i> .....	3
<i>minocycline hcl cap 100 mg</i> .....	9	<i>morphine sulfate tab sr 12hr 60 mg</i> .....	4
<i>minocycline hcl cap 50 mg</i> .....	9	MOZOBIL INJ.....	62
<i>minocycline hcl cap 75 mg</i> .....	9	MULTAQ TAB 400MG.....	22
<i>minocycline hcl tab 100 mg</i> .....	9	<i>mupirocin oint 2%</i> .....	76
<i>minocycline hcl tab 50 mg</i> .....	9	MUSTARGEN INJ 10MG .....	15
<i>minocycline hcl tab 75 mg</i> .....	9	MYCOBUTIN CAP 150MG .....	12
<i>minoxidil tab 10 mg</i> .....	29	<i>mycophenolate mofetil cap 250 mg</i> ....	64
<i>minoxidil tab 2.5 mg</i> .....	29	<i>mycophenolate mofetil tab 500 mg</i> ....	64
<i>mirtazapine orally disintegrating tab 15</i>		MYFORTIC TAB 180MG.....	64
<i>mg</i> .....	35	MYFORTIC TAB 360MG.....	64
<i>mirtazapine orally disintegrating tab 30</i>		MYOZYME INJ 50MG .....	50
<i>mg</i> .....	35	<b>N</b>	
<i>mirtazapine orally disintegrating tab 45</i>		<i>nabumetone tab 500 mg</i> .....	5
<i>mg</i> .....	35	<i>nabumetone tab 750 mg</i> .....	5
<i>mirtazapine tab 15 mg</i> .....	35	<i>nadolol tab 20 mg</i> .....	25
<i>mirtazapine tab 30 mg</i> .....	35	<i>nadolol tab 40 mg</i> .....	25
<i>mirtazapine tab 45 mg</i> .....	35	<i>nadolol tab 80 mg</i> .....	25
<i>mirtazapine tab 7.5 mg</i> .....	36	<i>nafacillin sodium for inj 1 gm</i> .....	9
<i>misoprostol tab 100 mcg</i> .....	58	<i>nafacillin sodium for inj 10 gm</i> .....	9
<i>misoprostol tab 200 mcg</i> .....	58	NAGLAZYME INJ 1MG/ML .....	50
<i>mitomycin for inj 20 mg</i> .....	15	<i>naloxone hcl inj 0.4 mg/ml</i> .....	45
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>		<i>naloxone hcl inj 1 mg/ml</i> .....	45
( <i>2 mg/ml</i> ).....	18	<i>naltrexone hcl tab 50 mg</i> .....	45
M-M-R II INJ LIVE.....	65	NAMENDA SOL 10MG/5ML.....	33
<i>moexipril hcl tab 15 mg</i> .....	20	NAMENDA TAB 10MG .....	33
<i>moexipril hcl tab 7.5 mg</i> .....	20	NAMENDA TAB 5-10MG.....	33
<i>moexipril-hydrochlorothiazide tab</i>		NAMENDA TAB 5MG.....	33
<i>15-12.5 mg</i> .....	19	<i>naproxen sodium tab 275 mg</i> .....	5
<i>moexipril-hydrochlorothiazide tab 15-25</i>		<i>naproxen sodium tab 550 mg</i> .....	5
<i>mg</i> .....	19	<i>naproxen susp 125 mg/5ml</i> .....	5
<i>moexipril-hydrochlorothiazide tab</i>		<i>naproxen tab 250 mg</i> .....	5
<i>7.5-12.5 mg</i> .....	20	<i>naproxen tab 375 mg</i> .....	5
<i>mometasone furoate cream 0.1%</i> .....	78	<i>naproxen tab ec 375 mg</i> .....	5

<i>naproxen tab ec 500 mg</i> .....	5	NIASPAN TAB 750MG ER.....	24
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	43	NICOTROL INH .....	45
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	43	NICOTROL NS SPR 10MG/ML .....	45
.....	43	<i>nifediac cc tab 30mg er</i> .....	27
NASACORT AQ AER 55MCG/AC .....	73	<i>nifediac cc tab 60mg er</i> .....	27
NATACYN SUS 5% OP .....	70	<i>nifediac cc tab 90mg er</i> .....	27
<i>nateglinide tab 120 mg</i> .....	48	<i>nifedical xl tab 30mg</i> .....	27
<i>nateglinide tab 60 mg</i> .....	48	<i>nifedical xl tab 60mg</i> .....	27
<i>necon 7/7/7 tab 28 day</i> .....	49	<i>nifedipine tab sr 24hr osmotic 30 mg</i> ..	27
<i>necon tab 0.5/35</i> .....	49	<i>nifedipine tab sr 24hr osmotic 60 mg</i> ..	27
<i>necon tab 1/35-28</i> .....	49	<i>nifedipine tab sr 24hr osmotic 90 mg</i> ..	27
NECON TAB 10/11-28.....	49	NILANDRON TAB 150MG .....	17
<i>nefazodone hcl tab 100 mg</i> .....	36	<i>nimodipine cap 30 mg</i> .....	27
<i>nefazodone hcl tab 150 mg</i> .....	36	<i>nisoldipine tab sr 24hr 17 mg</i> .....	27
<i>nefazodone hcl tab 200 mg</i> .....	36	<i>nisoldipine tab sr 24hr 20 mg</i> .....	27
<i>nefazodone hcl tab 250 mg</i> .....	36	<i>nisoldipine tab sr 24hr 25.5 mg</i> .....	27
<i>nefazodone hcl tab 50 mg</i> .....	36	<i>nisoldipine tab sr 24hr 30 mg</i> .....	27
<i>neomycin sulfate tab 500 mg</i> .....	9	<i>nisoldipine tab sr 24hr 34 mg</i> .....	27
<i>neomycin-bacitrac zn-polymyx</i>		<i>nisoldipine tab sr 24hr 40 mg</i> .....	27
<i>5(3.5)mg-400unt-10000unt op oin</i> .....	70	<i>nisoldipine tab sr 24hr 8.5 mg</i> .....	27
<i>neomycin-polymyxin b-gramicidin ophth</i>		NITRO-DUR DIS 0.3MG/HR.....	30
<i>soln</i> .....	70	NITRO-DUR DIS 0.8MG/HR.....	30
<i>neomycin-polymyxin-dexamethasone</i>		<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>ophth oint 0.1%</i> .....	69	<i>mg</i> .....	14
<i>neomycin-polymyxin-dexamethasone</i>		<i>nitrofurantoin monohydrate</i>	
<i>ophth susp 0.1%</i> .....	69	<i>macrocrystalline cap 100 mg</i> .....	14
<i>neomycin-polymyxin-hc ophth susp</i> ....	69	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .	30
<i>neomycin-polymyxin-hc otic soln 1%</i> ..	80	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	30
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	30
<i>mg/ml-10000 unit/ml-1%</i> .....	80	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	30
NEORAL CAP 100MG.....	64	NITROLINGUAL SPR PUMPSRA .....	30
NEORAL CAP 25MG .....	64	NITROSTAT SUB 0.3MG .....	30
NEORAL SOL 100MG/ML .....	64	NITROSTAT SUB 0.4MG .....	30
NEPHRAMINE INJ 5.4% .....	67	NITROSTAT SUB 0.6MG .....	30
NEUPOGEN INJ 300/0.5 .....	62	<i>nora-be tab 0.35mg</i> .....	49
NEUPOGEN INJ 480/0.8 .....	62	NORDITROPIN INJ 10/1.5ML.....	53
NEUPOGEN INJ 480MCG .....	62	NORDITROPIN INJ 15/1.5ML.....	53
NEXAVAR TAB 200MG.....	17	NORDITROPIN INJ 30/3ML .....	53
NEXIUM CAP 20MG .....	59	NORDITROPIN INJ 5/1.5ML .....	53
NEXIUM CAP 40MG .....	59	<i>norethindrone acetate tab 5 mg</i> .....	54
NEXIUM GRA 10MG DR.....	59	<i>normosol -m inj /d5w</i> .....	68
NEXIUM GRA 20MG DR.....	59	<i>normosol -r inj /d5w</i> .....	68
NEXIUM GRA 40MG DR.....	59	NORMOSOL-R INJ PH 7.4 .....	68
NEXIUM I.V. INJ 20MG .....	59	NORPACE CAP 100MG CR .....	22
NEXIUM I.V. INJ 40MG .....	59	<i>nortrel (21) tab 1/35</i> .....	49
<i>next choice tab 0.75mg</i> .....	49	<i>nortrel (28) tab 1/35</i> .....	49
NIASPAN TAB 1000 ER .....	24	<i>nortrel 28 tab 0.5/35</i> .....	49
NIASPAN TAB 500MG ER.....	24	<i>nortrel7/7/7 tab 28 days</i> .....	49

<i>nortriptyline hcl cap 10 mg</i> .....	36	<i>mg</i> .....	40
<i>nortriptyline hcl cap 25 mg</i> .....	36	<i>olanzapine orally disintegrating tab 20</i>	
<i>nortriptyline hcl cap 50 mg</i> .....	36	<i>mg</i> .....	40
<i>nortriptyline hcl cap 75 mg</i> .....	36	<i>olanzapine orally disintegrating tab 5 mg</i>	
<i>nortriptyline hcl soln 10 mg/5ml</i> .....	36	.....	40
NORVIR CAP 100MG.....	11	<i>olanzapine tab 10 mg</i> .....	40
NORVIR SOL 80MG/ML .....	11	<i>olanzapine tab 15 mg</i> .....	40
NORVIR TAB 100MG.....	11	<i>olanzapine tab 2.5 mg</i> .....	40
<i>novarel inj 10000unt</i> .....	53	<i>olanzapine tab 20 mg</i> .....	40
NOVOLIN INJ 70/30 .....	46	<i>olanzapine tab 5 mg</i> .....	40
NOVOLIN N INJ U-100 .....	46	<i>olanzapine tab 7.5 mg</i> .....	40
NOVOLIN R INJ U-100 .....	46	<i>omeprazole cap delayed release 10 mg</i>	59
NOVOLOG INJ 100/ML .....	46	<i>omeprazole cap delayed release 20 mg</i>	59
NOVOLOG INJ FLEXPEN .....	46	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	
NOVOLOG MIX INJ 70/30.....	46	.....	56
NOVOLOG MIX INJ FLEXPEN.....	46	<i>ondansetron hcl oral soln 4 mg/5ml....</i>	56
NOXAFIL SUS 40MG/ML.....	10	<i>ondansetron hcl tab 24 mg</i> .....	56
NUEDEXTA CAP 20-10MG.....	43	<i>ondansetron hcl tab 4 mg</i> .....	56
NULOJIX INJ 250MG.....	64	<i>ondansetron hcl tab 8 mg</i> .....	56
NUVARING MIS.....	49	<i>ondansetron orally disintegrating tab 4</i>	
NUVIGIL TAB 150MG .....	45	<i>mg</i> .....	56
NUVIGIL TAB 250MG .....	45	<i>ondansetron orally disintegrating tab 8</i>	
NUVIGIL TAB 50MG.....	45	<i>mg</i> .....	56
<i>nyamyc pow 100000</i> .....	76	ONGLYZA TAB 2.5MG.....	48
<i>nystatin cream 100000 unit/gm</i> .....	76	ONGLYZA TAB 5MG .....	48
<i>nystatin oint 100000 unit/gm</i> .....	76	ONTAK INJ 150/ML.....	16
<i>nystatin susp 100000 unit/ml</i> .....	79	ORACEA CAP 40MG .....	79
<i>nystatin tab 500000 unit</i> .....	10	ORAP TAB 1MG .....	40
<i>nystatin topical powder</i> .....	76	ORAP TAB 2MG .....	40
<i>nystop pow 100000</i> .....	76	ORAVIG TAB 50MG.....	79
<b>O</b>		ORFADIN CAP 10MG .....	50
<i>ocella tab 3-0.03mg</i> .....	49	ORFADIN CAP 2MG.....	50
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		ORFADIN CAP 5MG.....	50
<i>mg/ml)</i> .....	53	<i>orphen cpd tab ds</i> .....	44
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>orphenadrine tab 100mg er</i> .....	44
<i>mg/ml)</i> .....	53	<i>orphenadrine w/ aspirin &amp; caffeine tab</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>25-385-30 mg</i> .....	44
<i>mg/ml)</i> .....	53	ORTHO EVRA DIS WEEK.....	49
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		ORTHO TRI- TAB CYCLN LO .....	49
<i>mg/ml)</i> .....	53	<i>ortho-est tab 0.625</i> .....	51
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>ortho-est tab 1.25</i> .....	51
<i>mg/ml)</i> .....	53	<i>oxaliplatin iv soln 100 mg/20ml</i> .....	18
<i>ofloxacin ophth soln 0.3%</i> .....	70	<i>oxandrolone tab 10 mg</i> .....	45
<i>ofloxacin otic soln 0.3%</i> .....	80	<i>oxandrolone tab 2.5 mg</i> .....	45
<i>ogestrel tab</i> .....	49	<i>oxaprozin tab 600 mg</i> .....	5
<i>olanzapine orally disintegrating tab 10</i>		<i>oxcarbazepine susp 300 mg/5ml (60</i>	
<i>mg</i> .....	40	<i>mg/ml)</i> .....	32
<i>olanzapine orally disintegrating tab 15</i>		<i>oxcarbazepine tab 150 mg</i> .....	32

<i>oxcarbazepine tab 300 mg</i> .....	32	<i>PASER GRA 4GM</i> .....	12
<i>oxcarbazepine tab 600 mg</i> .....	32	<i>PATADAY SOL 0.2%</i> .....	71
<i>OXSORALEN-UL CAP 10MG</i> .....	76	<i>PATANOL SOL 0.1% OP</i> .....	71
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	59	<i>pedi-dri pow 100000</i> .....	76
<i>oxybutynin chloride tab 5 mg</i> .....	59	<i>PEDVAX HIB INJ</i> .....	65
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	59	<i>PEGANONE TAB 250MG</i> .....	32
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	59	<i>PEGASYS INJ 180MCG/M</i> .....	63
<i>oxybutynin chloride tab sr 24hr 5 mg</i> ..	60	<i>PEGASYS KIT</i> .....	63
<i>OXYCODONE CAP 5MG</i> .....	4	<i>PEG-INTRON KIT 120 RP</i> .....	63
<i>OXYCODONE CON 20MG/ML</i> .....	4	<i>PEG-INTRON KIT 150 RP</i> .....	63
<i>oxycodone hcl tab 15 mg</i> .....	4	<i>PEG-INTRON KIT 50MCG</i> .....	63
<i>oxycodone hcl tab 30 mg</i> .....	4	<i>PEG-INTRON KIT 50MCG RP</i> .....	63
<i>oxycodone hcl tab 5 mg</i> .....	4	<i>PEG-INTRON KIT 80MCG RP</i> .....	63
<i>oxycodone w/ acetaminophen cap 5-500</i>		<i>PEN G PROC INJ 600000</i> .....	9
<i>mg</i> .....	4	<i>penicillin g potassium for inj 5000000</i>	
<i>oxycodone w/ acetaminophen tab 10-325</i>		<i>unit</i> .....	9
<i>mg</i> .....	4	<i>penicillin v potassium for soln 125</i>	
<i>oxycodone w/ acetaminophen tab 10-650</i>		<i>mg/5ml</i> .....	9
<i>mg</i> .....	4	<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	<i>PENNSAID SOL 1.5%</i> .....	79
<i>oxycodone w/ acetaminophen tab</i>		<i>PENTASA CAP 250MG CR</i> .....	57
<i>7.5-325 mg</i> .....	4	<i>PENTASA CAP 500MG CR</i> .....	58
<i>oxycodone w/ acetaminophen tab</i>		<i>pentopak tab 400mg cr</i> .....	62
<i>7.5-500 mg</i> .....	4	<i>pentostatin for inj 10 mg</i> .....	16
<i>oxycodone-aspirin tab 4.8355-325 mg</i> .	4	<i>pentoxifylline tab cr 400 mg</i> .....	62
<b>P</b>		<i>PERFOROMIST NEB 20MCG</i> .....	73
<i>PACERONE TAB 100MG</i> .....	22	<i>perindopril erbumine tab 2 mg</i> .....	20
<i>pacerone tab 200mg</i> .....	22	<i>perindopril erbumine tab 4 mg</i> .....	20
<i>paclitaxel iv conc 300 mg/50ml (6</i>		<i>perindopril erbumine tab 8 mg</i> .....	20
<i>mg/ml)</i> .....	16	<i>periogard sol 0.12%</i> .....	79
<i>PANCREAZE CAP 10500UNT</i> .....	58	<i>permethrin cream 5%</i> .....	79
<i>PANCREAZE CAP 16800UNT</i> .....	58	<i>perphenazine tab 16 mg</i> .....	40
<i>PANCREAZE CAP 21000UNT</i> .....	58	<i>perphenazine tab 2 mg</i> .....	40
<i>PANCREAZE CAP 4200UNIT</i> .....	58	<i>perphenazine tab 4 mg</i> .....	40
<i>PANRETIN GEL 0.1%</i> .....	79	<i>perphenazine tab 8 mg</i> .....	40
<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>		<i>.....</i>	45
<i>(base equiv)</i> .....	36	<i>perphenazine-amitriptyline tab 2-25 mg</i>	
<i>paroxetine hcl tab 10 mg</i> .....	36	<i>.....</i>	45
<i>paroxetine hcl tab 20 mg</i> .....	36	<i>perphenazine-amitriptyline tab 4-10 mg</i>	
<i>paroxetine hcl tab 30 mg</i> .....	36	<i>.....</i>	45
<i>paroxetine hcl tab 40 mg</i> .....	36	<i>perphenazine-amitriptyline tab 4-25 mg</i>	
<i>paroxetine hcl tab sr 24hr 12.5 mg</i> .....	36	<i>.....</i>	45
<i>paroxetine hcl tab sr 24hr 25 mg</i> .....	36	<i>perphenazine-amitriptyline tab 4-50 mg</i>	
<i>paroxetine hcl tab sr 24hr 37.5 mg</i> .....	36	<i>.....</i>	45

<i>phenadoz sup 12.5mg</i> .....	56	<i>potassium chloride inj 10 meq/100 ml</i>	69
<i>phenadoz sup 25mg</i> .....	56	<i>potassium chloride inj 10 meq/50 ml</i> ..	69
<i>phenelzine sulfate tab 15 mg</i> .....	36	<i>potassium chloride inj 2 meq/ml</i> .....	66
<i>phenytoin sodium extended cap 100 mg</i> .....	32	<i>potassium chloride inj 20 meq/50 ml</i> ..	69
<i>phenytoin sodium extended cap 200 mg</i> .....	32	<i>potassium chloride inj 30 meq/100 ml</i>	69
<i>phenytoin sodium extended cap 300 mg</i> .....	32	<i>potassium chloride microencapsulated crys cr tab 10 meq</i> .....	66
<i>phenytoin sodium inj 50 mg/ml</i> .....	32	<i>potassium chloride microencapsulated crys cr tab 20 meq</i> .....	66
<i>phenytoin susp 125 mg/5ml</i> .....	32	<i>potassium citrate tab cr 10 meq (1080 mg)</i> .....	59
PHOSLO CAP 667MG .....	53	<i>potassium citrate tab cr 5 meq (540 mg)</i> .....	59
PHOSLYRA SOL.....	53	PRADAXA CAP 150MG .....	61
PHOTOFRIN INJ 75MG .....	18	PRADAXA CAP 75MG.....	61
<i>pilocarpine hcl tab 5 mg</i> .....	79	<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	37
<i>pilocarpine hcl tab 7.5 mg</i> .....	79	<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	37
PILOPINE HS GEL 4% OP .....	71	<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	37
<i>pindolol tab 10 mg</i> .....	25	<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	38
<i>pindolol tab 5 mg</i> .....	25	<i>pramipexole dihydrochloride tab 1 mg</i>	38
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i> .....	9	<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	38
<i>piroxicam cap 10 mg</i> .....	5	PRANDIN TAB 0.5MG .....	48
<i>piroxicam cap 20 mg</i> .....	5	PRANDIN TAB 1MG .....	48
PLASMA-LYTE INJ /D5W.....	68	PRANDIN TAB 2MG.....	48
PLASMA-LYTE INJ -148.....	68	<i>pravastatin sodium tab 10 mg</i> .....	23
PLASMA-LYTE INJ 56 .....	69	<i>pravastatin sodium tab 20 mg</i> .....	23
PLASMA-LYTE INJ 56/D5W .....	69	<i>pravastatin sodium tab 40 mg</i> .....	23
PLASMA-LYTE INJ -A .....	68	<i>pravastatin sodium tab 80 mg</i> .....	23
<i>plasma-lyte inj -r</i> .....	68	<i>prazosin hcl cap 1 mg</i> .....	21
PLAVIX TAB 300MG.....	63	<i>prazosin hcl cap 2 mg</i> .....	21
PLAVIX TAB 75MG.....	63	<i>prazosin hcl cap 5 mg</i> .....	21
<i>podofilox soln 0.5%</i> .....	79	PRED SOD PHO SOL 1% OP.....	70
<i>poly-dex oin 0.1% op</i> .....	69	<i>prednisolone acetate ophth susp 1% ..</i>	70
<i>poly-dex sus 0.1% op</i> .....	69	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> .....	52
<i>polyethylene glycol 3350 oral powder</i> ..	58	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> .....	52
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	70	PREDNISONE CON 5MG/ML .....	52
<i>portia-28 tab</i> .....	50	<i>prednisone oral soln 5 mg/5ml</i> .....	52
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....	69	<i>prednisone tab 1 mg</i> .....	52
<i>potassium chloride 30 meq/l (0.224%) in dextrose 5% inj</i> .....	69	<i>prednisone tab 10 mg</i> .....	52
<i>potassium chloride 40 meq/l (0.3%) in d5w lactated ringers</i> .....	69	<i>prednisone tab 2.5 mg</i> .....	52
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i> .....	69	<i>prednisone tab 20 mg</i> .....	52
<i>potassium chloride cap cr 10 meq</i> .....	66		
<i>potassium chloride cap cr 8 meq</i> .....	66		

<i>prednisone tab 5 mg</i> .....	52	<i>proctosol hc cre 2.5%</i> .....	76
<i>prednisone tab 50 mg</i> .....	52	<i>proctozone cre -hc 2.5%</i> .....	76
<i>pregnyl inj 10000unt</i> .....	53	PROGLYCEM SUS 50MG/ML .....	53
PREMARIN INJ 25MG .....	51	PROGRAF CAP 0.5MG .....	64
PREMARIN TAB 0.3MG .....	51	PROGRAF CAP 1MG .....	64
PREMARIN TAB 0.45MG .....	51	PROGRAF CAP 5MG .....	64
PREMARIN TAB 0.625MG .....	51	PROLEUKIN INJ 22MU .....	16
PREMARIN TAB 0.9MG .....	51	PROLIA SOL 60MG/ML .....	53
PREMARIN TAB 1.25MG .....	51	PROMACTA TAB 25MG .....	62
PREMARIN VAG CRE 0.625MG .....	51	PROMACTA TAB 50MG .....	62
PREMASOL SOL 10% .....	67	PROMACTA TAB 75MG .....	62
<i>premasol sol 6%</i> .....	67	<i>prometh vc syp 6.25-5/5</i> .....	73
PREMPHASE TAB .....	51	<i>promethazine hcl inj 25 mg/ml</i> .....	56
PREMPRO TAB .625-2.5 .....	51	<i>promethazine hcl inj 50 mg/ml</i> .....	56
PREMPRO TAB 0.3-1.5 .....	51	<i>promethazine hcl suppos 12.5 mg</i> .....	56
PREMPRO TAB 0.45-1.5 .....	51	<i>promethazine hcl suppos 25 mg</i> .....	56
PREMPRO TAB 0.625-5 .....	51	<i>promethazine hcl syrup 6.25 mg/5ml.</i> .....	56
<i>prenatal vitamins</i> .....	69	<i>promethazine hcl tab 12.5 mg</i> .....	56
<i>prevalite pow 4gm</i> .....	24	<i>promethazine hcl tab 25 mg</i> .....	56
<i>previfem tab</i> .....	50	<i>promethazine hcl tab 50 mg</i> .....	56
PREVPAC MIS .....	59	<i>promethegan sup 25mg</i> .....	56
PREZISTA TAB 150MG .....	11	<i>promethegan sup 50mg</i> .....	57
PREZISTA TAB 400MG .....	11	<i>propafenone hcl cap sr 12hr 225 mg</i> ..	22
PREZISTA TAB 600MG .....	11	<i>propafenone hcl cap sr 12hr 325 mg</i> ..	23
PREZISTA TAB 75MG .....	11	<i>propafenone hcl cap sr 12hr 425 mg</i> ..	23
PRIFTIN TAB 150MG .....	12	<i>propafenone hcl tab 150 mg</i> .....	23
PRIMAXIN IM INJ 500MG .....	14	<i>propafenone hcl tab 225 mg</i> .....	23
PRIMAXIN IV INJ 250MG .....	14	<i>propafenone hcl tab 300 mg</i> .....	23
PRIMAXIN IV INJ 500MG .....	14	<i>proparacaine hcl ophth soln 0.5%</i> .....	71
<i>primidone tab 250 mg</i> .....	32	<i>propranolol hcl cap sr 24hr 120 mg</i> ....	25
<i>primidone tab 50 mg</i> .....	32	<i>propranolol hcl cap sr 24hr 160 mg</i> ....	25
PRISTIQ TAB 100MG .....	36	<i>propranolol hcl cap sr 24hr 60 mg</i> .....	25
PRISTIQ TAB 50MG .....	36	<i>propranolol hcl cap sr 24hr 80 mg</i> .....	25
PROAIR HFA AER .....	73	<i>propranolol hcl inj 1 mg/ml</i> .....	25
<i>probenecid tab 500 mg</i> .....	1	<i>propranolol hcl oral soln 20 mg/5ml</i> ...	25
PROCALAMINE INJ 3% .....	67	<i>propranolol hcl oral soln 40 mg/5ml</i> ...	25
<i>prochlorperazine edisylate inj 5 mg/ml</i> ..	56	<i>propranolol hcl tab 10 mg</i> .....	25
<i>prochlorperazine maleate tab 10 mg</i> ...	56	<i>propranolol hcl tab 20 mg</i> .....	25
<i>prochlorperazine maleate tab 5 mg</i> ....	56	<i>propranolol hcl tab 40 mg</i> .....	26
<i>prochlorperazine suppos 25 mg</i> .....	56	<i>propranolol hcl tab 60 mg</i> .....	26
PROCRIT INJ 10000/ML .....	62	<i>propranolol hcl tab 80 mg</i> .....	26
PROCRIT INJ 2000/ML .....	62	<i>propylthiouracil tab 50 mg</i> .....	55
PROCRIT INJ 20000/ML .....	62	PROQUAD INJ .....	65
PROCRIT INJ 3000/ML .....	62	PROSOL INJ 20% .....	67
PROCRIT INJ 4000/ML .....	62	PROTOPIC OIN 0.03% .....	78
PROCRIT INJ 40000/ML .....	62	PROTOPIC OIN 0.1% .....	78
<i>proctocream cre hc 2.5%</i> .....	76	<i>protriptyline hcl tab 10 mg</i> .....	36
<i>procto-pak cre 1%</i> .....	78	<i>protriptyline hcl tab 5 mg</i> .....	36

PULMOZYME SOL 1MG/ML.....	73	REGONOL INJ 5MG/ML.....	43
<i>pyrazinamide tab 500 mg</i> .....	12	REGANEX GEL 0.01% .....	79
<i>pyridostigmine bromide tab 60 mg</i> .....	43	RELENZA MIS DISKHALE.....	13
<b>Q</b>		RELISTOR INJ 12/0.6ML.....	58
<i>quasense tab</i> .....	50	REMICADE INJ 100MG .....	63
<i>quinapril hcl tab 10 mg</i> .....	20	REMODULIN INJ 10MG/ML.....	30
<i>quinapril hcl tab 20 mg</i> .....	20	REMODULIN INJ 1MG/ML .....	30
<i>quinapril hcl tab 40 mg</i> .....	20	REMODULIN INJ 2.5MG/ML.....	30
<i>quinapril hcl tab 5 mg</i> .....	20	REMODULIN INJ 5MG/ML .....	30
<i>quinapril-hydrochlorothiazide tab</i> <i>10-12.5 mg</i> .....	20	RENAGEL TAB 400MG .....	53
<i>quinapril-hydrochlorothiazide tab</i> <i>20-12.5 mg</i> .....	20	RENAGEL TAB 800MG .....	54
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i> .....	20	REVELA PAK 0.8GM .....	54
<i>quinidine gluconate tab cr 324 mg</i> .....	23	REVELA PAK 2.4GM .....	54
<i>quinidine sulfate tab 200 mg</i> .....	23	REVELA TAB 800MG .....	54
<i>quinidine sulfate tab 300 mg</i> .....	23	RESCRIPTOR TAB 100 MG .....	11
<i>quinidine sulfate tab cr 300 mg</i> .....	23	RESCRIPTOR TAB 200MG .....	11
QVAR AER 40MCG.....	74	RESTASIS EMU 0.05%.....	71
QVAR AER 80MCG.....	74	RETROVIR INJ 10MG/ML .....	11
<b>R</b>		REVATIO TAB 20MG .....	30
RABAVERT INJ.....	65	REVLIMID CAP 10MG .....	63
<i>ramipril cap 1.25 mg</i> .....	20	REVLIMID CAP 15MG .....	63
<i>ramipril cap 10 mg</i> .....	20	REVLIMID CAP 25MG .....	64
<i>ramipril cap 2.5 mg</i> .....	20	REVLIMID CAP 5MG.....	64
<i>ramipril cap 5 mg</i> .....	20	REYATAZ CAP 100MG .....	11
RANEXA TAB 1000MG.....	29	REYATAZ CAP 150MG .....	11
RANEXA TAB 500MG .....	29	REYATAZ CAP 200MG .....	11
<i>ranitidine hcl cap 150 mg</i> .....	57	REYATAZ CAP 300MG .....	12
<i>ranitidine hcl cap 300 mg</i> .....	57	RHEUMATREX TAB 2.5MG.....	63
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i> .....	57	<i>ribapak pak 1000/day</i> .....	13
<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i> .....	57	<i>ribapak pak 1200/day</i> .....	13
<i>ranitidine hcl tab 150 mg</i> .....	57	<i>ribapak pak 800/day</i> .....	13
<i>ranitidine hcl tab 300 mg</i> .....	57	<i>ribasphere cap 200mg</i> .....	13
RAPAMUNE SOL 1MG/ML.....	64	<i>ribasphere tab 200mg</i> .....	13
RAPAMUNE TAB 0.5MG .....	64	<i>ribasphere tab 400mg</i> .....	13
RAPAMUNE TAB 1MG.....	64	<i>ribasphere tab 600mg</i> .....	13
RAPAMUNE TAB 2MG.....	64	<i>ribavirin cap 200 mg</i> .....	13
REBETOL SOL 40MG/ML.....	13	<i>ribavirin tab 200 mg</i> .....	13
REBIF INJ 22/0.5 .....	44	<i>rifampin cap 150 mg</i> .....	12
REBIF INJ 44/0.5 .....	44	<i>rifampin cap 300 mg</i> .....	12
REBIF TITRTN SOL PACK .....	44	<i>rifampin for inj 600 mg</i> .....	12
<i>reclipsen tab</i> .....	50	RILUTEK TAB 50MG.....	44
RECOMBIVA HB INJ 10MCG/ML.....	65	<i>rimantadine hydrochloride tab 100 mg</i> 13	
RECOMBIVA-HB INJ 40MCG/ML .....	65	<i>ringer's solution</i> .....	69
		RISPERDAL INJ 12.5MG .....	40
		RISPERDAL INJ 25MG .....	40
		RISPERDAL INJ 37.5MG .....	40
		RISPERDAL INJ 50MG .....	40
		<i>risperidone orally disintegrating tab 0.25</i>	

<i>mg</i> .....	40	SAVELLA MIS TITR PAK.....	44
<i>risperidone orally disintegrating tab 0.5 mg</i> .....	40	SAVELLA TAB 100MG.....	44
<i>risperidone orally disintegrating tab 1 mg</i> .....	40	SAVELLA TAB 12.5MG.....	44
.....	40	SAVELLA TAB 25MG.....	44
<i>risperidone orally disintegrating tab 2 mg</i> .....	40	SAVELLA TAB 50MG.....	44
.....	40	<i>selegiline hcl cap 5 mg</i> .....	38
<i>risperidone orally disintegrating tab 3 mg</i> .....	40	<i>selegiline hcl tab 5 mg</i> .....	38
.....	40	<i>selenium sulfide lotion 2.5%</i> .....	77
<i>risperidone orally disintegrating tab 4 mg</i> .....	40	SELZENTRY TAB 150MG.....	12
.....	40	SELZENTRY TAB 300MG.....	12
<i>risperidone soln 1 mg/ml</i> .....	40	SENSIPAR TAB 30MG.....	48
<i>risperidone tab 0.25 mg</i> .....	40	SENSIPAR TAB 60MG.....	48
<i>risperidone tab 0.5 mg</i> .....	41	SENSIPAR TAB 90MG.....	48
<i>risperidone tab 1 mg</i> .....	41	SEREVENT DIS AER 50MCG.....	73
<i>risperidone tab 2 mg</i> .....	41	SEROMYCIN CAP 250MG.....	12
<i>risperidone tab 3 mg</i> .....	41	SEROQUEL TAB 100MG.....	41
<i>risperidone tab 4 mg</i> .....	41	SEROQUEL TAB 200MG.....	41
RITUXAN INJ 500MG.....	16	SEROQUEL TAB 25MG.....	41
<i>rivastigmine tartrate cap 1.5 mg</i> .....	34	SEROQUEL TAB 300MG.....	41
<i>rivastigmine tartrate cap 3 mg</i> .....	34	SEROQUEL TAB 400MG.....	41
<i>rivastigmine tartrate cap 4.5 mg</i> .....	34	SEROQUEL TAB 50MG.....	41
<i>rivastigmine tartrate cap 6 mg</i> .....	34	SEROQUEL XR TAB 150MG.....	41
ROBAXIN INJ 100MG/ML.....	44	SEROQUEL XR TAB 200MG.....	41
<i>romycin oin op</i> .....	70	SEROQUEL XR TAB 300MG.....	41
<i>ropinirole hydrochloride tab 0.25 mg</i> .....	38	SEROQUEL XR TAB 400MG.....	41
<i>ropinirole hydrochloride tab 0.5 mg</i> .....	38	SEROQUEL XR TAB 50MG.....	41
<i>ropinirole hydrochloride tab 1 mg</i> .....	38	<i>sertraline hcl oral conc 20 mg/ml</i> .....	36
<i>ropinirole hydrochloride tab 2 mg</i> .....	38	<i>sertraline hcl tab 100 mg</i> .....	36
<i>ropinirole hydrochloride tab 3 mg</i> .....	38	<i>sertraline hcl tab 25 mg</i> .....	36
<i>ropinirole hydrochloride tab 4 mg</i> .....	38	<i>sertraline hcl tab 50 mg</i> .....	36
<i>ropinirole hydrochloride tab 5 mg</i> .....	38	SILENOR TAB 3MG.....	42
ROTATEQ SUS.....	65	SILENOR TAB 6MG.....	43
ROXICET SOL 5-325/5.....	4	<i>silver sulfadiazine cream 1%</i> .....	76
<i>roxicet tab 5-325mg</i> .....	4	<i>simvastatin tab 10 mg</i> .....	23
<b>S</b>		<i>simvastatin tab 20 mg</i> .....	23
SABRIL POW 500MG.....	32	<i>simvastatin tab 40 mg</i> .....	24
SABRIL TAB 500MG.....	32	<i>simvastatin tab 5 mg</i> .....	24
SANCUSO DIS 3.1MG.....	57	<i>simvastatin tab 80 mg</i> .....	24
SANDIMMUNE CAP 100MG.....	64	SINGULAIR CHW 4MG.....	73
SANDIMMUNE CAP 25MG.....	64	SINGULAIR CHW 5MG.....	73
SANDIMMUNE SOL 100MG/ML.....	64	SINGULAIR GRA 4MG.....	73
SANDOSTATIN KIT LAR 10MG.....	53	SINGULAIR TAB 10MG.....	73
SANDOSTATIN KIT LAR 20MG.....	53	SOD FLUORIDE 2.2MG TAB.....	66
SANDOSTATIN KIT LAR 30MG.....	53	<i>sodium chloride inj 0.45%</i> .....	69
SANTYL OIN 250/GM.....	79	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> .....	66
SAPHRIS SUB 10MG.....	41	.....	66
SAPHRIS SUB 5MG.....	41	<i>sodium chloride inj 3%</i> .....	69
		<i>sodium chloride inj 5%</i> .....	69

<i>sodium chloride irrigation soln 0.9%</i> ...79	<i>stavudine cap 30 mg</i> ..... 12
<i>sodium chloride iv soln 0.9%</i> .....69	<i>stavudine cap 40 mg</i> ..... 12
<i>sodium polystyrene sulfonate powder</i> ..48	<i>stavudine for oral soln 1 mg/ml</i> ..... 12
SOLARAZE GEL 3% W/W .....76	STRATTERA CAP 100MG..... 42
<i>solia tab</i> .....50	STRATTERA CAP 10MG..... 42
SOLU-CORTEF INJ 250MG .....52	STRATTERA CAP 18MG..... 42
SOMATULINE INJ 120/.5ML.....53	STRATTERA CAP 25MG..... 42
SOMATULINE INJ 60/0.2ML.....53	STRATTERA CAP 40MG..... 42
SOMATULINE INJ 90/0.3ML.....53	STRATTERA CAP 60MG..... 42
SOMAVERT INJ 10MG .....53	STRATTERA CAP 80MG..... 42
SOMAVERT INJ 15MG .....53	<i>streptomycin sulfate for inj 1 gm</i> ..... 9
SOMAVERT INJ 20MG .....53	SUBOXONE MIS 2-0.5MG ..... 45
<i>sorine tab 120mg</i> .....23	SUBOXONE MIS 8-2MG ..... 45
<i>sorine tab 160mg</i> .....23	<i>sucralfate tab 1 gm</i> ..... 58
<i>sorine tab 240mg</i> .....23	<i>sulfacetamide sodium lotion 10% (acne)</i> ..... 75
<i>sorine tab 80mg</i> .....23	<i>sulfacetamide sodium ophth soln 10%</i> 70
<i>sotalol hcl tab 120 mg</i> .....23	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i> ..... 69
<i>sotalol hcl tab 160 mg</i> .....23	SULFADIAZINE TAB 500MG ..... 9
<i>sotalol hcl tab 240 mg</i> .....23	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i> ..... 14
<i>sotalol hcl tab 80 mg</i> .....23	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i> ..... 14
<i>sotret cap 10mg</i> .....75	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i> ..... 14
<i>sotret cap 20mg</i> .....75	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i> ..... 14
<i>sotret cap 30mg</i> .....75	<i>sulfasalazine tab 500 mg</i> ..... 58
<i>sotret cap 40mg</i> .....75	<i>sulfazine ec tab 500mg</i> ..... 58
SPIRIVA CAP HANDIHLR .....72	<i>sulindac tab 150 mg</i> ..... 5
<i>spironolactone &amp; hydrochlorothiazide tab</i> <i>25-25 mg</i> .....29	<i>sulindac tab 200 mg</i> ..... 5
<i>spironolactone tab 100 mg</i> .....21	<i>sumatriptan succinate inj 4 mg/0.5ml</i> . 43
<i>spironolactone tab 25 mg</i> .....21	<i>sumatriptan succinate inj 6 mg/0.5ml</i> . 43
<i>spironolactone tab 50 mg</i> .....21	<i>sumatriptan succinate tab 100 mg</i> ..... 43
<i>sprintec 28 tab 28 day</i> .....50	<i>sumatriptan succinate tab 25 mg</i> ..... 43
SPRYCEL TAB 100MG .....17	<i>sumatriptan succinate tab 50 mg</i> ..... 43
SPRYCEL TAB 140MG .....17	SUPRAX SUS 100/5ML ..... 9
SPRYCEL TAB 20MG .....17	SUPRAX SUS 200/5ML ..... 9
SPRYCEL TAB 50MG .....17	SURMONTIL CAP 100MG ..... 36
SPRYCEL TAB 70MG .....17	SUSTIVA CAP 200MG..... 12
SPRYCEL TAB 80MG .....17	SUSTIVA CAP 50MG..... 12
<i>sronyx tab</i> .....50	SUSTIVA TAB 600MG..... 12
<i>ssd cre 1%</i> .....76	SUTENT CAP 12.5MG ..... 17
<i>stagesic cap 500-5mg</i> ..... 2	SUTENT CAP 25MG ..... 17
STALEVO 100 TAB.....38	SUTENT CAP 50MG..... 17
STALEVO 125 TAB.....38	SYLATRON KIT 296MCG ..... 18
STALEVO 150 TAB.....38	SYLATRON KIT 444MCG ..... 18
STALEVO 200 TAB.....38	
STALEVO 50 TAB .....38	
STALEVO 75 TAB .....38	
<i>stavudine cap 15 mg</i> .....12	
<i>stavudine cap 20 mg</i> .....12	

SYLATRON KIT 888MCG.....	18	TAZORAC GEL 0.05% .....	77
SYMBICORT AER 160-4.5.....	74	TAZORAC GEL 0.1% .....	77
SYMBICORT AER 80-4.5.....	74	<i>taztia xt cap 120mg/24</i> .....	27
SYMLIN INJ 600MCG .....	46	<i>taztia xt cap 180mg/24</i> .....	27
SYMLINPEN 60 INJ 1000MCG .....	46	<i>taztia xt cap 240mg/24</i> .....	27
SYMLNPEN 120 INJ 1000MCG.....	46	<i>taztia xt cap 300mg/24</i> .....	27
SYNAREL SOL 2MG/ML .....	50	<i>taztia xt cap 360mg/24</i> .....	27
SYNTHROID TAB 100MCG .....	55	TEGRETOL XR TAB 100MG.....	32
SYNTHROID TAB 112MCG .....	55	TEKAMLO TAB 150-10MG .....	28
SYNTHROID TAB 125MCG .....	55	TEKAMLO TAB 150-5MG.....	28
SYNTHROID TAB 137MCG .....	55	TEKAMLO TAB 300-10MG .....	28
SYNTHROID TAB 150MCG .....	55	TEKAMLO TAB 300-5MG.....	28
SYNTHROID TAB 175MCG .....	55	TEKURNA HCT TAB 150-12.5 .....	28
SYNTHROID TAB 200MCG .....	55	TEKURNA HCT TAB 150-25MG.....	28
SYNTHROID TAB 25MCG.....	55	TEKURNA HCT TAB 300-12.5 .....	28
SYNTHROID TAB 300MCG .....	55	TEKURNA HCT TAB 300-25MG.....	28
SYNTHROID TAB 50MCG.....	55	TEKURNA TAB 150MG .....	28
SYNTHROID TAB 75MCG.....	55	TEKURNA TAB 300MG .....	28
SYNTHROID TAB 88MCG.....	55	<i>terazosin hcl cap 1 mg</i> .....	21
SYPRINE CAP 250MG.....	48	<i>terazosin hcl cap 10 mg</i> .....	21
<b>T</b>		<i>terazosin hcl cap 2 mg</i> .....	21
TABLOID TAB 40MG .....	16	<i>terazosin hcl cap 5 mg</i> .....	21
TACLONEX OIN.....	78	<i>terbinafine hcl tab 250 mg</i> .....	10
TACLONEX SUS SCALP .....	78	<i>terbutaline sulfate inj 1 mg/ml</i> .....	73
<i>tacrolimus cap 0.5 mg</i> .....	64	<i>terbutaline sulfate tab 2.5 mg</i> .....	73
<i>tacrolimus cap 1 mg</i> .....	64	<i>terbutaline sulfate tab 5 mg</i> .....	73
<i>tacrolimus cap 5 mg</i> .....	64	<i>terconazole vaginal cream 0.4%</i> .....	60
TAMIFLU CAP 30MG .....	13	<i>terconazole vaginal cream 0.8%</i> .....	60
TAMIFLU CAP 45MG .....	13	<i>terconazole vaginal suppos 80 mg</i> .....	60
TAMIFLU CAP 75MG .....	13	TESTIM GEL 1%(50MG) .....	45
TAMIFLU SUS 12MG/ML.....	13	<i>testosterone cypionate im in oil 100</i>	
TAMIFLU SUS 6MG/ML.....	13	<i>mg/ml</i> .....	45
<i>tamoxifen citrate tab 10 mg (base</i>		<i>testosterone enanthate im in oil 200</i>	
<i>equivalent)</i> .....	17	<i>mg/ml</i> .....	46
<i>tamoxifen citrate tab 20 mg (base</i>		TET/DIP TOX INJ 2-2 LF.....	65
<i>equivalent)</i> .....	17	TETANUS TOX INJ 5LF ADS .....	65
<i>tamsulosin hcl cap 0.4 mg</i> .....	59	<i>tetracycline hcl cap 250 mg</i> .....	9
TARCEVA TAB 100MG.....	17	<i>tetracycline hcl cap 500 mg</i> .....	9
TARCEVA TAB 150MG.....	17	THALOMID CAP 100MG .....	64
TARCEVA TAB 25MG.....	17	THALOMID CAP 150MG .....	64
TARGRETIN CAP 75MG .....	18	THALOMID CAP 200MG .....	64
TARGRETIN GEL 1%.....	79	THALOMID CAP 50MG .....	64
TASIGNA CAP 150MG .....	17	THEO-24 CAP 100MG CR.....	75
TASIGNA CAP 200MG .....	17	THEO-24 CAP 200MG CR.....	75
TAXOTERE INJ 80MG/2ML.....	16	THEO-24 CAP 300MG CR.....	75
TAXOTERE INJ 80MG/4ML.....	16	THEO-24 CAP 400MG ER.....	75
TAZORAC CRE 0.05%.....	76	<i>theochron tab 100mg cr</i> .....	75
TAZORAC CRE 0.1%.....	77	<i>theochron tab 300mg cr</i> .....	75

<i>theophylline tab sr 12hr 100 mg</i> .....	75	<i>torse mide tab 100 mg</i> .....	29
<i>theophylline tab sr 12hr 200 mg</i> .....	75	<i>torse mide tab 20 mg</i> .....	29
<i>theophylline tab sr 12hr 300 mg</i> .....	75	<i>torse mide tab 5 mg</i> .....	29
<i>theophylline tab sr 12hr 450 mg</i> .....	75	<i>tpn electrol inj</i> .....	66
<i>theophylline tab sr 24hr 400 mg</i> .....	75	TRACLEER TAB 125MG.....	30
<i>theophylline tab sr 24hr 600 mg</i> .....	75	TRACLEER TAB 62.5MG.....	30
<i>thermazene cre 1%</i> .....	76	<i>tramadol hcl tab 50 mg</i> .....	4
<i>thioridazine hcl tab 10 mg</i> .....	41	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>thioridazine hcl tab 100 mg</i> .....	41	<i>mg</i> .....	4
<i>thioridazine hcl tab 25 mg</i> .....	41	<i>trandolapril tab 1 mg</i> .....	20
<i>thioridazine hcl tab 50 mg</i> .....	41	<i>trandolapril tab 2 mg</i> .....	21
<i>thiothixene cap 1 mg</i> .....	41	<i>trandolapril tab 4 mg</i> .....	21
<i>thiothixene cap 10 mg</i> .....	41	TRANSDERM-SC DIS 1.5MG.....	57
<i>thiothixene cap 2 mg</i> .....	41	<i>tranylcypramine sulfate tab 10 mg</i> .....	36
<i>thiothixene cap 5 mg</i> .....	41	TRAVASOL INJ 10%.....	67
TIKOSYN CAP 125MCG .....	23	TRAVATAN Z DRO 0.004% .....	71
TIKOSYN CAP 250MCG .....	23	<i>trazodone hcl tab 100 mg</i> .....	36
TIKOSYN CAP 500MCG .....	23	<i>trazodone hcl tab 150 mg</i> .....	36
<i>timolol maleate ophth gel forming soln</i>		<i>trazodone hcl tab 300 mg</i> .....	36
<i>0.25%</i> .....	71	<i>trazodone hcl tab 50 mg</i> .....	36
<i>timolol maleate ophth gel forming soln</i>		TREANDA INJ 100MG.....	15
<i>0.5%</i> .....	71	TRECTOR TAB 250MG .....	12
<i>timolol maleate ophth soln 0.25%</i> .....	71	TRELSTAR DEP INJ 3.75MG .....	17
<i>timolol maleate ophth soln 0.5%</i> .....	71	TRELSTAR LA INJ 11.25MG.....	17
<i>tizanidine hcl tab 2 mg</i> .....	45	TRELSTAR MIX INJ 22.5MG .....	17
<i>tizanidine hcl tab 4 mg</i> .....	45	TRETINOIN CAP 10MG .....	18
TOBI NEB 300/5ML .....	73	<i>tretinoin cream 0.025%</i> .....	75
<i>tobramycin sulfate inj 10 mg/ml</i> .....	9	<i>tretinoin cream 0.05%</i> .....	75
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		<i>tretinoin cream 0.1%</i> .....	75
<i>mg/ml)</i> .....	10	<i>tretinoin gel 0.01%</i> .....	75
<i>tobramycin sulfate ophth soln 0.3%</i> ....	70	<i>tretinoin gel 0.025%</i> .....	76
<i>tobramycin-dexamethasone ophth susp</i>		<i>triamcinolone acetonide cream 0.025%</i>	
<i>0.3-0.1%</i> .....	70	.....	78
<i>tobrasol sol 0.3% op</i> .....	70	<i>triamcinolone acetonide cream 0.1%</i> ..	78
TOBEX OIN 0.3% OP .....	70	<i>triamcinolone acetonide cream 0.5%</i> ..	78
<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> .....	79
<i>tolmetin sodium tab 600 mg</i> .....	5	<i>triamcinolone acetonide lotion 0.025%</i>	78
<i>topiramate sprinkle cap 15 mg</i> .....	32	<i>triamcinolone acetonide lotion 0.1%</i> ...	78
<i>topiramate sprinkle cap 25 mg</i> .....	33	<i>triamcinolone acetonide oint 0.025%</i> ..	78
<i>topiramate tab 100 mg</i> .....	33	<i>triamcinolone acetonide oint 0.1%</i> .....	78
<i>topiramate tab 200 mg</i> .....	33	<i>triamcinolone acetonide oint 0.5%</i> .....	78
<i>topiramate tab 25 mg</i> .....	33	<i>triamterene &amp; hydrochlorothiazide cap</i>	
<i>topiramate tab 50 mg</i> .....	33	<i>37.5-25 mg</i> .....	29
<i>toposar inj 1gm/50ml</i> .....	18	<i>triamterene &amp; hydrochlorothiazide cap</i>	
<i>topotecan hcl for inj 4 mg</i> .....	18	<i>50-25 mg</i> .....	29
TORSEMIDE INJ 20MG/2ML.....	29	<i>triamterene &amp; hydrochlorothiazide tab</i>	
<i>torse mide tab 10 mg</i> .....	29	<i>37.5-25 mg</i> .....	29

<i>triamterene &amp; hydrochlorothiazide tab</i>		<i>unithroid tab 25mcg</i> .....	55
<i>75-50 mg</i> .....	29	<i>unithroid tab 300mcg</i> .....	55
TRIBENZOR TAB .....	22	<i>unithroid tab 50mcg</i> .....	55
TRICOR TAB 145MG .....	24	<i>unithroid tab 75mcg</i> .....	55
TRICOR TAB 48MG .....	24	<i>unithroid tab 88mcg</i> .....	55
<i>triderm cre 0.1%</i> .....	78	UROXATRAL TAB 10MG .....	59
<i>trifluoperazine hcl tab 1 mg</i> .....	41	<i>ursodiol cap 300 mg</i> .....	58
<i>trifluoperazine hcl tab 10 mg</i> .....	41	<i>ursodiol tab 250 mg</i> .....	58
<i>trifluoperazine hcl tab 2 mg</i> .....	41	<i>ursodiol tab 500 mg</i> .....	58
<i>trifluoperazine hcl tab 5 mg</i> .....	41	<b>V</b>	
<i>trifluridine ophth soln 1%</i> .....	70	VAGIFEM TAB 10MCG .....	51
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ....	38	<i>valacyclovir hcl tab 1 gm</i> .....	13
<i>trihexyphenidyl hcl tab 2 mg</i> .....	38	<i>valacyclovir hcl tab 500 mg</i> .....	13
<i>trihexyphenidyl hcl tab 5 mg</i> .....	38	VALCYTE SOL 50MG/ML .....	13
<i>tri-legend tab fe</i> .....	50	VALCYTE TAB 450MG.....	13
TRILIPIX CAP 135MG.....	24	<i>valproate sodium inj 100 mg/ml</i> .....	33
TRILIPIX CAP 45MG .....	24	<i>valproate sodium syrup 250 mg/5ml</i>	
<i>trilyte sol</i> .....	58	<i>(base equiv)</i> .....	33
<i>trimethobenzamide hcl cap 300 mg</i> .....	57	<i>valproic acid cap 250 mg</i> .....	33
<i>trimethobenzamide hcl inj 100 mg/ml</i> .57		VALTURNA TAB 150-160 .....	28
<i>trimethoprim tab 100 mg</i> .....	14	VALTURNA TAB 300-320 .....	28
<i>trinessa tab</i> .....	50	VANCOCIN HCL CAP 125MG.....	14
TRIPEDIA SUS P/F .....	65	VANCOCIN HCL CAP 250MG.....	14
<i>tri-previfem tab</i> .....	50	<i>vancomycin hcl for inj 10 gm</i> .....	14
TRISENOX SOL 10MG/10M.....	18	<i>vancomycin hcl for inj 1000 mg</i> .....	15
<i>tri-sprintec tab</i> .....	50	<i>vancomycin hcl for inj 500 mg</i> .....	15
<i>trivora-28 tab</i> .....	50	<i>vandazole gel 0.75%</i> .....	60
TRIZIVIR TAB.....	12	VANDETANIB TAB 100MG.....	17
TROPHAMINE INJ 10% .....	67	VANDETANIB TAB 300MG.....	17
TROPHAMINE INJ 6% .....	67	VAQTA INJ 25/0.5ML .....	65
<i>tropicamide ophth soln 0.5%</i> .....	71	VARIVAX INJ .....	65
<i>tropicamide ophth soln 1%</i> .....	71	VELCADE INJ 3.5MG .....	16
<i>trospium chloride tab 20 mg</i> .....	60	<i>velivet pak</i> .....	50
TRUVADA TAB .....	12	<i>venlafaxine hcl cap sr 24hr 150 mg (base</i>	
TWINRIX INJ .....	65	<i>equivalent)</i> .....	36
TYGACIL INJ 50MG.....	14	<i>venlafaxine hcl cap sr 24hr 37.5 mg</i>	
TYKERB TAB 250MG .....	17	<i>(base equivalent)</i> .....	36
TYPHIM VI INJ .....	65	<i>venlafaxine hcl cap sr 24hr 75 mg (base</i>	
TYZEKA TAB 600MG .....	13	<i>equivalent)</i> .....	37
<b>U</b>		<i>venlafaxine hcl tab 100 mg</i> .....	37
ULORIC TAB 40MG .....	1	<i>venlafaxine hcl tab 25 mg</i> .....	37
ULORIC TAB 80MG.....	1	<i>venlafaxine hcl tab 37.5 mg</i> .....	37
<i>unithroid tab 100mcg</i> .....	55	<i>venlafaxine hcl tab 50 mg</i> .....	37
<i>unithroid tab 112mcg</i> .....	55	<i>venlafaxine hcl tab 75 mg</i> .....	37
<i>unithroid tab 125mcg</i> .....	55	<i>venlafaxine hcl tab sr 24hr 150 mg (base</i>	
<i>unithroid tab 150mcg</i> .....	55	<i>equivalent)</i> .....	37
<i>unithroid tab 175mcg</i> .....	55	<i>venlafaxine hcl tab sr 24hr 37.5 mg</i>	
<i>unithroid tab 200mcg</i> .....	55	<i>(base equivalent)</i> .....	37

<i>venlafaxine hcl tab sr 24hr 75 mg (base equivalent)</i> .....	37	VIVELLE-DOT DIS 0.025MG .....	51
<i>verapamil hcl cap sr 24hr 100 mg</i> .....	27	VIVELLE-DOT DIS 0.0375MG .....	51
<i>verapamil hcl cap sr 24hr 120 mg</i> .....	27	VIVELLE-DOT DIS 0.05MG .....	51
<i>verapamil hcl cap sr 24hr 180 mg</i> .....	27	VIVELLE-DOT DIS 0.075MG .....	51
<i>verapamil hcl cap sr 24hr 200 mg</i> .....	27	VIVELLE-DOT DIS 0.1MG .....	51
<i>verapamil hcl cap sr 24hr 240 mg</i> .....	27	VOLTAREN GEL 1% .....	79
<i>verapamil hcl cap sr 24hr 300 mg</i> .....	27	<i>voriconazole tab 200 mg</i> .....	10
<i>verapamil hcl iv soln 2.5 mg/ml</i> .....	27	<i>voriconazole tab 50 mg</i> .....	10
<i>verapamil hcl tab 120 mg</i> .....	27	VOTRIENT TAB 200MG .....	17
<i>verapamil hcl tab 40 mg</i> .....	27	VPRIV INJ 400UNIT .....	50
<i>verapamil hcl tab 80 mg</i> .....	27	<b>W</b>	
<i>verapamil hcl tab cr 120 mg</i> .....	27	<i>warfarin sodium tab 1 mg</i> .....	61
<i>verapamil hcl tab cr 180 mg</i> .....	27	<i>warfarin sodium tab 10 mg</i> .....	61
<i>verapamil hcl tab cr 240 mg</i> .....	27	<i>warfarin sodium tab 2 mg</i> .....	61
VESICARE TAB 10MG .....	60	<i>warfarin sodium tab 2.5 mg</i> .....	61
VESICARE TAB 5MG .....	60	<i>warfarin sodium tab 3 mg</i> .....	61
VFEND IV INJ 200MG .....	10	<i>warfarin sodium tab 4 mg</i> .....	62
VFEND SUS 40MG/ML .....	10	<i>warfarin sodium tab 5 mg</i> .....	62
<i>vicodin hp tab 10-660mg</i> .....	2	<i>warfarin sodium tab 6 mg</i> .....	62
VICTOZA INJ 18MG/3ML .....	46	<i>warfarin sodium tab 7.5 mg</i> .....	62
VICTRELIS CAP 200MG .....	13	WELCHOL PAK 3.75GM .....	24
VIDAZA INJ 100MG .....	16	WELCHOL TAB 625MG .....	24
VIDEX SOL 2GM .....	12	<b>X</b>	
VIGAMOX DRO 0.5% .....	70	XALKORI CAP 200MG .....	17
VIIIBRYD TAB 10MG .....	37	XALKORI CAP 250MG .....	17
VIIIBRYD TAB 20MG .....	37	XARELTO TAB 10MG .....	62
VIIIBRYD TAB 40MG .....	37	XARELTO TAB 15MG .....	62
VIMOVO TAB 375-20MG .....	5	XARELTO TAB 20MG .....	62
VIMOVO TAB 500-20MG .....	5	XENAZINE TAB 12.5MG .....	44
VIMPAT INJ 200MG/20 .....	33	XENAZINE TAB 25MG .....	44
VIMPAT SOL 10MG/ML .....	33	XIFAXAN TAB 550MG .....	58
VIMPAT TAB 100MG .....	33	XOLAIR SOL 150MG .....	73
VIMPAT TAB 150MG .....	33	XOPENEX HFA AER .....	73
VIMPAT TAB 200MG .....	33	XYREM SOL 500MG/ML .....	45
VIMPAT TAB 50MG .....	33	<b>Y</b>	
VINBLASTINE INJ 10MG .....	16	YF-VAX INJ .....	65
<i>vincasar pfs inj 1mg/ml</i> .....	16	<b>Z</b>	
<i>vincristine sulfate iv soln 1 mg/ml</i> .....	16	<i>zafirlukast tab 10 mg</i> .....	73
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i> .....	16	<i>zafirlukast tab 20 mg</i> .....	73
VIRACEPT POW 50MG/GM .....	12	<i>zaleplon cap 10 mg</i> .....	43
VIRACEPT TAB 250MG .....	12	<i>zaleplon cap 5 mg</i> .....	43
VIRACEPT TAB 625MG .....	12	ZAVESCA CAP 100MG .....	50
VIRAMUNE SUS 50MG/5ML .....	12	<i>zazole cre 0.4%</i> .....	60
VIRAMUNE TAB 200MG .....	12	<i>zazole cre 0.8%</i> .....	60
VIRAMUNE XR TAB .....	12	ZELBORAF TAB 240MG .....	17
VIREAD TAB 300MG .....	12	ZEMPLAR CAP 1MCG .....	69
		ZEMPLAR CAP 2MCG .....	69
		ZEMPLAR CAP 4MCG .....	69

ZEMPLAR INJ 2MCG/ML .....	69	ZOSTAVAX INJ.....	65
ZEMPLAR INJ 5MCG/ML .....	69	ZOSYN SOL 2-0.25GM .....	10
ZENPEP CAP 10000UNT .....	58	ZOSYN SOL 3-0.375G.....	10
ZENPEP CAP 15000UNT .....	58	<i>zovia 1/35e tab</i> .....	50
ZENPEP CAP 20000UNT .....	59	<i>zovia 1/50e tab</i> .....	50
ZENPEP CAP 5000UNIT.....	59	ZOVIRAX CRE 5% .....	77
ZETIA TAB 10MG .....	24	ZOVIRAX OIN 5% .....	77
ZIAGEN SOL 20MG/ML .....	12	ZYCLARA CRE 3.75%.....	79
ZIAGEN TAB 300MG .....	12	ZYMAR DRO 0.3% .....	70
<i>zidovudine cap 100 mg</i> .....	12	ZYMAXID SOL 0.5% .....	70
<i>zidovudine syrup 10 mg/ml</i> .....	12	ZYPREXA INJ 10MG .....	41
<i>zidovudine tab 300 mg</i> .....	12	ZYPREXA TAB 10MG .....	41
ZMAX SUS 2GM .....	10	ZYPREXA TAB 15MG .....	41
ZOLINZA CAP 100MG .....	16	ZYPREXA TAB 2.5MG .....	41
<i>zolpidem tartrate tab 10 mg</i> .....	43	ZYPREXA TAB 20MG .....	41
<i>zolpidem tartrate tab 5 mg</i> .....	43	ZYPREXA TAB 5MG .....	41
ZOMETA INJ 4MG/100 .....	48	ZYPREXA TAB 7.5MG .....	41
ZOMETA INJ 4MG/5ML.....	48	ZYPREXA ZYDI TAB 10MG .....	41
ZONALON CRE 5% .....	76	ZYPREXA ZYDI TAB 15MG .....	41
<i>zonisamide cap 100 mg</i> .....	33	ZYPREXA ZYDI TAB 20MG .....	41
<i>zonisamide cap 25 mg</i> .....	33	ZYPREXA ZYDI TAB 5MG .....	42
<i>zonisamide cap 50 mg</i> .....	33	ZYTIGA TAB 250MG.....	17
ZORTRESS TAB 0.25MG.....	65	ZYVOX SOL 2MG/ML.....	15
ZORTRESS TAB 0.5MG .....	65	ZYVOX SUS 100MG/5M .....	15
ZORTRESS TAB 0.75MG.....	65	ZYVOX TAB 600MG.....	15