



**CareSource Advantage (HMO) /CareSource Advantage Plus
(HMO) /CareSource Advantage Zero Premium (HMO)
2017 Formulary (List of Covered Drugs)**

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

This formulary was updated on 11/01/2017. For more recent information or other questions, please contact CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium Member Services at 1-800-833-3239 or, for TTY users, 1-800-648-6056 or 711, 8 a.m. – 8 p.m. Monday through Friday, and from October 1 – February 14, the same hours 7 days a week, or visit **CareSource.com/Medicare**.

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage Zero Premium™, CareSource Advantage® or CareSource Advantage Plus™ depends on contract renewal.

The information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits may change on January 1 of each year.

Formulary ID: 17210 Version 18

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CareSource. When it refers to “plan” or “our plan,” it means CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium. This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/17. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017 and from time to time during the year.

What is the CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium Formulary?

A formulary is a list of covered drugs selected by CareSource 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. CareSource will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium 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 (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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 11/01/2017. To get updated information about the drugs covered by CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium, please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 106. 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?

CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium 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:** CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareSource Advantage / CareSource Advantage Plus before you fill your prescriptions. If you don’t get approval, CareSource Advantage / CareSource Advantage Plus/ CareSource Advantage Zero Premium may not cover the drug.
- **Quantity Limits:** For certain drugs, CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium limits the amount of the drug that CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium will cover. For example, CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium provides 30 tablets per prescription for Atorvastatin 80mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium 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, CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium 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. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CareSource Advantage / CareSource Advantage Plus /CareSource Advantage Zero Premium to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CareSource Advantage / CareSource Advantage Plus /CareSource Advantage Zero Premium formulary?” on page “iv” for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CareSource Advantage / CareSource Advantage Plus/CareSource Advantage Zero Premium does not cover your drug, you have two options:

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

You can ask CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium 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 a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing 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 request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber'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 a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with at least 91 and may be up to a 98-day transition supply, consistent with 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.

In the event that an unplanned transition occurs in which a prescribed drug may not be on the CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium formulary or may be restricted by quantity, we may cover a one-time temporary supply of your drugs up to a 34 day supply. This usually involves level of care changes in which a member is changing from one treatment setting to another. If this occurs you may need to follow the normal coverage determination processes for continued coverage. Examples of level-of-care changes include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens;
- Ending an LTC facility stay and returning to the community.

For more information

For more detailed information about your CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium. If you have trouble finding your drug in the list, turn to the Index that begins on page 106.

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

The information in the Requirements/Limits column tells you if CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium has any special requirements for coverage of your drug.

CareSource Advantage Copayments

Drug Tiers	30 day retail	90 day retail	90 day mail order
Tier 1 (Preferred Generic)	\$4	\$12	\$10
Tier 2 (Generic)	\$10	\$30	\$25
Tier 3 (Preferred Brand)	\$47	\$141	\$118
Tier 4 (Non-Preferred Brand)	\$100	\$300	\$250
Tier 5 (Specialty)	33%	33%	33%

CareSource Advantage Plus Copayments

Drug Tiers	30 day retail	90 day retail	90 day mail order
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$30	\$25
Tier 3 (Preferred Brand)	\$47	\$141	\$118
Tier 4 (Non-Preferred Brand)	\$100	\$300	\$250
Tier 5 (Specialty)	33%	33%	33%

CareSource Advantage Zero Premium Copayments

Drug Tiers	30 day retail	90 day retail	90 day mail order
Tier 1 (Preferred Generic)	\$6	\$18	\$15
Tier 2 (Generic)	\$15	\$45	\$37.50
Tier 3 (Preferred Brand)	\$47	\$141	\$117.50
Tier 4 (Non-Preferred Brand)	\$100	\$300	\$250
Tier 5 (Specialty)	28%	28%	28%

Effective 11/01/2017

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		

GOUT

<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
COLCRYS TAB 0.6MG	3	QL (120 tabs / 30 days)
<i>probenecid tab 500 mg</i>	2	
ULORIC TAB 40MG	3	ST
ULORIC TAB 80MG	3	ST

NSAIDS

<i>celecoxib cap 50 mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	2	
<i>ketoprofen cap 75 mg</i>	2	
MELOXICAM SUSP 7.5 MG/5ML	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

1

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen susp 125 mg/5ml</i>	2	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>nalbuphine hcl inj 10 mg/ml</i>	2	
<i>nalbuphine hcl inj 20 mg/ml</i>	2	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

<i>DURAMORPH INJ 0.5MG/ML</i>	2	B/D
<i>DURAMORPH INJ 1MG/ML</i>	2	B/D
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

2

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	2	B/D
<i>hydromorphone hcl tab 2 mg</i>	2	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	2	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	2	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

3

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	2	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	2	QL (600 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	2	QL (600 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	2	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	2	B/D
MORPHINE SUL INJ 4MG/ML	2	B/D
MORPHINE SUL INJ 8MG/ML	2	B/D
MORPHINE SUL INJ 150/30ML	2	B/D
<i>morphine sulfate inj pf 0.5 mg/ml</i>	2	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	2	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	2	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	2	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	2	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	2	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	2	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	2	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	2	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	2	
MORPHINE SULFATE TAB 15 MG	2	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	2	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	2	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	
OXYCODONE HCL SOLN 5 MG/5ML	2	
<i>oxycodone hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	2	QL (1800 mL / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

4

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	2	QL (360 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl local inj 0.5%	2	B/D
lidocaine hcl local inj 1%	2	B/D
lidocaine hcl local inj 2%	2	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	2	B/D
lidocaine hcl local preservative free (pf) inj 1%	2	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

amikacin sulfate inj 1 gm/4ml (250 mg/ml)	2	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	2	
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin in saline inj 2 mg/ml	2	
gentamicin sulfate inj 10 mg/ml	2	
gentamicin sulfate inj 40 mg/ml	2	
gentamicin sulfate iv soln 10 mg/ml	2	
neomycin sulfate tab 500 mg	2	
paromomycin sulfate cap 250 mg	2	
streptomycin sulfate for inj 1 gm	2	
sulfadiazine tab 500mg	4	
tobramycin nebu soln 300 mg/5ml	5	NM, PA
tobramycin sulfate for inj 1.2 gm	5	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	2	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	5	
ALINIA SUS 100/5ML	4	
ALINIA TAB 500MG	4	
<i>atovaquone susp 750 mg/5ml</i>	5	
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	5	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml</i>	2	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	2	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium for inj 150 mg</i>	2	
CUBICIN SOL 500MG	5	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>emverm chw 100mg</i>	4	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
INVANZ INJ 1GM	4	
<i>ivermectin tab 3 mg</i>	2	
LINEZOLID FOR SUSP 100 MG/5ML	5	
LINEZOLID IN SODIUM CHLORIDE IV SOLN5 600 MG/300ML-0.9%		
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	
LINEZOLID TAB 600 MG	5	
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	4	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	4	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TAB 200MG	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	

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Drug Name	Drug Tier	Requirements/Limits
TIGECYCLINE INJ 50MG	5	
<i>trimethoprim tab 100 mg</i>	1	
TYGACIL INJ 50MG	5	
<i>vancomycin hcl cap 125 mg</i>	5	
<i>vancomycin hcl cap 250 mg</i>	5	
<i>vancomycin hcl for inj 10 gm</i>	2	
<i>vancomycin hcl for inj 500 mg</i>	2	
<i>vancomycin hcl for inj 750 mg</i>	2	
<i>vancomycin hcl for inj 1000 mg</i>	2	
<i>vancomycin hcl for inj 5000 mg</i>	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

ABELCET INJ 5MG/ML	5	B/D
AMBISOME INJ 50MG	4	B/D
<i>amphotericin b for inj 50 mg</i>	2	B/D
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	
CASPOFUNGIN INJ 50MG	5	
CASPOFUNGIN INJ 70MG	5	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	2	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole/ inj nacl 100</i>	2	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>ketoconazole tab 200 mg</i>	2	PA
MYCAMINE INJ 50MG	5	

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Drug Name	Drug Tier	Requirements/Limits
MYCAMINE INJ 100MG	5	
NOXAFIL SUS 40MG/ML	5	
NOXAFIL TAB 100MG	5	
<i>nystatin tab 500000 unit</i>	2	
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	5	
<i>voriconazole tab 50 mg</i>	5	
<i>voriconazole tab 200 mg</i>	5	

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	
APTIVUS CAP 250MG	5	
APTIVUS SOL	5	
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
<i>didanosine delayed release capsule 125 mg</i>	2	
<i>didanosine delayed release capsule 200 mg</i>	2	
<i>didanosine delayed release capsule 250 mg</i>	2	
<i>didanosine delayed release capsule 400 mg</i>	2	
EDURANT TAB 25MG	5	
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
FUZEON INJ 90MG	5	NM
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG	5	
INTELENCE TAB 200MG	5	
INVIRASE CAP 200MG	5	
INVIRASE TAB 500MG	5	
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	
ISENTRESS HD TAB 600MG	5	
ISENTRESS POW 100MG	5	

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TAB 400MG	5	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	
LEXIVA SUS 50MG/ML	4	
LEXIVA TAB 700MG	5	
NEVIRAPINE SUSP 50 MG/5ML	2	
<i>nevirapine tab 200 mg</i>	2	
<i>nevirapine tab er 24hr 100 mg</i>	2	
<i>nevirapine tab er 24hr 400 mg</i>	2	
NORVIR CAP 100MG	3	
NORVIR SOL 80MG/ML	3	
NORVIR TAB 100MG	3	
PREZISTA SUS 100MG/ML	5	
PREZISTA TAB 75MG	3	
PREZISTA TAB 150MG	3	
PREZISTA TAB 600MG	5	
PREZISTA TAB 800MG	5	
RESCRIPTOR TAB 100 MG	4	
RESCRIPTOR TAB 200MG	4	
RETROVIR INJ 10MG/ML	3	
REYATAZ CAP 150MG	5	
REYATAZ CAP 200MG	5	
REYATAZ CAP 300MG	5	
REYATAZ POW 50MG	5	
SELZENTRY SOL 20MG/ML	5	
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	
SELZENTRY TAB 150MG	5	
SELZENTRY TAB 300MG	5	
<i>stavudine cap 15 mg</i>	2	
<i>stavudine cap 20 mg</i>	2	
<i>stavudine cap 30 mg</i>	2	
<i>stavudine cap 40 mg</i>	2	
SUSTIVA CAP 50MG	3	
SUSTIVA CAP 200MG	5	
SUSTIVA TAB 600MG	5	
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	5	
TIVICAY TAB 50MG	5	
TYBOST TAB 150MG	3	
VIDEX SOL 2GM	4	

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Drug Name	Drug Tier	Requirements/Limits
VIDEX SOL 4GM	4	
VIRACEPT TAB 250MG	5	
VIRACEPT TAB 625MG	5	
VIRAMUNE SUS 50MG/5ML	4	
VIREAD POW 40MG/GM	5	
VIREAD TAB 150MG	5	
VIREAD TAB 200MG	5	
VIREAD TAB 250MG	5	
VIREAD TAB 300MG	5	
ZERIT SOL 1MG/ML	5	
ZIAGEN SOL 20MG/ML	3	
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	2	
<i>zidovudine tab 300 mg</i>	2	

ANTIRETROVIRAL COMBINATION AGENTS

ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	5	
<i>abacavir sulfate-lamivudine-zidovudine tab 5 300-150-300 mg</i>	5	
ATRIPLA TAB	5	
COMPLERA TAB	5	
DESCOVY TAB 200/25	5	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
TRIUMEQ TAB	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

CAPASTAT SUL INJ 1GM	4	
<i>cycloserine cap 250 mg</i>	5	
<i>ethambutol hcl tab 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>paser gra 4gm</i>	3	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	LA, PA
TRECTOR TAB 250MG	4	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	2	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	B/D
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDE SOL .05MG/ML	5	
DAKLINZA TAB 30MG	5	NM, PA
DAKLINZA TAB 60MG	5	NM, PA
DAKLINZA TAB 90MG	5	NM, PA
<i>entecavir tab 0.5 mg</i>	5	
<i>entecavir tab 1 mg</i>	5	
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOL 5MG/ML	4	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>ganciclovir sodium for inj 500 mg</i>	2	B/D
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine tab 100 mg (hbw)</i>	2	
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	
PEGASYS INJ	5	NM, PA
PEGASYS INJ 180MCG/M	5	NM, PA
PEGASYS INJ PROCLICK	5	NM, PA
REBETOL SOL 40MG/ML	5	NM
RELENZA MIS DISKHALE	3	
<i>ribasphere cap 200mg</i>	2	NM
<i>ribasphere tab 200mg</i>	2	NM
<i>ribasphere tab 400mg</i>	5	NM
<i>ribasphere tab 600mg</i>	5	NM
<i>ribavirin cap 200 mg</i>	2	NM
<i>ribavirin tab 200 mg</i>	2	NM
<i>rimantadine hydrochloride tab 100 mg</i>	2	
SOVALDI TAB 400MG	5	NM, PA
TAMIFLU SUS 6MG/ML	3	
TYZEKA TAB 600MG	5	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
VALCYTE SOL 50MG/ML	5	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	
VEMLIDY TAB 25MG	5	
VOSEVI TAB	5	NM, PA
ZEPATIER TAB 50-100MG	5	NM, PA

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefaclor er tab 500mg</i>	3	
<i>cefaclor for susp 125 mg/5ml</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefaclor for susp 375 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
<i>cefazolin inj 1gm/50ml</i>	3	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefazolin sodium for inj 10 gm</i>	2	
<i>cefazolin sodium for inj 20 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for inj 2 gm</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefotaxime sodium for inj 1 gm</i>	2	
<i>cefotaxime sodium for inj 2 gm</i>	2	
<i>cefotaxime sodium for inj 500 mg</i>	2	
<i>cefoxitin sodium for inj 10 gm</i>	2	
<i>cefoxitin sodium for iv soln 1 gm</i>	2	
<i>cefoxitin sodium for iv soln 2 gm</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	2	
<i>ceftazidime for inj 2 gm</i>	2	
<i>ceftazidime for inj 6 gm</i>	2	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 1.5 gm</i>	2	
<i>cefuroxime sodium for inj 7.5 gm</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
SUPRAX CAP 400MG	3	
<i>suprax chw 100mg</i>	4	
<i>suprax chw 200mg</i>	4	
SUPRAX SUS 500/5ML	3	
<i>tazicef inj 1gm</i>	2	
<i>tazicef inj 2gm</i>	2	
<i>tazicef inj 6gm</i>	2	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	2	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	2	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID TAB 200MG	5	
<i>ery-tab tab 250mg ec</i>	2	
<i>ery-tab tab 333mg ec</i>	2	
<i>ery-tab tab 500mg ec</i>	2	
<i>erythrocin inj 500mg</i>	4	
<i>erythrocin tab 250mg</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	

FLUOROQUINOLONES

<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	2	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	2	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	2	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	2	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	2	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-572 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg2</i>		
<i>amoxicillin & k clavulanate tab 500-125 mg2</i>		
<i>amoxicillin & k clavulanate tab 875-125 mg2</i>		
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	2	
<i>ampicillin for susp 250 mg/5ml</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 10 gm</i>	2	
<i>ampicillin sodium for inj 125 mg</i>	2	
<i>ampicillin sodium for inj 250 mg</i>	2	
<i>ampicillin sodium for inj 500 mg</i>	2	
<i>ampicillin sodium for iv soln 1 gm</i>	2	
<i>ampicillin sodium for iv soln 2 gm</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
<i>BICILLIN L-A INJ 600000</i>	4	
<i>BICILLIN L-A INJ 1200000</i>	4	
<i>BICILLIN L-A INJ 2400000</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>nafcillin sodium for inj 1 gm</i>	2	
<i>nafcillin sodium for inj 2 gm</i>	2	
<i>nafcillin sodium for inj 10 gm</i>	2	
<i>nafcillin sodium for iv soln 1 gm</i>	2	
<i>nafcillin sodium for iv soln 2 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	5	
<i>pen g proc inj 600000</i>	3	
PENICILL GK/ INJ DEX 2MU	4	
PENICILL GK/ INJ DEX 3MU	4	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piper/tazoba inj 12-1.5gm</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.3752 gm (3-0.375 gm)</i>		
<i>piperacillin sod-tazobactam sod for inj 2.252 gm (2-0.25 gm)</i>		
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.52 gm (36-4.5 gm)</i>		

TETRACYCLINES

<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	

ANTINEOPLASTIC AGENTS

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Drug Name	Drug Tier	Requirements/Limits
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	5	B/D, NM
BICNU INJ 100MG	5	B/D
<i>busulfan inj 6 mg/ml</i>	5	B/D
BUSULFEX INJ 6MG/ML	5	B/D
CYCLOPHOSPH CAP 25MG	4	B/D
CYCLOPHOSPH CAP 50MG	4	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	B/D
<i>cyclophosphamide for inj 2 gm</i>	5	B/D
<i>cyclophosphamide for inj 500 mg</i>	5	B/D
<i>dacarbazine for inj 100 mg</i>	2	B/D
<i>dacarbazine for inj 200 mg</i>	2	B/D
EMCYT CAP 140MG	4	
GLEOSTINE CAP 5MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
HEXALEN CAP 50MG	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide for inj 1 gm</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	B/D
LEUKERAN TAB 2MG	4	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	5	B/D
MUSTARGEN INJ 10MG	5	B/D
TREANDA INJ 25MG	5	B/D, NM
TREANDA INJ 100MG	5	B/D, NM
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	2	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	2	B/D
<i>doxorubicin hcl for inj 10 mg</i>	2	B/D
<i>doxorubicin hcl for inj 50 mg</i>	2	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	2	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	B/D
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	2	B/D
<i>bleomycin sulfate for inj 30 unit</i>	2	B/D
<i>mitomycin for iv soln 5 mg</i>	5	B/D
<i>mitomycin for iv soln 20 mg</i>	5	B/D
<i>mitomycin for iv soln 40 mg</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil inj 2.5g/50m</i>	2	B/D
<i>adrucil inj 5gm/100m</i>	2	B/D
<i>adrucil inj 500/10ml</i>	2	B/D
ALIMTA INJ 100MG	5	B/D
ALIMTA INJ 500MG	5	B/D
<i>azacitidine for inj 100 mg</i>	5	B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	B/D
<i>cytarabine inj 20 mg/ml</i>	2	B/D
<i>fludarabine phosphate for inj 50 mg</i>	2	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	2	B/D
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	5	B/D
<i>gemcitabine hcl for inj 2 gm</i>	5	B/D
<i>gemcitabine hcl for inj 200 mg</i>	5	B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	5	B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	5	B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (385 MG/ML) (BASE EQUIV)		B/D
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
NIPENT INJ 10MG	5	B/D
PURIXAN SUS 20MG/ML	5	NM
TABLOID TAB 40MG	4	

ANTIMITOTIC, TAXOIDS

ABRAXANE INJ 100MG	5	B/D
DOCEFREZ INJ 20MG	5	B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	5	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	B/D
DOCETAXEL INJ 20MG/2ML	5	B/D
DOCETAXEL INJ 80MG/4ML	5	B/D
DOCETAXEL INJ 80MG/8ML	5	B/D
DOCETAXEL INJ 160/8ML	5	B/D
DOCETAXEL INJ 160/16ML	5	B/D
<i>docetaxel inj 200/10</i>	5	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	B/D
TAXOTERE INJ 80MG/4ML	5	B/D

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate inj 1 mg/ml</i>	3	B/D
<i>vincasar pfs inj 1mg/ml</i>	2	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN INJ	5	NM, LA, PA
AVASTIN INJ 400/16ML	5	NM, LA, PA
BELEODAQ INJ 500MG	5	NM, PA
ERIVEDGE CAP 150MG	5	NM, LA, PA
FARYDAK CAP 10MG	5	NM, LA, PA
FARYDAK CAP 15MG	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
FARYDAK CAP 20MG	5	NM, LA, PA
HERCEPTIN INJ 150MG	5	NM, PA
HERCEPTIN INJ 440MG	5	NM, PA
IBRANCE CAP 75MG	5	NM, LA, PA
IBRANCE CAP 100MG	5	NM, LA, PA
IBRANCE CAP 125MG	5	NM, LA, PA
IDHIFA TAB 50MG	5	NM, LA, PA
IDHIFA TAB 100MG	5	NM, LA, PA
ISTODAX OVR INJ 10MG	5	B/D, NM
KADCYLA INJ 100MG	5	B/D, NM
KADCYLA INJ 160MG	5	B/D, NM
KEYTRUDA INJ 100MG/4M	5	NM, PA
KEYTRUDA SOL 50MG	5	NM, PA
KISQALI 200 PAK FEMARA	5	NM, PA
KISQALI 400 PAK FEMARA	5	NM, PA
KISQALI 600 PAK FEMARA	5	NM, PA
KISQALI TAB 200DOSE	5	NM, PA
KISQALI TAB 400DOSE	5	NM, PA
KISQALI TAB 600DOSE	5	NM, PA
LYNPARZA CAP 50MG	5	NM, LA, PA
NINLARO CAP 2.3MG	5	NM, PA
NINLARO CAP 3MG	5	NM, PA
NINLARO CAP 4MG	5	NM, PA
PROLEUKIN INJ 22MU	5	B/D, NM
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
RUBRACA TAB 200MG	5	NM, LA, PA
RUBRACA TAB 250MG	5	NM, LA, PA
RUBRACA TAB 300MG	5	NM, LA, PA
TECENTRIQ INJ 1200/20	5	NM, LA, PA
VELCADE INJ 3.5MG	5	NM, PA
VENCLEXTA TAB 10MG	4	NM, LA, PA
VENCLEXTA TAB 50MG	4	NM, LA, PA
VENCLEXTA TAB 100MG	5	NM, LA, PA
VENCLEXTA TAB START PK	5	NM, LA, PA
YERVOY INJ 50MG	5	NM, PA
YERVOY INJ 200MG	5	NM, PA
ZEJULA CAP 100MG	5	NM, LA, PA
ZOLINZA CAP 100MG	5	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

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Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane tab 25 mg</i>	2	
FARESTON TAB 60MG	5	
FASLODEX INJ 250MG	5	B/D
<i>flutamide cap 125 mg</i>	2	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	4	B/D
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	4	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	4	PA
<i>megestrol acetate tab 20 mg</i>	4	PA; PA if 65 years and older
<i>megestrol acetate tab 40 mg</i>	4	PA; PA if 65 years and older
<i>nilutamide tab 150 mg</i>	5	
SOLTAMOX SOL 10MG/5ML	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
TRELSTAR MIX INJ 3.75MG	5	NM, PA
TRELSTAR MIX INJ 11.25MG	5	NM, PA
XTANDI CAP 40MG	5	NM, LA, PA
ZYTIGA TAB 250MG	5	NM, LA, PA
ZYTIGA TAB 500MG	5	NM, LA, PA

KINASE INHIBITORS

AFINITOR DIS TAB 2MG	5	NM, PA
AFINITOR DIS TAB 3MG	5	NM, PA
AFINITOR DIS TAB 5MG	5	NM, PA
AFINITOR TAB 2.5MG	5	NM, PA
AFINITOR TAB 5MG	5	NM, PA
AFINITOR TAB 7.5MG	5	NM, PA
AFINITOR TAB 10MG	5	NM, PA
ALECENSA CAP 150MG	5	NM, LA, PA
ALUNBRIG TAB 30MG	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF TAB 100MG	5	NM, PA
BOSULIF TAB 500MG	5	NM, PA
CABOMETYX TAB 20MG	5	NM, LA, PA
CABOMETYX TAB 40MG	5	NM, LA, PA
CABOMETYX TAB 60MG	5	NM, LA, PA
CAPRELSA TAB 100MG	5	NM, LA, PA
CAPRELSA TAB 300MG	5	NM, LA, PA
COMETRIQ KIT 60MG	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COTELLIC TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG TAB 15MG	5	NM, LA, PA
ICLUSIG TAB 45MG	5	NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA TAB 1MG	5	NM, LA, PA
INLYTA TAB 5MG	5	NM, LA, PA
IRESSA TAB 250MG	5	NM, LA, PA
JAKAFI TAB 5MG	5	NM, LA, PA
JAKAFI TAB 10MG	5	NM, LA, PA
JAKAFI TAB 15MG	5	NM, LA, PA
JAKAFI TAB 20MG	5	NM, LA, PA
JAKAFI TAB 25MG	5	NM, LA, PA
LENVIMA CAP 8 MG	5	NM, LA, PA
LENVIMA CAP 10 MG	5	NM, LA, PA
LENVIMA CAP 14 MG	5	NM, LA, PA
LENVIMA CAP 18 MG	5	NM, LA, PA
LENVIMA CAP 20 MG	5	NM, LA, PA
LENVIMA CAP 24 MG	5	NM, LA, PA
MEKINIST TAB 0.5MG	5	NM, LA, PA
MEKINIST TAB 2MG	5	NM, LA, PA
NERLYNX TAB 40MG	5	NM, LA, PA
NEXAVAR TAB 200MG	5	NM, LA, PA
RYDAPT CAP 25MG	5	NM, PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 70MG	5	NM, PA
SPRYCEL TAB 80MG	5	NM, PA
SPRYCEL TAB 100MG	5	NM, PA
SPRYCEL TAB 140MG	5	NM, PA
STIVARGA TAB 40MG	5	NM, LA, PA
SUTENT CAP 12.5MG	5	NM, PA
SUTENT CAP 25MG	5	NM, PA
SUTENT CAP 37.5MG	5	NM, PA
SUTENT CAP 50MG	5	NM, PA
TAFINLAR CAP 50MG	5	NM, LA, PA
TAFINLAR CAP 75MG	5	NM, LA, PA
TAGRISSO TAB 40MG	5	NM, LA, PA
TAGRISSO TAB 80MG	5	NM, LA, PA
TARCEVA TAB 25MG	5	NM, LA, PA
TARCEVA TAB 100MG	5	NM, LA, PA
TARCEVA TAB 150MG	5	NM, LA, PA
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA
TYKERB TAB 250MG	5	NM, LA, PA
VOTRIENT TAB 200MG	5	NM, LA, PA
XALKORI CAP 200MG	5	NM, LA, PA
XALKORI CAP 250MG	5	NM, LA, PA
ZELBORAF TAB 240MG	5	NM, LA, PA
ZYDELIG TAB 100MG	5	NM, LA, PA
ZYDELIG TAB 150MG	5	NM, LA, PA
ZYKADIA CAP 150MG	5	NM, LA, PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	5	NM, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>hydroxyurea cap 500 mg</i>	2	
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
MATULANE CAP 50MG	5	LA
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	2	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	2	B/D, NM
ODOMZO CAP 200MG	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 25

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO INJ 3.5MG	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	
TRISENOX SOL 10MG/10M	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	2	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	2	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	2	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	B/D
<i>oxaliplatin for iv inj 50 mg</i>	2	B/D
<i>oxaliplatin for iv inj 100 mg</i>	2	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	2	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	2	B/D

PROTECTIVE AGENTS

AMIFOSTINE FOR INJ 500 MG	5	B/D
<i>dexrazoxane for inj 250 mg</i>	5	B/D
<i>dexrazoxane for inj 500 mg</i>	5	B/D
ELITEK INJ 1.5MG	5	B/D
ELITEK INJ 7.5MG	5	B/D
FUSILEV INJ 50MG	5	B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	2	B/D
<i>leucovorin calcium for inj 100 mg</i>	2	B/D
<i>leucovorin calcium for inj 200 mg</i>	2	B/D
<i>leucovorin calcium for inj 350 mg</i>	2	B/D
<i>leucovorin calcium for inj 500 mg</i>	2	B/D
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
LEVOLEUCOVOR INJ 175MG	5	B/D, NM
<i>levoleucovor sol 250mg/25</i>	5	B/D, NM
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	5	B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	5	B/D, NM
<i>mesna inj 100 mg/ml</i>	2	B/D

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
MESNEX TAB 400MG	5	

TOPOISOMERASE INHIBITORS

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<i>toposar inj 1gm/50ml</i>	2	B/D
<i>toposar inj 100/5ml</i>	2	B/D
<i>topotecan hcl for inj 4 mg</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

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

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1
<i>benazepril hcl tab 10 mg</i>	1
<i>benazepril hcl tab 20 mg</i>	1
<i>benazepril hcl tab 40 mg</i>	1
<i>captopril tab 12.5 mg</i>	1
<i>captopril tab 25 mg</i>	1
<i>captopril tab 50 mg</i>	1
<i>captopril tab 100 mg</i>	1
<i>enalapril maleate tab 2.5 mg</i>	1
<i>enalapril maleate tab 5 mg</i>	1
<i>enalapril maleate tab 10 mg</i>	1
<i>enalapril maleate tab 20 mg</i>	1
<i>fosinopril sodium tab 10 mg</i>	1
<i>fosinopril sodium tab 20 mg</i>	1
<i>fosinopril sodium tab 40 mg</i>	1
<i>lisinopril tab 2.5 mg</i>	1
<i>lisinopril tab 5 mg</i>	1
<i>lisinopril tab 10 mg</i>	1
<i>lisinopril tab 20 mg</i>	1

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	2	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	2	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	2	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg</i>	1	
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-40 mg</i>		

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available
at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160</i> <i>mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320</i> <i>mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160</i> <i>mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320</i> <i>mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 10-320-25 mg</i>	1	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 20-5-12.5 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available
at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide</i> 1 <i>tab 40-5-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide</i> 1 <i>tab 40-5-25 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide</i> 1 <i>tab 40-10-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide</i> 1 <i>tab 40-10-25 mg</i>		
<i>valsartan-hydrochlorothiazide tab 80-12.5</i> 1 <i>mg</i>		
<i>valsartan-hydrochlorothiazide tab 160-12.5</i> 1 <i>mg</i>		
<i>valsartan-hydrochlorothiazide tab 160-25</i> 1 <i>mg</i>		
<i>valsartan-hydrochlorothiazide tab 320-12.5</i> 1 <i>mg</i>		
<i>valsartan-hydrochlorothiazide tab 320-25</i> 1 <i>mg</i>		

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg</i>	1
<i>irbesartan tab 150 mg</i>	1
<i>irbesartan tab 300 mg</i>	1
<i>losartan potassium tab 25 mg</i>	1
<i>losartan potassium tab 50 mg</i>	1
<i>losartan potassium tab 100 mg</i>	1
<i>olmesartan medoxomil tab 5 mg</i>	1
<i>olmesartan medoxomil tab 20 mg</i>	1
<i>olmesartan medoxomil tab 40 mg</i>	1
<i>valsartan tab 40 mg</i>	1
<i>valsartan tab 80 mg</i>	1
<i>valsartan tab 160 mg</i>	1
<i>valsartan tab</i> <i>320 mg</i>	1

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (50</i> <i>mg/ml)</i>	2
<i>amiodarone hcl inj 450 mg/9ml (50</i> <i>mg/ml)</i>	2
<i>amiodarone hcl inj 900 mg/18ml (50</i> <i>mg/ml)</i>	2
<i>amiodarone hcl tab 100 mg</i>	2
<i>amiodarone hcl tab 200 mg</i>	1
<i>amiodarone hcl tab 400 mg</i>	2

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at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate cap 100 mg</i>	4	PA; PA if 65 years and older
<i>disopyramide phosphate cap 150 mg</i>	4	PA; PA if 65 years and older
DOFETILIDE CAP 125 MCG (0.125 MG)	2	NM
DOFETILIDE CAP 250 MCG (0.25 MG)	2	NM
DOFETILIDE CAP 500 MCG (0.5 MG)	2	NM
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	2	
<i>mexiletine hcl cap 200 mg</i>	2	
<i>mexiletine hcl cap 250 mg</i>	2	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	PA; PA if 65 years and older
NORPACE CAP 150MG CR	4	PA; PA if 65 years and older
<i>pacerone tab 100mg</i>	2	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	2	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	
<i>sorine tab 240mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	1	
JUXTAPID CAP 5MG	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 33

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAP 10MG	5	NM, LA, PA
JUXTAPID CAP 20MG	5	NM, LA, PA
JUXTAPID CAP 30MG	5	NM, LA, PA
JUXTAPID CAP 40MG	5	NM, LA, PA
JUXTAPID CAP 60MG	5	NM, LA, PA
KYNAMRO INJ 200MG/ML	5	NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
<i>niacor tab 500mg</i>	2	
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
PRALUENT INJ 75MG/ML	5	NM, PA
PRALUENT INJ 150MG/ML	5	NM, PA
<i>prevalite pow 4gm</i>	2	
<i>prevalite pow 4gm pk</i>	2	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	2	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	2	

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
BYSTOLIC TAB 2.5MG	4	
BYSTOLIC TAB 5MG	4	
BYSTOLIC TAB 10MG	4	
BYSTOLIC TAB 20MG	4	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg</i> (tartrate equiv)	2	
<i>metoprolol succinate tab er 24hr 50 mg</i> (tartrate equiv)	2	
<i>metoprolol succinate tab er 24hr 100 mg</i> (tartrate equiv)	2	
<i>metoprolol succinate tab er 24hr 200 mg</i> (tartrate equiv)	2	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab tab 30mg cr</i>	2	
<i>afeditab tab 60mg cr</i>	2	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 36

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	5	
NYMALIZE SOL 60/20ML	5	
<i>taztia xt cap 120mg/24</i>	2	
<i>taztia xt cap 180mg/24</i>	2	
<i>taztia xt cap 240mg/24</i>	2	
<i>taztia xt cap 300mg/24</i>	2	
<i>taztia xt cap 360mg/24</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
VERAPAMIL HCL CAP ER 24HR 360 MG	2	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	2	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek tab 0.25mg</i>	2	PA; PA if 65 years and older
<i>digitek tab 0.125mg</i>	2	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	2	
DIGOXIN ORAL SOLN 0.05 MG/ML	2	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	PA; PA if 65 years and older
<i>DIURETICS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorothiazide tab 250 mg</i>	2	
<i>chlorothiazide tab 500 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	2	
FUROSEMIDE INJ 10 MG/ML	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 38

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>methyclothiazide tab 5 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torsemide tab 5 mg</i>	2	
<i>torsemide tab 10 mg</i>	2	
<i>torsemide tab 20 mg</i>	2	
<i>torsemide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	2	
DEMSER CAP 250MG	5	
<i>hydralazine hcl inj 20 mg/ml</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	NM, LA, PA
NORTHERA CAP 200MG	5	NM, LA, PA
NORTHERA CAP 300MG	5	NM, LA, PA
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	

NITRATES

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide dinitrate tab er 40 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>minitran dis 0.1mg/hr</i>	2	
<i>minitran dis 0.2mg/hr</i>	2	
<i>minitran dis 0.4mg/hr</i>	2	
<i>minitran dis 0.6mg/hr</i>	2	
<i>nitro-bid oin 2%</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA TAB 20MG	5	NM, PA
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	5	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	NM, LA, PA
REMODULIN INJ 1MG/ML	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 2.5MG/ML	5	NM, LA, PA
REMODULIN INJ 5MG/ML	5	NM, LA, PA
REMODULIN INJ 10MG/ML	5	NM, LA, PA
REVATIO SUS 10MG/ML	5	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	5	NM, LA, PA
UPTRAVI TAB 200MCG	5	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	5	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	5	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	5	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	5	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1400MCG	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NM, PA
VENTAVIS SOL 20MCG/ML	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	2	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>buspirone hcl tab 10 mg</i>	2	
<i>buspirone hcl tab 15 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	2	QL (45 tabs / 30 days)

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam con 2mg/ml</i>	2	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 30 days)

ANTICONVULSANTS

APTiom TAB 200MG	4	QL (180 tabs / 30 days)
APTiom TAB 400MG	5	QL (90 tabs / 30 days)
APTiom TAB 600MG	5	QL (60 tabs / 30 days)
APTiom TAB 800MG	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CELONTIN CAP 300MG	4	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL (120 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (120 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 42

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
<i>diazepam con 5mg/ml</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2 2.5 MG		
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2 10 MG		
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2 20 MG		
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>dilantin cap 30mg</i>	3	
<i>dilantin cap 100mg</i>	3	
<i>dilantin chw 50mg</i>	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 2 mg</i>		

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at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>epitol tab 200mg</i>	2	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FYCOMPA SUS 0.5MG/ML	4	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	4	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	4	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	4	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	4	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	2	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	4	
GABITRIL TAB 16MG	4	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
LEVETIRACETA INJ 5MG/ML	4	
LEVETIRACETA INJ 10MG/ML	4	
LEVETIRACETA INJ 15MG/ML	4	
LEVETIRACETAM IN SODIUM CHLORIDE IV 2 SOLN 500 MG/100ML	2	
LEVETIRACETAM IN SODIUM CHLORIDE IV 2 SOLN 1000 MG/100ML	2	
LEVETIRACETAM IN SODIUM CHLORIDE IV 2 SOLN 1500 MG/100ML	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
LYRICA CAP 25MG	3	QL (120 caps / 30 days)
LYRICA CAP 50MG	3	QL (120 caps / 30 days)
LYRICA CAP 75MG	3	QL (120 caps / 30 days)
LYRICA CAP 100MG	3	QL (120 caps / 30 days)
LYRICA CAP 150MG	3	QL (120 caps / 30 days)
LYRICA CAP 200MG	3	QL (90 caps / 30 days)
LYRICA CAP 225MG	3	QL (60 caps / 30 days)
LYRICA CAP 300MG	3	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	3	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	5	PA
ONFI TAB 10MG	4	PA
ONFI TAB 20MG	5	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
PEGANONE TAB 250MG	4	
PHENOBARB INJ 65MG/ML	4	PA; PA if 65 years and older

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 15 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 30 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 60 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 100 mg</i>	4	PA; PA if 65 years and older
<i>phenytek cap 200mg</i>	3	
<i>phenytek cap 300mg</i>	3	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
POTIGA TAB 50MG	4	
POTIGA TAB 200MG	5	QL (180 tabs / 30 days)
POTIGA TAB 300MG	5	QL (90 tabs / 30 days)
POTIGA TAB 400MG	5	QL (90 tabs / 30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra tab 500mg</i>	2	
<i>roweepra tab 750mg</i>	2	
<i>roweepra tab 1000mg</i>	2	
SABRIL POW 500MG	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 46

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
TEGRETOL SUS 100/5ML	4	
TEGRETOL TAB 200MG	4	
TEGRETOL-XR TAB 100MG	4	
TEGRETOL-XR TAB 200MG	4	
TEGRETOL-XR TAB 400MG	4	
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	4	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	4	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	4	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	4	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	QL (30 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	2	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	2	PA; PA if < 30 yrs
MEMANTINE HCL TAB 10 MG	2	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	4	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
<i>rivastigmine tartrate cap 1.5 mg</i>	2	
<i>rivastigmine tartrate cap 3 mg</i>	2	
<i>rivastigmine tartrate cap 4.5 mg</i>	2	
<i>rivastigmine tartrate cap 6 mg</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	QL (30 patches / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	4	PA; PA if 65 years and older

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 48

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>clomipramine hcl cap 25 mg</i>	4	PA; PA if 65 years and older
<i>clomipramine hcl cap 50 mg</i>	4	PA; PA if 65 years and older
<i>clomipramine hcl cap 75 mg</i>	4	PA; PA if 65 years and older
<i>desipramine hcl tab 10 mg</i>	2	
<i>desipramine hcl tab 25 mg</i>	2	
<i>desipramine hcl tab 50 mg</i>	2	
<i>desipramine hcl tab 75 mg</i>	2	
<i>desipramine hcl tab 100 mg</i>	2	
<i>desipramine hcl tab 150 mg</i>	2	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 25 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 50 mg</i>	4	PA; PA if 65 years and older

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 49

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 75 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 100 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 150 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	4	PA; PA if 65 years and older
<i>duloxetine hcl enteric coated pellets cap 202 mg (base eq)</i>		QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 302 mg (base eq)</i>		QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 602 mg (base eq)</i>		QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	4	QL (180 caps / 30 days)
FETZIMA CAP 40MG	4	QL (90 caps / 30 days)
FETZIMA CAP 80MG	4	QL (30 caps / 30 days)
FETZIMA CAP 120MG	4	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	2	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	2	
<i>imipramine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>imipramine hcl tab 25 mg</i>	4	PA; PA if 65 years and older

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 50

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>maprotiline hcl tab 25 mg</i>	2	
<i>maprotiline hcl tab 50 mg</i>	2	
<i>maprotiline hcl tab 75 mg</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	
<i>paroxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	1	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	
PRISTIQ TAB 25MG	3	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	3	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	3	QL (30 tabs / 30 days)
<i>protriptyline hcl tab 5 mg</i>	2	
<i>protriptyline hcl tab 10 mg</i>	2	
<i>sertraline hcl oral conc 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 51

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate cap 25 mg</i>	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 50 mg</i>	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 100 mg</i>	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	2	
<i>venlafaxine hcl tab 37.5 mg</i>	2	
<i>venlafaxine hcl tab 50 mg</i>	2	
<i>venlafaxine hcl tab 75 mg</i>	2	
<i>venlafaxine hcl tab 100 mg</i>	2	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	NM, LA, PA
BENZTROPINE MESYLATE INJ 1 MG/ML	2	
<i>benztropine mesylate tab 0.5 mg</i>	4	PA; PA if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	4	PA; PA if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	4	PA; PA if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 52

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	2	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	2	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	2	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	2	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	2	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	2	
ENTACAPONE TAB 200 MG	2	
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	

ANTIPSYCHOTICS

ABILIFY MAIN INJ 300MG	5	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	5	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 vial / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	5	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	5	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	5	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	5	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	5	QL (1 syringe / 56 days)
<i>chlorpromaz inj 25mg/ml</i>	4	
<i>chlorpromaz inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
CLOZAPINE ORALLY DISINTEGRATING TAB 2 12.5 MG		PA
CLOZAPINE ORALLY DISINTEGRATING TAB 2 25 MG		PA
CLOZAPINE ORALLY DISINTEGRATING TAB 2 100 MG		QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 2 150 MG		QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 5 200 MG		QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available
at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 100 mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	2	QL (135 tabs / 30 days)
FANAPT PAK	4	
FANAPT TAB 1MG	4	QL (60 tabs / 30 days)
FANAPT TAB 2MG	4	QL (60 tabs / 30 days)
FANAPT TAB 4MG	4	QL (60 tabs / 30 days)
FANAPT TAB 6MG	5	QL (60 tabs / 30 days)
FANAPT TAB 8MG	5	QL (60 tabs / 30 days)
FANAPT TAB 10MG	5	QL (60 tabs / 30 days)
FANAPT TAB 12MG	5	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	5	QL (1 syringe / 90 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available
at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZ INJ 819MG	5	QL (1 syringe / 90 days)
LATUDA TAB 20MG	4	QL (240 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (60 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>molindone hcl tab 10 mg</i>	2	
<i>molindone hcl tab 25 mg</i>	2	
NUPLAZID TAB 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	2	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	5	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	QL (120 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available 56
at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	5	QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	5	QL (360 tabs / 30 days)
REXULTI TAB 1MG	5	QL (90 tabs / 30 days)
REXULTI TAB 2MG	5	QL (60 tabs / 30 days)
REXULTI TAB 3MG	5	QL (30 tabs / 30 days)
REXULTI TAB 4MG	5	QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	2	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	4	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	4	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	4	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 100 mg</i>	4	PA; PA if 65 years and older

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 57

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
VERSACLOZ SUS 50MG/ML	5	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	
VRAYLAR CAP 1.5MG	5	QL (120 caps / 30 days)
VRAYLAR CAP 3MG	5	QL (60 caps / 30 days)
VRAYLAR CAP 4.5MG	5	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	2	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	2	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 58

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	4	QL (120 caps / 30 days)
STRATTERA CAP 18MG	4	QL (120 caps / 30 days)
STRATTERA CAP 25MG	4	QL (120 caps / 30 days)
STRATTERA CAP 40MG	4	QL (60 caps / 30 days)
STRATTERA CAP 60MG	4	QL (30 caps / 30 days)
STRATTERA CAP 80MG	4	QL (30 caps / 30 days)
STRATTERA CAP 100MG	4	QL (30 caps / 30 days)

HYPNOTICS

HETLIOZ CAP 20MG	5	NM, LA, PA
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 59

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
SILENOR TAB 3MG	3	QL (60 tabs / 30 days)
SILENOR TAB 6MG	3	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>migergot sup 2/100</i>	5	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
RELPAK TAB 20MG	3	QL (12 tabs / 30 days)
RELPAK TAB 40MG	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	2	QL (24 inhalers / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 60

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	5	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	4	PA
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
TETRABENAZINE TAB 12.5 MG	5	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE TAB 25 MG	5	QL (120 tabs / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 61

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	NM, LA, PA
BETASERON INJ 0.3MG	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI INJ 300/15ML	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>cyclobenzaprine hcl tab 5 mg</i>	4	PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	2	QL (150 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	2	QL (60 tabs / 30 days), PA
ARMODAFINIL TAB 200 MG	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	2	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days), PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 62
at mail-order B/D - Covered under Medicare B or D LA - Limited Access

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX PAK 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TAB 50MG	5	PA
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
AXIRON SOL 30MG/ACT	3	QL (440 mL / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	2	PA
<i>oxandrolone tab 10 mg</i>	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td soln 30 mg/act</i>	2	QL (440 mL / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 63

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BYDUREON INJ 2MG	3	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	
HUMULIN R INJ U-500	5	B/D
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LANTUS INJ 100/ML	3	
LANTUS INJ SOLOSTAR	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTUOC	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
SYMLINPEN 60 INJ 1000MCG	5	QL (8 pens / 30 days), PA
SYMLINPEN 120 INJ 1000MCG	5	QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRULICITY INJ 0.75/0.5	4	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	4	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
FARXIGA TAB 5MG	3	QL (60 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 64
at mail-order B/D - Covered under Medicare B or D LA - Limited Access

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Drug Name	Drug Tier	Requirements/Limits
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
GLIPIZIDE TAB ER 24HR 2.5 MG	1	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
GLIPIZIDE XL TAB 5MG	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

BISPHOSPHONATES

<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tabs / 28 days)
<i>pamidronate disodium for inj 30 mg</i>	2	B/D
<i>pamidronate disodium for inj 90 mg</i>	2	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	B/D
<i>pamidronate inj 6mg/ml</i>	2	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	B/D, NM
<i>zoledronic inj 4mg</i>	2	B/D, NM

CALCIUM RECEPTOR AGONISTS

SENSIPAR TAB 30MG	3	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	5	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	5	QL (120 tabs / 30 days), NM

CHELATING AGENTS

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Drug Name	Drug Tier	Requirements/Limits
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	
EXJADE TAB 125MG	5	NM, LA, PA
EXJADE TAB 250MG	5	NM, LA, PA
EXJADE TAB 500MG	5	NM, LA, PA
FERRIPROX SOL 100MG/ML	5	NM, LA, PA
FERRIPROX TAB 500MG	5	NM, LA, PA
<i>kionex pow</i>	2	
<i>kionex sus 15gm/60</i>	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
SYPRINE CAP 250MG	5	

CONTRACEPTIVES

<i>alyacen tab 1/35</i>	2	
<i>apri tab</i>	2	
<i>aranelle tab</i>	2	
<i>aubra tab 0.1-0.02</i>	2	
<i>aviane tab</i>	2	
<i>balziva tab</i>	2	
<i>bekyree tab</i>	2	
<i>blisovi fe tab 1.5/30</i>	2	
<i>blisovi fe tab 1/20</i>	2	
<i>briellyn tab</i>	2	
<i>camila tab 0.35mg</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	
<i>delyla tab 0.1-0.02</i>	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
DROSPIRENONE-ETHINYL ESTRADIOL TAB 2 3-0.03 MG		
ELLA TAB 30MG	4	
<i>emoquette tab</i>	2	
<i>enpresse-28 tab</i>	2	
<i>errin tab 0.35mg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 2 1 mg-50 mcg</i>		
<i>falmina tab</i>	2	
<i>femynor tab 0.25-35</i>	2	
<i>gildagia tab 0.4-35</i>	2	
<i>heather tab 0.35mg</i>	2	
<i>introvale tab</i>	2	
<i>isibloom tab 0.15-30</i>	2	
JOLIVETTE TAB 0.35MG	2	
<i>juleber tab</i>	2	
<i>junel 1.5/30 tab</i>	2	
<i>junel 1/20 tab</i>	2	
<i>junel fe tab 1.5/30</i>	2	
<i>junel fe tab 1/20</i>	2	
<i>kariva tab 28 day</i>	2	
<i>kelnor tab 1/35</i>	2	
<i>kimidess tab</i>	2	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	2	
<i>larin tab 1/20</i>	2	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
LEVONORGESTREL & ETHINYL ESTRADIOL 2 (91-DAY) TAB 0.15-0.03 MG		
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel tab 1.5 mg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>loryna tab 3-0.02mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lutra tab</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	2	
MONONESSA TAB	2	
<i>myzilra tab</i>	2	
<i>necon tab 0.5/35</i>	2	
NECON TAB 1/50-28	2	
NECON TAB 7/7/7	2	
<i>necon tab 10/11-28</i>	3	
<i>nikki tab 3-0.02mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	2	
<i>norethindrone tab 0.35 mg</i>	2	
NORETHINDRONE TAB 0.35 MG	2	
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc tab 0.35mg</i>	2	
<i>nortrel tab 0.5/35</i>	2	
<i>nortrel tab 1/35</i>	2	
<i>nortrel tab 7/7/7</i>	2	
NUVARING MIS	4	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	2	
<i>pimtrea tab</i>	2	
<i>pirmella tab 1/35</i>	2	
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>quasense tab</i>	2	
<i>reclipsen tab</i>	2	
<i>sharobel tab 0.35mg</i>	2	
<i>sprintec 28 tab 28 day</i>	2	
<i>tarina fe tab 1/20</i>	2	
<i>tri-legest tab fe</i>	2	
<i>tri-lo- tab sprintec</i>	2	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
TRINESSA LO TAB	2	
TRINESSA TAB	2	
<i>trivora-28 tab</i>	2	
<i>velivet pak</i>	2	
<i>vienva tab 0.1-20</i>	2	
<i>viorele tab</i>	2	
<i>vyfemla tab 0.4-35</i>	2	
<i>zarah tab 3-0.03mg</i>	2	
<i>zenchent tab</i>	2	
<i>zovia 1/35e tab</i>	2	
<i>zovia 1/50e tab</i>	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
SYNAREL SOL 2MG/ML	5	
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	5	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
BUPHENYL TAB 500MG	5	NM, LA, PA
CARBAGLU TAB 200MG	5	NM, LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
CYSTADANE POW	5	NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
KUVAN POW 100MG	5	NM, LA, PA
KUVAN POW 500MG	5	NM, LA, PA
KUVAN TAB 100MG	5	NM, LA, PA
<i>levocarnitine inj 200 mg/ml</i>	2	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	B/D
<i>levocarnitine tab 330 mg</i>	2	B/D
LUMIZYME INJ 50MG	5	NM, LA, PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
ORFADIN CAP 2MG	5	NM, LA, PA
ORFADIN CAP 5MG	5	NM, LA, PA
ORFADIN CAP 10MG	5	NM, LA, PA
ORFADIN CAP 20MG	5	NM, LA, PA
ORFADIN SUS 4MG/ML	5	NM, LA, PA
RAVICTI LIQ 1.1GM/ML	5	NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA
ZAVESCA CAP 100MG	5	NM, LA, PA

ESTROGENS

DELESTROGEN INJ 10MG/ML	4	
<i>estrace vag cre 0.1mg/gm</i>	4	
<i>estradiol tab 0.5 mg</i>	4	PA; PA if 65 years and older
<i>estradiol tab 1 mg</i>	4	PA; PA if 65 years and older
<i>estradiol tab 2 mg</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	4	PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.025 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	4	PA; PA if 65 years and older
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
<i>jinteli tab 1mg-5mcg</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older

GLUCOCORTICOIDS

<i>cortisone acetate tab 25 mg</i>	2	
<i>dexamethason con 1mg/ml</i>	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	B/D
<i>methylprednisolone tab 4 mg</i>	2	B/D
<i>methylprednisolone tab 8 mg</i>	2	B/D
<i>methylprednisolone tab 16 mg</i>	2	B/D
<i>methylprednisolone tab 32 mg</i>	2	B/D
<i>methylprednisolone tab therapy pack 4 mg 2 (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	2	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone oral soln 5 mg/5ml</i>	2	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>SOLU-CORTEF INJ 250MG</i>	4	
GLUCOSE ELEVATING AGENTS		
<i>GLUCAGEN INJ HYPOKIT</i>	3	
<i>GLUCAGON KIT 1MG</i>	3	
<i>PROGLYCEM SUS 50MG/ML</i>	4	
HUMAN GROWTH HORMONES		
<i>NORDITROPIN INJ 5/1.5ML</i>	5	NM, PA
<i>NORDITROPIN INJ 10/1.5ML</i>	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN INJ 15/1.5ML	5	NM, PA
NORDITROPIN INJ 30/3ML	5	NM, PA

MISCELLANEOUS

<i>cabergoline tab 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	B/D
FORTICAL SPR 200/ACT	3	B/D
INCRELEX INJ 40MG/4ML	5	NM, LA, PA
KORLYM TAB 300MG	5	NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NM, PA
LUPR DEP-PED INJ 7.5MG	5	NM, PA
LUPR DEP-PED INJ 11.25MG	5	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
<i>methergine tab 0.2mg</i>	2	
<i>methylergonovine maleate tab 0.2 mg</i>	2	
MIACALCIN INJ 200/ML	5	B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM, PA
PROLIA SOL 60MG/ML	4	QL (1 syringe / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	2	
SANDOSTATIN KIT LAR 10MG	5	NM, PA
SANDOSTATIN KIT LAR 20MG	5	NM, PA
SANDOSTATIN KIT LAR 30MG	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NM, LA, PA
SOMATULINE INJ 60/0.2ML	5	NM, PA
SOMATULINE INJ 90/0.3ML	5	NM, PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
XGEVA INJ	5	NM, PA
PARATHYROID HORMONES		
FORTEO SOL 600/2.4	5	QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	5	NM, PA
NATPARA INJ 50MCG	5	NM, PA
NATPARA INJ 75MCG	5	NM, PA
NATPARA INJ 100MCG	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2	
calcium acetate (phosphate binder) tab 667 mg	2	
REVELA PAK 0.8GM	3	
REVELA PAK 2.4GM	3	
REVELA TAB 800MG	3	
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
norethindrone acetate tab 5 mg	2	
THYROID AGENTS		
levothyroxine sodium tab 25 mcg	2	
levothyroxine sodium tab 50 mcg	2	
LEVOTHYROXINE SODIUM TAB 75 MCG	2	
levothyroxine sodium tab 88 mcg	2	
levothyroxine sodium tab 100 mcg	2	
levothyroxine sodium tab 112 mcg	2	
levothyroxine sodium tab 125 mcg	2	
levothyroxine sodium tab 137 mcg	2	
levothyroxine sodium tab 150 mcg	2	
levothyroxine sodium tab 175 mcg	2	
levothyroxine sodium tab 200 mcg	2	
LEVOTHYROXINE SODIUM TAB 300 MCG	2	
LEVOXYL TAB 25MCG	2	
LEVOXYL TAB 50MCG	2	
LEVOXYL TAB 75MCG	2	
LEVOXYL TAB 88MCG	2	
LEVOXYL TAB 100MCG	2	
LEVOXYL TAB 112MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
LEVOXYL TAB 125MCG	2	
LEVOXYL TAB 137MCG	2	
LEVOXYL TAB 150MCG	2	
LEVOXYL TAB 175MCG	2	
LEVOXYL TAB 200MCG	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
UNITHROID TAB 25MCG	2	
UNITHROID TAB 50MCG	2	
UNITHROID TAB 75MCG	2	
UNITHROID TAB 88MCG	2	
UNITHROID TAB 100MCG	2	
UNITHROID TAB 112MCG	2	
UNITHROID TAB 125MCG	2	
UNITHROID TAB 150MCG	2	
UNITHROID TAB 175MCG	2	
UNITHROID TAB 200MCG	2	
UNITHROID TAB 300MCG	2	

VASOPRESSINS

<i>desmopressin acetate inj 4 mcg/ml</i>	2	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
STIMATE SOL 1.5MG/ML	4	NM

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant capsule 40 mg</i>	2	B/D
<i>aprepitant capsule 80 mg</i>	2	B/D
<i>aprepitant capsule 125 mg</i>	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro sup 25mg</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	2	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND SUS 125MG	4	B/D
EMEND TRIPAC PAK 80 & 125	4	B/D
<i>granisetron hcl inj 0.1 mg/ml</i>	2	
<i>granisetron hcl inj 1 mg/ml</i>	2	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	2	
<i>granisetron hcl tab 1 mg</i>	2	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl tab 4 mg</i>	2	B/D
<i>ondansetron hcl tab 8 mg</i>	2	B/D
<i>ondansetron hcl tab 24 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>phenadoz sup 12.5mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 12.5mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 25mg</i>	4	PA; PA if 65 years and older
<i>phenergan sup 50mg</i>	4	PA; PA if 65 years and older
<i>prochlorperazine edisylate inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl inj 50 mg/ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 12.5 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 25 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl suppos 50 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 12.5 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>promethegan sup 25mg</i>	4	PA; PA if 65 years and older
<i>promethegan sup 50mg</i>	4	PA; PA if 65 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SC DIS 1.5MG	4	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	

H2-RECEPTOR ANTAGONISTS

<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	2	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	2	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	

INFLAMMATORY BOWEL DISEASE

<i>APRISO CAP 0.375GM</i>	3	
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	5	
<i>CANASA SUP 1000MG</i>	5	
<i>DELZICOL CAP 400MG</i>	4	
<i>DIPENTUM CAP 250MG</i>	5	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>HYDROCORTISONE ENEMA 100 MG/60ML</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>MESALAMINE TAB DELAYED RELEASE 800 MG</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	

LAXATIVES

<i>bisacodyl tab & peg 3350-kcl-sod</i>	2	
<i>bicarb-nacl for soln kit</i>		
<i>constulose sol 10gm/15</i>	2	
<i>enulose sol 10gm/15</i>	2	
<i>gavilyte-c sol</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac sol 10gm/15</i>	2	
GOLYTELY SOL	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
MOVIPREP SOL	4	
NULYTELY SOL FLAV PKS	3	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	1	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>polyethylene glycol 3350 oral packet</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte sol</i>	2	

MISCELLANEOUS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	5	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	5	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
GATTEX KIT 5MG	5	NM, LA, PA
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (60 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
SUCRAID SOL 8500/ML	5	LA
<i>sucralbate tab 1 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
XIFAXAN TAB 550MG	5	PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	

PROTON PUMP INHIBITORS

DEXILANT CAP 30MG DR	3	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	2	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	2	
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	2	

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	4	
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	2	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	

URINARY ANTISPASMODICS

MYRBETRIQ TAB 25MG	4	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	2	QL (60 tabs / 30 days)
VESICARE TAB 5MG	4	QL (30 tabs / 30 days)
VESICARE TAB 10MG	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
VANDAZOLE GEL 0.75%	2	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN TAB 1MG	4	
COUMADIN TAB 2.5MG	4	
COUMADIN TAB 2MG	4	
COUMADIN TAB 3MG	4	
COUMADIN TAB 4MG	4	
COUMADIN TAB 5MG	4	
COUMADIN TAB 6MG	4	
COUMADIN TAB 7.5MG	4	
COUMADIN TAB 10MG	4	
ELIQUIS TAB 2.5MG	4	PA
ELIQUIS TAB 5MG	4	PA
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 100 mg/ml</i>	2	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 150 mg/ml</i>	2	
ENOXAPARIN SODIUM INJ 300 MG/3ML	2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
HEP SOD/NAACL INJ 25000UNT	3	
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	3	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	B/D
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX INJ 300/0.5	5	NM, PA
GRANIX INJ 480/0.8	5	NM, PA
LEUKINE INJ 250MCG	5	NM, PA
MOZOBIL INJ	5	NM, PA
NEUPOGEN INJ 300/0.5	5	NM, PA
NEUPOGEN INJ 300MCG	5	NM, PA
NEUPOGEN INJ 480/0.8	5	NM, PA
NEUPOGEN INJ 480MCG	5	NM, PA
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
CINRYZE SOL 500 UNIT	5	NM, LA, PA
FIRAZYR INJ 30MG/3ML	5	NM, PA
HAEGARDA INJ 2000UNIT	5	NM, LA, PA
HAEGARDA INJ 3000UNIT	5	NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA TAB 12.5MG	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	2	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
EFFIENT TAB 5MG	4	
EFFIENT TAB 10MG	4	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
ZONTIVITY TAB 2.08MG	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA INJ 10MG/0.2	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40MG/0.8	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CROHNS	5	NM, PA
HUMIRA PEN INJ PSORIASI	5	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
REMICADE INJ 100MG	5	NM, PA
XATMEP SOL 2.5MG/ML	4	B/D
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM INJ 10%	5	NM, PA
CARIMUNE NF INJ 6GM	5	NM, PA
CARIMUNE NF INJ 12GM	5	NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NM, PA
FLEBOGAMMA INJ 10/100ML	5	NM, PA
FLEBOGAMMA INJ 10/200ML	5	NM, PA
FLEBOGAMMA INJ 20/200ML	5	NM, PA
FLEBOGAMMA INJ 20/400ML	5	NM, PA
FLEBOGAMMA INJ DIF 5%	5	NM, PA
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NM, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA
GAMMAGARD INJ 5GM/50ML	5	NM, PA
GAMMAGARD INJ 10GM/100	5	NM, PA
GAMMAGARD INJ 20GM/200	5	NM, PA
GAMMAGARD INJ 30GM/300	5	NM, PA
GAMMAGARD SD INJ 5GM HU	5	NM, PA
GAMMAGARD SD INJ 10GM HU	5	NM, PA
GAMMAKED INJ 1GM/10ML	5	NM, PA
GAMMAKED INJ 2.5GM/25	5	NM, PA
GAMMAKED INJ 5GM/50ML	5	NM, PA
GAMMAKED INJ 10GM/100	5	NM, PA
GAMMAKED INJ 20GM/200	5	NM, PA
GAMMAPLEX INJ 5%	5	NM, PA
GAMMAPLEX INJ 10%	5	NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJ 2.5GM/25	5	NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NM, PA
GAMUNEX-C INJ 10GM/100	5	NM, PA
GAMUNEX-C INJ 20GM/200	5	NM, PA
GAMUNEX-C INJ 40/400ML	5	NM, PA
OCTAGAM INJ 1GM	5	NM, PA
OCTAGAM INJ 2.5GM	5	NM, PA
OCTAGAM INJ 2GM/20ML	5	NM, PA
OCTAGAM INJ 5GM	5	NM, PA
OCTAGAM INJ 10GM	5	NM, PA
OCTAGAM INJ 25GM	5	NM, PA
PRIVIGEN INJ 5 GRAMS	5	NM, PA
PRIVIGEN INJ 10GRAMS	5	NM, PA
PRIVIGEN INJ 20GRAMS	5	NM, PA
PRIVIGEN INJ 40GRAMS	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
INTRON A INJ 10MU	5	B/D, NM
INTRON A INJ 18MU	5	B/D, NM
INTRON A INJ 25MU	5	B/D, NM
INTRON A INJ 50MU	5	B/D, NM
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID CAP 2.5MG	5	NM, LA, PA
REVLIMID CAP 5MG	5	NM, LA, PA
REVLIMID CAP 10MG	5	NM, LA, PA
REVLIMID CAP 15MG	5	NM, LA, PA
REVLIMID CAP 20MG	5	NM, LA, PA
REVLIMID CAP 25MG	5	NM, LA, PA
THALOMID CAP 50MG	5	NM, PA
THALOMID CAP 100MG	5	NM, PA
THALOMID CAP 150MG	5	NM, PA
THALOMID CAP 200MG	5	NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine inj 100mg</i>	2	B/D
<i>azathioprine tab 50 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 400MG	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine cap 25 mg</i>	2	B/D
<i>cyclosporine cap 100 mg</i>	2	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D
<i>cyclosporine modified cap 25 mg</i>	2	B/D
<i>cyclosporine modified cap 50 mg</i>	2	B/D
<i>cyclosporine modified cap 100 mg</i>	2	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D
<i>engraf cap 25mg</i>	2	B/D
<i>engraf cap 50mg</i>	2	B/D
<i>engraf cap 100mg</i>	2	B/D
<i>engraf sol 100mg/ml</i>	2	B/D
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	B/D
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	B/D
NEORAL CAP 25MG	3	B/D
NEORAL CAP 100MG	3	B/D
NEORAL SOL 100MG/ML	3	B/D
NULOJIX INJ 250MG	5	B/D
PROGRAF CAP 0.5MG	4	B/D
PROGRAF CAP 1MG	4	B/D
PROGRAF CAP 5MG	5	B/D
RAPAMUNE SOL 1MG/ML	5	B/D
SANDIMMUNE SOL 100MG/ML	3	B/D
<i>sirolimus tab 0.5 mg</i>	2	B/D
<i>sirolimus tab 1 mg</i>	2	B/D
<i>sirolimus tab 2 mg</i>	5	B/D
<i>tacrolimus cap 0.5 mg</i>	2	B/D
<i>tacrolimus cap 1 mg</i>	2	B/D
<i>tacrolimus cap 5 mg</i>	2	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	B/D

VACCINES

ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGRIX-B INJ 10/0.5ML	3	B/D
ENGRIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	
GARDASIL INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENOMUNE INJ A/C/Y/W	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SYNAGIS INJ 50MG	5	NM
SYNAGIS INJ 100MG/ML	5	NM
TENIVAC INJ 5-2LF	3	B/D
TET/DIP TOX INJ 2-2 LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

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Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON 8 TAB 8MEQ ER	2	
KLOR-CON 10 TAB 10MEQ ER	2	
<i>klor-con m15 tab 15meq er</i>	2	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
MAGNESIUM SULFATE INJ 50%	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
MG SO4/D5W INJ 10MG/ML	3	
MG SO4/D5W INJ 20MG/ML	3	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys 2 er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys 2 er tab 20 meq</i>	2	
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	2	
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	2	
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROL INJ	4	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	2	B/D
AMINOSYN 7% INJ /LYTES	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 8.5/LYTE	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN INJ 8.5%	4	B/D
AMINOSYN INJ 8.5/LYTE	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN M INJ 3.5%	4	B/D
AMINOSYN-HBC INJ 7%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF INJ 5.2%	4	B/D
CLINIMIX INJ 2.75/D5W	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
CLINIMIX INJ 4.25/D25	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 5%/D25W	4	B/D
<i>fat emulsion iv soln 20%</i>	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
HEPATAMINE SOL 8%	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
<i>premasol sol 10%</i>	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

D5W/LYTES INJ #48	3
D5W/NACL INJ 0.3%	2
D10W/NACL INJ 0.2%	3
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	2
DEXTROSE 5% IN LACTATED RINGERS	2
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	2
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	2

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Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE INJ 5%	2	
DEXTROSE INJ 10%	2	
DEXTROSE INJ 50%	2	
DEXTROSE INJ 70%	2	
IONOSOL-B/ INJ D5W	4	
IONOSOL-MB INJ /D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	2	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	2	
KCL/D5W/NACL INJ 0.3/0.9%	2	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RINGER'S SOLUTION	2	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ /D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	2	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	2	
RINGER'S SOLUTION	2	
SODIUM CHLORIDE INJ 0.45%	2	
SODIUM CHLORIDE INJ 3%	2	
SODIUM CHLORIDE INJ 5%	2	
SODIUM CHLORIDE IV SOLN 0.9%	2	

VITAMINS

<i>calcitriol cap 0.5 mcg</i>	2	B/D
<i>calcitriol cap 0.25 mcg</i>	2	B/D
<i>calcitriol inj 1 mcg/ml</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
<i>paricalcitol cap 1 mcg</i>	2	B/D
<i>paricalcitol cap 2 mcg</i>	2	B/D
<i>paricalcitol cap 4 mcg</i>	2	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>blephamide oin s.o.p.</i>	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	4	
<i>trifluridine ophth soln 1%</i>	2	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base 2 equiv) (once-daily)</i>	2	
<i>bromfenac sodium ophth soln 0.09% (base 2 equivalent)</i>	2	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
DUREZOL EMU 0.05%	3	
FLUOROMETHOLONE OPHTH SUSP 0.1%	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
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Drug Name	Drug Tier	Requirements/Limits
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
MAXIDEX SUS 0.1% OP	3	
<i>pred sod pho sol 1% op</i>	3	
PREDNISOLONE ACETATE OPTH SUSP 1%2		

ANTIALLERGICS

<i>azelastine hcl ophth soln 0.05%</i>	2	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
PATADAY SOL 0.2%	3	
PAZEO DRO 0.7%	3	

ANTI GLAUCOMA

ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
BRIMONIDINE TARTRATE OPTH SOLN 0.15%	2	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>		
ISTALOL SOL 0.5% OP	3	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>metipranolol ophth soln 0.3%</i>	2	
PHOSPHOLINE SOL 0.125%OP	4	
PILOCARPINE HCL OPTH SOLN 1%	2	
PILOCARPINE HCL OPTH SOLN 2%	2	
PILOCARPINE HCL OPTH SOLN 4%	2	
SIMBRINZA SUS 1-0.2%	3	

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Drug Name	Drug Tier	Requirements/Limits
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	2	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	2	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	3	

MISCELLANEOUS

CYSTARAN SOL 0.44%	5	NM, LA, PA
<i>naphazoline hcl ophth soln 0.1%</i>	1	
PROLENSA SOL 0.07%	3	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS EMU 0.05%	3	QL (64 vials / 30 days)
RESTASIS MUL EMU 0.05%	3	QL (1 bottle / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D

ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	

ANTI HISTAMINES

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	4	PA; PA if 65 years and older
<i>cyproheptadine hcl tab 4 mg</i>	4	PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 100 mg</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	

BETA AGONISTS

<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 8 mg</i>	2	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	2	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate inj 1 mg/ml</i>	5	
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 42 mg (base equiv)</i>		
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	

MAST CELL STABILIZERS

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

<i>acetylcysteine inhal soln 10%</i>	2	B/D
<i>acetylcysteine inhal soln 20%</i>	2	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
DALIRESP TAB 500MCG	4	
EPIPEN 2-PAK INJ 0.3MG	3	
EPIPEN-JR INJ 2-PAK	3	
ESBRIET CAP 267MG	5	NM, PA
ESBRIET TAB 267MG	5	NM, PA
ESBRIET TAB 801MG	5	NM, PA
KALYDECO PAK 50MG	5	NM, PA
KALYDECO PAK 75MG	5	NM, PA
KALYDECO TAB 150MG	5	NM, PA
OFEV CAP 100MG	5	NM, PA
OFEV CAP 150MG	5	NM, PA
ORKAMBI TAB 100-125	5	NM, PA
ORKAMBI TAB 200-125	5	NM, PA
PROLASTIN-C INJ 1000MG	5	NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NM, PA
XOLAIR SOL 150MG	5	NM, LA, PA
ZEMAIRA INJ 1000MG	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (2 bottles / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)
XANTHINES		
<i>aminophylline inj 25 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>elixophyllin elx 80/15ml</i>	4	
<i>theo-24 cap 100mg cr</i>	4	
<i>theo-24 cap 200mg cr</i>	4	
<i>theo-24 cap 300mg cr</i>	4	
<i>theo-24 cap 400mg er</i>	4	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 100 mg</i>	2	
<i>theophylline tab er 12hr 200 mg</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene cream 0.1%</i>	2	
<i>adapalene gel 0.1%</i>	2	
<i>amnestem cap 10mg</i>	2	PA
<i>amnestem cap 20mg</i>	2	PA
<i>amnestem cap 40mg</i>	2	PA
<i>AVITA CRE 0.025%</i>	2	PA
<i>AVITA GEL 0.025%</i>	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>claravis cap 10mg</i>	2	PA
<i>claravis cap 20mg</i>	2	PA
<i>claravis cap 30mg</i>	2	PA
<i>claravis cap 40mg</i>	2	PA
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>myorisan cap 10mg</i>	2	PA
<i>myorisan cap 20mg</i>	2	PA
<i>myorisan cap 30mg</i>	2	PA
<i>myorisan cap 40mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tretinoin cream 0.1%</i>	2	PA
<i>tretinoin cream 0.05%</i>	2	PA
<i>tretinoin cream 0.025%</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
TRETINOIN GEL 0.01%	2	PA
<i>tretinoin gel 0.025%</i>	2	PA
<i>zenatane cap 10mg</i>	2	PA
<i>zenatane cap 20mg</i>	2	PA
<i>zenatane cap 30mg</i>	2	PA
<i>zenatane cap 40mg</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin oint 2%</i>	1	
SILVER SULFADIAZINE CREAM 1%	2	
SSD CRE 1%	2	
SULFAMYLON CRE 85MG/GM	4	
SULFAMYLON PAK 5%	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>ketconazole cream 2%</i>	2	
<i>nyamyc pow 100000</i>	2	
<i>nyata pow 100000</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystop pow 100000</i>	2	
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL CREAM 5%	2	
<i>hydrocortisone rectal cream 2.5%</i>	2	
<i>procto-med cre hc 2.5%</i>	2	
<i>procto-pak cre 1%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	5	PA
<i>acitretin cap 17.5 mg</i>	5	PA
<i>acitretin cap 25 mg</i>	5	PA
<i>calcipotriene cream 0.005%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	
8-MOP CAP 10MG	4	
<i>tazarotene cream 0.1%</i>	2	PA
TAZORAC CRE 0.1%	4	PA
TAZORAC CRE 0.05%	4	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base 2 equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base 2 equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base 2 equivalent)</i>	2	
<i>desoximetasone cream 0.05%</i>	2	
<i>desoximetasone cream 0.25%</i>	2	
<i>desoximetasone gel 0.05%</i>	2	
DESOXIMETASONE OINT 0.05%	2	
<i>desoximetasone oint 0.25%</i>	2	
<i>fluocin acet oil body</i>	2	
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide cream 0.05%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone butyrate soln 0.1%</i>	2	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	2	
<i>hydrocortisone valerate oint 0.2%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>texacort sol 2.5%</i>	4	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	2	PA
<i>lidocaine hcl soln 4%</i>	1	PA
<i>lidocaine oint 5%</i>	2	PA
<i>lidocaine patch 5%</i>	2	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium gel 1%</i>	2	PA
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access 103

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
PANRETIN GEL 0.1%	5	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
<i>podofilox soln 0.5%</i>	2	
<i>rosadan cre 0.75%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	
<i>tacrolimus oint 0.03%</i>	2	
TARGRETIN GEL 1%	5	NM, PA
VALCHLOR GEL 0.016%	5	NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	4	
EURAX LOT 10%	4	
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID IRRIGATION SOLN 0.25%	1	
REGRANEX GEL 0.01%	5	PA
SANTYL OIN 250/GM	4	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>periogard sol 0.12%</i>	1	
PILOCARPINE HCL TAB 5 MG	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

OTIC

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

104

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid 2% in aluminum acetate otic soln</i>	2	
ACETIC ACID OTIC SOLN 2%	2	
CIPRODEX SUS 0.3-0.1%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

105

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

Index

8

8-MOP CAP 10MG 102

A

abacavir sulfate tab 300 mg (base equiv)
..... 9

ABACAVIR SULFATE-LAMIVUDINE TAB
600-300 MG 11

abacavir sulfate-lamivudine-zidovudine
tab 300-150-300 mg 11

ABELCET INJ 5MG/ML 8

ABILIFY MAIN INJ 300MG 54

ABILIFY MAIN INJ 400MG 54

ABRAXANE INJ 100MG 21

acamprosate calcium tab delayed release
333 mg 62

acarbose tab 100 mg 64

acarbose tab 25 mg 64

acarbose tab 50 mg 64

acebutolol hcl cap 200 mg 34

acebutolol hcl cap 400 mg 34

acetaminophen w/ codeine soln 120-12
mg/5ml 2

acetaminophen w/ codeine tab 300-15
mg 2

acetaminophen w/ codeine tab 300-30
mg 2

acetaminophen w/ codeine tab 300-60
mg 2

acetazolamide cap er 12hr 500 mg 38

acetazolamide tab 125 mg 38

acetazolamide tab 250 mg 38

acetic acid 2% in aluminum acetate otic
soln 105

ACETIC ACID IRRIGATION SOLN 0.25%
..... 104

ACETIC ACID OTIC SOLN 2% 105

acetylcysteine inhal soln 10% 98

acetylcysteine inhal soln 20% 98

acitretin cap 10 mg 101

acitretin cap 17.5 mg 101

acitretin cap 25 mg 101

ACTHIB INJ 88

ACTIMMUNE INJ 2MU/0.5 87

acyclovir cap 200 mg 12

acyclovir sodium for inj 500 mg 12

acyclovir sodium iv soln 50 mg/ml 12

acyclovir susp 200 mg/5ml 12

acyclovir tab 400 mg 12

acyclovir tab 800 mg 12

ADACEL INJ 88

ADAGEN INJ 250/ML 70

adapalene cream 0.1% 100

adapalene gel 0.1% 100

ADCIRCA TAB 20MG 40

adefovir dipivoxil tab 10 mg 12

ADEMPAS TAB 0.5MG 40

ADEMPAS TAB 1.5MG 40

ADEMPAS TAB 1MG 40

ADEMPAS TAB 2.5MG 40

ADEMPAS TAB 2MG 40

adriamycin inj 20mg 19

adrucil inj 2.5g/50m 20

adrucil inj 500/10ml 20

adrucil inj 5gm/100m 20

ADVAIR DISKU AER 100/50 99

ADVAIR DISKU AER 250/50 99

ADVAIR DISKU AER 500/50 99

ADVAIR HFA AER 115/21 99

ADVAIR HFA AER 230/21 99

ADVAIR HFA AER 45/21 99

afeditab tab 30mg cr 36

afeditab tab 60mg cr 36

AFINITOR DIS TAB 2MG 23

AFINITOR DIS TAB 3MG 23

AFINITOR DIS TAB 5MG 23

AFINITOR TAB 10MG 23

AFINITOR TAB 2.5MG 23

AFINITOR TAB 5MG 23

AFINITOR TAB 7.5MG 23

ala-cort cre 1% 102

ala-cort cre 2.5% 102

ALBENZA TAB 200MG 6

albuterol sulfate soln nebu 0.083% (2.5
mg/3ml) 97

albuterol sulfate soln nebu 0.5% (5
mg/ml) 97

albuterol sulfate soln nebu 0.63 mg/3ml
(base equiv) 97

albuterol sulfate soln nebu 1.25 mg/3ml
(base equiv) 97

albuterol sulfate syrup 2 mg/5ml 97

albuterol sulfate tab 2 mg 97

albuterol sulfate tab 4 mg 97

albuterol sulfate tab er 12hr 4 mg 97

<i>albuterol sulfate tab er 12hr 8 mg</i>	97	AMINOSYN INJ 10%	91
<i>alclometasone dipropionate cream 0.05%</i>	102	AMINOSYN INJ 8.5%	91
<i>alclometasone dipropionate oint 0.05%</i>	102	AMINOSYN INJ 8.5/LYTE	91
ALCOHOL SWABS	64	AMINOSYN M INJ 3.5%	91
ALDURAZYME INJ 2.9MG/5M	70	AMINOSYN-HBC INJ 7%.....	91
ALECENSA CAP 150MG	23	AMINOSYN-PF INJ 10%.....	91
<i>alendronate sodium tab 10 mg</i>	66	AMINOSYN-PF INJ 7%	91
<i>alendronate sodium tab 35 mg</i>	66	AMINOSYN-RF INJ 5.2%	91
<i>alendronate sodium tab 40 mg</i>	66	<i>amiodarone hcl inj 150 mg/3ml (50</i> <i>mg/ml)</i>	31
<i>alendronate sodium tab 5 mg</i>	66	<i>amiodarone hcl inj 450 mg/9ml (50</i> <i>mg/ml)</i>	31
<i>alendronate sodium tab 70 mg</i>	66	<i>amiodarone hcl inj 900 mg/18ml (50</i> <i>mg/ml)</i>	31
<i>alfuzosin hcl tab er 24hr 10 mg</i>	82	<i>amiodarone hcl tab 100 mg</i>	31
ALIMTA INJ 100MG	20	<i>amiodarone hcl tab 200 mg</i>	31
ALIMTA INJ 500MG	20	<i>amiodarone hcl tab 400 mg</i>	31
ALINIA SUS 100/5ML	6	AMITIZA CAP 24MCG	80
ALINIA TAB 500MG	6	AMITIZA CAP 8MCG.....	80
<i>allopurinol tab 100 mg</i>	1	<i>amitriptyline hcl tab 10 mg</i>	48
<i>allopurinol tab 300 mg</i>	1	<i>amitriptyline hcl tab 100 mg</i>	48
<i>alosetron hcl tab 0.5 mg (base equiv)</i> .	80	<i>amitriptyline hcl tab 150 mg</i>	48
<i>alosetron hcl tab 1 mg (base equiv)</i>	80	<i>amitriptyline hcl tab 25 mg</i>	48
ALPHAGAN P SOL 0.1%	95	<i>amitriptyline hcl tab 50 mg</i>	48
<i>alprazolam tab 0.25 mg</i>	41	<i>amitriptyline hcl tab 75 mg</i>	48
<i>alprazolam tab 0.5 mg</i>	41	<i>amlodipine besylate tab 10 mg</i>	36
<i>alprazolam tab 1 mg</i>	41	<i>amlodipine besylate tab 2.5 mg</i>	36
<i>alprazolam tab 2 mg</i>	41	<i>amlodipine besylate tab 5 mg</i>	36
ALREX SUS 0.2%	94	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	27
ALUNBRIG TAB 30MG	23	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	27
<i>alyacen tab 1/35</i>	67	<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	27
<i>amantadine hcl cap 100 mg</i>	52	<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i>	27
<i>amantadine hcl syrup 50 mg/5ml</i>	52	<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i>	27
<i>amantadine hcl tab 100 mg</i>	52	<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>	27
AMBISOME INJ 50MG	8	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	30
AMIFOSTINE FOR INJ 500 MG	26	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	30
<i>amikacin sulfate inj 1 gm/4ml (250</i> <i>mg/ml)</i>	5	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	29
<i>amikacin sulfate inj 500 mg/2ml (250</i> <i>mg/ml)</i>	5	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	29
<i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i>	38		
<i>amiloride hcl tab 5 mg</i>	38		
<i>amino acid infusion 6%</i>	90		
<i>aminophylline inj 25 mg/ml</i>	99		
AMINOSYN 7% INJ /LYTES.....	90		
AMINOSYN II INJ 10%.....	91		
AMINOSYN II INJ 8.5%.....	91		
AMINOSYN II INJ 8.5/LYTE.....	91		

<i>amlodipine besylate-valsartan tab</i>	16
<i>10-160 mg</i>	30
<i>amlodipine besylate-valsartan tab</i>	
<i>10-320 mg</i>	30
<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>mg</i>	30
<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>mg</i>	30
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 10-160-12.5 mg</i>	30
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 10-160-25 mg</i>	30
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 10-320-25 mg</i>	30
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 5-160-12.5 mg</i>	30
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>tab 5-160-25 mg</i>	30
<i>amnestem cap 10mg</i>	100
<i>amnestem cap 20mg</i>	100
<i>amnestem cap 40mg</i>	100
<i>amoxapine tab 100 mg</i>	49
<i>amoxapine tab 150 mg</i>	49
<i>amoxapine tab 25 mg</i>	49
<i>amoxapine tab 50 mg</i>	49
<i>amoxicillin & k clavulanate chew tab</i>	
<i>200-28.5 mg</i>	16
<i>amoxicillin & k clavulanate chew tab</i>	
<i>400-57 mg</i>	16
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	16
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	16
<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	16
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	16
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	16
<i>amoxicillin (trihydrate) cap 250 mg</i>	16
<i>amoxicillin (trihydrate) cap 500 mg</i>	16
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>.....</i>	16
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<i>.....</i>	17
<i>amoxicillin (trihydrate) for susp 125</i>	
<i>mg/5ml</i>	17
<i>amoxicillin (trihydrate) for susp 200</i>	
<i>mg/5ml</i>	17
<i>amoxicillin (trihydrate) for susp 250</i>	
<i>mg/5ml</i>	17
<i>amoxicillin (trihydrate) for susp 400</i>	
<i>mg/5ml</i>	17
<i>amoxicillin (trihydrate) tab 500 mg</i>	17
<i>amoxicillin (trihydrate) tab 875 mg</i>	17
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 10 mg</i>	58
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 15 mg</i>	58
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 20 mg</i>	58
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 25 mg</i>	58
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 30 mg</i>	58
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 5 mg</i>	58
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	59
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	59
<i>amphetamine-dextroamphetamine tab 5</i>	
<i>mg</i>	58
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	59
<i>amphotericin b for inj 50 mg</i>	8
<i>ampicillin & sulbactam sodium for inj 1.5</i>	
<i>(1-0.5) gm</i>	17
<i>ampicillin & sulbactam sodium for inj 15</i>	
<i>(10-5) gm</i>	17
<i>ampicillin & sulbactam sodium for inj 3</i>	
<i>(2-1) gm</i>	17
<i>ampicillin & sulbactam sodium for iv soln</i>	
<i>15 (10-5) gm</i>	17

<i>ampicillin cap 250 mg</i>	17	<i>aripiprazole tab 30 mg</i>	54
<i>ampicillin cap 500 mg</i>	17	<i>aripiprazole tab 5 mg</i>	54
<i>ampicillin for susp 125 mg/5ml</i>	17	ARISTADA INJ 1064MG	54
<i>ampicillin for susp 250 mg/5ml</i>	17	ARISTADA INJ 441MG/1.....	54
<i>ampicillin sodium for inj 1 gm</i>	17	ARISTADA INJ 662MG/2.....	54
<i>ampicillin sodium for inj 10 gm</i>	17	ARISTADA INJ 882MG/3.....	54
<i>ampicillin sodium for inj 125 mg</i>	17	<i>armodafinil tab 150 mg</i>	62
<i>ampicillin sodium for inj 2 gm</i>	17	ARMODAFINIL TAB 200 MG	62
<i>ampicillin sodium for inj 250 mg</i>	17	<i>armodafinil tab 250 mg</i>	62
<i>ampicillin sodium for inj 500 mg</i>	17	<i>armodafinil tab 50 mg</i>	62
<i>ampicillin sodium for iv soln 1 gm</i>	17	ARNUITY ELPT INH 100MCG	99
<i>ampicillin sodium for iv soln 10 gm</i>	17	ARNUITY ELPT INH 200MCG	99
<i>ampicillin sodium for iv soln 2 gm</i>	17	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR	
AMPYRA TAB 10MG	62	25-200 MG	85
ANADROL-50 TAB 50MG	63	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>anagrelide hcl cap 0.5 mg</i>	85	.....	34
<i>anagrelide hcl cap 1 mg</i>	85	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>anastrozole tab 1 mg</i>	23	.....	34
ANDRODERM DIS 2MG/24HR.....	63	<i>atenolol tab 100 mg</i>	35
ANDRODERM DIS 4MG/24HR.....	63	<i>atenolol tab 25 mg</i>	34
ANORO ELLIPT AER 62.5-25.....	96	<i>atenolol tab 50 mg</i>	35
APOKYN INJ 10MG/ML	52	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
<i>aprepitant capsule 125 mg</i>	77	.....	59
<i>aprepitant capsule 40 mg</i>	77	<i>atomoxetine hcl cap 100 mg (base</i>	
<i>aprepitant capsule 80 mg</i>	77	<i>equiv)</i>	59
<i>aprepitant capsule therapy pack 80 &</i>		<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
<i>125 mg</i>	77	.....	59
<i>apri tab</i>	67	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
APRISO CAP 0.375GM	79	.....	59
APTIOM TAB 200MG	42	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	
APTIOM TAB 400MG	42	.....	59
APTIOM TAB 600MG	42	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	
APTIOM TAB 800MG	42		59
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APTIVUS SOL	9		59
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ARALAST NP INJ 500MG	98	<i>equivalent)</i>	33
<i>aranelle tab</i>	67	<i>atorvastatin calcium tab 20 mg (base</i>	
ARCALYST INJ 220MG	87	<i>equivalent)</i>	33
<i>aripiprazole oral solution 1 mg/ml</i>	54	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>aripiprazole orally disintegrating tab 10</i>		<i>equivalent)</i>	33
<i>mg</i>	54	<i>atorvastatin calcium tab 80 mg (base</i>	
<i>aripiprazole orally disintegrating tab 15</i>		<i>equivalent)</i>	33
<i>mg</i>	54	<i>atovaquone susp 750 mg/5ml</i>	6
<i>aripiprazole tab 10 mg</i>	54	<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>aripiprazole tab 15 mg</i>	54	<i>mg</i>	9
<i>aripiprazole tab 2 mg</i>	54	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>aripiprazole tab 20 mg</i>	54	<i>mg</i>	9

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ATROVENT HFA AER 17MCG.....	96	BELEODAQ INJ 500MG.....	21
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AURYXIA TAB 210MG	75	<i>10-12.5 mg</i>	27
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AUSTEDO TAB 6MG.....	61	<i>20-12.5 mg</i>	27
AUSTEDO TAB 9MG.....	61	<i>benazepril & hydrochlorothiazide tab</i>	
AVASTIN INJ	21	<i>20-25 mg</i>	27
AVASTIN INJ 400/16ML	21	<i>benazepril & hydrochlorothiazide tab</i>	
<i>aviane tab</i>	67	<i>5-6.25 mg</i>	27
AVITA CRE 0.025%	100	<i>benazepril hcl tab 10 mg</i>	28
AVITA GEL 0.025%	100	<i>benazepril hcl tab 20 mg</i>	28
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<i>azathioprine inj 100mg</i>	87	BENLYSTA INJ 400MG.....	87
<i>azathioprine tab 50 mg</i>	87	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
<i>azelastine hcl nasal spray 0.1% (137</i>		.....	100
<i>mcg/spray)</i>	96	BENZTROPINE MESYLATE INJ 1 MG/ML	52
<i>azelastine hcl nasal spray 0.15% (205.5</i>		<i>benztropine mesylate tab 0.5 mg</i>	52
<i>mcg/spray)</i>	96	<i>benztropine mesylate tab 1 mg</i>	52
<i>azelastine hcl ophth soln 0.05%</i>	95	<i>benztropine mesylate tab 2 mg</i>	52
<i>azithromycin for susp 100 mg/5ml</i>	15	BEPREVE DRO 1.5%	95
<i>azithromycin for susp 200 mg/5ml</i>	15	BESIVANCE SUS 0.6%	94
<i>azithromycin iv for soln 500 mg</i>	15	<i>betamethasone dipropionate augmented</i>	
AZITHROMYCIN POWD PACK FOR SUSP 1		<i>cream 0.05%</i>	102
GM.....	15	<i>betamethasone dipropionate augmented</i>	
<i>azithromycin tab 250 mg</i>	15	<i>gel 0.05%</i>	102
<i>azithromycin tab 500 mg</i>	15	<i>betamethasone dipropionate augmented</i>	
<i>azithromycin tab 600 mg</i>	15	<i>lotion 0.05%</i>	102
AZOPT SUS 1% OP	95	BETAMETHASONE DIPROPIONATE	
<i>aztreonam for inj 1 gm</i>	6	AUGMENTED OINT 0.05%	102
<i>aztreonam for inj 2 gm</i>	6	<i>betamethasone dipropionate cream</i>	
B		<i>0.05%</i>	102
<i>bacitracin ophth oint 500 unit/gm</i>	94	<i>betamethasone dipropionate lotion</i>	
<i>bacitracin-polymyxin b ophth oint</i>	94	<i>0.05%</i>	102
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		<i>betamethasone dipropionate oint 0.05%</i>	
<i>oint 1%</i>	93	.....	102
<i>baclofen tab 10 mg</i>	62	<i>betamethasone valerate cream 0.1%</i>	
<i>baclofen tab 20 mg</i>	62	<i>(base equivalent)</i>	102
<i>balsalazide disodium cap 750 mg</i>	79	<i>betamethasone valerate lotion 0.1%</i>	
<i>balziva tab</i>	67	<i>(base equivalent)</i>	102
BANZEL SUS 40MG/ML	42	<i>betamethasone valerate oint 0.1% (base</i>	
BANZEL TAB 200MG.....	42	<i>equivalent)</i>	102
BANZEL TAB 400MG.....	42	BETASERON INJ 0.3MG	62
BARACLUDE SOL .05MG/ML	12	<i>betaxolol hcl ophth soln 0.5%</i>	95
BCG VACCINE INJ	88	<i>bethanechol chloride tab 10 mg</i>	82

<i>bethanechol chloride tab 25 mg</i>	82	<i>(base equiv) (once-daily)</i>	94
<i>bethanechol chloride tab 5 mg</i>	82	<i>bromfenac sodium ophth soln 0.09%</i>	
<i>bethanechol chloride tab 50 mg</i>	82	<i>(base equivalent)</i>	94
BETOPTIC-S SUS 0.25% OP	95	<i>bromocriptine mesylate cap 5 mg (base</i>	
BEVESPI AER 9-4.8MCG.....	96	<i>equivalent)</i>	52
<i>bexarotene cap 75 mg</i>	25	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
BEXSERO INJ	88	<i>equivalent)</i>	52
<i>bicalutamide tab 50 mg</i>	23	BROMSITE DRO 0.075%	94
BICILLIN L-A INJ 1200000	17	<i>budesonide delayed release particles cap</i>	
BICILLIN L-A INJ 2400000	17	<i>3 mg</i>	79
BICILLIN L-A INJ 600000	17	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
BICNU INJ 100MG.....	19	.....	99
BILTRICIDE TAB 600MG	6	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>bisacodyl tab & peg 3350-kcl-sod</i>		.....	99
<i>bicarb-nacl for soln kit</i>	79	<i>bumetanide inj 0.25 mg/ml</i>	38
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bumetanide tab 0.5 mg</i>	38
<i>10-6.25 mg</i>	34	<i>bumetanide tab 1 mg</i>	38
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bumetanide tab 2 mg</i>	38
<i>2.5-6.25 mg</i>	34	BUPHENYL TAB 500MG	71
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>5-6.25 mg</i>	34	<i>equiv)</i>	62
<i>bisoprolol fumarate tab 10 mg</i>	35	<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>bisoprolol fumarate tab 5 mg</i>	35	<i>equiv)</i>	62
BIVIGAM INJ 10%.....	86	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bleomycin sulfate for inj 15 unit</i>	20	<i>2-0.5 mg (base equiv)</i>	62
<i>bleomycin sulfate for inj 30 unit</i>	20	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>blephamide oin s.o.p.</i>	93	<i>8-2 mg (base equiv)</i>	62
<i>blisovi fe tab 1.5/30</i>	67	<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>blisovi fe tab 1/20</i>	67	<i>12hr 150 mg</i>	63
BOOSTRIX INJ.....	89	<i>bupropion hcl tab 100 mg</i>	49
BOSULIF TAB 100MG.....	24	<i>bupropion hcl tab 75 mg</i>	49
BOSULIF TAB 500MG.....	24	<i>bupropion hcl tab er 12hr 100 mg</i>	49
BREO ELLIPTA INH 100-25.....	99	<i>bupropion hcl tab er 12hr 150 mg</i>	49
BREO ELLIPTA INH 200-25.....	99	<i>bupropion hcl tab er 12hr 200 mg</i>	49
<i>briellyn tab</i>	67	<i>bupropion hcl tab er 24hr 150 mg</i>	49
BRILINTA TAB 60MG	85	<i>bupropion hcl tab er 24hr 300 mg</i>	49
BRILINTA TAB 90MG	85	<i>buspirone hcl tab 10 mg</i>	41
BRIMONIDINE TARTRATE OPTH SOLN		<i>buspirone hcl tab 15 mg</i>	41
0.15%	95	<i>buspirone hcl tab 30 mg</i>	41
<i>brimonidine tartrate ophth soln 0.2%</i> ..	95	<i>buspirone hcl tab 5 mg</i>	41
BRIVIACT INJ 50MG/5ML	42	<i>buspirone hcl tab 7.5 mg</i>	41
BRIVIACT SOL 10MG/ML.....	42	<i>busulfan inj 6 mg/ml</i>	19
BRIVIACT TAB 100MG	42	BUSULFEX INJ 6MG/ML	19
BRIVIACT TAB 10MG	42	<i>butorphanol tartrate inj 1 mg/ml</i>	2
BRIVIACT TAB 25MG	42	<i>butorphanol tartrate inj 2 mg/ml</i>	2
BRIVIACT TAB 50MG	42	BYDUREON INJ 2MG	64
BRIVIACT TAB 75MG	42	BYDUREON PEN INJ 2MG.....	64
<i>bromfenac sodium ophth soln 0.09%</i>		BYETTA INJ 10MCG	64

BYETTA INJ 5MCG.....	64
BYSTOLIC TAB 10MG.....	35
BYSTOLIC TAB 2.5MG.....	35
BYSTOLIC TAB 20MG.....	35
BYSTOLIC TAB 5MG	35

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<i>cabergoline tab 0.5 mg</i>	74
CABOMETYX TAB 20MG	24
CABOMETYX TAB 40MG	24
CABOMETYX TAB 60MG	24
<i>calcipotriene cream 0.005%</i>	101
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	102
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	74
<i>calcitriol cap 0.25 mcg</i>	93
<i>calcitriol cap 0.5 mcg</i>	93
<i>calcitriol inj 1 mcg/ml</i>	93
<i>calcitriol oral soln 1 mcg/ml</i>	93
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	75
<i>calcium acetate (phosphate binder) tab 667 mg</i>	75
<i>camila tab 0.35mg</i>	67
CANASA SUP 1000MG	79
CANCIDAS INJ 50MG.....	8
CANCIDAS INJ 70MG.....	8
CAPASTAT SUL INJ 1GM	11
CAPRELSA TAB 100MG	24
CAPRELSA TAB 300MG	24
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	27
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	27
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	27
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	27
<i>captopril tab 100 mg</i>	28
<i>captopril tab 12.5 mg</i>	28
<i>captopril tab 25 mg</i>	28
<i>captopril tab 50 mg</i>	28
CARBAGLU TAB 200MG.....	71
<i>carbamazepine cap er 12hr 100 mg</i>	42
<i>carbamazepine cap er 12hr 200 mg</i>	42
<i>carbamazepine cap er 12hr 300 mg</i>	42
<i>carbamazepine chew tab 100 mg</i>	42
<i>carbamazepine susp 100 mg/5ml</i>	42

<i>carbamazepine tab 200 mg</i>	42
<i>carbamazepine tab er 12hr 100 mg</i>	42
<i>carbamazepine tab er 12hr 200 mg</i>	42
<i>carbamazepine tab er 12hr 400 mg</i>	42
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	53
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	53
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	53
<i>carbidopa & levodopa tab 10-100 mg</i> .	53
<i>carbidopa & levodopa tab 25-100 mg</i> .	53
<i>carbidopa & levodopa tab 25-250 mg</i> .	53
<i>carbidopa & levodopa tab er 25-100 mg</i>	53
<i>carbidopa & levodopa tab er 50-200 mg</i>	53
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	53
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	53
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	53
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	53
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	53
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	53
<i>carboplatin iv soln 150 mg/15ml</i>	26
<i>carboplatin iv soln 450 mg/45ml</i>	26
<i>carboplatin iv soln 50 mg/5ml</i>	26
<i>carboplatin iv soln 600 mg/60ml</i>	26
CARIMUNE NF INJ 12GM	86
CARIMUNE NF INJ 6GM	86
<i>carteolol hcl ophth soln 1%</i>	95
<i>carvedilol tab 12.5 mg</i>	35
<i>carvedilol tab 25 mg</i>	35
<i>carvedilol tab 3.125 mg</i>	35
<i>carvedilol tab 6.25 mg</i>	35
CASPOFUNGIN INJ 50MG	8
CASPOFUNGIN INJ 70MG	8
CAYSTON INH 75MG.....	6
<i>cefaclor cap 250 mg</i>	13
<i>cefaclor cap 500 mg</i>	13
<i>cefaclor er tab 500mg</i>	13
<i>cefaclor for susp 125 mg/5ml</i>	13
<i>cefaclor for susp 250 mg/5ml</i>	13

<i>cefaclor for susp 375 mg/5ml</i>	13	<i>cefuroxime axetil tab 500 mg</i>	14
<i>cefadroxil cap 500 mg</i>	13	<i>cefuroxime sodium for inj 1.5 gm</i>	14
<i>cefadroxil for susp 250 mg/5ml</i>	13	<i>cefuroxime sodium for inj 7.5 gm</i>	14
<i>cefadroxil for susp 500 mg/5ml</i>	13	<i>cefuroxime sodium for inj 750 mg</i>	14
<i>cefadroxil tab 1 gm</i>	13	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	14
<i>cefazolin inj 1gm/50ml</i>	13	<i>celecoxib cap 100 mg</i>	1
<i>cefazolin sodium for inj 1 gm</i>	13	<i>celecoxib cap 200 mg</i>	1
<i>cefazolin sodium for inj 10 gm</i>	13	<i>celecoxib cap 400 mg</i>	1
<i>cefazolin sodium for inj 20 gm</i>	13	<i>celecoxib cap 50 mg</i>	1
<i>cefazolin sodium for inj 500 mg</i>	14	CELONTIN CAP 300MG.....	42
<i>cefazolin sodium for iv soln 1 gm</i>	14	<i>cephalexin cap 250 mg</i>	15
CEFAZOLIN SOL	14	<i>cephalexin cap 500 mg</i>	15
<i>cefdinir cap 300 mg</i>	14	<i>cephalexin for susp 125 mg/5ml</i>	15
<i>cefdinir for susp 125 mg/5ml</i>	14	<i>cephalexin for susp 250 mg/5ml</i>	15
<i>cefdinir for susp 250 mg/5ml</i>	14	CERDELGA CAP 84MG	71
<i>cefepime hcl for inj 1 gm</i>	14	CEREZYME INJ 400UNIT.....	71
<i>cefepime hcl for inj 2 gm</i>	14	<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i>	96
<i>cefixime for susp 100 mg/5ml</i>	14	<i>cevimeline hcl cap 30 mg</i>	104
<i>cefixime for susp 200 mg/5ml</i>	14	CHANTIX PAK 0.5& 1MG	63
<i>cefotaxime sodium for inj 1 gm</i>	14	CHANTIX PAK 1MG	63
<i>cefotaxime sodium for inj 2 gm</i>	14	CHANTIX TAB 0.5MG	63
<i>cefotaxime sodium for inj 500 mg</i>	14	CHANTIX TAB 1MG	63
<i>cefoxitin sodium for inj 10 gm</i>	14	CHEMET CAP 100MG.....	67
<i>cefoxitin sodium for iv soln 1 gm</i>	14	<i>chlorhexidine gluconate soln 0.12%..</i>	104
<i>cefoxitin sodium for iv soln 2 gm</i>	14	<i>chloroquine phosphate tab 250 mg</i>	9
<i>cefpodoxime proxetil for susp 100</i> <i>mg/5ml</i>	14	<i>chloroquine phosphate tab 500 mg</i>	9
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	14	<i>chlorothiazide tab 250 mg</i>	38
<i>cefpodoxime proxetil tab 100 mg</i>	14	<i>chlorothiazide tab 500 mg</i>	38
<i>cefpodoxime proxetil tab 200 mg</i>	14	<i>chlorpromaz inj 25mg/ml</i>	54
<i>cefprozil for susp 125 mg/5ml</i>	14	<i>chlorpromaz inj 50mg/2ml</i>	54
<i>cefprozil for susp 250 mg/5ml</i>	14	<i>chlorpromazine hcl tab 10 mg</i>	54
<i>cefprozil tab 250 mg</i>	14	<i>chlorpromazine hcl tab 100 mg</i>	54
<i>cefprozil tab 500 mg</i>	14	<i>chlorpromazine hcl tab 200 mg</i>	54
<i>ceftazidime for inj 1 gm</i>	14	<i>chlorpromazine hcl tab 25 mg</i>	54
<i>ceftazidime for inj 2 gm</i>	14	<i>chlorpromazine hcl tab 50 mg</i>	54
<i>ceftazidime for inj 6 gm</i>	14	<i>chlorthalidone tab 25 mg</i>	38
CEFTAZIDIME/ SOL D5W 1GM	14	<i>chlorthalidone tab 50 mg</i>	38
CEFTAZIDIME/ SOL D5W 2GM	14	<i>cholestyramine light powder 4 gm/dose</i>	33
<i>ceftriaxone sodium for inj 1 gm</i>	14	<i>cholestyramine light powder packets 4</i> <i>gm</i>	33
<i>ceftriaxone sodium for inj 10 gm</i>	14	<i>cholestyramine powder 4 gm/dose</i>	33
<i>ceftriaxone sodium for inj 2 gm</i>	14	<i>cholestyramine powder packets 4 gm</i> .	33
<i>ceftriaxone sodium for inj 250 mg</i>	14	<i>ciclopirox gel 0.77%</i>	101
<i>ceftriaxone sodium for inj 500 mg</i>	14	<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i>	101
<i>ceftriaxone sodium for iv soln 1 gm</i>	14	<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i>	101
<i>ceftriaxone sodium for iv soln 2 gm</i>	14		
<i>cefuroxime axetil tab 250 mg</i>	14		

<i>equiv)</i>	101	<i>clarithromycin for susp 250 mg/5ml ...</i>	15
<i>ciclopirox shampoo 1%</i>	101	<i>clarithromycin tab 250 mg</i>	15
<i>cilostazol tab 100 mg</i>	85	<i>clarithromycin tab 500 mg</i>	15
<i>cilostazol tab 50 mg</i>	85	<i>clarithromycin tab er 24hr 500 mg</i>	15
<i>CILOXAN OIN 0.3% OP</i>	94	<i>clindamycin hcl cap 150 mg</i>	6
<i>CINRYZE SOL 500 UNIT</i>	85	<i>clindamycin hcl cap 300 mg</i>	6
<i>CIPRODEX SUS 0.3-0.1%</i>	105	<i>clindamycin hcl cap 75 mg</i>	6
<i>ciprofloxacin 200 mg/100ml in d5w</i>	15	<i>clindamycin palmitate hcl for soln 75</i>	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	15	<i>mg/5ml (base equiv)</i>	6
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		<i>clindamycin phosphate gel 1%</i>	100
<i>(5%) (5 gm/100ml)</i>	16	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>300 mg/50ml</i>	6
<i>(10%) (10 gm/100ml)</i>	16	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	94	<i>600 mg/50ml</i>	6
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		<i>clindamycin phosphate in d5w iv soln</i>	
.....	16	<i>900 mg/50ml</i>	6
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clindamycin phosphate inj 300 mg/2ml</i> .	6
.....	16	<i>clindamycin phosphate inj 600 mg/4ml</i> .	6
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clindamycin phosphate inj 9 gm/60ml</i> ...	6
.....	16	<i>clindamycin phosphate inj 900 mg/6ml</i> .	6
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>clindamycin phosphate iv soln 300</i>	
.....	16	<i>mg/2ml</i>	6
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>		<i>clindamycin phosphate iv soln 900</i>	
.....	16	<i>mg/6ml</i>	6
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>		<i>clindamycin phosphate lotion 1%</i>	100
.....	16	<i>clindamycin phosphate soln 1%</i>	100
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		<i>clindamycin phosphate swab 1%</i>	100
<i>1000 mg(base eq)</i>	16	<i>clindamycin phosphate vaginal cream 2%</i>	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		.....	82
<i>500 mg (base eq)</i>	16	<i>CLINDMYC/NAC INJ 300/50ML</i>	6
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	26	<i>CLINDMYC/NAC INJ 600/50ML</i>	6
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	26	<i>CLINDMYC/NAC INJ 900/50ML</i>	6
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	26	<i>CLINIMIX INJ 2.75/D5W</i>	91
<i>citalopram hydrobromide oral soln 10</i>		<i>CLINIMIX INJ 4.25/D10</i>	91
<i>mg/5ml</i>	49	<i>CLINIMIX INJ 4.25/D20</i>	91
<i>citalopram hydrobromide tab 10 mg</i>		<i>CLINIMIX INJ 4.25/D25</i>	91
<i>(base equiv)</i>	49	<i>CLINIMIX INJ 4.25/D5W</i>	91
<i>citalopram hydrobromide tab 20 mg</i>		<i>CLINIMIX INJ 5%/D15W</i>	91
<i>(base equiv)</i>	49	<i>CLINIMIX INJ 5%/D20W</i>	91
<i>citalopram hydrobromide tab 40 mg</i>		<i>CLINIMIX INJ 5%/D25W</i>	91
<i>(base equiv)</i>	49	<i>clomipramine hcl cap 25 mg</i>	49
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>		<i>clomipramine hcl cap 50 mg</i>	49
.....	20	<i>clomipramine hcl cap 75 mg</i>	49
<i>claravis cap 10mg</i>	100	<i>clonazepam orally disintegrating tab</i>	
<i>claravis cap 20mg</i>	100	<i>0.125 mg</i>	42
<i>claravis cap 30mg</i>	100	<i>clonazepam orally disintegrating tab 0.25</i>	
<i>claravis cap 40mg</i>	100	<i>mg</i>	42
<i>clarithromycin for susp 125 mg/5ml</i>	15	<i>clonazepam orally disintegrating tab 0.5</i>	

<i>mg</i>	42	COMBIVENT AER 20-100	96
<i>clonazepam orally disintegrating tab 1</i>		COMETRIQ KIT 100MG.....	24
<i>mg</i>	42	COMETRIQ KIT 140MG.....	24
<i>clonazepam orally disintegrating tab 2</i>		COMETRIQ KIT 60MG	24
<i>mg</i>	42	COMPLERA TAB.....	11
<i>clonazepam tab 0.5 mg</i>	42	<i>compro sup 25mg</i>	77
<i>clonazepam tab 1 mg</i>	42	<i>constulose sol 10gm/15</i>	79
<i>clonazepam tab 2 mg</i>	43	COPAXONE INJ 40MG/ML	62
<i>clonidine hcl tab 0.1 mg</i>	39	<i>cortisone acetate tab 25 mg</i>	72
<i>clonidine hcl tab 0.2 mg</i>	39	COTELLIC TAB 20MG	24
<i>clonidine hcl tab 0.3 mg</i>	39	COUMADIN TAB 10MG	83
<i>clonidine hcl td patch weekly 0.1</i>		COUMADIN TAB 1MG	83
<i>mg/24hr</i>	39	COUMADIN TAB 2.5MG	83
<i>clonidine hcl td patch weekly 0.2</i>		COUMADIN TAB 2MG	83
<i>mg/24hr</i>	39	COUMADIN TAB 3MG	83
<i>clonidine hcl td patch weekly 0.3</i>		COUMADIN TAB 4MG	83
<i>mg/24hr</i>	39	COUMADIN TAB 5MG	83
<i>clopidogrel bisulfate tab 75 mg (base</i>		COUMADIN TAB 6MG	83
<i>equiv)</i>	85	COUMADIN TAB 7.5MG	83
<i>clorazepate dipotassium tab 15 mg</i>	43	CREON CAP 12000UNT.....	81
<i>clorazepate dipotassium tab 3.75 mg</i> ..	43	CREON CAP 24000UNT.....	81
<i>clorazepate dipotassium tab 7.5 mg</i>	43	CREON CAP 3000UNIT	81
<i>clotrimazole cream 1%</i>	101	CREON CAP 36000UNT.....	81
<i>clotrimazole soln 1%</i>	101	CREON CAP 6000UNIT	81
<i>clotrimazole troche 10 mg</i>	104	CRIXIVAN CAP 200MG	9
CLOZAPINE ORALLY DISINTEGRATING		CRIXIVAN CAP 400MG	9
TAB 100 MG	54	<i>cromolyn sodium ophth soln 4%</i>	95
CLOZAPINE ORALLY DISINTEGRATING		<i>cromolyn sodium oral conc 100 mg/5ml</i>	
TAB 12.5 MG	54	.....	80
CLOZAPINE ORALLY DISINTEGRATING		<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
TAB 150 MG	54	.....	98
CLOZAPINE ORALLY DISINTEGRATING		<i>cryselle-28 tab 28 tabs</i>	67
TAB 200 MG	54	CUBICIN SOL 500MG.....	6
CLOZAPINE ORALLY DISINTEGRATING		<i>cyclafem tab 1/35</i>	67
TAB 25 MG.....	54	<i>cyclafem tab 7/7/7</i>	67
<i>clozapine tab 100 mg</i>	55	<i>cyclobenzaprine hcl tab 10 mg</i>	62
<i>clozapine tab 200 mg</i>	55	<i>cyclobenzaprine hcl tab 5 mg</i>	62
<i>clozapine tab 25 mg</i>	54	CYCLOPHOSPH CAP 25MG	19
<i>clozapine tab 50 mg</i>	54	CYCLOPHOSPH CAP 50MG	19
COARTEM TAB 20-120MG	9	<i>cyclophosphamide for inj 1 gm</i>	19
<i>colchicine w/ probenecid tab 0.5-500 mg</i>		<i>cyclophosphamide for inj 2 gm</i>	19
.....	1	<i>cyclophosphamide for inj 500 mg</i>	19
COLCRYS TAB 0.6MG.....	1	<i>cycloserine cap 250 mg</i>	11
<i>colestipol hcl granule packets 5 gm</i>	33	<i>cyclosporine cap 100 mg</i>	88
<i>colestipol hcl granules 5 gm</i>	33	<i>cyclosporine cap 25 mg</i>	88
<i>colestipol hcl tab 1 gm</i>	33	<i>cyclosporine iv soln 50 mg/ml</i>	88
<i>colistimethate sodium for inj 150 mg</i>	6	<i>cyclosporine modified cap 100 mg</i>	88
COMBIGAN SOL 0.2/0.5%.....	95	<i>cyclosporine modified cap 25 mg</i>	88

cyclosporine modified cap 50 mg88
cyclosporine modified oral soln 100 mg/ml88
cycloheptadine hcl syrup 2 mg/5ml96
cycloheptadine hcl tab 4 mg96
 CYSTADANE POW.....71
 CYSTAGON CAP 150MG71
 CYSTAGON CAP 50MG71
 CYSTARAN SOL 0.44%96
cytarabine inj 20 mg/ml20

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D10W/NACL INJ 0.2%91
 D5W/LYTES INJ #4891
 D5W/NACL INJ 0.3%91
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dacarbazine for inj 200 mg19
 DAKLINZA TAB 30MG12
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danazol cap 200 mg70
danazol cap 50 mg70
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dapsone tab 25 mg 6
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 DELZICOL CAP 400MG.....79
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desipramine hcl tab 100 mg49
desipramine hcl tab 150 mg49
desipramine hcl tab 25 mg49
desipramine hcl tab 50 mg49
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desoximetasone cream 0.05% 102
desoximetasone cream 0.25% 102
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dexamethasone tab 1.5 mg 72
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<i>dexamethasone tab 6 mg</i>	72
DEXILANT CAP 30MG DR	81
DEXILANT CAP 60MG DR	81
<i>dexrazoxane for inj 250 mg</i>	26
<i>dexrazoxane for inj 500 mg</i>	26
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	92
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	91
DEXTROSE 5% IN LACTATED RINGERS	91
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	91
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	92
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	92
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	92
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	91
DEXTROSE INJ 10%	92
DEXTROSE INJ 5%	92
DEXTROSE INJ 50%	92
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DIASTAT ACDL GEL 12.5-20	43
DIASTAT ACDL GEL 5-10MG	43
DIASTAT PED GEL 2.5M GEL	43
<i>diazepam con 5mg/ml</i>	43
<i>diazepam inj 5 mg/ml</i>	43
<i>diazepam oral soln 1 mg/ml</i>	43
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	43
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DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	43
<i>diazepam tab 10 mg</i>	43
<i>diazepam tab 2 mg</i>	43
<i>diazepam tab 5 mg</i>	43
<i>diclofenac potassium tab 50 mg</i>	1
<i>diclofenac sodium gel 1%</i>	103
<i>diclofenac sodium ophth soln 0.1%</i>	94
<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>diclofenac sodium tab delayed release 75 mg</i>	1

<i>diclofenac sodium tab er 24hr 100 mg</i> ..	1
<i>dicloxacillin sodium cap 250 mg</i>	17
<i>dicloxacillin sodium cap 500 mg</i>	17
<i>dicyclomine hcl cap 10 mg</i>	78
<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	79
<i>dicyclomine hcl tab 20 mg</i>	79
<i>didanosine delayed release capsule 125 mg</i>	9
<i>didanosine delayed release capsule 200 mg</i>	9
<i>didanosine delayed release capsule 250 mg</i>	9
<i>didanosine delayed release capsule 400 mg</i>	9
DIFICID TAB 200MG	15
<i>diflunisal tab 500 mg</i>	1
<i>digitek tab 0.125mg</i>	38
<i>digitek tab 0.25mg</i>	38
<i>digoxin inj 0.25 mg/ml</i>	38
DIGOXIN ORAL SOLN 0.05 MG/ML	38
<i>digoxin tab 125 mcg (0.125 mg)</i>	38
<i>digoxin tab 250 mcg (0.25 mg)</i>	38
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	60
<i>dilantin cap 100mg</i>	43
<i>dilantin cap 30mg</i>	43
<i>dilantin chw 50mg</i>	43
DILANTIN-125 SUS 125/5ML	43
<i>diltiazem hcl cap er 12hr 120 mg</i>	36
<i>diltiazem hcl cap er 12hr 60 mg</i>	36
<i>diltiazem hcl cap er 12hr 90 mg</i>	36
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<i>diltiazem hcl cap er 24hr 240 mg</i>	36
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	36
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	36
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	36
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<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 180 mg</i>	36	DOCETAXEL INJ 160/8ML	21
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 240 mg</i>	36	<i>docetaxel inj 200/10</i>	21
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 300 mg</i>	36	DOCETAXEL INJ 20MG/2ML	21
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 360 mg</i>	36	DOCETAXEL INJ 80MG/4ML	21
<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 420 mg</i>	36	DOCETAXEL INJ 80MG/8ML	21
<i>diltiazem hcl iv soln 125 mg/25ml (5</i> <i>mg/ml)</i>	37	DOFETILIDE CAP 125 MCG (0.125 MG)	32
<i>diltiazem hcl iv soln 25 mg/5ml (5</i> <i>mg/ml)</i>	37	DOFETILIDE CAP 250 MCG (0.25 MG)	32
<i>diltiazem hcl iv soln 50 mg/10ml (5</i> <i>mg/ml)</i>	37	DOFETILIDE CAP 500 MCG (0.5 MG) ...	32
<i>diltiazem hcl tab 120 mg</i>	37	<i>donepezil hydrochloride orally</i> <i>disintegrating tab 10 mg</i>	47
<i>diltiazem hcl tab 30 mg</i>	37	<i>donepezil hydrochloride orally</i> <i>disintegrating tab 5 mg</i>	47
<i>diltiazem hcl tab 60 mg</i>	37	<i>donepezil hydrochloride tab 10 mg</i>	47
<i>diltiazem hcl tab 90 mg</i>	37	<i>donepezil hydrochloride tab 23 mg</i>	47
DIP/TET PED INJ 25-5LFU	89	<i>donepezil hydrochloride tab 5 mg</i>	47
DIPENTUM CAP 250MG	79	dorzolamide hcl ophth soln 2%	95
<i>diphenhydramine hcl inj 50 mg/ml</i>	97	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	95
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	80	<i>doxazosin mesylate tab 1 mg</i>	29
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	80	<i>doxazosin mesylate tab 2 mg</i>	29
<i>disopyramide phosphate cap 100 mg</i>	32	<i>doxazosin mesylate tab 4 mg</i>	29
<i>disopyramide phosphate cap 150 mg</i>	32	<i>doxazosin mesylate tab 8 mg</i>	29
<i>disulfiram tab 250 mg</i>	63	<i>doxepin hcl cap 10 mg</i>	49
<i>disulfiram tab 500 mg</i>	63	<i>doxepin hcl cap 100 mg</i>	50
<i>divalproex sodium cap delayed release</i> <i>sprinkle 125 mg</i>	43	<i>doxepin hcl cap 150 mg</i>	50
<i>divalproex sodium tab delayed release</i> <i>125 mg</i>	43	<i>doxepin hcl cap 25 mg</i>	49
<i>divalproex sodium tab delayed release</i> <i>250 mg</i>	44	<i>doxepin hcl cap 50 mg</i>	49
<i>divalproex sodium tab delayed release</i> <i>500 mg</i>	44	<i>doxepin hcl cap 75 mg</i>	50
<i>divalproex sodium tab er 24 hr 250 mg</i>	44	<i>doxepin hcl conc 10 mg/ml</i>	50
<i>divalproex sodium tab er 24 hr 500 mg</i>	44	DOXEPIN HCL CREAM 5%	101
DOCEFREZ INJ 20MG	21	<i>doxorubicin hcl for inj 10 mg</i>	19
DOCETAXEL FOR INJ CONC 20 MG/ML	21	<i>doxorubicin hcl for inj 50 mg</i>	19
<i>docetaxel for inj conc 80 mg/4ml (20</i> <i>mg/ml)</i>	21	<i>doxorubicin hcl inj 2 mg/ml</i>	19
DOCETAXEL INJ 160/16ML	21	<i>doxorubicin hcl liposomal inj (for iv</i> <i>infusion) 2 mg/ml</i>	19
		<i>doxy 100 inj 100mg</i>	18
		<i>doxycycline hyclate cap 100 mg</i>	18
		<i>doxycycline hyclate cap 50 mg</i>	18
		<i>doxycycline hyclate for inj 100 mg</i>	18
		<i>doxycycline hyclate tab 100 mg</i>	18
		<i>doxycycline hyclate tab 20 mg</i>	18
		<i>doxycycline monohydrate cap 100 mg</i>	18
		<i>doxycycline monohydrate cap 50 mg</i>	18
		<i>doxycycline monohydrate tab 100 mg</i>	18
		<i>doxycycline monohydrate tab 150 mg</i>	18
		<i>doxycycline monohydrate tab 50 mg</i>	18
		<i>doxycycline monohydrate tab 75 mg</i>	18
		<i>dronabinol cap 10 mg</i>	77

<i>dronabinol cap 2.5 mg</i>	77	EMSAM DIS 6MG/24HR	50
<i>dronabinol cap 5 mg</i>	77	EMSAM DIS 9MG/24HR	50
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	67	EMTRIVA CAP 200MG.....	9
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG.....	67	EMTRIVA SOL 10MG/ML	9
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	67	<i>emverm chw 100mg</i>	6
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG.....	68	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	28
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DROXIA CAP 300MG.....	25	<i>enalapril maleate tab 10 mg</i>	28
DROXIA CAP 400MG.....	25	<i>enalapril maleate tab 2.5 mg</i>	28
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	50	<i>enalapril maleate tab 20 mg</i>	28
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	50	<i>enalapril maleate tab 5 mg</i>	28
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	50	<i>endocet tab 10-325mg</i>	2
DURAMORPH INJ 0.5MG/ML	2	<i>endocet tab 5-325mg</i>	2
DURAMORPH INJ 1MG/ML	2	<i>endocet tab 7.5-325</i>	2
DUREZOL EMU 0.05%	94	ENERGIX-B INJ 10/0.5ML	89
<i>dutasteride cap 0.5 mg</i>	82	ENERGIX-B INJ 20MCG/ML	89
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	82	<i>enoxaparin sodium inj 100 mg/ml</i>	83
E		<i>enoxaparin sodium inj 120 mg/0.8ml</i> ..	83
EDURANT TAB 25MG	9	<i>enoxaparin sodium inj 150 mg/ml</i>	83
EFFIENT TAB 10MG	85	<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	83
EFFIENT TAB 5MG.....	85	ENOXAPARIN SODIUM INJ 300 MG/3ML	83
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	60	<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	83
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	60	<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	83
ELIQUIS TAB 2.5MG.....	83	<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	83
ELIQUIS TAB 5MG.....	83	<i>enpresse-28 tab</i>	68
ELITEK INJ 1.5MG.....	26	ENTACAPONE TAB 200 MG	53
ELITEK INJ 7.5MG.....	26	<i>entecavir tab 0.5 mg</i>	12
<i>elixophyllin elx 80/15ml</i>	100	<i>entecavir tab 1 mg</i>	12
ELLA TAB 30MG	68	ENTRESTO TAB 24-26MG	30
ELMIRON CAP 100MG.....	82	ENTRESTO TAB 49-51MG	30
EMCYT CAP 140MG	19	ENTRESTO TAB 97-103MG	30
EMEND CAP 125MG.....	77	<i>enulose sol 10gm/15</i>	79
EMEND CAP 40MG.....	77	EPCLUSA TAB 400-100	12
EMEND CAP 80MG.....	77	EPIPEN 2-PAK INJ 0.3MG	98
EMEND SUS 125MG.....	77	EPIPEN-JR INJ 2-PAK	98
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<i>emoquette tab</i>	68	<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	19
EMSAM DIS 12MG/24H.....	50	<i>epitol tab 200mg</i>	44
		EPIVIR HBV SOL 5MG/ML	12
		<i>eplerenone tab 25 mg</i>	29
		<i>eplerenone tab 50 mg</i>	29
		<i>ergotamine w/ caffeine tab 1-100 mg</i> .	60
		ERIVEDGE CAP 150MG.....	21

<i>errin tab 0.35mg</i>	68	.....	72
<i>ery-tab tab 250mg ec</i>	15	<i>estradiol td patch weekly 0.1 mg/24hr</i>	71
<i>ery-tab tab 333mg ec</i>	15	<i>estradiol vaginal tab 10 mcg</i>	72
<i>ery-tab tab 500mg ec</i>	15	<i>estradiol valerate im in oil 20 mg/ml</i> ..	72
<i>erythrocin inj 500mg</i>	15	<i>estradiol valerate im in oil 40 mg/ml</i> ..	72
<i>erythrocin tab 250mg</i>	15	<i>ethambutol hcl tab 100 mg</i>	11
<i>erythromycin ethylsuccinate tab 400 mg</i>	15	<i>ethambutol hcl tab 400 mg</i>	12
<i>erythromycin gel 2%</i>	100	<i>ethosuximide cap 250 mg</i>	44
<i>erythromycin ophth oint 5 mg/gm</i>	94	<i>ethosuximide soln 250 mg/5ml</i>	44
<i>erythromycin pads 2%</i>	100	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	68
<i>erythromycin soln 2%</i>	100	<i>etodolac cap 200 mg</i>	1
<i>erythromycin tab 250 mg</i>	15	<i>etodolac cap 300 mg</i>	1
<i>erythromycin tab 500 mg</i>	15	<i>etodolac tab 400 mg</i>	1
<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	15	<i>etodolac tab 500 mg</i>	1
<i>ESBRIET CAP 267MG</i>	98	<i>etodolac tab er 24hr 400 mg</i>	1
<i>ESBRIET TAB 267MG</i>	98	<i>etodolac tab er 24hr 500 mg</i>	1
<i>ESBRIET TAB 801MG</i>	98	<i>etodolac tab er 24hr 600 mg</i>	1
<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	50	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	27
<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	50	.....	27
<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i>	50	<i>EURAX CRE 10%</i>	104
<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i>	50	<i>EURAX LOT 10%</i>	104
<i>esomeprazole magnesium cap delayed</i> <i>release 20 mg (base eq)</i>	81	<i>EVOTAZ TAB 300-150</i>	11
<i>esomeprazole magnesium cap delayed</i> <i>release 40 mg (base eq)</i>	81	<i>exemestane tab 25 mg</i>	23
<i>esomeprazole sodium for intravenous</i> <i>soln 20 mg (base equiv)</i>	81	<i>EXJADE TAB 125MG</i>	67
<i>esomeprazole sodium for intravenous</i> <i>soln 40 mg (base equiv)</i>	81	<i>EXJADE TAB 250MG</i>	67
<i>estrace vag cre 0.1mg/gm</i>	71	<i>EXJADE TAB 500MG</i>	67
<i>estradiol tab 0.5 mg</i>	71	<i>ezetimibe tab 10 mg</i>	33
<i>estradiol tab 1 mg</i>	71	F	
<i>estradiol tab 2 mg</i>	71	<i>FABRAZYME INJ 35MG</i>	71
<i>estradiol td patch weekly 0.025 mg/24hr</i>	72	<i>FABRAZYME INJ 5MG</i>	71
<i>estradiol td patch weekly 0.0375</i> <i>mg/24hr (37.5 mcg/24hr)</i>	72	<i>falmina tab</i>	68
<i>estradiol td patch weekly 0.05 mg/24hr</i>	71	<i>famciclovir tab 125 mg</i>	12
<i>estradiol td patch weekly 0.06 mg/24hr</i>	71	<i>famciclovir tab 250 mg</i>	12
<i>estradiol td patch weekly 0.075 mg/24hr</i>		<i>famciclovir tab 500 mg</i>	12
		<i>famotidine for susp 40 mg/5ml</i>	79
		<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	79
		<i>famotidine inj 20 mg/2ml</i>	79
		<i>famotidine inj 200 mg/20ml</i>	79
		<i>famotidine inj 40 mg/4ml</i>	79
		<i>famotidine tab 20 mg</i>	79
		<i>famotidine tab 40 mg</i>	79
		<i>FANAPT PAK</i>	55
		<i>FANAPT TAB 10MG</i>	55
		<i>FANAPT TAB 12MG</i>	55
		<i>FANAPT TAB 1MG</i>	55

FANAPT TAB 2MG.....	55	FERRIPROX SOL 100MG/ML.....	67
FANAPT TAB 4MG.....	55	FERRIPROX TAB 500MG	67
FANAPT TAB 6MG.....	55	FETZIMA CAP 120MG.....	50
FANAPT TAB 8MG.....	55	FETZIMA CAP 20MG.....	50
FARESTON TAB 60MG.....	23	FETZIMA CAP 40MG.....	50
FARXIGA TAB 10MG	65	FETZIMA CAP 80MG.....	50
FARXIGA TAB 5MG.....	64	FETZIMA CAP TITRATIO	50
FARYDAK CAP 10MG.....	21	<i>finasteride tab 5 mg</i>	82
FARYDAK CAP 15MG.....	21	FIRAZYR INJ 30MG/3ML.....	85
FARYDAK CAP 20MG.....	22	FLEBOGAMMA INJ 10/100ML	86
FASLODEX INJ 250MG	23	FLEBOGAMMA INJ 10/200ML	86
<i>fat emulsion iv soln 20%</i>	91	FLEBOGAMMA INJ 20/200ML	86
<i>felbamate susp 600 mg/5ml</i>	44	FLEBOGAMMA INJ 20/400ML	86
<i>felbamate tab 400 mg</i>	44	FLEBOGAMMA INJ 5GM/50ML	86
<i>felbamate tab 600 mg</i>	44	FLEBOGAMMA INJ DIF 5%.....	86
<i>felodipine tab er 24hr 10 mg</i>	37	<i>flecainide acetate tab 100 mg</i>	32
<i>felodipine tab er 24hr 2.5 mg</i>	37	<i>flecainide acetate tab 150 mg</i>	32
<i>felodipine tab er 24hr 5 mg</i>	37	<i>flecainide acetate tab 50 mg</i>	32
<i>femynor tab 0.25-35</i>	68	FLOVENT DISK AER 100MCG	99
<i>fenofibrate micronized cap 134 mg</i>	33	FLOVENT DISK AER 250MCG	99
<i>fenofibrate micronized cap 200 mg</i>	33	FLOVENT DISK AER 50MCG	99
<i>fenofibrate micronized cap 67 mg</i>	33	FLOVENT HFA AER 110MCG.....	99
<i>fenofibrate tab 145 mg</i>	33	FLOVENT HFA AER 220MCG.....	99
<i>fenofibrate tab 160 mg</i>	33	FLOVENT HFA AER 44MCG.....	99
<i>fenofibrate tab 48 mg</i>	33	<i>fluconazole for susp 10 mg/ml</i>	8
<i>fenofibrate tab 54 mg</i>	33	<i>fluconazole for susp 40 mg/ml</i>	8
<i>fentanyl citrate lozenge on a handle 1200</i>		<i>fluconazole in dextrose inj 200</i>	
<i>mcg</i>	3	<i>mg/100ml</i>	8
<i>fentanyl citrate lozenge on a handle 1600</i>		<i>fluconazole in dextrose inj 400</i>	
<i>mcg</i>	3	<i>mg/200ml</i>	8
<i>fentanyl citrate lozenge on a handle 200</i>		<i>fluconazole in nacl 0.9% inj 200</i>	
<i>mcg</i>	2	<i>mg/100ml</i>	8
<i>fentanyl citrate lozenge on a handle 400</i>		<i>fluconazole in nacl 0.9% inj 400</i>	
<i>mcg</i>	2	<i>mg/200ml</i>	8
<i>fentanyl citrate lozenge on a handle 600</i>		<i>fluconazole tab 100 mg</i>	8
<i>mcg</i>	2	<i>fluconazole tab 150 mg</i>	8
<i>fentanyl citrate lozenge on a handle 800</i>		<i>fluconazole tab 200 mg</i>	8
<i>mcg</i>	2	<i>fluconazole tab 50 mg</i>	8
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3	<i>fluconazole/ inj nacl 100</i>	8
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3	<i>flucytosine cap 250 mg</i>	8
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3	<i>flucytosine cap 500 mg</i>	8
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3	<i>fludarabine phosphate for inj 50 mg ...</i>	20
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3	<i>fludarabine phosphate inj 25 mg/ml ...</i>	20
FENTORA TAB 100MCG.....	3	<i>fludrocortisone acetate tab 0.1 mg</i>	72
FENTORA TAB 200MCG.....	3	<i>flunisolide nasal soln 25 mcg/act</i>	
FENTORA TAB 400MCG.....	3	<i>(0.025%)</i>	98
FENTORA TAB 600MCG.....	3	<i>fluocin acet oil body</i>	102
FENTORA TAB 800MCG.....	3	<i>fluocinolone acetonide (otic) oil 0.01%</i>	

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fluocinolone acetonide cream 0.01% .	102
fluocinolone acetonide cream 0.025%	102
fluocinolone acetonide oil 0.01% (scalp oil).....	102
fluocinolone acetonide oint 0.025%...	102
fluocinolone acetonide soln 0.01%	102
fluocinonide cream 0.05%.....	102
fluocinonide emulsified base cream 0.05%.....	103
fluocinonide gel 0.05%	103
fluocinonide soln 0.05%.....	103
FLUOROMETHOLONE OPTH SUSP 0.1%	94
fluorouracil cream 5%	103
fluorouracil inj 1 gm/20ml (50 mg/ml).	20
fluorouracil inj 2.5 gm/50ml (50 mg/ml)	20
fluorouracil inj 5 gm/100ml (50 mg/ml)	20
fluorouracil inj 500 mg/10ml (50 mg/ml)	20
fluorouracil soln 2%	103
fluorouracil soln 5%	104
fluoxetine hcl cap 10 mg.....	50
fluoxetine hcl cap 20 mg.....	50
fluoxetine hcl cap 40 mg.....	50
fluoxetine hcl solution 20 mg/5ml	50
fluoxetine hcl tab 10 mg	50
fluoxetine hcl tab 20 mg	50
fluphenazine decanoate inj 25 mg/ml ..	55
fluphenazine hcl elixir 2.5 mg/5ml	55
fluphenazine hcl inj 2.5 mg/ml	55
fluphenazine hcl oral conc 5 mg/ml	55
fluphenazine hcl tab 1 mg	55
fluphenazine hcl tab 10 mg	55
fluphenazine hcl tab 2.5 mg	55
fluphenazine hcl tab 5 mg	55
flurbiprofen sodium ophth soln 0.03% .	94
flurbiprofen tab 100 mg	1
flurbiprofen tab 50 mg.....	1
flutamide cap 125 mg.....	23
fluticasone propionate cream 0.05% .	103
fluticasone propionate nasal susp 50 mcg/act.....	99
fluticasone propionate oint 0.005% ...	103
fluvoxamine maleate tab 100 mg.....	42
fluvoxamine maleate tab 25 mg.....	41

fluvoxamine maleate tab 50 mg	41
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	83
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	83
fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	83
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	83
FORTEO SOL 600/2.4	75
FORTICAL SPR 200/ACT	74
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....	28
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....	28
fosinopril sodium tab 10 mg	28
fosinopril sodium tab 20 mg	28
fosinopril sodium tab 40 mg	28
FREAMINE HBC INJ 6.9%	91
FREAMINE III INJ 10%.....	91
furosemide inj 10 mg/ml	38
FUROSEMIDE INJ 10 MG/ML	38
furosemide oral soln 10 mg/ml	38
furosemide oral soln 8 mg/ml	38
furosemide tab 20 mg.....	38
furosemide tab 40 mg.....	38
furosemide tab 80 mg.....	38
FUSILEV INJ 50MG	26
FUZEON INJ 90MG	9
FYCOMPA SUS 0.5MG/ML	44
FYCOMPA TAB 10MG.....	44
FYCOMPA TAB 12MG.....	44
FYCOMPA TAB 2MG	44
FYCOMPA TAB 4MG	44
FYCOMPA TAB 6MG	44
FYCOMPA TAB 8MG	44
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gabapentin cap 100 mg	44
gabapentin cap 300 mg	44
gabapentin cap 400 mg	44
gabapentin oral soln 250 mg/5ml	44
gabapentin tab 600 mg	44
gabapentin tab 800 mg	44
GABITRIL TAB 12MG.....	44
GABITRIL TAB 16MG.....	44
galantamine hydrobromide cap er 24hr 16 mg.....	47
galantamine hydrobromide cap er 24hr	

24 mg	48	gemfibrozil tab 600 mg	33
galantamine hydrobromide cap er 24hr 8 mg	47	generlac sol 10gm/15	80
galantamine hydrobromide oral soln 4 mg/ml	48	gengraf cap 100mg	88
galantamine hydrobromide tab 12 mg	48	gengraf cap 25mg	88
galantamine hydrobromide tab 4 mg	48	gengraf cap 50mg	88
galantamine hydrobromide tab 8 mg	48	gengraf sol 100mg/ml.....	88
GAMASTAN S/D INJ.....	86	gentak oin 0.3% op	94
GAMMAGARD INJ 10GM/100	86	gentamicin in saline inj 0.8 mg/ml.....	5
GAMMAGARD INJ 1GM/10ML	86	gentamicin in saline inj 1 mg/ml	5
GAMMAGARD INJ 2.5GM/25	86	gentamicin in saline inj 1.2 mg/ml.....	5
GAMMAGARD INJ 20GM/200	86	gentamicin in saline inj 1.6 mg/ml.....	5
GAMMAGARD INJ 30GM/300	86	gentamicin in saline inj 2 mg/ml	5
GAMMAGARD INJ 5GM/50ML	86	gentamicin sulfate cream 0.1%.....	101
GAMMAGARD SD INJ 10GM HU	86	gentamicin sulfate inj 10 mg/ml.....	5
GAMMAGARD SD INJ 5GM HU.....	86	gentamicin sulfate inj 40 mg/ml.....	5
GAMMAKED INJ 10GM/100.....	86	gentamicin sulfate iv soln 10 mg/ml	5
GAMMAKED INJ 1GM/10ML	86	gentamicin sulfate oint 0.1%	101
GAMMAKED INJ 2.5GM/25	86	gentamicin sulfate ophth oint 0.3%	94
GAMMAKED INJ 20GM/200.....	86	gentamicin sulfate ophth soln 0.3%....	94
GAMMAKED INJ 5GM/50ML	86	GENVOYA TAB	11
GAMMAPLEX INJ 10%.....	86	GEODON INJ 20MG.....	55
GAMMAPLEX INJ 5%	86	gildagia tab 0.4-35	68
GAMUNEX-C INJ 10GM/100.....	87	GILENYA CAP 0.5MG.....	62
GAMUNEX-C INJ 1GM/10ML	86	GILOTRIF TAB 20MG.....	24
GAMUNEX-C INJ 2.5GM/25.....	87	GILOTRIF TAB 30MG.....	24
GAMUNEX-C INJ 20GM/200.....	87	GILOTRIF TAB 40MG.....	24
GAMUNEX-C INJ 40/400ML	87	glatopa inj 20mg/ml	62
GAMUNEX-C INJ 5GM/50ML	87	GLEOSTINE CAP 100MG	19
ganciclovir sodium for inj 500 mg	12	GLEOSTINE CAP 10MG.....	19
GARDASIL 9 INJ	89	GLEOSTINE CAP 40MG.....	19
GARDASIL INJ	89	GLEOSTINE CAP 5MG.....	19
gatifloxacin ophth soln 0.5%	94	glimepiride tab 1 mg	65
GATTEX KIT 5MG	80	glimepiride tab 2 mg	65
GAUZE PADS 2	64	glimepiride tab 4 mg	65
gavilyte-c sol.....	79	glipizide tab 10 mg.....	65
gavilyte-g sol	80	glipizide tab 5 mg.....	65
gavilyte-n sol flav pk	80	glipizide tab er 24hr 10 mg.....	65
gemcitabine hcl for inj 1 gm.....	20	glipizide tab er 24hr 2.5 mg.....	65
gemcitabine hcl for inj 2 gm.....	20	GLIPIZIDE TAB ER 24HR 2.5 MG	65
gemcitabine hcl for inj 200 mg	20	glipizide tab er 24hr 5 mg	65
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	20	GLIPIZIDE XL TAB 5MG.....	65
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	20	glipizide-metformin hcl tab 2.5-250 mg	65
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV).....	20	glipizide-metformin hcl tab 2.5-500 mg	65
		glipizide-metformin hcl tab 5-500 mg .	65
		GLUCAGEN INJ HYPOKIT	73
		GLUCAGON KIT 1MG	73

<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	79	HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W.....	83
<i>glycopyrrolate tab 1 mg</i>	79	HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W.....	83
<i>glycopyrrolate tab 2 mg</i>	79	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	83
GOLYTELY SOL	80	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	83
<i>granisetron hcl inj 0.1 mg/ml</i>	77	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	84
<i>granisetron hcl inj 1 mg/ml</i>	77	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	83
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	77	HEPATAMINE SOL 8%.....	91
<i>granisetron hcl tab 1 mg</i>	77	HERCEPTIN INJ 150MG	22
GRANIX INJ 300/0.5	84	HERCEPTIN INJ 440MG	22
GRANIX INJ 480/0.8	84	HETLIOZ CAP 20MG.....	59
<i>griseofulvin microsize susp 125 mg/5ml</i> 8		HEXALEN CAP 50MG	19
<i>griseofulvin microsize tab 500 mg</i>	8	HIBERIX SOL 10MCG	89
<i>griseofulvin ultramicrosize tab 125 mg</i> .	8	HUMIRA INJ 10MG/0.2.....	85
<i>griseofulvin ultramicrosize tab 250 mg</i> .	8	HUMIRA KIT 20MG/0.4	85
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	59	HUMIRA KIT 40MG/0.8	85
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	59	HUMIRA PEDIA INJ CROHNS.....	85
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	59	HUMIRA PEN INJ 40MG/0.8	86
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	59	HUMIRA PEN INJ CROHNS	86
H		HUMIRA PEN INJ PSORIASI	86
HAEGARDA INJ 2000UNIT	85	HUMULIN R INJ U-500	64
HAEGARDA INJ 3000UNIT	85	<i>hydralazine hcl inj 20 mg/ml</i>	39
<i>halobetasol propionate cream 0.05%</i> 103		<i>hydralazine hcl tab 10 mg</i>	39
<i>halobetasol propionate oint 0.05%</i>	103	<i>hydralazine hcl tab 100 mg</i>	39
<i>haloperidol decanoate im soln 100 mg/ml</i>	55	<i>hydralazine hcl tab 25 mg</i>	39
<i>haloperidol decanoate im soln 50 mg/ml</i>	55	<i>hydralazine hcl tab 50 mg</i>	39
<i>haloperidol lactate inj 5 mg/ml</i>	55	<i>hydrochlorothiazide cap 12.5 mg</i>	38
<i>haloperidol lactate oral conc 2 mg/ml</i> ..	55	<i>hydrochlorothiazide tab 12.5 mg</i>	38
<i>haloperidol tab 0.5 mg</i>	55	<i>hydrochlorothiazide tab 25 mg</i>	38
<i>haloperidol tab 1 mg</i>	55	<i>hydrochlorothiazide tab 50 mg</i>	38
<i>haloperidol tab 10 mg</i>	55	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3
<i>haloperidol tab 2 mg</i>	55	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3
<i>haloperidol tab 20 mg</i>	55	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>haloperidol tab 5 mg</i>	55	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3
HARVONI TAB 90-400MG	12	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> 3	
HAVRIX INJ 1440UNIT.....	89	<i>hydrocortisone butyrate cream 0.1%</i> 103	
HAVRIX INJ 720UNIT.....	89	<i>hydrocortisone butyrate oint 0.1%</i> ...	103
<i>heather tab 0.35mg</i>	68	<i>hydrocortisone butyrate soln 0.1%</i> ...	103
HEP SOD/NACL INJ 25000UNT.....	83	<i>hydrocortisone cream 1%</i>	103
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	83		

<i>hydrocortisone cream 2.5%</i>	103
<i>hydrocortisone enema 100 mg/60ml</i> ...	79
HYDROCORTISONE ENEMA 100 MG/60ML	79
<i>hydrocortisone lotion 2.5%</i>	103
<i>hydrocortisone oint 1%</i>	103
<i>hydrocortisone oint 2.5%</i>	103
<i>hydrocortisone rectal cream 2.5%</i>	101
<i>hydrocortisone tab 10 mg</i>	72
<i>hydrocortisone tab 20 mg</i>	72
<i>hydrocortisone tab 5 mg</i>	72
<i>hydrocortisone valerate cream 0.2%</i> ..	103
<i>hydrocortisone valerate oint 0.2%</i>	103
<i>hydromorphone hcl liqd 1 mg/ml</i>	3
<i>hydromorphone hcl preservative free (pf)</i> <i>inj 10 mg/ml</i>	3
<i>hydromorphone hcl tab 2 mg</i>	3
<i>hydromorphone hcl tab 4 mg</i>	3
<i>hydromorphone hcl tab 8 mg</i>	3
<i>hydroxychloroquine sulfate tab 200 mg</i>	86
<i>hydroxyprogesterone caproate im in oil</i> <i>1.25 gm/5ml</i>	23
<i>hydroxyurea cap 500 mg</i>	25
<i>hydroxyzine hcl im soln 25 mg/ml</i>	97
<i>hydroxyzine hcl im soln 50 mg/ml</i>	97
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	97
<i>hydroxyzine hcl tab 10 mg</i>	97
<i>hydroxyzine hcl tab 25 mg</i>	97
<i>hydroxyzine hcl tab 50 mg</i>	97
<i>hydroxyzine pamoate cap 100 mg</i>	97
<i>hydroxyzine pamoate cap 25 mg</i>	97
<i>hydroxyzine pamoate cap 50 mg</i>	97
HYSINGLA ER TAB 100 MG	4
HYSINGLA ER TAB 120 MG	4
HYSINGLA ER TAB 20 MG	3
HYSINGLA ER TAB 30 MG	3
HYSINGLA ER TAB 40 MG	3
HYSINGLA ER TAB 60 MG	3
HYSINGLA ER TAB 80 MG	3
I	
IBRANCE CAP 100MG	22
IBRANCE CAP 125MG	22
IBRANCE CAP 75MG	22
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1
<i>ibuprofen tab 600 mg</i>	1
<i>ibuprofen tab 800 mg</i>	1

ICLUSIG TAB 15MG	24
ICLUSIG TAB 45MG	24
<i>idarubicin hcl iv inj 10 mg/10ml (1</i> <i>mg/ml)</i>	19
<i>idarubicin hcl iv inj 20 mg/20ml (1</i> <i>mg/ml)</i>	20
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	19
IDHIFA TAB 100MG	22
IDHIFA TAB 50MG	22
IFEX INJ 3GM	19
<i>ifosfamide for inj 1 gm</i>	19
IFOSFAMIDE INJ 3GM	19
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	19
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	19
ILEVRO DRO 0.3% OP	95
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	24
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	24
IMBRUVICA CAP 140MG	24
<i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i>	7
<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	7
<i>imipramine hcl tab 10 mg</i>	50
<i>imipramine hcl tab 25 mg</i>	50
<i>imipramine hcl tab 50 mg</i>	51
<i>imiquimod cream 5%</i>	104
IMOVAX RABIE INJ 2.5/ML	89
INCRELEX INJ 40MG/4ML	74
INCRUSE ELPT INH 62.5MCG	96
<i>indapamide tab 1.25 mg</i>	38
<i>indapamide tab 2.5 mg</i>	38
INFANRIX INJ	89
INLYTA TAB 1MG	24
INLYTA TAB 5MG	24
INSULIN PEN NEEDLE	64
INSULIN SAFETY NEEDLES	64
INSULIN SYRINGE	64
INTELENCE TAB 100MG	9
INTELENCE TAB 200MG	9
INTELENCE TAB 25MG	9
INTRALIPID INJ 20%	91
INTRALIPID INJ 30%	91
INTRON A INJ 10MU	87

INTRON A INJ 18MU.....	87
INTRON A INJ 25MU.....	87
INTRON A INJ 50MU.....	87
<i>introvale tab</i>	68
INVANZ INJ 1GM	7
INVEGA SUST INJ 117/0.75	55
INVEGA SUST INJ 156MG/ML	55
INVEGA SUST INJ 234/1.5	55
INVEGA SUST INJ 39/0.25	55
INVEGA SUST INJ 78/0.5ML.....	55
INVEGA TRINZ INJ 273MG	55
INVEGA TRINZ INJ 410MG	55
INVEGA TRINZ INJ 546MG	55
INVEGA TRINZ INJ 819MG	56
INVIRASE CAP 200MG	9
INVIRASE TAB 500MG	9
INVOKAMET TAB 150-1000	65
INVOKAMET TAB 150-500.....	65
INVOKAMET TAB 50-1000.....	65
INVOKAMET TAB 50-500MG	65
INVOKAMET XR TAB 150-1000	65
INVOKAMET XR TAB 150-500	65
INVOKAMET XR TAB 50-1000	65
INVOKAMET XR TAB 50-500MG	65
INVOKANA TAB 100MG.....	65
INVOKANA TAB 300MG.....	65
IONOSOL-B/ INJ D5W	92
IONOSOL-MB INJ /D5W	92
IPOL INJ INACTIVE.....	89
<i>ipratropium bromide inhal soln 0.02%</i>	96
<i>ipratropium bromide nasal soln 0.03%</i> <i>(21 mcg/spray)</i>	96
<i>ipratropium bromide nasal soln 0.06%</i> <i>(42 mcg/spray)</i>	96
<i>ipratropium-albuterol nebu soln</i> <i>0.5-2.5(3) mg/3ml</i>	96
<i>irbesartan tab 150 mg</i>	31
<i>irbesartan tab 300 mg</i>	31
<i>irbesartan tab 75 mg</i>	31
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	30
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	30
IRESSA TAB 250MG	24
<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i>	27
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	27

<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	27
ISENTRESS CHW 100MG	9
ISENTRESS CHW 25MG.....	9
ISENTRESS HD TAB 600MG.....	9
ISENTRESS POW 100MG	9
ISENTRESS TAB 400MG	10
<i>isibloom tab 0.15-30</i>	68
ISOLYTE-P INJ /D5W	92
ISOLYTE-S INJ.....	92
<i>isoniazid inj 100 mg/ml</i>	12
<i>isoniazid syrup 50 mg/5ml</i>	12
<i>isoniazid tab 100 mg</i>	12
<i>isoniazid tab 300 mg</i>	12
<i>isosorbide dinitrate tab 10 mg</i>	40
<i>isosorbide dinitrate tab 20 mg</i>	40
<i>isosorbide dinitrate tab 30 mg</i>	40
<i>isosorbide dinitrate tab 5 mg</i>	40
<i>isosorbide dinitrate tab er 40 mg</i>	40
<i>isosorbide mononitrate tab 10 mg</i>	40
<i>isosorbide mononitrate tab 20 mg</i>	40
<i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i>	40
<i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i>	40
<i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i>	40
<i>isradipine cap 2.5 mg</i>	37
<i>isradipine cap 5 mg</i>	37
ISTALOL SOL 0.5% OP.....	95
ISTODAX OVR INJ 10MG	22
<i>itraconazole cap 100 mg</i>	8
<i>ivermectin tab 3 mg</i>	7
IXIARO INJ.....	89
J	
JAKAFI TAB 10MG	24
JAKAFI TAB 15MG	24
JAKAFI TAB 20MG	24
JAKAFI TAB 25MG	24
JAKAFI TAB 5MG	24
<i>jantoven tab 10mg</i>	84
<i>jantoven tab 1mg</i>	84
<i>jantoven tab 2.5mg</i>	84
<i>jantoven tab 2mg</i>	84
<i>jantoven tab 3mg</i>	84
<i>jantoven tab 4mg</i>	84
<i>jantoven tab 5mg</i>	84
<i>jantoven tab 6mg</i>	84

<i>jantoven tab 7.5mg</i>	84
JANUMET TAB 50-1000.....	65
JANUMET TAB 50-500MG	65
JANUMET XR TAB 100-1000	65
JANUMET XR TAB 50-1000	65
JANUMET XR TAB 50-500MG	65
JANUVIA TAB 100MG.....	65
JANUVIA TAB 25MG	65
JANUVIA TAB 50MG	65
JENTADUETO TAB 2.5-1000	65
JENTADUETO TAB 2.5-500	65
JENTADUETO TAB 2.5-850	65
JENTADUETO TAB XR	65
<i>jinteli tab 1mg-5mcg</i>	72
JOLIVETTE TAB 0.35MG	68
<i>juleber tab</i>	68
<i>junel 1.5/30 tab</i>	68
<i>junel 1/20 tab</i>	68
<i>junel fe tab 1.5/30</i>	68
<i>junel fe tab 1/20</i>	68
JUXTAPID CAP 10MG	34
JUXTAPID CAP 20MG	34
JUXTAPID CAP 30MG	34
JUXTAPID CAP 40MG	34
JUXTAPID CAP 5MG.....	33
JUXTAPID CAP 60MG	34
K	
KADCYLA INJ 100MG	22
KADCYLA INJ 160MG	22
KALETRA SOL	11
KALETRA TAB 100-25MG	11
KALETRA TAB 200-50MG	11
KALYDECO PAK 50MG.....	98
KALYDECO PAK 75MG.....	98
KALYDECO TAB 150MG	98
<i>kariva tab 28 day</i>	68
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	92
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	92
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	92
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	92
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	92
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	92

KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	92
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	92
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ.....	92
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	92
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	92
KCL/D5W/NACL INJ 0.15/0.2	92
KCL/D5W/NACL INJ 0.3/0.9%.....	92
<i>kelnor tab 1/35</i>	68
<i>ketoconazole cream 2%</i>	101
<i>ketoconazole shampoo 2%</i>	102
<i>ketoconazole tab 200 mg</i>	8
<i>ketoprofen cap 50 mg</i>	1
<i>ketoprofen cap 75 mg</i>	1
<i>ketorolac tromethamine ophth soln 0.4%</i>	95
<i>ketorolac tromethamine ophth soln 0.5%</i>	95
KEYTRUDA INJ 100MG/4M.....	22
KEYTRUDA SOL 50MG.....	22
<i>kimidess tab</i>	68
KINRIX INJ	89
<i>kionex pow</i>	67
<i>kionex sus 15gm/60</i>	67
KISQALI 200 PAK FEMARA.....	22
KISQALI 400 PAK FEMARA.....	22
KISQALI 600 PAK FEMARA.....	22
KISQALI TAB 200DOSE	22
KISQALI TAB 400DOSE	22
KISQALI TAB 600DOSE	22
KLOR-CON 10 TAB 10MEQ ER	90
KLOR-CON 8 TAB 8MEQ ER.....	90
<i>klor-con m15 tab 15meq er</i>	90
KORLYM TAB 300MG.....	74
KUVAN POW 100MG	71
KUVAN POW 500MG	71
KUVAN TAB 100MG	71
KYNAMRO INJ 200MG/ML	34
L	
<i>labetalol hcl tab 100 mg</i>	35
<i>labetalol hcl tab 200 mg</i>	35
<i>labetalol hcl tab 300 mg</i>	35
LACTATED RINGER'S SOLUTION	92
<i>lactic acid (ammonium lactate) cream</i>	

12%.....	104	LETAIRIS TAB 10MG	40
<i>lactic acid (ammonium lactate) lotion</i>		LETAIRIS TAB 5MG.....	40
12%.....	104	<i>letrozole tab 2.5 mg</i>	23
<i>lactulose (encephalopathy) solution 10</i>		<i>leucovorin calcium for inj 100 mg</i>	26
<i>gm/15ml</i>	80	<i>leucovorin calcium for inj 200 mg</i>	26
<i>lactulose solution 10 gm/15ml</i>	80	<i>leucovorin calcium for inj 350 mg</i>	26
<i>lamivudine oral soln 10 mg/ml</i>	10	<i>leucovorin calcium for inj 50 mg</i>	26
<i>lamivudine tab 100 mg (hbv)</i>	12	<i>leucovorin calcium for inj 500 mg</i>	26
<i>lamivudine tab 150 mg</i>	10	<i>leucovorin calcium tab 10 mg</i>	26
<i>lamivudine tab 300 mg</i>	10	<i>leucovorin calcium tab 15 mg</i>	26
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>leucovorin calcium tab 25 mg</i>	26
.....	11	<i>leucovorin calcium tab 5 mg</i>	26
<i>lamotrigine tab 100 mg</i>	44	LEUKERAN TAB 2MG.....	19
<i>lamotrigine tab 150 mg</i>	44	LEUKINE INJ 250MCG	84
<i>lamotrigine tab 200 mg</i>	44	<i>leuprolide acetate inj kit 5 mg/ml</i>	23
<i>lamotrigine tab 25 mg</i>	44	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
<i>lamotrigine tab chewable dispersible 25</i>		<i>(base equiv)</i>	97
<i>mg</i>	44	<i>levalbuterol hcl soln nebu conc 1.25</i>	
<i>lamotrigine tab chewable dispersible 5</i>		<i>mg/0.5ml (base equiv)</i>	97
<i>mg</i>	44	LEVALBUTEROL TARTRATE INHAL	
<i>lamotrigine tab er 24hr 100 mg</i>	45	AEROSOL 45 MCG/ACT (BASE EQUIV)	97
<i>lamotrigine tab er 24hr 200 mg</i>	45	LEVEMIR INJ.....	64
<i>lamotrigine tab er 24hr 25 mg</i>	44	LEVEMIR INJ FLEXTouc	64
<i>lamotrigine tab er 24hr 250 mg</i>	45	LEVETIRACETA INJ 10MG/ML.....	45
<i>lamotrigine tab er 24hr 300 mg</i>	45	LEVETIRACETA INJ 15MG/ML.....	45
<i>lamotrigine tab er 24hr 50 mg</i>	44	LEVETIRACETA INJ 5MG/ML.....	45
LANTUS INJ 100/ML	64	LEVETIRACETAM IN SODIUM CHLORIDE	
LANTUS INJ SOLOSTAR	64	IV SOLN 1000 MG/100ML.....	45
<i>larin fe tab 1.5/30</i>	68	LEVETIRACETAM IN SODIUM CHLORIDE	
<i>larin fe tab 1/20</i>	68	IV SOLN 1500 MG/100ML.....	45
<i>larin tab 1.5/30</i>	68	LEVETIRACETAM IN SODIUM CHLORIDE	
<i>larin tab 1/20</i>	68	IV SOLN 500 MG/100ML.....	45
LASTACFT SOL 0.25%	95	<i>levetiracetam inj 500 mg/5ml (100</i>	
<i>latanoprost ophth soln 0.005%</i>	95	<i>mg/ml)</i>	45
LATUDA TAB 120MG.....	56	<i>levetiracetam oral soln 100 mg/ml</i>	45
LATUDA TAB 20MG	56	<i>levetiracetam tab 1000 mg</i>	45
LATUDA TAB 40MG	56	<i>levetiracetam tab 250 mg</i>	45
LATUDA TAB 60MG	56	<i>levetiracetam tab 500 mg</i>	45
LATUDA TAB 80MG	56	<i>levetiracetam tab 750 mg</i>	45
<i>leflunomide tab 10 mg</i>	86	<i>levetiracetam tab er 24hr 500 mg</i>	45
<i>leflunomide tab 20 mg</i>	86	<i>levetiracetam tab er 24hr 750 mg</i>	45
LENVIMA CAP 10 MG	24	<i>levobunolol hcl ophth soln 0.5%</i>	95
LENVIMA CAP 14 MG	24	<i>levocarnitine inj 200 mg/ml</i>	71
LENVIMA CAP 18 MG	24	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	
LENVIMA CAP 20 MG	24	.....	71
LENVIMA CAP 24 MG	24	<i>levocarnitine tab 330 mg</i>	71
LENVIMA CAP 8 MG.....	24	<i>levocetirizine dihydrochloride soln 2.5</i>	
<i>lessina tab</i>	68	<i>mg/5ml (0.5 mg/ml)</i>	97

<i>levocetirizine dihydrochloride tab 5 mg</i>	97	LEVOXYL TAB 125MCG.....	76
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>		LEVOXYL TAB 137MCG.....	76
.....	16	LEVOXYL TAB 150MCG.....	76
<i>levofloxacin in d5w iv soln 500</i>		LEVOXYL TAB 175MCG.....	76
<i>mg/100ml.....</i>	16	LEVOXYL TAB 200MCG.....	76
<i>levofloxacin in d5w iv soln 750</i>		LEVOXYL TAB 25MCG.....	75
<i>mg/150ml.....</i>	16	LEVOXYL TAB 50MCG.....	75
<i>levofloxacin iv soln 25 mg/ml</i>	16	LEVOXYL TAB 75MCG.....	75
<i>levofloxacin oral soln 25 mg/ml</i>	16	LEVOXYL TAB 88MCG.....	75
<i>levofloxacin tab 250 mg.....</i>	16	LEXIVA SUS 50MG/ML	10
<i>levofloxacin tab 500 mg.....</i>	16	LEXIVA TAB 700MG	10
<i>levofloxacin tab 750 mg.....</i>	16	<i>lidocaine hcl gel 2%</i>	103
LEVOLEUCOVOR INJ 175MG	26	<i>lidocaine hcl local inj 0.5%</i>	5
<i>levoleucovor sol 250mg/25</i>	26	<i>lidocaine hcl local inj 1%</i>	5
<i>levoleucovorin calcium for iv inj 50 mg</i>		<i>lidocaine hcl local inj 2%</i>	5
<i>(base equiv).....</i>	26	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levoleucovorin calcium inj 175</i>		<i>inj 0.5%.....</i>	5
<i>mg/17.5ml (base equiv)</i>	26	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levonest tab</i>	68	<i>inj 1%</i>	5
<i>levonorgestrel & ethinyl estradiol</i>		<i>lidocaine hcl local preservative free (pf)</i>	
<i>(91-day) tab 0.15-0.03 mg</i>	68	<i>inj 1.5%.....</i>	5
LEVONORGESTREL & ETHINYL		<i>lidocaine hcl soln 4%</i>	103
ESTRADIOL (91-DAY) TAB 0.15-0.03 MG		<i>lidocaine hcl viscous soln 2%.....</i>	104
.....	68	<i>lidocaine oint 5%</i>	103
<i>levonorgestrel & ethinyl estradiol tab 0.1</i>		<i>lidocaine patch 5%</i>	103
<i>mg-20 mcg</i>	68	<i>lidocaine-prilocaine cream 2.5-2.5%. 103</i>	
<i>levonorgestrel & ethinyl estradiol tab</i>		LINEZOLID FOR SUSP 100 MG/5ML	7
<i>0.15 mg-30 mcg.....</i>	68	LINEZOLID IN SODIUM CHLORIDE IV	
<i>levonorgestrel tab 1.5 mg</i>	68	SOLN 600 MG/300ML-0.9%.....	7
<i>levonorgestrel-eth estra tab</i>		<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>0.05-30/0.075-40/0.125-30mg-mcg ...</i>	68	<i>mg/ml)</i>	7
<i>levora-28 tab 0.15/30</i>	68	LINEZOLID TAB 600 MG.....	7
<i>levothyroxine sodium tab 100 mcg.....</i>	75	LINZESS CAP 145MCG	80
<i>levothyroxine sodium tab 112 mcg.....</i>	75	LINZESS CAP 290MCG	80
<i>levothyroxine sodium tab 125 mcg.....</i>	75	LINZESS CAP 72MCG.....	80
<i>levothyroxine sodium tab 137 mcg.....</i>	75	<i>liothyronine sodium tab 25 mcg</i>	76
<i>levothyroxine sodium tab 150 mcg.....</i>	75	<i>liothyronine sodium tab 5 mcg</i>	76
<i>levothyroxine sodium tab 175 mcg.....</i>	75	<i>liothyronine sodium tab 50 mcg</i>	76
<i>levothyroxine sodium tab 200 mcg.....</i>	75	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 25 mcg</i>	75	<i>10-12.5 mg</i>	28
LEVOTHYROXINE SODIUM TAB 300 MCG		<i>lisinopril & hydrochlorothiazide tab</i>	
.....	75	<i>20-12.5 mg</i>	28
<i>levothyroxine sodium tab 50 mcg</i>	75	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
LEVOTHYROXINE SODIUM TAB 75 MCG		<i>mg</i>	28
.....	75	<i>lisinopril tab 10 mg.....</i>	28
<i>levothyroxine sodium tab 88 mcg</i>	75	<i>lisinopril tab 2.5 mg</i>	28
LEVOXYL TAB 100MCG	75	<i>lisinopril tab 20 mg.....</i>	28
LEVOXYL TAB 112MCG	75	<i>lisinopril tab 30 mg.....</i>	29

<i>lisinopril tab 40 mg</i>	29	<i>lutra tab</i>	69
<i>lisinopril tab 5 mg</i>	28	LYNPARZA CAP 50MG	22
<i>lithium carbonate cap 150 mg</i>	61	LYRICA CAP 100MG	45
<i>lithium carbonate cap 300 mg</i>	61	LYRICA CAP 150MG	45
<i>lithium carbonate cap 600 mg</i>	61	LYRICA CAP 200MG	45
<i>lithium carbonate tab 300 mg</i>	61	LYRICA CAP 225MG	45
<i>lithium carbonate tab er 300 mg</i>	61	LYRICA CAP 25MG	45
<i>lithium carbonate tab er 450 mg</i>	61	LYRICA CAP 300MG	45
LITHIUM SOL 8MEQ/5ML.....	61	LYRICA CAP 50MG	45
LONSURF TAB 15-6.14	25	LYRICA CAP 75MG	45
LONSURF TAB 20-8.19	25	LYRICA SOL 20MG/ML.....	45
<i>loperamide hcl cap 2 mg</i>	80	LYSODREN TAB 500MG	23
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> (80-20 mg/ml)	11	<i>lyza tab 0.35mg</i>	69
<i>lorazepam con 2mg/ml</i>	42	M	
<i>lorazepam inj 2 mg/ml</i>	42	MAGNESIUM SU INJ 20/500ML.....	90
<i>lorazepam inj 4 mg/ml</i>	42	MAGNESIUM SU INJ 2GM/50ML.....	90
<i>lorazepam tab 0.5 mg</i>	42	MAGNESIUM SU INJ 40G/1000	90
<i>lorazepam tab 1 mg</i>	42	MAGNESIUM SU INJ 4G/100ML	90
<i>lorazepam tab 2 mg</i>	42	MAGNESIUM SU INJ 80MG/ML	90
<i>loryna tab 3-0.02mg</i>	68	<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	90
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	30	<i>magnesium sulfate inj 50%</i>	90
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	30	MAGNESIUM SULFATE INJ 50%	90
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	30	<i>magnesium sulfate iv soln 2 gm/50ml</i> (40 mg/ml)	90
<i>losartan potassium tab 100 mg</i>	31	<i>malathion lotion 0.5%</i>	104
<i>losartan potassium tab 25 mg</i>	31	<i>maprotiline hcl tab 25 mg</i>	51
<i>losartan potassium tab 50 mg</i>	31	<i>maprotiline hcl tab 50 mg</i>	51
LOTEMAX GEL 0.5%	95	<i>maprotiline hcl tab 75 mg</i>	51
LOTEMAX OIN 0.5%	95	<i>marlissa tab 0.15/30</i>	69
LOTEMAX SUS 0.5%.....	95	MARPLAN TAB 10MG.....	51
<i>lovastatin tab 10 mg</i>	33	MATULANE CAP 50MG.....	25
<i>lovastatin tab 20 mg</i>	33	MAVYRET TAB 100-40MG	12
<i>lovastatin tab 40 mg</i>	33	MAXIDEX SUS 0.1% OP	95
<i>loxapine succinate cap 10 mg</i>	56	<i>meclizine hcl tab 12.5 mg</i>	77
<i>loxapine succinate cap 25 mg</i>	56	<i>meclizine hcl tab 25 mg</i>	77
<i>loxapine succinate cap 5 mg</i>	56	<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	69
<i>loxapine succinate cap 50 mg</i>	56	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	69
LUMIGAN SOL 0.01%	95	<i>medroxyprogesterone acetate tab 10 mg</i>	75
LUMIZYME INJ 50MG	71	<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	75
LUPR DEP-PED INJ 11.25MG.....	74	<i>medroxyprogesterone acetate tab 5 mg</i>	75
LUPR DEP-PED INJ 15MG	74	<i>mefloquine hcl tab 250 mg</i>	9
LUPR DEP-PED INJ 3M 30MG	74	<i>megestrol acetate susp 40 mg/ml</i>	23
LUPR DEP-PED INJ 7.5MG	74		
LUPRON DEPOT INJ 11.25MG	23		
LUPRON DEPOT INJ 3.75MG	23		

MEGESTROL ACETATE SUSP 625 MG/5ML	23	<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	20
<i>megestrol acetate tab 20 mg</i>	23	<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	21
<i>megestrol acetate tab 40 mg</i>	23	<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	21
MEKINIST TAB 0.5MG	24	<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	21
MEKINIST TAB 2MG	24	<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	20
MELOXICAM SUSP 7.5 MG/5ML	1	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	86
<i>meloxicam tab 15 mg</i>	2	<i>methyclothiazide tab 5 mg</i>	39
<i>meloxicam tab 7.5 mg</i>	2	<i>methylergonovine maleate tab 0.2 mg</i>	74
<i>melphalan hcl for inj 50 mg (base equiv)</i>	19	<i>methylphenidate hcl soln 10 mg/5ml ..</i>	59
<i>memantine hcl oral solution 2 mg/ml ..</i>	48	<i>methylphenidate hcl soln 5 mg/5ml</i>	59
MEMANTINE HCL TAB 10 MG	48	<i>methylphenidate hcl tab 10 mg</i>	59
<i>memantine hcl tab 5 mg</i>	48	<i>methylphenidate hcl tab 20 mg</i>	59
MENACTRA INJ	89	<i>methylphenidate hcl tab 5 mg</i>	59
MENOMUNE INJ A/C/Y/W	89	<i>methylphenidate hcl tab er 10 mg</i>	59
MENVEO INJ	89	<i>methylphenidate hcl tab er 20 mg</i>	59
<i>mercaptopurine tab 50 mg</i>	20	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	72
<i>meropenem iv for soln 1 gm</i>	7	<i>methylprednisolone acetate inj susp 80 mg/ml</i>	73
<i>meropenem iv for soln 500 mg</i>	7	<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	73
<i>mesalamine enema 4 gm</i>	79	<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	73
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	79	<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	73
MESALAMINE TAB DELAYED RELEASE 800 MG	79	<i>methylprednisolone tab 16 mg</i>	73
<i>mesna inj 100 mg/ml</i>	26	<i>methylprednisolone tab 32 mg</i>	73
MESNEX TAB 400MG	27	<i>methylprednisolone tab 4 mg</i>	73
<i>metformin hcl tab 1000 mg</i>	65	<i>methylprednisolone tab 8 mg</i>	73
<i>metformin hcl tab 500 mg</i>	65	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	73
<i>metformin hcl tab 850 mg</i>	65	<i>metipranolol ophth soln 0.3%</i>	95
<i>metformin hcl tab er 24hr 500 mg</i>	66	<i>metoclopramide hcl inj 5 mg/ml</i>	77
<i>metformin hcl tab er 24hr 750 mg</i>	66	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	77
<i>methadone con 10mg/ml</i>	4	<i>metoclopramide hcl tab 10 mg</i>	77
<i>methadone hcl soln 10 mg/5ml</i>	4	<i>metoclopramide hcl tab 5 mg</i>	77
<i>methadone hcl soln 5 mg/5ml</i>	4	<i>metolazone tab 10 mg</i>	39
<i>methadone hcl tab 10 mg</i>	4	<i>metolazone tab 2.5 mg</i>	39
<i>methadone hcl tab 5 mg</i>	4	<i>metolazone tab 5 mg</i>	39
<i>methazolamide tab 25 mg</i>	39	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	34
<i>methazolamide tab 50 mg</i>	39		
<i>methenamine hippurate tab 1 gm</i>	7		
<i>methergine tab 0.2mg</i>	74		
<i>methimazole tab 10 mg</i>	76		
<i>methimazole tab 5 mg</i>	76		
<i>methotrexate sodium for inj 1 gm</i>	20		
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	20		
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	20		

<i>metoprolol & hydrochlorothiazide tab</i>		
<i>100-50 mg</i>	34	
<i>metoprolol & hydrochlorothiazide tab</i>		
<i>50-25 mg</i>	34	
<i>metoprolol succinate tab er 24hr 100 mg</i>		
<i>(tartrate equiv)</i>	35	
<i>metoprolol succinate tab er 24hr 200 mg</i>		
<i>(tartrate equiv)</i>	35	
<i>metoprolol succinate tab er 24hr 25 mg</i>		
<i>(tartrate equiv)</i>	35	
<i>metoprolol succinate tab er 24hr 50 mg</i>		
<i>(tartrate equiv)</i>	35	
<i>metoprolol tartrate iv soln 5 mg/5ml</i> ...	35	
<i>metoprolol tartrate iv soln cart inj 5</i>		
<i>mg/5ml (1 mg/ml)</i>	35	
<i>metoprolol tartrate tab 100 mg</i>	35	
<i>metoprolol tartrate tab 25 mg</i>	35	
<i>metoprolol tartrate tab 50 mg</i>	35	
<i>metronidazole cream 0.75%</i>	104	
<i>metronidazole gel 0.75%</i>	104	
<i>metronidazole in nacl 0.79% iv soln 500</i>		
<i>mg/100ml</i>	7	
<i>metronidazole lotion 0.75%</i>	104	
<i>metronidazole tab 250 mg</i>	7	
<i>metronidazole tab 500 mg</i>	7	
<i>metronidazole vaginal gel 0.75%</i>	82	
<i>mexiletine hcl cap 150 mg</i>	32	
<i>mexiletine hcl cap 200 mg</i>	32	
<i>mexiletine hcl cap 250 mg</i>	32	
<i>MG SO4/D5W INJ 10MG/ML</i>	90	
<i>MG SO4/D5W INJ 20MG/ML</i>	90	
<i>MIACALCIN INJ 200/ML</i>	74	
<i>midodrine hcl tab 10 mg</i>	39	
<i>midodrine hcl tab 2.5 mg</i>	39	
<i>midodrine hcl tab 5 mg</i>	39	
<i>migergot sup 2/100</i>	60	
<i>minitran dis 0.1mg/hr</i>	40	
<i>minitran dis 0.2mg/hr</i>	40	
<i>minitran dis 0.4mg/hr</i>	40	
<i>minitran dis 0.6mg/hr</i>	40	
<i>minocycline hcl cap 100 mg</i>	18	
<i>minocycline hcl cap 50 mg</i>	18	
<i>minocycline hcl cap 75 mg</i>	18	
<i>minoxidil tab 10 mg</i>	39	
<i>minoxidil tab 2.5 mg</i>	39	
<i>mirtazapine orally disintegrating tab 15</i>		
<i>mg</i>	51	
<i>mirtazapine orally disintegrating tab 30</i>		
<i>mg</i>	51	
<i>mirtazapine orally disintegrating tab 45</i>		
<i>mg</i>	51	
<i>mirtazapine tab 15 mg</i>	51	
<i>mirtazapine tab 30 mg</i>	51	
<i>mirtazapine tab 45 mg</i>	51	
<i>mirtazapine tab 7.5 mg</i>	51	
<i>misoprostol tab 100 mcg</i>	80	
<i>misoprostol tab 200 mcg</i>	80	
<i>mitomycin for iv soln 20 mg</i>	20	
<i>mitomycin for iv soln 40 mg</i>	20	
<i>mitomycin for iv soln 5 mg</i>	20	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		
<i>mg/ml)</i>	25	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>		
<i>(2 mg/ml)</i>	25	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		
<i>mg/ml)</i>	25	
<i>M-M-R II INJ</i>	89	
<i>moexipril hcl tab 15 mg</i>	29	
<i>moexipril hcl tab 7.5 mg</i>	29	
<i>moexipril-hydrochlorothiazide tab</i>		
<i>15-12.5 mg</i>	28	
<i>moexipril-hydrochlorothiazide tab 15-25</i>		
<i>mg</i>	28	
<i>moexipril-hydrochlorothiazide tab</i>		
<i>7.5-12.5 mg</i>	28	
<i>molindone hcl tab 10 mg</i>	56	
<i>molindone hcl tab 25 mg</i>	56	
<i>mometasone furoate cream 0.1%</i>	103	
<i>mometasone furoate oint 0.1%</i>	103	
<i>mometasone furoate solution 0.1%</i>		
<i>(lotion)</i>	103	
<i>MONONESSA TAB</i>	69	
<i>montelukast sodium chew tab 4 mg</i>		
<i>(base equiv)</i>	98	
<i>montelukast sodium chew tab 5 mg</i>		
<i>(base equiv)</i>	98	
<i>montelukast sodium oral granules packet</i>		
<i>4 mg (base equiv)</i>	98	
<i>montelukast sodium tab 10 mg (base</i>		
<i>equiv)</i>	98	
<i>MORPHINE SUL INJ 150/30ML</i>	4	
<i>MORPHINE SUL INJ 2MG/ML</i>	4	
<i>MORPHINE SUL INJ 4MG/ML</i>	4	
<i>MORPHINE SUL INJ 8MG/ML</i>	4	
<i>morphine sulfate inj pf 0.5 mg/ml</i>	4	
<i>morphine sulfate inj pf 1 mg/ml</i>	4	

MORPHINE SULFATE IV SOLN 1 MG/ML	4
MORPHINE SULFATE IV SOLN PF 10 MG/ML.....	4
MORPHINE SULFATE IV SOLN PF 15 MG/ML.....	4
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4
MORPHINE SULFATE ORAL SOLN 10 MG/5ML.....	4
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	4
MORPHINE SULFATE ORAL SOLN 20 MG/5ML.....	4
MORPHINE SULFATE TAB 15 MG	4
MORPHINE SULFATE TAB 30 MG	4
<i>morphine sulfate tab er 100 mg</i>	4
<i>morphine sulfate tab er 15 mg</i>	4
<i>morphine sulfate tab er 200 mg</i>	4
<i>morphine sulfate tab er 30 mg</i>	4
<i>morphine sulfate tab er 60 mg</i>	4
MOVANTIK TAB 12.5MG.....	80
MOVANTIK TAB 25MG	80
MOVIPREP SOL.....	80
MOXEZA SOL 0.5%	94
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	94
MOZOBIL INJ	84
MULTAQ TAB 400MG	32
<i>mupirocin oint 2%</i>	101
MUSTARGEN INJ 10MG.....	19
MYCAMINE INJ 100MG.....	9
MYCAMINE INJ 50MG	8
<i>mycophenolate mofetil cap 250 mg</i>	88
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	88
<i>mycophenolate mofetil tab 500 mg</i>	88
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	88
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	88
<i>myorisan cap 10mg</i>	100
<i>myorisan cap 20mg</i>	100
<i>myorisan cap 30mg</i>	100
<i>myorisan cap 40mg</i>	100
MYRBETRIQ TAB 25MG	82
MYRBETRIQ TAB 50MG	82
<i>myzilra tab</i>	69

N

<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol tab 20 mg</i>	35
<i>nadolol tab 40 mg</i>	35
<i>nadolol tab 80 mg</i>	35
<i>nafcillin sodium for inj 1 gm</i>	17
<i>nafcillin sodium for inj 10 gm</i>	17
<i>nafcillin sodium for inj 2 gm</i>	17
<i>nafcillin sodium for iv soln 1 gm</i>	17
<i>nafcillin sodium for iv soln 2 gm</i>	17
NAGLAZYME INJ 1MG/ML	71
<i>nalbuphine hcl inj 10 mg/ml</i>	2
<i>nalbuphine hcl inj 20 mg/ml</i>	2
<i>naloxone hcl inj 0.4 mg/ml</i>	63
<i>naloxone hcl inj 4 mg/10ml</i>	63
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> 63	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	63
<i>naltrexone hcl tab 50 mg</i>	63
NAMENDA XR CAP 14MG	48
NAMENDA XR CAP 21MG	48
NAMENDA XR CAP 28MG	48
NAMENDA XR CAP 7MG	48
NAMENDA XR CAP TITRATIO.....	48
NAMZARIC CAP	48
NAMZARIC CAP 14-10MG	48
NAMZARIC CAP 21-10MG	48
NAMZARIC CAP 28-10MG	48
NAMZARIC CAP 7-10MG.....	48
<i>naphazoline hcl ophth soln 0.1%</i>	96
<i>naproxen dr tab 375mg</i>	2
<i>naproxen dr tab 500mg</i>	2
<i>naproxen sodium tab 275 mg</i>	2
<i>naproxen sodium tab 550 mg</i>	2
<i>naproxen susp 125 mg/5ml</i>	2
<i>naproxen tab 250 mg</i>	2
<i>naproxen tab 375 mg</i>	2
<i>naproxen tab 500 mg</i>	2
<i>naratriptan hcl tab 1 mg (base equiv)</i> .	60
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	60
NATACYN SUS 5% OP.....	94
<i>nateglinide tab 120 mg</i>	66
<i>nateglinide tab 60 mg</i>	66
NATPARA INJ 100MCG	75
NATPARA INJ 25MCG	75
NATPARA INJ 50MCG	75

NATPARA INJ 75MCG.....	75	NEXIUM GRA 5MG DR.....	81
NEBUPENT INH 300MG	7	<i>niacin tab er 1000 mg</i>	
<i>necon tab 0.5/35</i>	69	<i>(antihyperlipidemic)</i>	34
NECON TAB 1/50-28	69	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>necon tab 10/11-28</i>	69	<i>.....</i>	34
NECON TAB 7/7/7.....	69	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
<i>nefazodone hcl tab 100 mg</i>	51	<i>.....</i>	34
<i>nefazodone hcl tab 150 mg</i>	51	<i>niacor tab 500mg.....</i>	34
<i>nefazodone hcl tab 200 mg</i>	51	<i>nicardipine hcl cap 20 mg.....</i>	37
<i>nefazodone hcl tab 250 mg</i>	51	<i>nicardipine hcl cap 30 mg.....</i>	37
<i>nefazodone hcl tab 50 mg.....</i>	51	NICOTROL INH	63
<i>neomycin sulfate tab 500 mg</i>	5	NICOTROL NS SPR 10MG/ML	63
<i>neomycin-bacitrac zn-polymyx</i>		<i>nifedipine tab er 24hr 30 mg</i>	37
<i>5(3.5)mg-400unt-10000unt op oin</i>	94	<i>nifedipine tab er 24hr 60 mg</i>	37
<i>neomycin-polymy-gramicid op sol</i>		<i>nifedipine tab er 24hr 90 mg</i>	37
<i>1.75-10000-0.025mg-unt-mg/ml.....</i>	94	<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>mg</i>	37
<i>ophth oint 0.1%</i>	93	<i>nifedipine tab er 24hr osmotic release 60</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>mg</i>	37
<i>ophth susp 0.1%</i>	93	<i>nifedipine tab er 24hr osmotic release 90</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	93	<i>mg</i>	37
<i>neomycin-polymyxin-hc otic soln 1%</i>	105	<i>nikki tab 3-0.02mg.....</i>	69
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nilutamide tab 150 mg.....</i>	23
<i>mg/ml-10000 unit/ml-1%.....</i>	105	<i>nimodipine cap 30 mg</i>	37
NEORAL CAP 100MG.....	88	NINLARO CAP 2.3MG	22
NEORAL CAP 25MG	88	NINLARO CAP 3MG	22
NEORAL SOL 100MG/ML	88	NINLARO CAP 4MG.....	22
NEPHRAMINE INJ 5.4%	91	NIPENT INJ 10MG.....	21
NERLYNX TAB 40MG.....	24	<i>nitro-bid oin 2%.....</i>	40
NEUPOGEN INJ 300/0.5	84	NITRO-DUR DIS 0.3MG/HR.....	40
NEUPOGEN INJ 300MCG	84	NITRO-DUR DIS 0.8MG/HR.....	40
NEUPOGEN INJ 480/0.8	84	<i>nitrofurantoin macrocrystalline cap 100</i>	
NEUPOGEN INJ 480MCG	84	<i>mg</i>	7
NEUPRO DIS 1MG/24HR	53	<i>nitrofurantoin macrocrystalline cap 50</i>	
NEUPRO DIS 2MG/24HR	53	<i>mg</i>	7
NEUPRO DIS 3MG/24HR	53	<i>nitrofurantoin monohydrate</i>	
NEUPRO DIS 4MG/24HR	53	<i>macrocrystalline cap 100 mg</i>	7
NEUPRO DIS 6MG/24HR	53	<i>nitroglycerin sl tab 0.3 mg.....</i>	40
NEUPRO DIS 8MG/24HR	53	<i>nitroglycerin sl tab 0.4 mg.....</i>	40
NEVIRAPINE SUSP 50 MG/5ML	10	<i>nitroglycerin sl tab 0.6 mg.....</i>	40
<i>nevirapine tab 200 mg</i>	10	<i>nitroglycerin td patch 24hr 0.1 mg/hr .</i>	40
<i>nevirapine tab er 24hr 100 mg</i>	10	<i>nitroglycerin td patch 24hr 0.2 mg/hr .</i>	40
<i>nevirapine tab er 24hr 400 mg</i>	10	<i>nitroglycerin td patch 24hr 0.4 mg/hr .</i>	40
NEXAVAR TAB 200MG.....	24	<i>nitroglycerin td patch 24hr 0.6 mg/hr .</i>	40
NEXIUM GRA 10MG DR.....	81	NORDITROPIN INJ 10/1.5ML.....	73
NEXIUM GRA 2.5MG DR.....	81	NORDITROPIN INJ 15/1.5ML.....	74
NEXIUM GRA 20MG DR.....	81	NORDITROPIN INJ 30/3ML	74
NEXIUM GRA 40MG DR.....	81	NORDITROPIN INJ 5/1.5ML	73

<i>norelgestromin-ethinyl estradiol td ptwk</i>		<i>nortriptyline hcl cap 50 mg</i>	51
<i>150-35 mcg/24hr</i>	69	<i>nortriptyline hcl cap 75 mg</i>	51
<i>norethindrone & ethinyl estradiol tab 1</i>		<i>nortriptyline hcl soln 10 mg/5ml</i>	51
<i>mg-35 mcg</i>	69	NORVIR CAP 100MG	10
<i>norethindrone ace & ethinyl estradiol tab</i>		NORVIR SOL 80MG/ML.....	10
<i>1 mg-20 mcg</i>	69	NORVIR TAB 100MG	10
NORETHINDRONE ACE & ETHINYL		NOVOLIN INJ 70/30.....	64
ESTRADIOL TAB 1 MG-20 MCG	69	NOVOLIN N INJ U-100	64
<i>norethindrone ace & ethinyl estradiol tab</i>		NOVOLIN R INJ U-100	64
<i>1.5 mg-30 mcg</i>	69	NOVOLOG INJ 100/ML	64
NORETHINDRONE ACE & ETHINYL		NOVOLOG INJ FLEXPEN.....	64
ESTRADIOL TAB 1.5 MG-30 MCG	69	NOVOLOG INJ PENFILL	64
NORETHINDRONE ACE & ETHINYL		NOVOLOG MIX INJ 70/30	64
ESTRADIOL-FE TAB 1 MG-20 MCG	69	NOVOLOG MIX INJ FLEXPEN	64
NORETHINDRONE ACE & ETHINYL		NOXAFIL SUS 40MG/ML	9
ESTRADIOL-FE TAB 1.5 MG-30 MCG....	69	NOXAFIL TAB 100MG.....	9
<i>norethindrone acetate tab 5 mg</i>	75	NUEDEXTA CAP 20-10MG	61
<i>norethindrone acetate-ethinyl estradiol</i>		NULOJIX INJ 250MG	88
<i>tab 1 mg-5 mcg</i>	72	NULYTELY SOL FLAV PKS	80
NORETHINDRONE AC-ETHINYL		NUPLAZID TAB 17MG.....	56
ESTRAD-FE TAB 1-20/1-30/1-35		NUVARING MIS	70
MG-MCG	69	<i>nyamyc pow 100000</i>	101
<i>norethindrone tab 0.35 mg</i>	69	<i>nyata pow 100000</i>	101
NORETHINDRONE TAB 0.35 MG.....	69	NYMALIZE SOL 60/20ML	37
NORETHINDRONE-ETH ESTRADIOL TAB		<i>nystatin cream 100000 unit/gm</i>	101
0.5-35/1-35/0.5-35 MG-MCG	69	<i>nystatin oint 100000 unit/gm</i>	101
<i>norgestimate & ethinyl estradiol tab 0.25</i>		<i>nystatin susp 100000 unit/ml</i>	104
<i>mg-35 mcg</i>	69	<i>nystatin tab 500000 unit</i>	9
<i>norgestimate-eth estrad tab</i>		<i>nystatin topical powder 100000 unit/gm</i>	
<i>0.18-25/0.215-25/0.25-25 mg-mcg</i>	69	.....	101
<i>norgestimate-eth estrad tab</i>		<i>nystop pow 100000</i>	101
<i>0.18-35/0.215-35/0.25-35 mg-mcg</i>	69	O	
<i>norgestrel & ethinyl estradiol tab 0.3</i>		OCTAGAM INJ 10GM	87
<i>mg-30 mcg</i>	70	OCTAGAM INJ 1GM.....	87
<i>norlyroc tab 0.35mg</i>	70	OCTAGAM INJ 2.5GM	87
NORMOSOL -M INJ /D5W	92	OCTAGAM INJ 25GM	87
NORMOSOL -R INJ /D5W	92	OCTAGAM INJ 2GM/20ML	87
NORMOSOL-R INJ PH 7.4	92	OCTAGAM INJ 5GM.....	87
NORPACE CAP 100MG CR.....	32	<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
NORPACE CAP 150MG CR.....	32	<i>mg/ml)</i>	74
NORTHERA CAP 100MG	39	<i>octreotide acetate inj 1000 mcg/ml (1</i>	
NORTHERA CAP 200MG	39	<i>mg/ml)</i>	74
NORTHERA CAP 300MG	39	<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
<i>nortrel tab 0.5/35</i>	70	<i>mg/ml)</i>	74
<i>nortrel tab 1/35</i>	70	<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
<i>nortrel tab 7/7/7</i>	70	<i>mg/ml)</i>	74
<i>nortriptyline hcl cap 10 mg</i>	51	<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
<i>nortriptyline hcl cap 25 mg</i>	51	<i>mg/ml)</i>	74

ODEFSEY TAB.....	11	<i>omeprazole cap delayed release 40 mg</i>	81
ODOMZO CAP 200MG	25	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	
OFEV CAP 100MG	98	.....	77
OFEV CAP 150MG	98	<i>ondansetron hcl inj 40 mg/20ml (2</i>	
<i>ofloxacin ophth soln 0.3%</i>	94	<i>mg/ml)</i>	77
<i>ofloxacin otic soln 0.3%</i>	105	<i>ondansetron hcl oral soln 4 mg/5ml....</i>	77
<i>olanzapine for im inj 10 mg</i>	56	<i>ondansetron hcl tab 24 mg</i>	77
<i>olanzapine orally disintegrating tab 10</i>		<i>ondansetron hcl tab 4 mg</i>	77
<i>mg</i>	56	<i>ondansetron hcl tab 8 mg</i>	77
<i>olanzapine orally disintegrating tab 15</i>		<i>ondansetron orally disintegrating tab 4</i>	
<i>mg</i>	56	<i>mg</i>	77
<i>olanzapine orally disintegrating tab 20</i>		<i>ondansetron orally disintegrating tab 8</i>	
<i>mg</i>	56	<i>mg</i>	77
<i>olanzapine orally disintegrating tab 5 mg</i>		ONFI SUS 2.5MG/ML.....	45
.....	56	ONFI TAB 10MG	45
<i>olanzapine tab 10 mg</i>	56	ONFI TAB 20MG	45
<i>olanzapine tab 15 mg</i>	56	OPSUMIT TAB 10MG	40
<i>olanzapine tab 2.5 mg</i>	56	ORFADIN CAP 10MG	71
<i>olanzapine tab 20 mg</i>	56	ORFADIN CAP 20MG	71
<i>olanzapine tab 5 mg</i>	56	ORFADIN CAP 2MG.....	71
<i>olanzapine tab 7.5 mg</i>	56	ORFADIN CAP 5MG.....	71
<i>olmesartan medoxomil tab 20 mg</i>	31	ORFADIN SUS 4MG/ML	71
<i>olmesartan medoxomil tab 40 mg</i>	31	ORKAMBI TAB 100-125	98
<i>olmesartan medoxomil tab 5 mg</i>	31	ORKAMBI TAB 200-125	98
<i>olmesartan</i>		<i>orsythia tab</i>	70
<i>medoxomil-hydrochlorothiazide tab</i>		<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>20-12.5 mg</i>	30	<i>equiv)</i>	12
<i>olmesartan</i>		<i>oseltamivir phosphate cap 45 mg (base</i>	
<i>medoxomil-hydrochlorothiazide tab</i>		<i>equiv)</i>	12
<i>40-12.5 mg</i>	30	<i>oseltamivir phosphate cap 75 mg (base</i>	
<i>olmesartan</i>		<i>equiv)</i>	13
<i>medoxomil-hydrochlorothiazide tab</i>		<i>oxacillin sodium for inj 1 gm (base</i>	
<i>40-25 mg</i>	30	<i>equivalent)</i>	18
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		<i>oxacillin sodium for inj 10 gm (base</i>	
<i>de tab 20-5-12.5 mg</i>	30	<i>equivalent)</i>	18
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		<i>oxacillin sodium for inj 2 gm (base</i>	
<i>de tab 40-10-12.5 mg</i>	31	<i>equivalent)</i>	18
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		<i>oxaliplatin for iv inj 100 mg</i>	26
<i>de tab 40-10-25 mg</i>	31	<i>oxaliplatin for iv inj 50 mg</i>	26
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		<i>oxaliplatin iv soln 100 mg/20ml</i>	26
<i>de tab 40-5-12.5 mg</i>	31	<i>oxaliplatin iv soln 50 mg/10ml</i>	26
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		<i>oxandrolone tab 10 mg</i>	63
<i>de tab 40-5-25 mg</i>	31	<i>oxandrolone tab 2.5 mg</i>	63
<i>olopatadine hcl ophth soln 0.2% (base</i>		<i>oxcarbazepine susp 300 mg/5ml (60</i>	
<i>equivalent)</i>	95	<i>mg/ml)</i>	45
<i>omega-3-acid ethyl esters cap 1 gm</i>	34	<i>oxcarbazepine tab 150 mg</i>	45
<i>omeprazole cap delayed release 10 mg</i>	81	<i>oxcarbazepine tab 300 mg</i>	45
<i>omeprazole cap delayed release 20 mg</i>	81	<i>oxcarbazepine tab 600 mg</i>	45

<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	82
<i>oxybutynin chloride tab 5 mg</i>	82
<i>oxybutynin chloride tab er 24hr 10 mg</i>	82
<i>oxybutynin chloride tab er 24hr 15 mg</i>	82
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	82
<i>oxycodone hcl cap 5 mg</i>	4
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4
<i>OXYCODONE HCL SOLN 5 MG/5ML</i>	4
<i>oxycodone hcl tab 10 mg</i>	4
<i>oxycodone hcl tab 15 mg</i>	4
<i>oxycodone hcl tab 20 mg</i>	4
<i>oxycodone hcl tab 30 mg</i>	4
<i>oxycodone hcl tab 5 mg</i>	4
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	4
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	5

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<i>pacerone tab 100mg</i>	32
<i>pacerone tab 200mg</i>	32
<i>pacerone tab 400mg</i>	32
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	21
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	21
<i>paliperidone tab er 24hr 1.5 mg</i>	56
<i>paliperidone tab er 24hr 3 mg</i>	56
<i>paliperidone tab er 24hr 6 mg</i>	56
<i>paliperidone tab er 24hr 9 mg</i>	56
<i>pamidronate disodium for inj 30 mg</i>	66
<i>pamidronate disodium for inj 90 mg</i>	66
<i>pamidronate disodium iv soln 3 mg/ml</i>	66
<i>pamidronate disodium iv soln 9 mg/ml</i>	66
<i>pamidronate inj 6mg/ml</i>	66
<i>PANRETIN GEL 0.1%</i>	104
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	81

<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	82
<i>paricalcitol cap 1 mcg</i>	93
<i>paricalcitol cap 2 mcg</i>	93
<i>paricalcitol cap 4 mcg</i>	93
<i>paromomycin sulfate cap 250 mg</i>	5
<i>paroxetine hcl tab 10 mg</i>	51
<i>paroxetine hcl tab 20 mg</i>	51
<i>paroxetine hcl tab 30 mg</i>	51
<i>paroxetine hcl tab 40 mg</i>	51
<i>paser gra 4gm</i>	12
<i>PATADAY SOL 0.2%</i>	95
<i>PAXIL SUS 10MG/5ML</i>	51
<i>PAZEO DRO 0.7%</i>	95
<i>PEDIARIX INJ 0.5ML</i>	89
<i>PEDVAX HIB INJ</i>	89
<i>PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM</i>	80
<i>PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM</i>	80
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	80
<i>PEGANONE TAB 250MG</i>	45
<i>PEGASYS INJ</i>	13
<i>PEGASYS INJ 180MCG/M</i>	13
<i>PEGASYS INJ PROCLICK</i>	13
<i>pen g proc inj 600000</i>	18
<i>PENICILL GK/ INJ DEX 2MU</i>	18
<i>PENICILL GK/ INJ DEX 3MU</i>	18
<i>penicillin g potassium for inj 20000000 unit</i>	18
<i>penicillin g potassium for inj 5000000 unit</i>	18
<i>penicillin g sodium for inj 5000000 unit</i>	18
<i>penicillin v potassium for soln 125 mg/5ml</i>	18
<i>penicillin v potassium for soln 250 mg/5ml</i>	18
<i>penicillin v potassium tab 250 mg</i>	18
<i>penicillin v potassium tab 500 mg</i>	18
<i>PENTACEL INJ</i>	89
<i>PENTAM 300 INJ 300MG</i>	7
<i>pentoxifylline tab er 400 mg</i>	85
<i>perindopril erbumine tab 2 mg</i>	29
<i>perindopril erbumine tab 4 mg</i>	29
<i>perindopril erbumine tab 8 mg</i>	29
<i>periogard sol 0.12%</i>	104

<i>permethrin cream 5%</i>	104	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	66
<i>perphenazine tab 16 mg</i>	56	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	66
<i>perphenazine tab 2 mg</i>	56	<i>piper/tazoba inj 12-1.5gm</i>	18
<i>perphenazine tab 4 mg</i>	56	<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	18
<i>perphenazine tab 8 mg</i>	56	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	18
<i>phenadoz sup 12.5mg</i>	78	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	18
<i>phenelzine sulfate tab 15 mg</i>	51	<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	18
<i>phenergan sup 12.5mg</i>	78	<i>pirmella tab 1/35</i>	70
<i>phenergan sup 25mg</i>	78	<i>piroxicam cap 10 mg</i>	2
<i>phenergan sup 50mg</i>	78	<i>piroxicam cap 20 mg</i>	2
<i>PHENOBARB INJ 65MG/ML</i>	45	<i>PLASMA-LYTE INJ -148</i>	92
<i>phenobarbital elixir 20 mg/5ml</i>	46	<i>PLASMA-LYTE INJ -A</i>	92
<i>phenobarbital sodium inj 130 mg/ml</i> ..	46	<i>podofilox soln 0.5%</i>	104
<i>phenobarbital tab 100 mg</i>	46	<i>polyethylene glycol 3350 oral packet</i> ..	80
<i>phenobarbital tab 15 mg</i>	46	<i>polyethylene glycol 3350 oral powder</i> ..	80
<i>phenobarbital tab 16.2 mg</i>	46	<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	94
<i>phenobarbital tab 30 mg</i>	46	<i>POMALYST CAP 1MG</i>	87
<i>phenobarbital tab 32.4 mg</i>	46	<i>POMALYST CAP 2MG</i>	87
<i>phenobarbital tab 60 mg</i>	46	<i>POMALYST CAP 3MG</i>	87
<i>phenobarbital tab 64.8 mg</i>	46	<i>POMALYST CAP 4MG</i>	87
<i>phenobarbital tab 97.2 mg</i>	46	<i>portia-28 tab</i>	70
<i>phenytek cap 200mg</i>	46	<i>POTASSIUM CHLORIDE 20 MEQ/L</i> <i>(0.15%) IN DEXTROSE 5% INJ</i>	93
<i>phenytek cap 300mg</i>	46	<i>POTASSIUM CHLORIDE 40 MEQ/L (0.3%)</i> <i>IN DEXTROSE 5% INJ</i>	93
<i>phenytoin chew tab 50 mg</i>	46	<i>potassium chloride cap er 10 meq</i>	90
<i>phenytoin sodium extended cap 100 mg</i>	46	<i>potassium chloride cap er 8 meq</i>	90
<i>phenytoin sodium extended cap 200 mg</i>	46	<i>POTASSIUM CHLORIDE INJ 10</i> <i>MEQ/100ML</i>	93
<i>phenytoin sodium extended cap 300 mg</i>	46	<i>POTASSIUM CHLORIDE INJ 10</i> <i>MEQ/50ML</i>	93
<i>phenytoin sodium inj 50 mg/ml</i>	46	<i>potassium chloride inj 2 meq/ml</i>	93
<i>phenytoin susp 125 mg/5ml</i>	46	<i>POTASSIUM CHLORIDE INJ 20</i> <i>MEQ/100ML</i>	93
<i>philith tab 0.4-35</i>	70	<i>POTASSIUM CHLORIDE INJ 20</i> <i>MEQ/50ML</i>	93
<i>PHOSPHOLINE SOL 0.125%OP</i>	95	<i>POTASSIUM CHLORIDE INJ 40</i> <i>MEQ/100ML</i>	93
<i>PICATO GEL 0.015%</i>	104	<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	90
<i>PICATO GEL 0.05%</i>	104	<i>potassium chloride microencapsulated</i>	
<i>PILOCARPINE HCL OPHTH SOLN 1%</i> ...	95		
<i>PILOCARPINE HCL OPHTH SOLN 2%</i> ...	95		
<i>PILOCARPINE HCL OPHTH SOLN 4%</i> ...	95		
<i>PILOCARPINE HCL TAB 5 MG</i>	104		
<i>pilocarpine hcl tab 7.5 mg</i>	104		
<i>pimozide tab 1 mg</i>	56		
<i>pimozide tab 2 mg</i>	56		
<i>pimtrea tab</i>	70		
<i>pindolol tab 10 mg</i>	35		
<i>pindolol tab 5 mg</i>	35		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	66		

<i>crys er tab 20 meq</i>	90	PREDNISOLONE ACETATE OPHTH SUSP	
POTASSIUM CHLORIDE ORAL SOLN 10%		1%.....	95
(20 MEQ/15ML)	90	<i>prednisolone sod phosph oral soln 6.7</i>	
POTASSIUM CHLORIDE ORAL SOLN 20%		<i>mg/5ml (5 mg/5ml base)</i>	73
(40 MEQ/15ML)	90	<i>prednisolone sod phosphate oral soln 15</i>	
POTASSIUM CHLORIDE POWDER PACKET		<i>mg/5ml (base equiv)</i>	73
20 MEQ	90	<i>prednisolone sodium phosphate oral soln</i>	
<i>potassium chloride tab er 10 meq</i>	90	<i>25 mg/5ml (base eq).....</i>	73
<i>potassium chloride tab er 20 meq (1500</i>		<i>prednisolone syrup 15 mg/5ml (usp</i>	
<i>mg)</i>	90	<i>solution equivalent)</i>	73
<i>potassium chloride tab er 8 meq (600</i>		<i>prednisone con 5mg/ml</i>	73
<i>mg)</i>	90	<i>prednisone oral soln 5 mg/5ml.....</i>	73
POTASSIUM CITRATE TAB ER 10 MEQ		<i>prednisone tab 1 mg.....</i>	73
(1080 MG)	82	<i>prednisone tab 10 mg.....</i>	73
<i>potassium citrate tab er 15 meq (1620</i>		<i>prednisone tab 2.5 mg.....</i>	73
<i>mg)</i>	82	<i>prednisone tab 20 mg.....</i>	73
POTASSIUM CITRATE TAB ER 5 MEQ		<i>prednisone tab 5 mg.....</i>	73
(540 MG)	82	<i>prednisone tab 50 mg.....</i>	73
POTIGA TAB 200MG	46	<i>prednisone tab therapy pack 10 mg (21)</i>	
POTIGA TAB 300MG	46	<i>.....</i>	73
POTIGA TAB 400MG	46	<i>prednisone tab therapy pack 10 mg (48)</i>	
POTIGA TAB 50MG	46	<i>.....</i>	73
PRADAXA CAP 110MG.....	84	<i>prednisone tab therapy pack 5 mg (21)</i>	
PRADAXA CAP 150MG.....	84	<i>.....</i>	73
PRADAXA CAP 75MG	84	<i>prednisone tab therapy pack 5 mg (48)</i>	
PRALUENT INJ 150MG/ML	34	<i>.....</i>	73
PRALUENT INJ 75MG/ML.....	34	<i>premasol sol 10%</i>	91
<i>pramipexole dihydrochloride tab 0.125</i>		<i>prenatal vitamin/folic acid > 0.8 mg</i>	
<i>mg.....</i>	53	<i>(generic)</i>	93
<i>pramipexole dihydrochloride tab 0.25 mg</i>		<i>prevalite pow 4gm.....</i>	34
<i>.....</i>	53	<i>prevalite pow 4gm pk</i>	34
<i>pramipexole dihydrochloride tab 0.5 mg</i>		<i>previfem tab.....</i>	70
<i>.....</i>	53	PREZCOBIX TAB 800-150	11
<i>pramipexole dihydrochloride tab 0.75 mg</i>		PREZISTA SUS 100MG/ML.....	10
<i>.....</i>	53	PREZISTA TAB 150MG	10
<i>pramipexole dihydrochloride tab 1 mg.</i>	53	PREZISTA TAB 600MG	10
<i>pramipexole dihydrochloride tab 1.5 mg</i>		PREZISTA TAB 75MG	10
<i>.....</i>	53	PREZISTA TAB 800MG	10
<i>prasugrel hcl tab 10 mg (base equiv) ..</i>	85	PRIFTIN TAB 150MG	12
<i>prasugrel hcl tab 5 mg (base equiv)</i>	85	PRIMAQUINE TAB 26.3MG	9
<i>pravastatin sodium tab 10 mg</i>	33	<i>primidone tab 250 mg</i>	46
<i>pravastatin sodium tab 20 mg</i>	33	<i>primidone tab 50 mg</i>	46
<i>pravastatin sodium tab 40 mg</i>	33	PRISTIQ TAB 100MG	51
<i>pravastatin sodium tab 80 mg</i>	33	PRISTIQ TAB 25MG	51
<i>prazosin hcl cap 1 mg.....</i>	29	PRISTIQ TAB 50MG	51
<i>prazosin hcl cap 2 mg.....</i>	29	PRIVIGEN INJ 10GRAMS	87
<i>prazosin hcl cap 5 mg.....</i>	29	PRIVIGEN INJ 20GRAMS	87
<i>pred sod pho sol 1% op.....</i>	95	PRIVIGEN INJ 40GRAMS	87

PRIVIGEN INJ 5 GRAMS	87
<i>probenecid tab 500 mg</i>	1
PROCALAMINE INJ 3%	91
<i>prochlorperazine edisylate inj 5 mg/ml</i>	78
<i>prochlorperazine maleate tab 10 mg</i> (base equivalent)	78
<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	78
<i>prochlorperazine suppos 25 mg</i>	78
PROCRIT INJ 10000/ML	84
PROCRIT INJ 2000/ML	84
PROCRIT INJ 20000/ML	84
PROCRIT INJ 3000/ML	84
PROCRIT INJ 4000/ML	84
PROCRIT INJ 40000/ML	84
<i>procto-med cre hc 2.5%</i>	101
<i>procto-pak cre 1%</i>	101
<i>proctozone cre -hc 2.5%</i>	101
PROGLYCEM SUS 50MG/ML	73
PROGRAF CAP 0.5MG	88
PROGRAF CAP 1MG	88
PROGRAF CAP 5MG	88
PROLASTIN-C INJ 1000MG	98
PROLENSA SOL 0.07%	96
PROLEUKIN INJ 22MU	22
PROLIA SOL 60MG/ML	74
PROMACTA TAB 12.5MG	85
PROMACTA TAB 25MG	85
PROMACTA TAB 50MG	85
PROMACTA TAB 75MG	85
<i>promethazine hcl inj 25 mg/ml</i>	78
<i>promethazine hcl inj 50 mg/ml</i>	78
<i>promethazine hcl suppos 12.5 mg</i>	78
<i>promethazine hcl suppos 25 mg</i>	78
<i>promethazine hcl suppos 50 mg</i>	78
<i>promethazine hcl syrup 6.25 mg/5ml</i> ..	78
<i>promethazine hcl tab 12.5 mg</i>	78
<i>promethazine hcl tab 25 mg</i>	78
<i>promethazine hcl tab 50 mg</i>	78
<i>promethegan sup 25mg</i>	78
<i>promethegan sup 50mg</i>	78
<i>propafenone hcl cap er 12hr 225 mg</i> ...	32
<i>propafenone hcl cap er 12hr 325 mg</i> ...	32
<i>propafenone hcl cap er 12hr 425 mg</i> ...	32
<i>propafenone hcl tab 150 mg</i>	32
<i>propafenone hcl tab 225 mg</i>	32
<i>propafenone hcl tab 300 mg</i>	32
<i>proparacaine hcl ophth soln 0.5%</i>	96

<i>propranolol & hydrochlorothiazide tab</i> <i>40-25 mg</i>	34
<i>propranolol & hydrochlorothiazide tab</i> <i>80-25 mg</i>	34
<i>propranolol hcl cap er 24hr 120 mg</i>	35
<i>propranolol hcl cap er 24hr 160 mg</i>	35
<i>propranolol hcl cap er 24hr 60 mg</i>	35
<i>propranolol hcl cap er 24hr 80 mg</i>	35
<i>propranolol hcl inj 1 mg/ml</i>	35
<i>propranolol hcl oral soln 20 mg/5ml</i> ...	35
<i>propranolol hcl oral soln 40 mg/5ml</i> ...	35
<i>propranolol hcl tab 10 mg</i>	35
<i>propranolol hcl tab 20 mg</i>	36
<i>propranolol hcl tab 40 mg</i>	36
<i>propranolol hcl tab 60 mg</i>	36
<i>propranolol hcl tab 80 mg</i>	36
<i>propylthiouracil tab 50 mg</i>	76
PROQUAD INJ	89
PROSOL INJ 20%	91
<i>protriptyline hcl tab 10 mg</i>	51
<i>protriptyline hcl tab 5 mg</i>	51
PULMICORT INH 180MCG	99
PULMICORT INH 90MCG	99
PULMOZYME SOL 1MG/ML	98
PURIXAN SUS 20MG/ML	21
<i>pyrazinamide tab 500 mg</i>	12
<i>pyridostigmine bromide tab 60 mg</i>	61

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QUADRACEL INJ	89
<i>quasense tab</i>	70
<i>quetiapine fumarate tab 100 mg</i>	56
<i>quetiapine fumarate tab 200 mg</i>	56
<i>quetiapine fumarate tab 25 mg</i>	56
<i>quetiapine fumarate tab 300 mg</i>	56
<i>quetiapine fumarate tab 400 mg</i>	56
<i>quetiapine fumarate tab 50 mg</i>	56
<i>quetiapine fumarate tab er 24hr 150 mg</i>	57
<i>quetiapine fumarate tab er 24hr 200 mg</i>	57
<i>quetiapine fumarate tab er 24hr 300 mg</i>	57
<i>quetiapine fumarate tab er 24hr 400 mg</i>	57
<i>quetiapine fumarate tab er 24hr 50 mg</i>	56
<i>quinapril hcl tab 10 mg</i>	29
<i>quinapril hcl tab 20 mg</i>	29

<i>quinapril hcl tab 40 mg</i>	29	REMODULIN INJ 1MG/ML	40
<i>quinapril hcl tab 5 mg</i>	29	REMODULIN INJ 2.5MG/ML.....	41
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	28	REMODULIN INJ 5MG/ML	41
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	28	REVELA PAK 0.8GM	75
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	28	REVELA PAK 2.4GM	75
<i>quinidine gluconate tab er 324 mg</i>	32	REVELA TAB 800MG	75
<i>quinidine sulfate tab 200 mg</i>	32	<i>repaglinide tab 0.5 mg</i>	66
<i>quinidine sulfate tab 300 mg</i>	32	<i>repaglinide tab 1 mg</i>	66
<i>quinine sulfate cap 324 mg</i>	9	<i>repaglinide tab 2 mg</i>	66
R		RESCRIPTOR TAB 100 MG	10
RABAVERT INJ.....	89	RESCRIPTOR TAB 200MG	10
<i>raloxifene hcl tab 60 mg</i>	74	RESTASIS EMU 0.05%	96
<i>ramipril cap 1.25 mg</i>	29	RESTASIS MUL EMU 0.05%	96
<i>ramipril cap 10 mg</i>	29	RETROVIR INJ 10MG/ML	10
<i>ramipril cap 2.5 mg</i>	29	REVATIO SUS 10MG/ML.....	41
<i>ramipril cap 5 mg</i>	29	REVLIMID CAP 10MG	87
RANEXA TAB 1000MG.....	39	REVLIMID CAP 15MG	87
RANEXA TAB 500MG	39	REVLIMID CAP 2.5MG	87
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	79	REVLIMID CAP 20MG	87
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	79	REVLIMID CAP 25MG	87
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	79	REVLIMID CAP 5MG.....	87
<i>ranitidine hcl tab 150 mg</i>	79	REXULTI TAB 0.25MG	57
<i>ranitidine hcl tab 300 mg</i>	79	REXULTI TAB 0.5MG	57
RAPAMUNE SOL 1MG/ML.....	88	REXULTI TAB 1MG.....	57
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	53	REXULTI TAB 2MG.....	57
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	53	REXULTI TAB 3MG.....	57
RAVICTI LIQ 1.1GM/ML	71	REXULTI TAB 4MG.....	57
REBETOL SOL 40MG/ML.....	13	REYATAZ CAP 150MG	10
<i>reclipsen tab</i>	70	REYATAZ CAP 200MG	10
RECOMBIVA HB INJ 10MCG/ML.....	89	REYATAZ CAP 300MG	10
RECOMBIVA HB INJ 5MCG/0.5.....	89	REYATAZ POW 50MG	10
RECOMBIVA-HB INJ 40MCG/ML	89	<i>ribasphere cap 200mg</i>	13
REGRANEX GEL 0.01%	104	<i>ribasphere tab 200mg</i>	13
RELENZA MIS DISKHALE.....	13	<i>ribasphere tab 400mg</i>	13
RELISTOR INJ 12/0.6ML	80	<i>ribasphere tab 600mg</i>	13
RELISTOR INJ 8/0.4ML	80	<i>ribavirin cap 200 mg</i>	13
RELPAK TAB 20MG	60	<i>ribavirin tab 200 mg</i>	13
RELPAK TAB 40MG	60	<i>rifabutin cap 150 mg</i>	12
REMICADE INJ 100MG	86	<i>rifampin cap 150 mg</i>	12
REMODULIN INJ 10MG/ML	41	<i>rifampin cap 300 mg</i>	12
		<i>rifampin for inj 600 mg</i>	12
		RIFATER TAB	12
		<i>riluzole tab 50 mg</i>	61
		<i>rimantadine hydrochloride tab 100 mg</i>	13
		RINGER'S SOLUTION	93
		RISPERDAL INJ 12.5MG	57
		RISPERDAL INJ 25MG	57
		RISPERDAL INJ 37.5MG	57

RISPERDAL INJ 50MG.....	57	rosadan cre 0.75%.....	104
risperidone orally disintegrating tab 0.25 mg.....	57	rosuvastatin calcium tab 10 mg	33
risperidone orally disintegrating tab 0.5 mg.....	57	rosuvastatin calcium tab 20 mg	33
risperidone orally disintegrating tab 1 mg	57	rosuvastatin calcium tab 40 mg	33
risperidone orally disintegrating tab 2 mg	57	rosuvastatin calcium tab 5 mg	33
risperidone orally disintegrating tab 3 mg	57	ROTARIX SUS	89
risperidone orally disintegrating tab 4 mg	57	ROTATEQ SOL.....	89
risperidone soln 1 mg/ml	57	roweepra tab 1000mg.....	46
risperidone tab 0.25 mg	57	roweepra tab 500mg	46
risperidone tab 0.5 mg	57	roweepra tab 750mg	46
risperidone tab 1 mg	57	RUBRACA TAB 200MG.....	22
risperidone tab 2 mg	57	RUBRACA TAB 250MG.....	22
risperidone tab 3 mg	57	RUBRACA TAB 300MG.....	22
risperidone tab 4 mg	57	RYDAPT CAP 25MG	24
RITUXAN INJ 100MG	22	S	
RITUXAN INJ 500MG	22	SABRIL POW 500MG.....	46
RITUXAN INJ HYCELA	22	SABRIL TAB 500MG.....	46
rivastigmine tartrate cap 1.5 mg.....	48	SANDIMMUNE SOL 100MG/ML	88
rivastigmine tartrate cap 3 mg	48	SANDOSTATIN KIT LAR 10MG.....	74
rivastigmine tartrate cap 4.5 mg.....	48	SANDOSTATIN KIT LAR 20MG.....	74
rivastigmine tartrate cap 6 mg	48	SANDOSTATIN KIT LAR 30MG.....	74
rivastigmine td patch 24hr 13.3 mg/24hr	48	SANTYL OIN 250/GM	104
rivastigmine td patch 24hr 4.6 mg/24hr	48	SAPHRIS SUB 10MG	57
rivastigmine td patch 24hr 9.5 mg/24hr	48	SAPHRIS SUB 2.5MG	57
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	60	SAPHRIS SUB 5MG.....	57
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	60	scopolamine td patch 72hr 1 mg/3days	78
rizatriptan benzoate tab 10 mg (base equivalent)	60	selegiline hcl cap 5 mg.....	54
rizatriptan benzoate tab 5 mg (base equivalent)	60	selegiline hcl tab 5 mg	54
ropinirole hydrochloride tab 0.25 mg ...	53	selenium sulfide lotion 2.5%.....	102
ropinirole hydrochloride tab 0.5 mg.....	53	SELZENTRY SOL 20MG/ML	10
ropinirole hydrochloride tab 1 mg	53	SELZENTRY TAB 150MG.....	10
ropinirole hydrochloride tab 2 mg	53	SELZENTRY TAB 25MG.....	10
ropinirole hydrochloride tab 3 mg	54	SELZENTRY TAB 300MG.....	10
ropinirole hydrochloride tab 4 mg	54	SELZENTRY TAB 75MG.....	10
ropinirole hydrochloride tab 5 mg	54	SENSIPAR TAB 30MG.....	66
		SENSIPAR TAB 60MG.....	66
		SENSIPAR TAB 90MG.....	66
		SEREVENT DIS AER 50MCG	97
		sertraline hcl oral conc 20 mg/ml	51
		sertraline hcl tab 100 mg	51
		sertraline hcl tab 25 mg	51
		sertraline hcl tab 50 mg	51
		sharobel tab 0.35mg	70
		SIGNIFOR INJ 0.3MG/ML.....	74
		SIGNIFOR INJ 0.6MG/ML.....	74
		SIGNIFOR INJ 0.9MG/ML.....	74
		sildenafil citrate tab 20 mg	41

SILENOR TAB 3MG	60	<i>sotalol hcl tab 120 mg</i>	32
SILENOR TAB 6MG	60	<i>sotalol hcl tab 160 mg</i>	32
SILVER SULFADIAZINE CREAM 1% ...	101	<i>sotalol hcl tab 240 mg</i>	32
SIMBRINZA SUS 1-0.2%.....	95	<i>sotalol hcl tab 80 mg</i>	32
<i>simvastatin tab 10 mg</i>	33	SOVALDI TAB 400MG	13
<i>simvastatin tab 20 mg</i>	33	<i>spironolactone & hydrochlorothiazide tab</i>	
<i>simvastatin tab 40 mg</i>	33	<i>25-25 mg.....</i>	39
<i>simvastatin tab 5 mg.....</i>	33	<i>spironolactone tab 100 mg</i>	29
<i>simvastatin tab 80 mg</i>	33	<i>spironolactone tab 25 mg.....</i>	29
<i>sirolimus tab 0.5 mg</i>	88	<i>spironolactone tab 50 mg.....</i>	29
<i>sirolimus tab 1 mg</i>	88	<i>sprintec 28 tab 28 day</i>	70
<i>sirolimus tab 2 mg</i>	88	SPRITAM TAB 1000MG.....	47
SIRTURO TAB 100MG	12	SPRITAM TAB 250MG.....	46
SIVEXTRO INJ 200MG	7	SPRITAM TAB 500MG.....	46
SIVEXTRO TAB 200MG	7	SPRITAM TAB 750MG.....	47
SODIUM CHLORIDE INJ 0.45%	93	SPRYCEL TAB 100MG.....	25
SODIUM CHLORIDE INJ 2.5 MEQ/ML		SPRYCEL TAB 140MG.....	25
(14.6%)	90	SPRYCEL TAB 20MG.....	24
SODIUM CHLORIDE INJ 3%	93	SPRYCEL TAB 50MG.....	24
SODIUM CHLORIDE INJ 5%	93	SPRYCEL TAB 70MG.....	25
SODIUM CHLORIDE IRRIGATION SOLN		SPRYCEL TAB 80MG.....	25
0.9%.....	104	SSD CRE 1%	101
SODIUM CHLORIDE IV SOLN 0.9%	93	<i>stavudine cap 15 mg</i>	10
sodium fluoride chew; tab; 1.1 (0.5 f)		<i>stavudine cap 20 mg</i>	10
mg/ml soln	90	<i>stavudine cap 30 mg</i>	10
<i>sodium phenylbutyrate oral powder 3</i>		<i>stavudine cap 40 mg</i>	10
<i>gm/teaspoonful</i>	71	STIMATE SOL 1.5MG/ML	77
<i>sodium phenylbutyrate tab 500 mg</i>	71	STIVARGA TAB 40MG	25
<i>sodium polystyrene sulfonate oral susp</i>		STRATTERA CAP 100MG.....	59
<i>15 gm/60ml</i>	67	STRATTERA CAP 10MG.....	59
<i>sodium polystyrene sulfonate powder ..</i>	67	STRATTERA CAP 18MG.....	59
SOLTAMOX SOL 10MG/5ML	23	STRATTERA CAP 25MG.....	59
SOLU-CORTEF INJ 250MG	73	STRATTERA CAP 40MG.....	59
SOMATULINE INJ 120/.5ML.....	74	STRATTERA CAP 60MG.....	59
SOMATULINE INJ 60/0.2ML.....	74	STRATTERA CAP 80MG.....	59
SOMATULINE INJ 90/0.3ML.....	74	<i>streptomycin sulfate for inj 1 gm.....</i>	5
SOMAVERT INJ 10MG	74	STRIBILD TAB.....	11
SOMAVERT INJ 15MG	74	SUBOXONE MIS 12-3MG	63
SOMAVERT INJ 20MG	74	SUBOXONE MIS 2-0.5MG	63
SOMAVERT INJ 25MG	74	SUBOXONE MIS 4-1MG	63
SOMAVERT INJ 30MG	74	SUBOXONE MIS 8-2MG	63
<i>sorine tab 120mg.....</i>	32	SUCRAID SOL 8500/ML.....	80
<i>sorine tab 160mg.....</i>	32	<i>sucralfate tab 1 gm</i>	80
<i>sorine tab 240mg.....</i>	32	<i>sulfacetamide sodium lotion 10% (acne)</i>	
<i>sorine tab 80mg</i>	32	.....	100
<i>sotalol hcl (afib/afl) tab 120 mg.....</i>	32	<i>sulfacetamide sodium ophth oint 10%</i>	94
<i>sotalol hcl (afib/afl) tab 160 mg.....</i>	32	<i>sulfacetamide sodium ophth soln 10%</i>	94
<i>sotalol hcl (afib/afl) tab 80 mg</i>	32	<i>sulfacetamide sodium-prednisolone</i>	

<i>ophth soln 10-0.23(0.25)%</i>	93
<i>sulfadiazine tab 500mg</i>	5
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	7
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	7
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	7
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	7
SULFAMYLON CRE 85MG/GM	101
SULFAMYLON PAK 5%	101
<i>sulfasalazine tab 500 mg</i>	79
<i>sulfasalazine tab delayed release 500 mg</i>	79
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	61
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	60
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	61
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	61
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	61
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	61
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	61
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	61
<i>sumatriptan succinate tab 100 mg</i>	61
<i>sumatriptan succinate tab 25 mg</i>	61
<i>sumatriptan succinate tab 50 mg</i>	61
SUPRAX CAP 400MG.....	15
<i>suprax chw 100mg</i>	15
<i>suprax chw 200mg</i>	15
SUPRAX SUS 500/5ML.....	15
SUPREP BOWEL SOL PREP KIT	80
SUSTIVA CAP 200MG	10
SUSTIVA CAP 50MG	10
SUSTIVA TAB 600MG	10
SUTENT CAP 12.5MG.....	25
SUTENT CAP 25MG	25
SUTENT CAP 37.5MG.....	25
SUTENT CAP 50MG	25
SYLATRON KIT 200MCG.....	26

SYLATRON KIT 300MCG	26
SYLATRON KIT 600MCG	26
SYMBICORT AER 160-4.5	99
SYMBICORT AER 80-4.5.....	99
SYMLINPEN 60 INJ 1000MCG.....	64
SYMLNPEN 120 INJ 1000MCG	64
SYNAGIS INJ 100MG/ML	89
SYNAGIS INJ 50MG	89
SYNAREL SOL 2MG/ML.....	70
SYNERCID INJ 500MG.....	7
SYNRIBO INJ 3.5MG	26
SYNTHROID TAB 100MCG	76
SYNTHROID TAB 112MCG	76
SYNTHROID TAB 125MCG	76
SYNTHROID TAB 137MCG	76
SYNTHROID TAB 150MCG	76
SYNTHROID TAB 175MCG	76
SYNTHROID TAB 200MCG	76
SYNTHROID TAB 25MCG	76
SYNTHROID TAB 300MCG	76
SYNTHROID TAB 50MCG	76
SYNTHROID TAB 75MCG	76
SYNTHROID TAB 88MCG	76
SYPRINE CAP 250MG	67

T

TABLOID TAB 40MG	21
<i>tacrolimus cap 0.5 mg</i>	88
<i>tacrolimus cap 1 mg</i>	88
<i>tacrolimus cap 5 mg</i>	88
<i>tacrolimus oint 0.03%</i>	104
<i>tacrolimus oint 0.1%</i>	104
TAFINLAR CAP 50MG	25
TAFINLAR CAP 75MG	25
TAGRISSO TAB 40MG	25
TAGRISSO TAB 80MG	25
TAMIFLU SUS 6MG/ML.....	13
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	23
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	23
<i>tamsulosin hcl cap 0.4 mg</i>	82
TARCEVA TAB 100MG	25
TARCEVA TAB 150MG	25
TARCEVA TAB 25MG	25
TARGRETIN GEL 1%	104
<i>tarina fe tab 1/20</i>	70
TASIGNA CAP 150MG	25
TASIGNA CAP 200MG	25

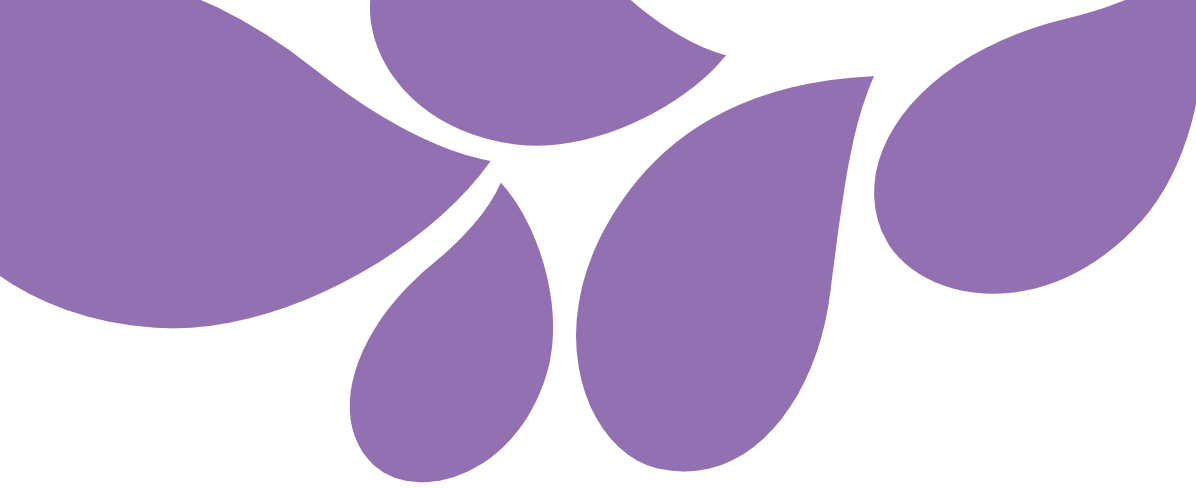
TAXOTERE INJ 80MG/4ML.....	21	THALOMID CAP 50MG	87
<i>tazarotene cream 0.1%</i>	102	<i>theo-24 cap 100mg cr</i>	100
<i>tazicef inj 1gm</i>	15	<i>theo-24 cap 200mg cr</i>	100
<i>tazicef inj 2gm</i>	15	<i>theo-24 cap 300mg cr</i>	100
<i>tazicef inj 6gm</i>	15	<i>theo-24 cap 400mg er</i>	100
TAZORAC CRE 0.05%.....	102	<i>theophylline soln 80 mg/15ml</i>	100
TAZORAC CRE 0.1%.....	102	<i>theophylline tab er 12hr 100 mg</i>	100
<i>taztia xt cap 120mg/24</i>	37	<i>theophylline tab er 12hr 200 mg</i>	100
<i>taztia xt cap 180mg/24</i>	37	<i>theophylline tab er 12hr 300 mg</i>	100
<i>taztia xt cap 240mg/24</i>	37	<i>theophylline tab er 12hr 450 mg</i>	100
<i>taztia xt cap 300mg/24</i>	37	<i>theophylline tab er 24hr 400 mg</i>	100
<i>taztia xt cap 360mg/24</i>	37	<i>theophylline tab er 24hr 600 mg</i>	100
TECENTRIQ INJ 1200/20.....	22	<i>thioridazine hcl tab 10 mg</i>	57
TEFLARO INJ 400MG	15	<i>thioridazine hcl tab 100 mg</i>	57
TEFLARO INJ 600MG	15	<i>thioridazine hcl tab 25 mg</i>	57
TEGRETOL SUS 100/5ML	47	<i>thioridazine hcl tab 50 mg</i>	57
TEGRETOL TAB 200MG	47	<i>thiothixene cap 1 mg</i>	58
TEGRETOL-XR TAB 100MG	47	<i>thiothixene cap 10 mg</i>	58
TEGRETOL-XR TAB 200MG	47	<i>thiothixene cap 2 mg</i>	58
TEGRETOL-XR TAB 400MG	47	<i>thiothixene cap 5 mg</i>	58
<i>temazepam cap 15 mg</i>	60	<i>tiagabine hcl tab 2 mg</i>	47
<i>temazepam cap 7.5 mg</i>	60	<i>tiagabine hcl tab 4 mg</i>	47
TENIVAC INJ 5-2LF	89	TIGECYCLINE INJ 50MG	8
<i>terazosin hcl cap 1 mg</i>	29	TIMOLOL MALEATE OPHTH GEL FORMING	
<i>terazosin hcl cap 10 mg</i>	29	SOLN 0.25%.....	96
<i>terazosin hcl cap 2 mg</i>	29	TIMOLOL MALEATE OPHTH GEL FORMING	
<i>terazosin hcl cap 5 mg</i>	29	SOLN 0.5%	96
<i>terbinafine hcl tab 250 mg</i>	9	<i>timolol maleate ophth soln 0.25%</i>	96
<i>terbutaline sulfate inj 1 mg/ml</i>	98	<i>timolol maleate ophth soln 0.5%</i>	96
<i>terbutaline sulfate tab 2.5 mg</i>	98	<i>timolol maleate tab 10 mg</i>	36
<i>terbutaline sulfate tab 5 mg</i>	98	<i>timolol maleate tab 20 mg</i>	36
<i>terconazole vaginal cream 0.4%</i>	82	<i>timolol maleate tab 5 mg</i>	36
<i>terconazole vaginal cream 0.8%</i>	83	TIVICAY TAB 10MG.....	10
<i>terconazole vaginal suppos 80 mg</i>	83	TIVICAY TAB 25MG.....	10
<i>testosterone cypionate im inj in oil 100</i>		TIVICAY TAB 50MG.....	10
<i>mg/ml</i>	63	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>testosterone cypionate im inj in oil 200</i>		.....	62
<i>mg/ml</i>	63	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
<i>testosterone enanthate im inj in oil 200</i>		.....	62
<i>mg/ml</i>	63	TOBRADEX OIN 0.3-0.1%	93
<i>testosterone td soln 30 mg/act</i>	63	TOBRADEX ST SUS 0.3-0.05.....	93
TET/DIP TOX INJ 2-2 LF.....	89	<i>tobramycin nebu soln 300 mg/5ml</i>	5
TETRABENAZINE TAB 12.5 MG	61	<i>tobramycin ophth soln 0.3%</i>	94
TETRABENAZINE TAB 25 MG	61	<i>tobramycin sulfate for inj 1.2 gm</i>	5
<i>texacort sol 2.5%</i>	103	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
THALOMID CAP 100MG.....	87	<i>mg/ml) (base equiv)</i>	5
THALOMID CAP 150MG.....	87	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
THALOMID CAP 200MG.....	87	<i>equivalent)</i>	6

<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	5	TREANDA INJ 100MG	19
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	6	TREANDA INJ 25MG	19
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	93	TRECATOR TAB 250MG	12
TOBREX OIN 0.3% OP	94	TRELSTAR MIX INJ 11.25MG	23
<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	82	TRELSTAR MIX INJ 3.75MG	23
<i>tolterodine tartrate cap er 24hr 4 mg</i> ..	82	TRESIBA FLEX INJ 100UNIT	64
<i>tolterodine tartrate tab 1 mg</i>	82	TRESIBA FLEX INJ 200UNIT	64
<i>tolterodine tartrate tab 2 mg</i>	82	<i>tretinoin cap 10 mg</i>	26
<i>topiramate sprinkle cap 15 mg</i>	47	<i>tretinoin cream 0.025%</i>	100
<i>topiramate sprinkle cap 25 mg</i>	47	<i>tretinoin cream 0.05%</i>	100
<i>topiramate tab 100 mg</i>	47	<i>tretinoin cream 0.1%</i>	100
<i>topiramate tab 200 mg</i>	47	TRETINOIN GEL 0.01%	101
<i>topiramate tab 25 mg</i>	47	<i>tretinoin gel 0.025%</i>	101
<i>topiramate tab 50 mg</i>	47	<i>triamcinolone acetonide cream 0.025%</i>	103
<i>toposar inj 100/5ml</i>	27	<i>triamcinolone acetonide cream 0.1%</i> ..	103
<i>toposar inj 1gm/50ml</i>	27	<i>triamcinolone acetonide cream 0.5%</i> ..	103
<i>topotecan hcl for inj 4 mg</i>	27	<i>triamcinolone acetonide dental paste 0.1%</i>	104
TOPOTECAN INJ 4MG/4ML	27	<i>triamcinolone acetonide lotion 0.025%</i>	103
<i>toremide tab 10 mg</i>	39	<i>triamcinolone acetonide lotion 0.1%</i> ..	103
<i>toremide tab 100 mg</i>	39	<i>triamcinolone acetonide oint 0.025%</i> ..	103
<i>toremide tab 20 mg</i>	39	<i>triamcinolone acetonide oint 0.1%</i> ...	103
<i>toremide tab 5 mg</i>	39	<i>triamcinolone acetonide oint 0.5%</i> ...	103
TOUJEO SOLO INJ 300IU/ML	64	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	39
TOVIAZ TAB 4MG	82	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	39
TOVIAZ TAB 8MG	82	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	39
TPN ELECTROL INJ	90	<i>triderm cre 0.1%</i>	103
TRACLEER TAB 125MG	41	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	58
TRACLEER TAB 62.5MG	41	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	58
TRADJENTA TAB 5MG	66	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	58
<i>tramadol hcl tab 50 mg</i>	2	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	58
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	<i>trifluridine ophth soln 1%</i>	94
<i>trandolapril tab 1 mg</i>	29	<i>tri-legest tab fe</i>	70
<i>trandolapril tab 2 mg</i>	29	<i>tri-lo- tab sprintec</i>	70
<i>trandolapril tab 4 mg</i>	29	<i>trilyte sol</i>	80
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	85	<i>trimethoprim tab 100 mg</i>	8
<i>tranexamic acid tab 650 mg</i>	85	<i>trimipramine maleate cap 100 mg</i>	52
TRANSDERM-SC DIS 1.5MG	78	<i>trimipramine maleate cap 25 mg</i>	52
<i>tranylcypromine sulfate tab 10 mg</i>	51	<i>trimipramine maleate cap 50 mg</i>	52
TRAVASOL INJ 10%	91		
TRAVATAN Z DRO 0.004%	96		
<i>trazodone hcl tab 100 mg</i>	51		
<i>trazodone hcl tab 150 mg</i>	51		
<i>trazodone hcl tab 50 mg</i>	51		

TRINESSA LO TAB.....	70	UPTRAVI TAB 800MCG	41
TRINESSA TAB	70	ursodiol cap 300 mg	81
TRINTELLIX TAB 10MG	52	ursodiol tab 250 mg	81
TRINTELLIX TAB 20MG	52	ursodiol tab 500 mg	81
TRINTELLIX TAB 5MG.....	52	V	
<i>tri-previfem tab</i>	70	<i>valacyclovir hcl tab 1 gm</i>	13
TRISENOX SOL 10MG/10M.....	26	<i>valacyclovir hcl tab 500 mg</i>	13
<i>tri-sprintec tab</i>	70	VALCHLOR GEL 0.016%	104
TRIUMEQ TAB.....	11	VALCYTE SOL 50MG/ML	13
<i>trivora-28 tab</i>	70	<i>valganciclovir hcl for soln 50 mg/ml</i>	
TROPHAMINE INJ 10%	91	(base equiv)	13
<i>trospium chloride tab 20 mg</i>	82	<i>valganciclovir hcl tab 450 mg (base</i>	
TRULICITY INJ 0.75/0.5.....	64	<i>equivalent)</i>	13
TRULICITY INJ 1.5/0.5	64	<i>valproate sodium inj 100 mg/ml</i>	47
TRUMENBA INJ	89	<i>valproate sodium oral soln 250 mg/5ml</i>	
TRUVADA TAB 100-150	11	(base equiv)	47
TRUVADA TAB 133-200	11	<i>valproic acid cap 250 mg</i>	47
TRUVADA TAB 167-250	11	<i>valsartan tab 160 mg</i>	31
TRUVADA TAB 200-300	11	<i>valsartan tab 320 mg</i>	31
TWINRIX INJ	89	<i>valsartan tab 40 mg</i>	31
TYBOST TAB 150MG.....	10	<i>valsartan tab 80 mg</i>	31
TYGACIL INJ 50MG.....	8	<i>valsartan-hydrochlorothiazide tab</i>	
TYKERB TAB 250MG	25	<i>160-12.5 mg</i>	31
TYPHIM VI INJ	89	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
TYSABRI INJ 300/15ML.....	62	<i>mg</i>	31
TYZEKA TAB 600MG	13	<i>valsartan-hydrochlorothiazide tab</i>	
U		<i>320-12.5 mg</i>	31
ULORIC TAB 40MG	1	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
ULORIC TAB 80MG	1	<i>mg</i>	31
UNITHROID TAB 100MCG	76	<i>valsartan-hydrochlorothiazide tab</i>	
UNITHROID TAB 112MCG	76	<i>80-12.5 mg</i>	31
UNITHROID TAB 125MCG	76	<i>vancomycin hcl cap 125 mg</i>	8
UNITHROID TAB 150MCG	76	<i>vancomycin hcl cap 250 mg</i>	8
UNITHROID TAB 175MCG	76	<i>vancomycin hcl for inj 10 gm</i>	8
UNITHROID TAB 200MCG	76	<i>vancomycin hcl for inj 1000 mg</i>	8
UNITHROID TAB 25MCG	76	<i>vancomycin hcl for inj 500 mg</i>	8
UNITHROID TAB 300MCG	76	<i>vancomycin hcl for inj 5000 mg</i>	8
UNITHROID TAB 50MCG	76	<i>vancomycin hcl for inj 750 mg</i>	8
UNITHROID TAB 75MCG	76	VANCOMYCIN INJ 1 GM.....	8
UNITHROID TAB 88MCG	76	VANCOMYCIN INJ 500MG	8
UPTRAVI TAB 1000MCG	41	VANCOMYCIN INJ 750MG	8
UPTRAVI TAB 1200MCG	41	VANDAZOLE GEL 0.75%	83
UPTRAVI TAB 1400MCG	41	VAQTA INJ 25/0.5ML	89
UPTRAVI TAB 1600MCG	41	VAQTA INJ 50UNT/ML	89
UPTRAVI TAB 200/800.....	41	VARIVAX INJ	89
UPTRAVI TAB 200MCG.....	41	VASCEPA CAP 0.5GM	34
UPTRAVI TAB 400MCG.....	41	VASCEPA CAP 1GM.....	34
UPTRAVI TAB 600MCG.....	41	VELCADE INJ 3.5MG	22

<i>velivet pak</i>	70	VIMPAT SOL 10MG/ML	47
VEMLIDY TAB 25MG	13	VIMPAT TAB 100MG.....	47
VENCLEXTA TAB 100MG	22	VIMPAT TAB 150MG.....	47
VENCLEXTA TAB 10MG	22	VIMPAT TAB 200MG.....	47
VENCLEXTA TAB 50MG	22	VIMPAT TAB 50MG	47
VENCLEXTA TAB START PK	22	<i>vinblastine sulfate inj 1 mg/ml</i>	21
<i>venlafaxine hcl cap er 24hr 150 mg</i> (base equivalent).....	52	<i>vincasar pfs inj 1mg/ml</i>	21
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> (base equivalent).....	52	<i>vincristine sulfate iv soln 1 mg/ml</i>	21
<i>venlafaxine hcl cap er 24hr 75 mg (base</i> <i>equivalent)</i>	52	<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	21
<i>venlafaxine hcl tab 100 mg</i>	52	<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	21
<i>venlafaxine hcl tab 25 mg</i>	52	<i>violele tab</i>	70
<i>venlafaxine hcl tab 37.5 mg</i>	52	VIRACEPT TAB 250MG	11
<i>venlafaxine hcl tab 50 mg</i>	52	VIRACEPT TAB 625MG	11
<i>venlafaxine hcl tab 75 mg</i>	52	VIRAMUNE SUS 50MG/5ML.....	11
VENTAVIS SOL 10MCG/ML	41	VIREAD POW 40MG/GM	11
VENTAVIS SOL 20MCG/ML	41	VIREAD TAB 150MG	11
VENTOLIN HFA AER.....	98	VIREAD TAB 200MG	11
<i>verapamil hcl cap er 24hr 100 mg</i>	37	VIREAD TAB 250MG	11
<i>verapamil hcl cap er 24hr 120 mg</i>	37	VIREAD TAB 300MG	11
<i>verapamil hcl cap er 24hr 180 mg</i>	37	<i>voriconazole for inj 200 mg</i>	9
<i>verapamil hcl cap er 24hr 200 mg</i>	37	<i>voriconazole for susp 40 mg/ml</i>	9
<i>verapamil hcl cap er 24hr 240 mg</i>	37	<i>voriconazole tab 200 mg</i>	9
<i>verapamil hcl cap er 24hr 300 mg</i>	37	<i>voriconazole tab 50 mg</i>	9
VERAPAMIL HCL CAP ER 24HR 360 MG	37	VOSEVI TAB	13
<i>verapamil hcl iv soln 2.5 mg/ml</i>	37	VOTRIENT TAB 200MG.....	25
<i>verapamil hcl tab 120 mg</i>	38	VRAYLAR CAP 1.5-3MG	58
<i>verapamil hcl tab 40 mg</i>	37	VRAYLAR CAP 1.5MG	58
<i>verapamil hcl tab 80 mg</i>	37	VRAYLAR CAP 3MG	58
<i>verapamil hcl tab er 120 mg</i>	38	VRAYLAR CAP 4.5MG	58
<i>verapamil hcl tab er 180 mg</i>	38	VRAYLAR CAP 6MG	58
<i>verapamil hcl tab er 240 mg</i>	38	<i>vyfemla tab 0.4-35</i>	70
VERSACLOZ SUS 50MG/ML	58	W	
VESICARE TAB 10MG	82	<i>warfarin sodium tab 1 mg</i>	84
VESICARE TAB 5MG	82	<i>warfarin sodium tab 10 mg</i>	84
VICTOZA INJ 18MG/3ML	64	<i>warfarin sodium tab 2 mg</i>	84
VIDEX SOL 2GM	10	<i>warfarin sodium tab 2.5 mg</i>	84
VIDEX SOL 4GM	11	<i>warfarin sodium tab 3 mg</i>	84
<i>vienva tab 0.1-20</i>	70	<i>warfarin sodium tab 4 mg</i>	84
<i>vigabatrin powd pack 500 mg</i>	47	<i>warfarin sodium tab 5 mg</i>	84
VIGAMOX DRO 0.5%	94	<i>warfarin sodium tab 6 mg</i>	84
VIIBRYD KIT STARTER.....	52	<i>warfarin sodium tab 7.5 mg</i>	84
VIIBRYD TAB 10MG.....	52	WATER FOR IRRIGATION, STERILE	
VIIBRYD TAB 20MG.....	52	IRRIGATION SOLN	104
VIIBRYD TAB 40MG.....	52	WELCHOL PAK 3.75GM	34
VIMPAT INJ 200MG/20	47	WELCHOL TAB 625MG	34

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XALKORI CAP 200MG	25
XALKORI CAP 250MG	25
XARELTO STAR TAB 15/20MG.....	84
XARELTO TAB 10MG.....	84
XARELTO TAB 15MG.....	84
XARELTO TAB 20MG.....	84
XATMEP SOL 2.5MG/ML	86
XELJANZ TAB 5MG	86
XELJANZ XR TAB 11MG.....	86
XGEVA INJ	75
XIFAXAN TAB 550MG	81
XIGDUO XR TAB 10-1000	66
XIGDUO XR TAB 10-500MG.....	66
XIGDUO XR TAB 5-1000MG.....	66
XIGDUO XR TAB 5-500MG	66
XOLAIR SOL 150MG	98
XTANDI CAP 40MG.....	23
XYREM SOL 500MG/ML	62
Y	
YERVOY INJ 200MG.....	22
YERVOY INJ 50MG	22
YF-VAX INJ	89
Z	
<i>zafirlukast tab 10 mg</i>	<i>98</i>
<i>zafirlukast tab 20 mg</i>	<i>98</i>
<i>zarah tab 3-0.03mg</i>	<i>70</i>
ZAVESCA CAP 100MG.....	71
ZEJULA CAP 100MG.....	22
ZELBORAF TAB 240MG	25
ZEMAIRA INJ 1000MG	98
<i>zenatane cap 10mg.....</i>	<i>101</i>
<i>zenatane cap 20mg.....</i>	<i>101</i>
<i>zenatane cap 30mg.....</i>	<i>101</i>
<i>zenatane cap 40mg.....</i>	<i>101</i>
<i>zenchent tab</i>	<i>70</i>
ZENPEP CAP 10000UNT	81
ZENPEP CAP 15000UNT	81
ZENPEP CAP 20000UNT	81
ZENPEP CAP 25000UNT	81
ZENPEP CAP 3000UNIT.....	81
ZENPEP CAP 40000UNT	81
ZENPEP CAP 5000UNIT.....	81
ZEPATIER TAB 50-100MG.....	13
ZERIT SOL 1MG/ML	11
ZIAGEN SOL 20MG/ML.....	11
<i>zidovudine cap 100 mg</i>	<i>11</i>
<i>zidovudine syrup 10 mg/ml</i>	<i>11</i>
<i>zidovudine tab 300 mg</i>	<i>11</i>
<i>ziprasidone hcl cap 20 mg</i>	<i>58</i>
<i>ziprasidone hcl cap 40 mg</i>	<i>58</i>
<i>ziprasidone hcl cap 60 mg</i>	<i>58</i>
<i>ziprasidone hcl cap 80 mg</i>	<i>58</i>
ZIRGAN GEL 0.15%.....	94
<i>zoledronic acid inj conc for iv infusion 4</i>	<i>mg/5ml.....</i>
<i>zoledronic acid iv soln 5 mg/100ml.....</i>	<i>66</i>
<i>zoledronic inj 4mg.....</i>	<i>66</i>
ZOLINZA CAP 100MG.....	22
<i>zolmitriptan orally disintegrating tab 2.5</i>	<i>mg</i>
<i>zolmitriptan orally disintegrating tab 5</i>	<i>mg</i>
<i>zolmitriptan tab 2.5 mg</i>	<i>61</i>
<i>zolmitriptan tab 5 mg</i>	<i>61</i>
<i>zolpidem tartrate tab 10 mg</i>	<i>60</i>
<i>zolpidem tartrate tab 5 mg.....</i>	<i>60</i>
<i>zonisamide cap 100 mg</i>	<i>47</i>
<i>zonisamide cap 25 mg</i>	<i>47</i>
<i>zonisamide cap 50 mg</i>	<i>47</i>
ZONTIVITY TAB 2.08MG.....	85
ZORTRESS TAB 0.25MG	88
ZORTRESS TAB 0.5MG.....	88
ZORTRESS TAB 0.75MG	88
ZOSTAVAX INJ.....	89
<i>zovia 1/35e tab.....</i>	<i>70</i>
<i>zovia 1/50e tab.....</i>	<i>70</i>
ZYDELIG TAB 100MG.....	25
ZYDELIG TAB 150MG.....	25
ZYKADIA CAP 150MG.....	25
ZYLET SUS 0.5-0.3%.....	93
ZYPREXA RELP INJ 210MG.....	58
ZYPREXA RELP INJ 300MG.....	58
ZYPREXA RELP INJ 405MG.....	58
ZYTIGA TAB 250MG.....	23
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This formulary was updated on 11/01/2017. For more recent information or other questions, please contact CareSource Advantage / CareSource Advantage Plus / CareSource Advantage Zero Premium Member Services at 1-800-833-3239 or, for TTY users, 1-800-648-6056 or 711, 8 a.m. – 8 p.m. Monday through Friday, and from October 1 – February 14, the same hours 7 days a week, or visit CareSource.com/Medicare.

CareSource.com/Medicare

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجي الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ከፍተኛ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ရွေးချယ်ပုံ၊ ပြုပြင်ဆင်ခြင်မှု အသင့်အတင့်၊ ဤကြက်ပေါ်ရှိ အသင့်အတင့် ဤ ဝက်ဘ် ငြိမ်သက်မှုကိုရရှိနိုင်သည့် စာမျက်နှာ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuuf fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder-Service-Nummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે થી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્તી મેળિનો અવિકર છે. તે અર્થ વિન તમ રી ભ પ મ i પ્ર ન ક રી શક ર છે. દ ભ વપરો નિ કરિ મ દે, કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

HINDI

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

ITALIAN

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

JAPANESE

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

KOREAN

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

PENNSYLVANIA DUTCH

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

RUSSIAN

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

SPANISH

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

UKRAINIAN

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

VIETNAMESE

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

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

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

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

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

CivilRightsCoordinator@CareSource.com

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

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

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

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